

**Advisory Council on Indian Health Care
State of Arizona**

**Tribal Health Issues Prioritization
Review and Strategic Plan**



March 13, 2008

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1. Executive Summary

The purpose of this document, *Tribal Health Issues Prioritization: Review and Strategic Plan*, is to summarize and review available data and to follow up with Tribal health department leaders and elected officials to prioritize health issues from the Tribes' perspectives. The project is sponsored by the State of Arizona Governor's Advisory Council on Indian Health Care (ACOIHC). The mission of ACOIHC is to advocate for increasing access to high quality healthcare programs for all American Indians in Arizona. The council utilizes its knowledge of Indian healthcare issues and tribal sovereignty, serves as a resource for Tribal governments and the State of Arizona, and supports health promotion/disease prevention, training, education and policy development as the keys to meet the unique health care needs of the Arizona Indian population.

Key data sources used to identify tribal health issues include a review of the health-related position papers submitted by the tribes for Governor Napolitano's Tribal Summits and the Tribal Health Priorities for the Phoenix Area Indian Health Service (PAIHS) document created by the Tribal Health Steering Committee in January 2007. The issues identified by Tribal leaders will be reviewed and compiled for each participating tribe.

Since taking office in 2003, Governor Napolitano has held quarterly Tribal Summits focusing on Tribal-State government relations and coordination of efforts and services to improve state sponsored and administered programs for American Indians. Tribal leaders are asked to submit Issue Papers prior to the meetings to provide a discussion guide at the Summits and to guide follow up priorities for appropriate state agencies. To date, more than a dozen Tribal Summits have been held throughout the state. Several Summits have been focused on health or health-related topics, including Health, Children's Issues, Behavioral Health and Substance Abuse. In addition, Tribal leaders met on November 28-29, 2006 at the Phoenix Area Indian Health Service (IHS) Fiscal Year (FY) 2009 Budget Consultation Meeting in Las Vegas, Nevada. The leaders developed a list of the top ten health issues in the Phoenix Area IHS:

1. Diabetes
2. Alcohol/ Substance Abuse (includes Methamphetamine Abuse)
3. Heart Disease
4. Mental Health
5. Malignant Neoplasm (Cancer)
6. Dental Health
7. Elder Health Problems
8. Renal Disease/Dialysis
9. Obesity
10. Maternal and Child Health

Key health issues identified by the Tribes can be classified into several categories, including: (1) Health Disparities; (2) Funding Disparities; (3) Advocacy; (4) State Agency Issues; and (5) Facilities and Services. Key Tribal health issues that are recurring and frequently cited include the following:

Health Disparities

- Obesity/Diabetes
- Alcohol/Substance Abuse
- Increasing use of methamphetamine

Funding Disparities

- Early Childhood Programs (Head Start)
- School Readiness Programs
- Prevention Programs (violence, substance abuse, etc)

Advocacy

- More state and federal funding is needed. The state can assist in advocating for more federal funding.

State Agency Issues

- AHCCCS application process needs to be streamlined and made easier for clients
- ADHS/DBHS and the RBHA system needs to improve cooperation with tribes and coordination of services
- ALTCS—need to improve access to LTC on reservations
- Department of Education—AIMS testing needs to be more culturally appropriate.

Facilities and Services

- A significant need exists to increase Residential Treatment Centers on reservations that can provide improved and culturally appropriate inpatient behavioral health services, detoxification and recovery.
- Residential treatment services need to be better coordinated with aftercare services to reduce recidivism.

Strategies for follow up regarding health issues include contact and regular communication with tribal leaders and health department leaders regarding health issues, a follow up Tribal Health Summit with the Governor, a Third Arizona Indian Health Conference and closer coordination with the Inter Tribal Council of Arizona Health Workgroup meeting. The health issues identified by the Tribes can serve as a template for future activities of the ACOIHC. The opportunity exists to provide ongoing feedback regarding the health issues and to serve as a valuable resource to tribes.

2. Overview

The purpose of this document, *Tribal Health Issues Prioritization: Review and Strategic Plan*, is to summarize and review available data and to follow up with Tribal health department leaders and elected officials to prioritize health issues from the Tribes' perspectives. The project is sponsored by the State of Arizona Governor's Advisory Council on Indian Health Care. The twenty-two federally recognized American Indian tribes in the State of Arizona include:

- Ak-Chin Indian Community
- Cocopah Tribe
- Colorado River Indian Tribes
- Fort McDowell Yavapai Nation
- Fort Mojave Tribe
- Gila River Indian Community
- Havasupai Tribe
- Hopi Tribe
- Hualapai Tribe
- Kaibab-Paiute Tribe
- Navajo Nation
- Pascua Yaqui Tribe
- Pueblo of Zuni
- Quechan Tribe
- Salt River Pima-Maricopa Indian Community
- San Carlos Apache Tribe
- San Juan Southern Paiute
- Tohono O'odham Nation
- Tonto Apache Tribe
- White Mountain Apache Tribe
- Yavapai-Apache Nation
- Yavapai-Prescott Indian Tribe

3. Advisory Council on Indian Health Care

The Advisory Council on Indian Health Care (ACOIHC) was established in 1989 by the Arizona Legislature with broad authority to develop healthcare delivery and financing systems for the benefit of American Indians in Arizona. As passed and approved by the Governor, the Council is to consist of twenty members appointed by the Governor. Each tribe is authorized to submit nominations, though the law restricts Council membership to no more than one representative from each Tribe. Members are to be appointed as follows: five members representing social service agencies; five members representing health care agencies (at least one of whom in each category had experience serving the elderly or disabled persons) and five members representing tribal organizations or metropolitan Indian centers.

Additional appointees are designated as follows: two tribal members serving at large and one representative each from the Arizona Department of Health Services, Arizona Department of Economic Security, and the Arizona Health Care Cost Containment System. The 1989 measure requires that the Council meet at least six times annually and specifies voting processes and privileges. The Council's statutory authority includes setting a budget for its operations and the ability to hire and employ staff subject to legislative appropriation. The Council is charged with the development of comprehensive healthcare delivery and financing system for American Indians with a focus on creating Title XIX demonstration projects.

a. ACOIHC Purpose

The mission of ACOIHC is to advocate for increasing access to high quality healthcare programs for all American Indians in Arizona. The council utilizes its knowledge of Indian healthcare issues and tribal sovereignty, serves as a resource for Tribal governments and the State of Arizona, and supports health promotion/disease prevention, training, education and policy development as the keys to meet the unique health care needs of the Arizona Indian population.

The Goal for the ACOIHC is to assist tribes in strategic planning to improve healthcare services and systems provided to American Indian community members. The Role of the ACOIHC is to facilitate communication and coordination among tribal and state agencies to improve healthcare in Arizona tribes. This document will provide a basis for communicating, coordinating and addressing health concerns from the tribes' perspectives.

