



**GREATER ARIZONA RBHA RFP 2-21-14 TRIBAL CONSULTATION
MEETING REPORT**

Will Humble, Director
Arizona Department of Health Services (ADHS)
150 North 18th Avenue
Phoenix, AZ 85007

Prepared by:
Michael Allison, Native American Liaison

April 2014

Introduction/Background

The Greater Arizona Regional Behavioral Health Authority (RBHA) Request for Proposal (RFP) Tribal Consultation Meeting was held on February 21, 2014 in Parker, Arizona on the Colorado River Indian Tribes Reservation at the Blue Water Resort & Casino. The purpose of the Tribal Consultation Meeting was to receive input from Tribal Leaders and Representatives on the Greater Arizona RBHA RFP that the Arizona Department of Health Services (ADHS) will be issuing in July 2014 (see Attachment One for a copy of the Meeting Agenda). This Greater Arizona RBHA RFP will cover Arizona State Medicaid and State funded behavioral health services throughout the state outside of Maricopa County. The reason for not including Maricopa County is because a separate RBHA contract has already been issued for Maricopa County.

Thirty-seven participants attended the Tribal Consultation Meeting. Twelve were official Tribal Leaders and Representatives representing six tribes: the Hualapai Tribe, Colorado River Indian Tribes, Fort Mojave Indian Tribe, Yavapai-Apache Nation, Pascua Yaqui Tribe and Tohono O'odham Nation (see Attachment Two for a Listing of Attendees).

Michael Allison, ADHS Native American Liaison chaired the meeting. Cory Nelson, ADHS Deputy Director provided a power point presentation. This presentation included detail information on the development of the RFP, the schedule for stockholders input, covered services, and the time frame for issuance of the RFP and contract award. A copy of this presentation is available at the following website: <http://azdhs.gov/diro/tribal/pdf/conferences-meetings/2014/greater-az-rfp-overview-presentation.pdf>. Tribal Leaders and Representatives were encouraged to ask questions and make comments during and after the presentation.

This narrative documents concerns and recommendations expressed by the Tribal Leaders and Representatives followed by replies given by ADHS staff. The first opportunity to ask questions and make comments was reserved for Tribal Leaders and Representatives. After the Tribal Leaders and Representatives finished their questions and comments the floor was open to meeting audience participants for questions and comments.

Tribal Leaders/Representatives – Concern/Recommendations

1. Concern: The potential of transferring care for tribal clients especially patients with Seriously Mental Illness (SMI) on the Indian Health Service given the possibility of several RBHA contractors serving in one Geographic Service Area (GSA) in order to provide “choice of health plans” for Medicaid eligible clients.

Reply: Cory Nelson responded that to prevent this situation the RBHAs through their Tribal Liaisons and clinical care coordinators will need to conduct outreach and education with the RBHA providers to ensure that American Indian patient/clients have access to all providers and can exercise their “choice of provider.”

2. Concern: Tribal Regional Behavioral Health Authorities (TRBHAs) are at a contracting disadvantage with the RBHAs when contracting for providers. Note: This concern is in reference to the disparity in the fee-for-serve reimbursement which AHCCCS pays to the TRBHA providers versus the managed care negotiated rates paid to behavioral health providers by the RBHAs. In some instance, especially for acute care and Residential Treatment Center care, this difference in

reimbursement is quite large, making it difficult for the TRBHAs to obtain covered services for their members.

Reply: Cory Nelson responded that the ADHS Division of Behavioral Health Services (DBHS) staff is looking at data to come up with recommendations to minimize this disadvantage.

3. Recommendation: Formal invitation letters should be written to Tribal Leaders for Tribal Consultation Meetings.

Reply: Michael Allison responded that the ADHS Tribal Consultation Policy which has been endorsed by Tribal Leaders and their representatives through official Tribal Consultation Meetings does allow for a variety of methods to inform and invite Tribal Leaders to Tribal Consultation Meetings. He will talk with ADHS Director Will Humble on this recommendation.

4. Recommendation: ADHS Division of Behavioral Health Services (DBHS) needs to continue to have the RBHA Tribal Liaison positions.

Reply: Cory Nelson responded that the RBHA Tribal Liaisons structure needs to be supported and built up.

