Apache Behavioral Health Services, Inc.  
White Mountain Apache Tribe

Tribal Demographics

- Fort Apache Indian Reservation
- Located in Northeastern Arizona
- 16,356 enrolled members of the White Mountain Apache Tribe
- Primary population center is located in Whiteriver, smaller communities located in Cibecue, McNary, Cedar Creek, Carrizo
ABHS History

• Began as a P.L. 93-638 Outpatient Program sometime in the early seventies
• Worked in cooperation with NARBHA to provide off reservation services until July 2007
• In 2005 the agency built a 9,000 square foot modern mental health center with monies earned from AHCCCS Billing
• Became a Tribal Regional Behavioral Health Authority in October 2007
• Assumed responsibility for administering all facets of the WMAT’s 638 Mental Health Program
Current Structure

• ABHS operates as one of the four Tribal Corporations on the Fort Apache Reservation
• Board of Directors appointed by Tribal Council representing various departments and communities
• Primary Agency Identity Includes:
  – Tribal Mental Health Center
  – Federal 638 Provider
  – TRBHA under IGA with AZ DBHS
  – AHCCCS Federal Provider
• 41 Employees
Benefits to ABHS of Becoming a TRBHA

• Places a focus on quality management of services
• “Buys ABHS” a seat at the table regarding Native American Mental Health Issues and Services in Arizona
• $500,000 in funding to provide for IGA related work (quality management, financial reports, clinical auditing, credentialing)
• Brings prestige to the White Mountain Apache Tribe
• Increased knowledge of State services and “what is possible.”
• Ability to coordinate “off-reservation” placements
Benefits to ABHS of Becoming a TRBHA

• Can draw upon the strengths of each part of its identity, i.e. Tribal, Federal, State
• Identity as a Tribal Corporation has granted some financial and personnel freedom and accountability to the agency
• State/DBHS encouragement to create strategies to retain staff members
Difficulties with ABHS Becoming a TRBHA

• Change from normal “Tribal Leadership” to “Board of Directors Leadership”
• Quality Management: we really have to do it!
• A sense of loss of control over program development
  – Cultural Elements
  – Children’s System of Care/Adult System of Care
  – Lack of knowledge about Native American Culture and Needs at the State level
Difficulties with ABHS Becoming a TRBHA

• DBHS system which understands and is primarily set up to work with RBHA’s
  – Excessive reporting requirements to DBHS
• Often times a perceived sense of “lack of focus” on Tribal Employee Development, i.e. the IGA is modeled on a Western system of care driven by professional clinicians
The Future.....

• ABHS will explore business opportunities via new tools from AHCCCS:
  – Contract directly with off- and on-reservation programs to increase quantity and quality of programming