In 2006 the Council hired a new Executive Director and began the process of adopting a new strategic plan.

b. ACOIHC Strategic Plan

A Strategic Planning Committee was convened to develop a Strategic Plan for the ACOIHC for 2006-2010. Long Term Goals identified by the Committee to be achieved by 2010 include:

1. A positive awareness of the Council by stakeholders
2. To be effective troubleshooters that can advocate on behalf of tribes
3. Facilitate training/education to the tribes
4. Capability to conduct healthcare policy analysis and make healthcare policy recommendations
5. Adequate staffing

The process of reviewing available data to prioritize Tribal health issues is consistent with the ACOIHC strategic plan and necessary to achieve strategic plan objectives in several ways, including:

- Engagement of tribal health leaders to focus on their health-related issues will improve awareness of the ACOIHC.

- Baseline data regarding health issues is a necessary initial step toward troubleshooting, facilitating appropriate types of education/training and to identify priority areas for policy analysis and recommendations.
- A Tribally-driven, comprehensive plan to address health policy issues identified by the tribes can serve as a guide for future activities of the ACOIHC. Understanding and documenting these issues is an essential first step toward developing health policy to address health concerns and disparities.

4. Project Methods

The Tribal Health Issues Prioritization project is being coordinated by Dr. Donald Warne (consultant) from American Indian Health Management and Policy, Inc. Key data sources used to identify tribal health issues include a review of the health-related position papers submitted by the tribes for Governor Napolitano's Tribal Summits and the Tribal Health Priorities for the Phoenix Area Indian Health Service (PAIHS) document created by the Tribal Health Steering Committee in January 2007. The issues identified by Tribal leaders will be reviewed and compiled for each participating tribe, and the consultant and the Executive Director will follow up with appropriate tribal health leaders to confirm and update health issues. The consultant presented at or attended the four key Tribal Summits related to health (Health, Children's Issues, Behavioral Health, Substance Abuse) as well as the PAIHS Budget Formulation Meeting in November 2006. A review of Tribal Summit progress reports submitted by Arizona Department of Health Services and the Office of the Governor was also conducted.

5. Tribal Summits with Governor Napolitano

Since taking office in 2003, Governor Napolitano has held quarterly Tribal Summits focusing on Tribal-State government relations and coordination of efforts and services to improve state sponsored and administered programs for American Indians. Tribal leaders are asked to submit Issue Papers prior to the meetings to provide a discussion guide at the Summits and to guide follow up priorities for appropriate state agencies. To date, more than a dozen Tribal Summits have been held throughout the state. Several Summits have been focused on health or health-related topics. Below is a review of the issues identified by the tribes.

a. Health (June 30, 2003)

The Governor's first Tribal Summit was focused on Health Issues and was held at the Hon-dah Resort, located in the White Mountain Apache Reservation on June 30, 2003. Issue papers were submitted by several tribes, including Ak-Chin Indian Community, Fort McDowell Yavapai Nation, Gila River Indian Community, Havasupai Tribe, Hopi Tribe, Navajo Nation, San Carlos Apache Tribe, Tohono O'odham Nation, White Mountain Apache Tribe and Salt River Pima-Maricopa Indian Community. Key health issues and priorities identified by each tribe include:

Tribe	Health Issues/Needs
Ak-Chin Indian Community	<ul style="list-style-type: none"> • 30% Diabetes prevalence (206/697 members) • Need to improve diabetes treatment & education • Community pays for EMT services w/o 3rd party payments – need Certificate of Necessity from ADHS to allow Fire Dept to bill for 3rd party revenue & respond off reservation • Need permanent dental facilities • Need to enhance medical facilities and services <ul style="list-style-type: none"> ○ OB/GYN, podiatry, ophthalmology • Assistance from ADHS/DBHS to provide adequate mental health services • AHCCCS application process is a hardship to tribes
Fort McDowell Yavapai Nation	<ul style="list-style-type: none"> • Diabetes and its complications <ul style="list-style-type: none"> ○ Heart disease, renal failure, infections, etc • Alcohol/Substance Abuse identified as co-morbid conditions in most counseling visits • Homeland security—FMYN wants a greater role in emergency preparedness—coordination with State/County • IHS Contract Health funding is too low
Gila River Indian Community	<ul style="list-style-type: none"> • Increasing prevalence of chronic disease (diabetes) • AHCCCS application process is a burden • IHS under funding and competition for limited funding for preventive services • Growing elder population requiring LTC • Increasing need for mental health services
Havasupai Tribe	<ul style="list-style-type: none"> • High rate of diabetes—children at risk • Clinic is under staffed (only 2 nurses), equipment is outdated, facility is over 30 years old • No permanent doctor for last 2 years (2001-2003) • No pharmacist—meds often out of stock • Need Durable Medical Equipment • Community members have moved off reservation to receive dialysis treatment—need local services • Substance Abuse Counselor position vacant • Need new facility and expanded specialty services—dental, gynecology, vision, orthopedics, diabetes • Need new computers, equipment & telemedicine
Hopi Tribe	<ul style="list-style-type: none"> • Diabetes, heart disease, cancer • Need access to specialty care • Tribe would like to coordinate advocacy for additional federal funds for (1) diabetes prevention programs, (2) Older Americans Act funding, (3) bioterrorism funds, (4) emergency planning, (5) IHCIA reauthorization, (6) breast and cervical cancer screening programs, and (7) medical staff recruitment

	and retention
Navajo Nation	<ul style="list-style-type: none"> • Health disparities and under funding to address needs • Need advocacy to increase IHS funding • Advocacy to reauthorize IHCIA (along with National Governors Association) • Advocacy to oppose DHHS Consolidation plan so that freeze on HR positions is eliminated (10 vacant positions currently) • Need comprehensive ambulatory health center at Dilkon, AZ • >11,300 homes w/o running water and proper sanitation—need advocacy for Sanitation Facilities Construction funding • Behavioral Health—coordinate and outline roles and responsibilities of tribal, federal and state agencies; ADHS should revise policies to allow case management for RBHA eligible patients while incarcerated
San Carlos Apache Tribe	<ul style="list-style-type: none"> • 13% diabetes prevalence • High rate of alcohol and substance abuse—no detoxification services or RTC locally • Need improved behavioral health services • Considering developing a TRBHA • Need technical assistance to comply with Substance Abuse Counselor Licensure Act—tribal members are paraprofessionals—need more education to work as counselors • Need a new hospital/facilities • Need culturally appropriate care and staff • Need assistance in recruiting/retaining medical staff • Interested in working with ADHS to coordinate data collection and to establish an epidemiology program • Advocate for reauthorization of IHCIA (Governor)
Tohono O’odham Nation	<ul style="list-style-type: none"> • Joint venture construction project slated for October 2004 for San Simeon Clinic • Homeland security funding • Funding needed for reimbursement of mandated emergency medical services provided to undocumented immigrants • Medicaid reform needs to be coordinated with IHS systems • Facility replacement for Sells Hospital (IHS)
White Mountain Apache Tribe	<ul style="list-style-type: none"> • IHS is under funded and provides limited services • Elders have to leave reservation for LTC services—considering developing local services/facility • Want a statewide American Indian AHCCCS plan that addresses health disparities and accepts alternate AHCCCS application format—estimate 80% eligibility for AHCCCS, but only 28% enrolled • Partner with AHCCCS to develop compatible electronic universal application • AHCCCS reimbursements not covering costs of care