5. Recommendation: There needs to be in-place Tribal Council Resolutions approving the delivery of RBHA services on reservation lands.

Reply: Cory Nelson agreed and will make Tribal Council presentations when invited.

6. Concern: There should be no level 1 children going out-of-state for placement.

Reply: Dr. Steven Dingle, ADHS/DBHS Chief Medical Officer replied that a statewide summit will be conducted to discuss this situation. Cory Nelson suggested that the TRBHAs collaborate to retain providers.

7. Concern: How will ADHS/DBHS ensure network sufficiency for reservation and rural areas of the state to avoid the need for placement of sex offenders in out-of-state facilities?

Reply: Cory Nelson responded that Summits would be held regarding the network needs and that provider networks would be developed based on the identified regional needs.

8. Concern: There is a need for a breakdown of data between American Indians and non-American Indians. Note: This concern is in reference to the situation whereby TRBHAs and tribal behavioral health programs do not receive utilization data from AHCCCS who is the third party administrator for Medicaid benefits.

Reply: See paragraph #14 of the Tribal Leaders/Representatives Concerns/ Recommendations and paragraph #3 of the Audience Concerns/Recommendations.

9. Recommendation: In response to a question asked of the tribes by Cory Nelson - If there are two or more RBHAs in the state, should there be one statewide Crisis Provider? Given the potential of a tribe having to work with several RBHAs and the concern for coordination of Crisis Services the

tribal recommendation was to have one statewide Crisis Provider. Additionally there is a need to have regular on-going meetings at the local reservation level to explain and coordinate Crisis System care. There needs to be in-place local tribal contacts to coordinate with the Crisis Provider.

Reply: Cory Nelson responded that having local tribal contacts would be an advantage in working with First Responders.

10. Recommendation: RBHA services should be delivered in the existing structure of how tribes work together. For example the River Tribes (Hualapai Tribe, Fort Mojave Indian Tribe, Colorado River Indian Tribes, Fort Yuma –Quechan Indian Tribe, and Cocopah Indian Tribe) can be grouped together and served as a unit by one RBHA. This would help the Provider provide services in a unified approach with the tribes that have similar cultures.

Reply: Cory Nelson responded that he was supportive of this type of service delivery suggestion in regards to “thinking outside the box.” He also responded that Tribes may want to consider organizing in that manner to develop TRBHA’s.

Post Meeting Information: ADHS is committed to ensure that each non-TRBHA Tribe will be served by no more than one RBHA if that is the desire of the tribe.

11. Concern: The Managed Care Delivery System works to keep tribes out of the RBHA network system. Non-TRBHA tribes are not invited to be participants in the delivery system design and implementation. Tribal people are just as capable to be providers.

Reply: Cory Nelson responded that ADHS is open to different service delivery approaches that will create success.

12. Concern: Potential duplication of services and Pharmacy services.

Reply: Dr. Steven Dingle responded that there are no planned pharmacy changes for the tribes.

13. Concern: Non-recognition of tribal licensed and credentialed staff by RBHA providers.

Reply: Cory Nelson responded he will be happy to work with tribal staff in finding a resolution to the issue.

14. Recommendation: Need for coordination of care with additional providers in addition to an existing RBHA. There will be a need for coordination of patient/client information between providers. There is a great need for data sharing among different providers providing services to tribal clients.

Reply: Cory Nelson responded the coordination of care services will support sharing of data among providers.

15. Recommendation: Tribal Police should be utilized and trained to be able to assist in responding to behavioral health crises. Use of Tribal Traditional Healers needs to be included in covered services.

Reply: Cory Nelson responded that RBHAs need to be creative to support improved local outcomes. This should be included in their proposals and responses to the RFP.

16. Concern: Native people view SMIs as a blessing to their families. Because of this viewpoint they should not be sent off the reservation for institutional care.

Reply: Cory Nelson agreed that individuals with SMIs are family members and should be treated with dignity and respect.

17. Recommendation: RBHAs needs to be flexible in service delivery.

Reply: Cory Nelson responded that the RBHAs should be focusing on the areas of greatest needs.

Audience – Concern/Recommendations:

1. Recommendation: There is a need for TRBHAs to be able to negotiate at higher rates.

Reply: Cory Nelson and Dr. Steven Dingle responded they were supportive of this recommendation.