<p>Salt River Pima-Maricopa Indian Community</p>	<ul style="list-style-type: none"> • Fund proposed WMAT Dental Bus (ADHS) • Five major issues are: <ol style="list-style-type: none"> 1. Under funded healthcare 2. Diabetes 3. Mental Health / Substance and Alcohol Abuse 4. Elder Health—need more HCBS 5. Bioterrorism Preparedness • Want advocacy for: <ol style="list-style-type: none"> 1. IHCIA reauthorization 2. Increase SDPI funding 3. Increase funding for alcohol/substance abuse programs 4. Expand training opportunities for home care workers and expand ALTCS funding 5. Allow CDC block grant funding to come directly to tribes (not just to states)
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Recurring health issues identified by tribes in 2003 include:

- Health disparities—diabetes, alcohol/substance abuse, mental health services, inadequate Long Term Care services
- Advocacy—IHCIA reauthorization, IHS funding
- AHCCCS—difficult application process, need improved enrollment, improve reimbursement rates
- ADHS—improve access to behavioral health services, technical assistance in EMS certification
- ALTCS—improve access to LTC on reservations

These issues will be addressed with each tribe, and an updated health issues document will be developed. It has been more than four years since the health summit, and it is likely that some of the issues have already been addressed and that new issues have emerged.

b. Children’s Issues (February 18, 2005)

The Governor’s Tribal Summit on Children’s Issues was held at the State Capitol on February 18, 2005. The agenda included presentations on Childhood Diabetes, Deaf and Hard of Hearing and Department of Education. Discussion of issues, summary and follow up was facilitated by Governor Napolitano. Tribal Children’s Issue Papers were submitted by several tribes, including: Ak-Chin Indian Community, Fort McDowell Yavapai Nation, Hualapai Nation, Navajo Nation, Salt River Pima-Maricopa Indian Community, San Carlos Apache Tribe, Tohono O’odham Nation, White Mountain Apache Tribe, Yavapai-Prescott Indian Tribe and Pueblo of Zuni. Key issues were predominantly in the health and education sectors. A summary of key children’s health issues includes:

Ak-Chin Indian Community

Services currently not available to children of Ak-Chin:

- Culturally sensitive children support services such as a child therapist or behavioral therapist
- Prevention services for ongoing alcohol and drug prevention programs, tobacco programs and teen pregnancy prevention
- Organized youth programs such as Boys and Girls Club, SADD, Gang prevention
- Insufficient Child Protection Services and intervention
- Art therapy and play therapy programs
- Services for children with disabilities
- Hygiene Resources such as training in bathing, sanitation and social conditions
- Youth treatment and aftercare programs such as Ala-Teen

Needed resources include:

- Full-Time Behavioral Therapist, Clinical Psychologist
- Ongoing Dental Services
- Family Planning and Teen Parenting
- STD/HIV Awareness and Prevention
- Drug and Alcohol Prevention Programs
- Tobacco Prevention Program
- Social Hygiene Program

Fort McDowell Yavapai Nation

FMYN identified areas of need regarding equal access to state services for children, including:

- Some children of tribal members do not meet enrollment requirements and are not eligible for IHS services. State workers have mistakenly disqualified Native families based on the assumption that these children are eligible for IHS services.
- State workers (AHCCCS and others) need sensitivity training and improved understanding of the Indian Health system and cultural issues.
- Tribal Child Protection Workers (who perform same duties as DES/CPS workers) currently cannot access the state data base to determine if a child is enrolled in AHCCCS.
- A child in a Tribal foster home who is not eligible for Tribal insurance has had difficulty enrolling in AHCCCS—enrollment process is difficult.

Hualapai Nation

Children's health issues include:

- No physical education at the school—should be a statewide requirement
- No school-based counseling is available—need counseling for teen pregnancy prevention, substance abuse prevention, dealing with peer pressure, home environment, etc
- Need to coordinate efforts with the state to improve counseling and prevention activities

Navajo Nation

Children's health issues identified by the Navajo Nation include:

- *Rising obesity, need for good nutrition and immunization*

The Arizona Governor can assist the Navajo WIC Nutrition Program by supporting funding for the obesity coalition with the Office of Chronic Disease Prevention and Nutrition Services with the State of Arizona. Currently the Navajo Nation WIC Program participates in the quarterly Tri-State WIC coordination meetings between Arizona, ITCA and Navajo programs. The "WIC Food Selection Criteria", sharing of nutrition education materials, coordination of dual participation, breast feeding promotion and vendor policies need support through additional funding and staff in order to operate more effectively.

- *School violence, lack of school nurses and inadequate health education*

Reinstate Physical Education as a mandatory program—need more funding for PE teachers. Need funding for school nursing and school counselors and sustained support for health education and curriculum (e.g. 2003 Youth Risk Behavior Surveillance Survey). Support Navajo youth by funding anti-bullying programs and a youth health conference to be held every 2 years.

- *Diabetes among youth and prevention activities*

Reinstate physical education and provide adequate funding for PE teachers. Provide funding for improve school lunch and breakfast programs that provide healthier choices for children. Provide legislation to encourage vendors (i.e. Bashas', etc) to provide healthier food choices at lower costs.

- *Mental Health Services for Children*

Support Navajo language and culture program for youth and coordinate efforts with the RBHA system.

- *Methamphetamine Use among Navajo Children*

Provide funding to support prevention and to increase law enforcement.

Salt River Pima-Maricopa Indian Community

Key issues affecting the health of children in the SRPMIC include increased funding and coordination for:

- Mental health/substance abuse services for children/youth, including detoxification services and treatment
- Obesity reduction—coordinate efforts with WIC and ADHS and improve funding for school lunch and breakfast programs. Create grants for tribal communities to support physical education
- Equity in Tobacco Tax funding for prevention programs—permanently secure tobacco tax funds
- A "Medical Home" for every child—improve medical information coordination among all providers for children
- Equitable oral health services—advocate for improved state and federal funding
- Health and Social early intervention and prevention programs

San Carlos Apache Tribe

Improve funding and coordination for DES and allocate funding specifically for Child Protective Services in Indian Country.

Tohono O'odham Nation

Improved coordination of mental health services is needed for children. An IGA needs to be developed with the RBHA and tribe for provision of services. The Nation receives little or no services from the Division of Developmental Disabilities. The Nation should receive ALTCS Title XIX funds directly from the state to improve access to special needs children.

White Mountain Apache Tribe

Key issues identified by the White Mountain Apache Tribe (WMAT) fall under the following categories: Preschool; Assessment Tools; Transportation; Language; School Readiness; and AIMS Testing.

- Preschool—insufficient Early Childhood resources are available to meet the needs of all children living in WMAT
- Assessment Tools—standardized assessment tools are culturally biased. Many WMAT children have not been off the reservation and have not experienced things that are covered in these tools (landscapes, etc). The National Reporting System is not a valid test for children that speak the Apache language and have English as a second language. These factors negatively affect standardized scoring.
- Transportation—a lack of public transportation limits access to Early Childhood programs. Car seat requirements are expensive and there are limited resources.
- Language—English-only or English first laws are culturally insensitive and have a negative impact on Apache education.
- School Readiness—a lack of resources for Early Childhood programs (Head Start, etc) results in many WMAT children lacking the appropriate preparation for school.
- AIMS Testing—the community is concerned over the possibility that a majority of WMAT children will not pass AIMS testing requirements and will therefore not graduate from high school. Increased drop-out rates will add to low socio-economic status. More funding is needed to improve access to early childhood education programs and to prepare children for AIMS testing. The legislature and other state leaders need to consider cultural sensitivity in standardized assessments like AIMS testing.

Yavapai-Prescott Indian Tribe

There are three major issues that complicate the delivery of services to children from the Yavapai-Prescott Indian Tribe (YPIT): Alcohol/Drug Abuse; Lack of Vocational Choices; and Lack of Incentive.

- Alcohol/Drug Abuse—the issue of alcohol and drug abuse exists with both the parents of young children and with the children themselves. Children learn irresponsible behavior from parents, and parents are reluctant to

- place children in alcohol/drug treatment programs. One result is that many children do not graduate from high school, and this limits their future opportunities.
- Lack of Vocational Choices—an expansion of vocational programs would provide more choices for students that struggle in the academic setting. There are currently limited options for children in vocational training, and this limits their ability to get a job.
 - Lack of Incentive—many students see little if any reason to succeed in school. Many respond that once they start to receive dividend checks, they will no longer have any worries. Therefore, there is no compelling reason to work hard toward success.

Pueblo of Zuni

Issues and concerns identified by the Zuni Tribe include:

- The State of Arizona proposed English Only law will limit traditional Ashiwi Language programs.
- Many children are becoming obese and many already have diabetes.
- Too many children are exposed to violence in the schools and in the community and to domestic violence at home. Violence prevention is needed to prevent the children from becoming violent.
- Too many children live in poverty, and this limits their opportunities.
- Foster care placements are growing beyond capacity.
- Many homes are substandard and many families are multi-generational in one home.
- Sexual abuse of children is on the rise.
- Teen pregnancy rates are on the rise.
- Fewer children are learning and speaking traditional language.
- Drop-out rates are increasing.
- Suicide and mental health issues are prevalent in the community.
- Drug use needs to be stopped, especially marijuana and methamphetamine.

Proposed solutions include:

- Language laws and other laws that affect Native culture need to consider the impact on tribal nations. There should be tribal consultation and respect for tribal sovereignty in a government to government relationship. Language is vital to cultural and self-identity and can have an impact on self-esteem and mental health.
- Provide “Best Practice” models to combat obesity and diabetes in children. Early intervention and investment by the state is required.
- Domestic violence prevention programs need to be expanded. The exposure to violence at a young age leads to substance abuse and other mental health issues. The state needs to invest in these programs.
- The state needs to invest more in early childhood programs like Head Start and other educational programs to enable children and families to

- overcome poverty. Tribal Social Services and Children's Services programs need to be held accountable, and parents need to be held accountable for properly providing for children.
- Investments need to be made in improving housing on reservations.
 - Sexual abuse needs to be stopped. Tougher enforcement laws and more inter-governmental cooperation is needed in law enforcement.
 - More investment is needed in preventing youth violence in the schools and in the community. Placement in detention facilities alone is not working. Parent/Children Treatment Programs are needed to prevent further violence.
 - More funding is needed to prevent school drop-out.
 - Early prevention and intervention are needed to address mental health issues. Best practice and evidence based models are needed to address mental health problems.
 - The community needs to be a drug-free zone. Tougher laws and more cooperation with the state is needed to decrease drug use.

A recurring children's health issue among the tribes is to prevent obesity and diabetes. Key strategies identified include increasing funding for physical education and school lunch and breakfast programs. Another common issue is related to substance abuse in communities affecting both children and parents.

c. Substance Abuse (May 10, 2005)

The Governor's Tribal Summit on Substance Abuse occurred on May 10, 2005 and was hosted by the San Carlos Apache Tribe. Several tribes submitted Issues Papers, including: Hopi Tribe, Gila River Indian Community, Pascua Yaqui Tribe, Salt River Pima-Maricopa Indian Community, Tohono O'odham Nation and Yavapai-Prescott Indian Tribe. The following is a summary of the issues identified by the tribes related to substance abuse:

Gila River Indian Community

The sale of alcohol is limited on the Reservation. However, the proximity to nearby townships provides easy access to alcohol and illicit drugs. Data kept by the Department of Human Services (DHS), formerly the Alcohol and Drug Abuse Program (ADAP), indicate a recent change in substance abuse in the Community. Alcohol continues to be the most often substance abused, followed by marijuana. However, in the past year, *methamphetamine* has surpassed cocaine as the third most often used substance. Recently the Community has seen an increase of methamphetamine users. Most of these individuals are snorting or smoking "G", "ice", or "glass" as it is often called. The high has been reported up to 12 hours, and most users will tend to use the drug for several days.

The GRIC Department of Health Services has learned of situations in families of increased child maltreatment, aggression toward elders, parents using

methamphetamine with their children, and several babies born positive for methamphetamine. There has been an increase in burglaries, robberies, domestic violence, and violent crimes in the Community. Recently, two methamphetamine clandestine laboratories were discovered in the GRIC. These two labs were on opposite ends of the Reservation. It has been reported by Community members there are more "meth labs" operating secretly in the Community. This is a risk to the Community, as the ingredients used in cooking methamphetamine are highly toxic and flammable. The byproducts of making methamphetamine produce large amounts of hazardous material. This is an environmental danger, as the waste materials are usually dumped without regard for the land.

When a client is in need of inpatient treatment, a referral is made to the GRIC Regional Behavioral Health Authority (RBHA) if they have AHCCCS, or to other residential treatment centers in the Phoenix area. The biggest obstacle to residential treatment is the cost and availability of bed space. There is only one Native American residential program in the Phoenix area at this time. If a client is in need of detoxification from drugs or alcohol, there are few options and none in the GRIC. When a client is experiencing mental health problems or is suicidal, they are referred to the GRIC Behavioral Health Clinic at the Hu Hu Kam Hospital in Sacaton.

Gila River is in the process of planning and building a residential treatment center with a detox facility and transitional living centers. The Community's suggestions and input has altered the design of the buildings and improved the way in which services will be delivered. The focus will be on families healing together in a culturally sensitive and confidential environment. The residential treatment center will allow children to accompany their father and/or mother in treatment.

No specific legislative or policy recommendations were made to the State.

Hopi Tribe

In September 2004, the Office of Inspector General issued a finding of "serious safety, security, and maintenance deficiencies" (OIG Report 2004-I-0056) in Bureau of Indian Affairs (BIA) detention facilities. Subsequently, in November 2004, by Special Order 04-004, the BIA, Office of Law Enforcement Services (OLES), Keams Canyon Agency, was directed to remove all juveniles from the Hopi Corrections Facility. The OLES began transporting juveniles, ages 13-17, arrested on Hopi to various out of state juvenile detention facilities. The lack of a facility for juveniles on Hopi has created a void in the management, treatment, education and services for youth at risk.