Note: See paragraph #2 of the Tribal Leaders/Representatives Concerns/Recommendations.

2. Recommendation: There is a need for use of alternative medicine methods for treatment.

Reply: Cory Nelson responded he was open to the suggestion.

3. Recommendation: There is a need for collecting “outside of system” data.

Reply: Cory Nelson and Dr. Steven Dingle were both supportive of working with the RBHAs and their providers on this recommendation.

Appreciation/Follow Up

ADHS expresses sincere appreciation to all official Tribal Leaders and Representatives and audience participants that took time out of their very busy schedules to attend the meeting and provide their comments and recommendations which will be given serious consideration for incorporation into the Greater Arizona RBHA RFP document.

AGENDA
ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS)
DIVISION OF BEHAVIORAL HEALTH SERVICES
GREATER ARIZONA RBHA RFP TRIBAL CONSULTATION MEETING

Blue Water Resort & Casino
Colorado River Indian Tribes Reservation
Parker, Arizona
2/21/14
1:00 – 3:00pm

Call in Number 1-877-820-7831, Pass Code 249827

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|---------------|---|
| 1:00 – 1:30pm | Welcome, Blessing and Introductions
Michael Allison, Native American Liaison, ADHS |
| 1:30 – 2:00pm | Greater Arizona RBHA RFP Presentation
Cory Nelson, Deputy Director, ADHS |
| 2:00 – 3:00pm | Open Discussion (Tribal Input)
Michael Allison, Facilitator |
| 3:00pm | Closing Remarks, Adjournment |

List of Participants

Attachment Two

Name	Organization/Tribe	Email
Michael Allison	ADHS Meeting Chair	michael.allison@azdhs.gov
Cory Nelson	ADHS Deputy Director	cory.nelson@azdhs.gov
Tribal Representatives		
Johnny Hill Jr.	Colorado River Indian Tribes (CRIT) Tribal Council	928-669-9211 x 1242
Johnson Fisher	CRIT Tribal Council	928-669-1280
Amanda Barrera	CRIT-Tribal Council	amanda.barrera@crit.nsn.gov
Lacie Thomas	CRIT Acting Director, DH&HS	lacie.thomas@crit.dhs.org
Diana Canfield	CRIT Behavioral Health Services	diana.canfield@crit-dhs.org
Antone Brummund	Hualapai Tribe	abrummund@hualapaitribe.org
Alan Hicks	Yavapai-Apache Nation	ahicks@yan-medical.org
Collette Lewis	Fort Mojave Indian Tribe	collette.lewis@ihs.gov
Reuben Howard	Pascua Yaqui Tribe, Executive Director, Health Services Division	reuben.howard@pascuayaqui-nsn.gov
Yoendry Torres	Pascua Yaqui T/RBHA	yoendry.torres@pascuayaqui-nsn.gov
Dr. Clare Cory	Pascua Yaqui Tribe - Guadalupe	clare.cory@pascuayaqui-nsn.gov
Juanita Homer	Tohono O'odham Nation, Behavioral Health Director	juanita.homer@tonation-nsn.gov
Audience Participants		
Lydia Hubbard-Pourier	ADHS/DBHS, Tribal Contract Administrator	lydia.hubbard-pourier@azdhs.gov
Dr. Steven Dingle	ADHS/DBHS, Medical Director	steven.dingle@azdhs.gov
Daphne Hill-Poolaw	CRIT Tribal Elder	dhpoolaw@hotmail.com
Nora Vasquez	CRIT Member	nora.vasquez@gmail.com
John Lopez	CRIT Behavioral Health Services	juan.lopez@crit-dhs.org
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John Bird	Tohono O'odham Nation	jbird@tocc.edu
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Rebecca Hill	Tohono O'odham Community College	rhill@tocc.edu
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Denis Huff	Native Health (Phoenix)	dhuff@nachci.com
Michael Flood	Tucson IHS Area Office	michael.flood@ihs.gov
Gabriel Yaiva	Northern Arizona RBHA (NARBHA)	gabriel.yaiva@narbha.org
Anderson Phillips	Community Bridges	aphillips@cbridges.com
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Annette Church	Community Partnership of Southern Arizona	annette.church@cpsaarizona.org
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