The immediate impacts felt on Hopi were the following: 1) Juveniles who were eligible for school release could no longer continue their Jr. High/High School education at the Hopi Jr./Sr. High School; 2) Counseling services through the Hopi Social Services Department were halted; 3) a lack of continuity and

monitoring by the Hopi Drug Court; 4) Parent visitation and involvement, contact with family and culture was no longer possible due to the distance and cost for parents/family to travel to out of state facilities. In short, the Hopi Tribe lost its ability to provide necessary rehabilitative services to Hopi juveniles overnight.

The most common offenses committed by Hopi juveniles are: Intoxication, Assault/Battery, Disorderly Conduct, Possession of Marijuana and property damage, and minor in need of care. The Hopi Tribal Council Resolution H-42-2005 sets out a policy direction to begin the planning, design and construction of a juvenile detention/rehabilitative facility.

Request for Assistance—State of Arizona

Grant funding and technical assistance is requested from the State of Arizona including: the Arizona State Department(s) of Education, Department of Juvenile Corrections, Departments of Health and Housing. Many if not all juveniles will meet the federal and state low income criteria and the need for the construction of a "community facility" to provide justice for our Hopi children is at a critical stage. The state also needs to recognize that each tribe is different and that culturally appropriate services for many tribal members is lacking.

Pascua Yaqui Tribe

Substance abuse among youth continues to be a growing problem. The PYT contracts with Pima County for five beds at the Pima County Juvenile Detention Center in Tucson. When the tribe is using all beds, juveniles are sent to the Gila County facility in Globe—over 120 miles away. Families report good medical and behavioral healthcare at the facilities, but there are limited aftercare programs in the community, and many of the youth return to substance abuse and related behaviors that land them back in jail.

The PYT operates a Tribal Regional Behavioral Health Authority and has a good working relationship with the State of Arizona thru an inter-governmental agreement. Current problems and solutions include:

- High rate of suicide, including among youth. More funding is needed for suicide prevention programs.
- Lack of specialized inpatient services. Needed facilities on the reservation include residential treatment services, especially for adolescent males, and a juvenile detention center.
- Difficulty in contracting with outside providers and accepting AHCCCS rates. The tribe needs continued advocacy from the state to address this issue.
- Increasing rate of methamphetamine use—more funding is needed to prevent and treat this addiction.
- House Bill 2206 licensing requirements—many of the providers in PYT are not currently licensed and there are cost limitations. The state could assist in increasing the number of licensed providers and could consider

adopting a Traditional Practitioner position that would improve culturally appropriate care. Current ADHS billing codes do not allow for traditional healers to bill for services.

Salt River Pima-Maricopa Indian Community

Issues/Needs identified by SRPMIC:

- There is a need for a residential treatment center that can focus on the family – be able to treat the parents and children as a group.
- A detoxification facility for adolescents is needed in the state.
- Services need to be developed for individuals with dual -diagnoses who go through detoxification and then enter a residential treatment center.
- Services also need to be available to respond to individuals who need detox and treatment that have multiple diagnosis such as substance abusers who have diabetes, HIV/AIDs, etc.
- Support a residential treatment center located close to or on tribal lands that incorporates the culture and can support mandatory family involvement in the treatment process.
- Funding from the State is needed to operate a residential treatment center that could serve various Indian tribes.
- Tribes need to be able to access Department of Justice monies for educational costs of children who are court ordered into treatment or who are incarcerated.
- Include funding to increase the number of behavioral health counselors in schools, especially elementary school. Schools could also work in further develop peer support groups, especially for students who do not have support at home. This prevention/intervention strategy would be dealing with substance abuse at the front end, rather than treatment phase.

Physician specialists are needed according to certain specific criteria. We have many children who suffer the affects of alcohol exposure prenatally/in utero for whom there are no services because they do not meet these very strict criteria. These children often end up needing long-term behavioral health services but there are no resources. The term "FAE (fetal alcohol effects)" doesn't qualify them for additional services.

Tohono O'odham Nation

Due to the location close to the border with Mexico, drug trafficking is a significant problem. The most common substances of abuse in the community are alcohol, marijuana, cocaine, heroin, and more recently, methamphetamine. There is no residential treatment center located on the reservation, and when clients return from treatment off the reservation, there is no transitional housing and there is limited aftercare to prevent recidivism. Residential treatment, detoxification centers, transitional housing and aftercare are needed.

The TO Nation recommends a multidisciplinary approach to substance abuse in partnership with the state, including enforcement, prevention, intervention education and awareness. The Regional Behavioral Health Authority can assist by providing resources and technical assistance to the TO Nation and by including the tribe in policy development and training opportunities.

Yavapai-Prescott Indian Tribe

Overall, usage of alcohol treatment services remains approximately the same, with no significant changes. This utilization is moderately less than the surrounding community.

Patient utilization of services for drug abuse has increased, as it has in the general Prescott area, specifically methamphetamine treatment. Due to the inherent nature of the drug, this also relates to an increase in arrests for violent behaviors and child endangerment issues. Consequently, there is an increase in Tribal Court cases and demands on social services resources. These demand increases tax the services of YPIT I.C.W.A. counselor and other staff. This, coupled with an area shortage of qualified family focused counselors, at times, contributes to a lag in the continuum of relevant services to families.

Inpatient facilities through IHS are generally at capacity and result in a three (3) to six (6) week treatment delay; this places the YPIT in the position of funding private, inpatient treatment. This situation exists for both the adult and youth populations. Funding for I.H.S. treatment services are usually exhausted six (6) to eight (8) weeks before the end of the fiscal year, leaving a funding gap which the Tribe has to supplement for needed services. Presently, there are insufficient outpatient services in the Prescott area to adequately meet our treatment needs.

d. Behavioral Health (February 17, 2007)

The Governor's Tribal Summit on Behavioral Health occurred on February 17, 2007 at the Heard Museum in Phoenix, Arizona. Several tribes and tribal organizations submitted Issue Papers, including: Colorado River Indian Tribes, Ft McDowell Yavapai Nation, Gila River Indian Community, Hualapai Tribe, Inter Tribal Council of Arizona, Navajo Nation, Pascua Yaqui Tribe, Tohono O'odham Nation and White Mountain Apache Tribe. The following is a summary of the issues identified by the tribes related to behavioral health:

Colorado River Indian Tribes

The Colorado River Indian Tribes have been severely impacted by the increase use of methamphetamine. The Parker Indian Health Service Public Health Nurse noted over 50% of pregnancies included self-reporting of poly substance abuse at some point during the pregnancy, placing the newborns at high risk. In 2005, the CRIT Child Protective Services reported at least ten cases of newborns that tested positive for methamphetamine. Funding provided by the state and

Governor Napolitano allowed the community to start a Meth Coalition. This funding needs to continue.

Ft McDowell Yavapai Nation

Despite our economic progress in recent years, the Fort McDowell Yavapai Nation has not escaped the current national epidemic of chronic substance abuse. In a bitter irony, the increased disposable income of community members has seemingly fueled a rise in substance abuse and related behavioral problems. The costs to tribal government of substance abuse are steep; increasing demands on our health care system and law enforcement have had a substantial budgetary impact.

The Tribal Council has made confronting the scourge of substance abuse a major priority. Collaborative approaches within tribal government have been developed in an effort to address the root causes of this pernicious epidemic. We have also sought to establish working relationships with non-tribal groups and agencies to better ensure a comprehensive and coordinated approach. There are no short-term remedies available; it will take a sustained focus on the part of tribal government to effectively deal with this insidious crisis. It is our hope that state resources and expertise can be made available to assist us in these efforts.

Behavioral health services for Fort McDowell tribal members are provided by Wassaja Family Services on the reservation or by off-reservation providers through the tribally funded health insurance program. In January 2003, a tribal members' "carve out" plan was implemented to provide mental health and substance abuse services not typically covered by non-tribal insurance plans. The carve out plan was designed to offer tribal members a comprehensive service package that could be coordinated with community based services, self-help activities and the support of family and community. Non-tribal members also may receive outpatient care at Wassaja Family Services. More coordination with the RBHA system is needed.

The state can assist in the following ways:

- **Improve Access to Psychiatric Services**
Psychiatric services, such as medication management and the assessment of competence, are quite limited in much of Indian Country. Any availability of state resources to help us better serve our community members with psychiatric services would be enormously useful.
- **State licensing of behavioral health counselors**
State law effectively eliminates many tribal members from offering substance abuse counseling services as licensed substance abuse counselors. Many who have been providing such services for years do

not meet state criteria for licensing. We believe the grandfathering in of such experienced counselors would have significant benefits for Indian Country.

Gila River Indian Community

The Behavioral Health Clinic (BHC), Gila River (Tribal) Regional Behavioral Health Authority (TRBHA), the Gila River Department of Human Services (DHS) and other community social service agencies and working groups are tasked with meeting the needs and expanding services for the community's behavioral health care. The Gila River Indian Community is currently building a residential treatment center for substance abuse which will include a detox facility and transitional living centers. BHC will have offices in the facility to facilitate the coordination of care for residents, specifically residents with co-occurring disorders.

In terms of funding and reimbursement for services, many of the traditional counselors in the community are employed through contracts. Agencies such as BHC and the TRBHA provide payment to the provider, but are currently unable to bill AHCCCS to reimburse for the service. The TRBHA covers these costs through state subvention dollars, but agencies such as BHC do not receive reimbursement. The services of a traditional counselor have proved invaluable to the Gila River BHC, as they have to other tribes who provide this service. Having the ability to bill AHCCCS for traditional counseling/healing services will help support this vital service which has demonstrated its effectiveness for tribal communities.

Hualapai Tribe

The Hualapai Tribe provided an itemized list of Behavioral Health concerns for the State of Arizona, including:

- Lack of resources to address BH needs
- Need for more training opportunities for staff
- Need improved access to state programs / RBHA services
- Need more focus on prevention and education
- Need improved coordination and cooperation with the state
- Need to address Seriously Mentally Ill client needs
- Need improved BH services for children
- Need to attract more health professionals to the community

Inter Tribal Council of Arizona

The twenty member tribes of the Inter Tribal Council of Arizona requests that the State of Arizona government examine policy barriers that lead to disparities in services and funding for BH among Arizona tribes. This effort should include a partnership among key state agencies (ADHS/DBHS, AHCCCS) federal agencies (IHS, BIA) and tribes. Key issues identified include:

- Overall insufficient resources leads to insufficient BH services

- TRBHAs need improved funding for administrative support
- Tribes have had difficulty in accessing inpatient mental health services from the Arizona State Hospital
- The referral process needs to be improved for tribes that do not have a TRBHA and rely on the RBHA to fund needed services
- Funding is needed to strengthen prevention, treatment, detoxification and aftercare services to address methamphetamine usage on reservations
- Tribes need assistance in addressing behavioral health professional shortages, especially in rural communities
- Cultural competency training and integration of traditional healing is needed
- A coordinated client support network and case management is needed for Seriously Mentally Ill clients

Navajo Nation

The Department of Behavioral Health Services (DBHS) in the Navajo Nation operates 13 outpatient treatment centers, 2 adolescent residential treatment centers and one adult residential treatment center. DBHS estimates that there are thousands of Navajo clients not receiving behavioral health services due to lack of adequate capacity.

The Navajo Nation is developing a 72-bed residential treatment center in Shiprock, NM. The state of NM has contributed \$3.2 million and the Navajo Nation has appropriated \$5 million toward this project. There is a funding shortfall of approximately \$1 million, and the Navajo Nation requested \$1 million from the state of Arizona legislature in 2006.

Pascua Yaqui Tribe

The Pascua Yaqui Tribe TRBHA is called the Centered Spirit Program and serves over 1,300 tribal members in southern and central Arizona. Methamphetamine use has increased significantly in recent years, and the Town of Guadalupe in Maricopa County has been significantly impacted by its use. Referrals for meth use more than doubled between 2004 and 2005. In 2005 there was methamphetamine-related a murder-suicide. Key issues identified include:

- Lack of residential treatment services in the community
- Lack of culturally appropriate services off reservation
- Stigma of SA and BH disorders limits utilization of services
- The requirement to pay subcontractors at the AHCCCS fee for service rate limits the TRBHAs ability to compete with RBHAs for inpatient beds and other services. The state needs to address the equity of AHCCCS rates for the T/RBHA system.

Tohono O'odham Nation

The TO Nation has one of the highest rates of substance abuse among all populations in the U.S., and is just beginning a holistic approach to addressing

the issue. Many of the Nation's members, as with many tribes, have identifiable Post Traumatic Stress Disorder (PTSD). Over a century of outside stressors have included overt discrimination, external exposure to alcohol and drugs, break up of families by urban relocation, removal of children to boarding schools at an early age, lack of natural resources to support subsistence living, and loss of the Tohono O'odham language. The result is high dependence on alcohol and drugs, loss of cultural identity, lack of internal resilience to support healthy life styles, few recovery services, and until recently, no Nation-wide plans to promote recovery.

The Tohono O'odham have the highest rate of deaths due to alcohol related causes of any population group in the U.S. (Office of Injury Prevention, Indian Health Service, 2002). In addition, the suicide rate for Native Americans is the highest of all ethnic groups in Pima County. Tohono O'odham Division of Behavioral Health statistics indicate that during calendar year 2005, 124 individuals were hospitalized due to severe depression and threats of suicide. From January 2003 through December 2005 there were 24 successful suicide attempts by O'odham living on the Nation. Of these, three were of youth under age 18, all occurring in 2005 (Tohono O'odham Police Department, 2005).

Methamphetamine use continues to increase. The TO Nation received a Planning Grant from the State of Arizona to participate in the State Anti-Methamphetamine Initiative. A very active Coalition has been established, attended the required planning meeting, and is engaged in compiling data. In addition the Department of Behavioral Health has agreed to attend the Matrix Model training that the State of Arizona is planning to conduct in mid-Summer.

The Tohono O'odham Nation continues to seek resources to address all aspects of behavioral health needs and has been working diligently to explore and utilize Tohono O'odham traditional methods to meet this end. The Tohono O'odham Nation looks forward to an ongoing positive dialogue with the State of Arizona to work collaboratively in building and improving our communities.

White Mountain Apache Tribe

The Tribe has experienced difficulty accessing funding that should be available for Tribal mental health (Apache Behavioral Health Services-ABHS) and substance abuse treatment (Rainbow Treatment Center-RTC) due to having an intermediary who has not provided full disclosure on what is available.

The current system under NARBHA has not been helpful – rather it has been cumbersome, overly bureaucratic and has served to hinder the provision of services that are needed by the Tribe. Example: Reimbursement for past case management services rendered has not been received due to NARBHA's misrepresentation of what services are covered. These dollars could have funded several therapist positions. There are other areas where ABHS has concern that funds designated for Tribal mental health have not been received.

The tribe is asking the state to support and expedite ABHS' application (in development) to become its own TRBHA and to establish an intergovernmental agreement with ADHS/DBHS. The Tribe now has the expertise to collaborate directly with the State without the need for an intermediary.

Full cooperation and open dialogue between ADHS/DBHS and the Tribe's mental health and substance abuse facilities, ABHS and RTC, regarding policy and procedural changes that might negatively impact the Tribal network for providing services. We requested a three-year extension to allow current staff members time to receive the minimum requirement of an Associates Degree in mental health in January, but have yet to receive a response from ADHS.

The development of more in-state, culturally sensitive inpatient facilities and therapeutic foster care homes for mental health and substance abuse treatment would allow families to be more involved in treatment and be actively engaged in the recovery effort.

6. Tribal Health Priorities in the Phoenix Area Indian Health Services

Tribal leaders met on November 28-29, 2006 at the Phoenix Area Indian Health Service Fiscal Year (FY) 2009 Budget Consultation Meeting in Las Vegas, Nevada. The major recommendation made by tribal leaders at the meeting included the need to target *Program Increases* in the FY 2009 IHS budget to top priorities identified by the tribes and make available funds to maintain *Current Services*, such as pay costs, inflation and population growth to all line items within the budget. The tribes focused their discussion on developing a recommended budget of **\$3,969,787,000**. This amount reflects a request for an \$800 million increase above the FY 2007, President's Budget request. This is the amount that tribes agreed, should go forward to the IHS as their priority recommendation.

The tribal leaders decided on the top ten health priorities for the Phoenix Area and also developed a list of budgetary priorities for FY 2009. Per the IHS instructions, the tribal representatives developed recommendations for increases at 2%, 4%, \$200 million and \$800 million.

Phoenix Area FY 2009 IHS Budget Recommendations
 (2%, 4%, \$200 million, \$800 million)

	FY 2009 +2%	FY 2009 +4%	FY 2009 \$200 million	FY 2009 \$800 million
Current Services	49,710,185	99,420,371	156,825,000	677,300,000
Program				

Increases	13,685,555	27,371,109	43,175,000	172,700,000
Total Increases	63,395,740	126,791,480	200,000,000	800,000,000
GRAND TOTAL	3,233,182,740	3,296,578,480	3,369,787,000	3,969,787,000

The following are the FY 2009 and 2010 top ten health area wide priorities for the tribes in the Phoenix Area IHS:

- Diabetes
- Alcohol/ Substance Abuse (includes Methamphetamine Abuse)
- Heart Disease
- Mental Health
- Malignant Neoplasm (Cancer)
- Dental Health
- Elder Health Problems
- Renal Disease/Dialysis
- Obesity
- Maternal and Child Health

Top health priorities were also identified by tribes within each of the three states in the Phoenix Area IHS. The process provided opportunity to discuss regional tribal concerns and aided the decision making process towards agreement on the overall Area priorities listed above. The top health priorities of the tribes in the Phoenix Area IHS in Arizona are listed below:

PAIHS Arizona Tribes
1. Diabetes
2. Alcohol/Substance Abuse
3. Heart Disease
4. Mental Health
5. Renal Failure/Dialysis
6. Malignant Neoplasm (Cancer)
7. Elder Health
8. Dental
9. Maternal/Child Health
10. Hypertension

Tribal representatives noted that additional funding is vital to maintain *Current Services* provided through the Indian health delivery system. This funding assures that the infrastructure is in place for basic medical care, prevention and public health services. The ability of the system to maintain Current Services has been hampered by the limited budget requests by the Administration and the amount of appropriations made available through past congressional action. The

tribes in the Phoenix Area recognize that it is vital to receive adequate funding for the following:

- Federal and Tribal Pay Costs
- General Inflation and Additional Medical Inflation
- Population Growth
- New Staffing for New/Replacement Facilities
- Contract Support Costs (CSC)
- Health Care Facility Construction (HCFC)

Contract Support Costs (CSC):

The CSC line item is essential for self-governance. These resources provide assurance that tribes under the authority of their contracts with the IHS deliver the highest quality health care services to their tribal members. Congress, however, has not funded the CSC line item fully for years. This has resulted in tribal assumptions of health programs with less than adequate management support. In recent years tribes have had to settle for no start-up funds and much reduced direct recurring support. Tribes usually receive less than 100% of their indirect cost requirements as well. Full funding of the CSC line item is needed to support new P.L. 93-638 assumptions in addition to the growing tribal management needs for ongoing program operations.

Health Care Facility Construction (HCFC):

Another topic of discussion was the status of the projects in the Phoenix Area on the IHS construction priority list. Several tribes expressed that facility construction is their top budgetary priority. Facility and other public health infrastructure are essential to yielding positive improvements in the health of Indian people. The HCFC program needs to remain highly active and funding requests to keep these projects moving towards completion needs to be reflected in the budget submission to HHS. Both HHS and OMB need to be apprised that numerous projects have been justified and have been on the priority list for many years. These projects should not be delayed.

Some of the construction projects in the Phoenix Area are now at the top of the priority list. These include the Phoenix Indian Medical Center (PIMC) hospital replacement, the Whiteriver, Arizona hospital replacement and the construction of the ambulatory facility at San Carlos, Arizona. Due to the significant population growth among American Indians and the outdated facilities that currently exist, restoring the HCFC line item to the fiscal year 2005 level was highly endorsed. One facility at Schurz, Nevada is number one on the replacement list as a result of a seismic study done by the Federal Emergency Management Administration (FEMA). Funding should be requested by FEMA for this emergency replacement.

For some of the health priorities identified by the tribes there is no specific line item associated with it in the IHS budget. They would be addressed within the

H&C line item, Contract Health Services and other prevention categories of the budget.

Diabetes was identified as the number one health problem as it is a significant cause of death among the tribes in the Phoenix Area and nationwide. American Indians have the highest rates of diabetes and diabetic complications in the world. According to the American Diabetes Association, 12.5% of American Indians/Alaska Natives (AI/AN) 20 years or older who received care at IHS in 2003, had diagnosed diabetes, compared to 8.7% of non-Hispanic whites with diabetes. In the Phoenix Area IHS patient population, the prevalence of type 2 diabetes was approximately 12% during 2003 and 2004. (RPMS Data for Phoenix Area IHS). Nationwide, diabetes was the cause of 5.7% of deaths in AI/AN in 2004 (National Center for Injury Prevention and Control, Leading Causes of Deaths Reports, 1999-2004).

Prevention efforts are critical, and resources and expertise must be committed for the long-term as prevention services will make a difference. Effective programs cited by the tribes include: educating individuals on self-care; expanding case management; support of traditional healing practices; and making more advanced treatment services available for diabetic patients. It was noted that diabetes is associated with many other detrimental health effects that results in increased costs to treat a patient.

7. Tucson Area IHS Health Priorities

During Budget Formulation meetings for the Tucson Area IHS for fiscal year 2009, the top ten health issues were identified by the TAIHS tribes (Pascua Yaqui Tribe and Tohono O'odham Nation). The top health concerns include:

- Behavioral Health (alcohol/substance abuse, mental health)
- Diabetes
- Health Promotion/Disease Prevention
- Maternal/Child Health
- Cancer
- Water and Sanitation
- Injuries/Injury Prevention
- Domestic/Family Violence
- Dental/Oral Health
- Elder Health

Under funding of the IHS was also identified as a key issue, and the recommendation was unanimously made to reinstate the budget line item for funding the Urban Indian Health Centers.

8. Navajo Area IHS Health Priorities

On December 13 and 14, 2006, the Navajo Area IHS conducted its Area-wide Budget Formulation work session in Window Rock, AZ. The focus was to

develop health budget recommendations for fiscal year 2009. Representatives from the Navajo Nation, San Juan Southern Paiute Tribe, IHS and tribal “638” entities attended the work session. The top ten health budget priorities include:

- Healthcare Facilities Construction
- Sanitation Facilities Construction
- Injury Prevention
- Diabetes
- Heart Disease
- Behavioral Health Services/Alcohol and Substance Abuse
- Mental Health
- Dental
- Cancer
- Infectious Disease

Again, overall under funding of the IHS was identified as a priority, and recommendations were made to increase funding to support infrastructure and services.

9. Summary of Key Issues Identified by Tribes

Key health issues identified by the Tribes can be classified into several categories, including: (1) Health Disparities; (2) Funding Disparities; (3) Advocacy; (4) State Agency Issues; and (5) Facilities and Services. Key Tribal health issues that are recurring and frequently cited include the following:

Health Disparities

- Obesity/Diabetes
- Alcohol/Substance Abuse
- Increasing use of methamphetamine

Funding Disparities

- Funding is needed for both facilities and services
- Early Childhood Programs (Head Start)
- School Readiness Programs
- Prevention Programs (violence, substance abuse, etc)

Advocacy

- More state and federal funding is needed. The state can assist the tribes in advocating for more federal funding.

State Agency Issues

- AHCCCS application process needs to be streamlined and made easier for clients (AHCCCS and DES)
- ADHS/DBHS and the RBHA system needs to improve cooperation with tribes and coordination of services
- ALTCS—need to improve access to LTC on reservations

- Department of Education—AIMS testing needs to be more culturally appropriate.

Facilities and Services

- A significant need exists to increase Residential Treatment Centers on reservations that can provide improved and culturally appropriate inpatient behavioral health services, detoxification and recovery.
- Residential treatment services need to be better coordinated with aftercare services to reduce recidivism.

10. Advisory Council on Indian Health Care Retreat

In June 2007 the ACOIHC held its annual retreat. The following information was gathered from a Team Building Session in which the Advisory Council Members and guests participated. The purpose was to identify the top health priorities from the Advisory Council's perspective. The session was presented and facilitated by Marita Klein, Executive Consultant II, AHCCCS Human Resource Department.

TOP HEALTH PRIORITIES (in priority order)

1. Substance Abuse
2. Diabetes and Obesity
3. Cancer
4. Cardio-vascular
5. Elder/LTC
6. Behavioral Health
7. Injuries
8. Renal
9. Special needs
10. Outreach and Education
11. Dental Service
12. Women's health
13. Health planning
14. Lack of facilities
15. Limited resources
16. Environmental
17. Violence

11. Follow Up Strategies

Strategies for follow up regarding health issues include contact and regular communication with tribal leaders and health department leaders regarding health issues, a follow up Tribal Health Summit with the Governor, a Third Arizona Indian Health Conference and closer coordination with the Inter Tribal Council of Arizona Health Workgroup meeting.

a. Contact Tribal Health Leaders to Comment/Update Issues

A letter summarizing each tribe's concerns will be sent to tribal leaders and health department leaders from the ACOIHC. These stakeholders were asked to provide updates on the issues previously identified in the summits. They were also asked to suggest a format for follow-up (another health summit, a conference, etc). The ACOIHC may want to consider developing a formal process to acquire health issue information from the tribes on an annual or semi-annual basis. This could be in the form of a questionnaire and/or face-to-face meetings with key tribal stakeholders. The purpose would be to acquire up-to-date information from the tribes regarding health issues. This information could serve as a guide for further ACOIHC activities and progress reporting.

b. Consider Follow Up Health Summit

The last Health Summit was held more than four years ago in June 2003. The Governor, Tribes and the ACOIHC may consider suggesting a follow up health summit in which previously described issues can be updated and new issues and strategies to address these issues can be identified with the Governor and appropriate state agency leadership.

c. Other Potential Follow Up Venues

i. Third Arizona Indian Health Conference

Arizona Indian Health Conferences were held in 2004 and 2005 that were sponsored by the Arizona Department of Health Services and the Inter Tribal Council of Arizona (ITCA). The ACOIHC may want to consider encouraging another Conference that focuses on the health issues identified by the tribes. A Conference held over two days would provide significantly more time than a summit for tribal leaders, state leaders and other key stakeholders to adequately address the issues and to develop an implementation strategy to resolve health issues in the future. If this were an annual event, tribal, state and federal health leaders could provide annual updates and progress reporting regarding health issues. It would also be a venue to routinely update and publish tribal health issues in the State of Arizona. Information sharing could lead to improved access to resources and funding and in coordination of efforts to address tribal health concerns on an annual basis.

ii. Inter Tribal Council of Arizona Health Working Group

The ITCA conducts quarterly meetings with Health Department leaders. This would be another venue to routinely update health issues and to report on progress in addressing and resolving health issues in partnership with state and federal health programs. The ACOIHC may consider developing a closer involvement with these meetings, and the Council could serve as a conduit of information and reporting to state leaders, agencies and the governor regarding tribal health issues.

iii. State Agency Tribal Consultation Meetings (AHCCCS, ADHS, DES)

Data gathered from the above datasets regarding tribal health priorities can be presented at joint meetings among the key state agencies addressing health issues, including AHCCCS, ADHS and DES. Following tribal input regarding updated health priorities, this report can be presented to the agency leaders and to the tribal liaisons to improve coordination in addressing tribal health concerns.

iv. Website Development

The Advisory Council may want to consider developing a website with the purpose of disseminating American Indian health related information and to gather new data regarding health issues and priorities. This could be done in partnership with the Inter Tribal Council of Arizona and coordinated among the IHS Areas in Arizona and with key state agencies.