STATEWIDE ARIZONA AMERICAN INDIAN BEHAVIORAL HEALTH FOLLOW-UP SYMPOSIUM

Tribal Unity During a Time of Transition: Finding Solutions

April 6, 2017
Elements Event Center
Ak-Chin Indian Community
Maricopa, AZ

Prepared by the Symposium Planning Committee

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

This report summarizes the proceedings of the Statewide AZ American Indian Behavioral Health Follow-Up Symposium – "Tribal Unity During a Time of Transition: Finding Solutions." The Symposium was held on Thursday, April 6, 2017 at the Elements Event Center of the Ak-Chin Indian Community. One hundred five individuals attended the event, representing various tribes and agencies throughout Arizona: Regional and Tribal Regional Behavioral Authorities, some of their providers, Arizona state governmental entities, and Urban Indian Health Programs.

Key Arizona American Indian behavioral health issues were discussed at the Symposium. Topic experts shared their knowledge and experiences and Symposium participants engaged in discussions around these issues. The key topics of the Symposium were as follows:

1) Access to behavioral health services, which includes recruiting and retaining qualified staff.
2) Tribal court order involuntary commitment.

Recommendations:

Access to behavioral health services

- Support and encourage the development of Medicaid Section 1115 waivers that can potentially expand access to services and benefits such as the Traditional Healing Services waiver.
- Support the development of tribal "Grow your Own" programs that assist tribal employees to advance professionally within their behavioral health departments. Arizona Health Education Centers should begin working with Tribes on this workforce initiative so tribal staff can acquire appropriate certification and licensure.
- Provide information sessions on federal and state loan repayment programs that can aid in the recruitment and retention of providers. In addition, Tribes should consider having their Health Professional Shortage Areas scores evaluated to determine if the score can be increased to be more competitive.

Tribal Involuntary Commitment

- Engage and participate in the rule making process of the newly passed tribal involuntary commitment bill.
- Support the development of tribal involuntary commitment codes.

Next Steps:

Strategize on how to strengthen collaboration among American Indian behavioral health partners.

- Start an email distribution list.
- Conduct quarterly meetings in various locations throughout Arizona.

AGENDA

7:30AM	Registration & Continental Breakfast	
	Tribal Welcome	Delia Carlyle, Councilwoman, Ak-Chin Indian Community
8:30AM	Opening Prayer	
	Symposium Welcome	Sheina Yellowhair, Planning Committee Chair
9:00AM	Topic 1: Access to Services Panel Presentations/Discussions – Traditional Healing Update – Peer Support Services – Telepsychiatry	Facilitator: Theresa Galvan, Navajo Nation Department of Behavioral Health Services
10:30AM	Break	
10:45AM	Panel Presentations / Discussions – Tribal Human Resources – Loan Repayment Resources – Board of Behavioral Health Examiners Overview	Facilitator: Priscilla Foote, Gila River Indian Community
12:00PM	Lunch Presentation: Alaska Behavioral Health Aide Model	Xiomara Owens, Alaska Native Tribal Health Consortium
1:30PM	Break	
1:45PM	Topic 2: Tribal Involuntary Commitment / A Tribal-State Partnership Panel Presentations / Discussions – HB2084 Legislative Update – Tribal Code Development – Admission to Arizona State Hospital	Facilitator: Lydia Hubbard-Pourier, Colorado River Indian Tribes
3:45PM	Closing	
4:00PM	Adjourn	

INTRODUCTION

The Statewide AZ American Indian Behavioral Health Follow-Up Symposium – "Tribal Unity During a Time of Transition: Finding Solutions" was held on Thursday, April 6, 2017 at the Elements Event Center of the Ak-Chin Indian Community. Attendees represented Arizona Indian tribes, the Inter Tribal Council of Arizona, Inc., urban Indian health programs, Indian Health Service, Arizona state governmental agencies, tribal and regional behavioral health authorities, their providers, and university programs.

Purpose: The Symposium was organized to continue discussions around key Arizona American Indian behavioral health issues which were identified a year prior at the Statewide Arizona American Indian Behavioral Health Forum IV. The two key topics discussed were 1) access to services, and the recruitment and retention of qualified staff; and 2) tribal involuntary commitment. The purpose of holding these discussions was to improve local tribal clients'/patients' behavioral health services.

Background: The Symposium was planned by a voluntary, multi-agency, statewide planning committee comprised of representatives from tribal nations, state governmental agencies, regional and tribal behavioral health authorities, their providers, the Inter Tribal Council of AZ, Inc., and urban Indian health organizations. The Symposium is supported financially through sponsorships from regional and tribal behavioral health authorities, some of their providers, host tribal conference pricing and registration fees.

The Symposium planning committee acknowledges and thanks the event's host, the Ak-Chin Indian Community. Additionally, the planning committee thanks all Symposium sponsors for their financial contributions.

Note – Summary report of Forum IV is posted on the Arizona Advisory Council on Indian Health Care website at https://acoihc.az.gov/.

PROCEEDINGS

OPENING AND WELCOME

Emcee Gabriel Yaiva, Tribal Liaison, Health Choice Integrated Care opened the Symposium with welcome remarks and acknowledged the Symposium planning committee members. Tribal welcome remarks were given by Delia Carlyle, Councilwoman, Ak-Chin Indian Community. Sheina Yellowhair, Co-Chair of the Symposium Planning Committee introduced the Symposium content and acknowledged key stakeholders.

TOPIC 1: ACCESS TO SERVICES

Facilitator Theresa Galvan, Department of Behavioral Health Services, Navajo Nation opened the discussion with insights on the "pros and cons" of accessing behavioral health services, integration of western and traditional medicines, peer support services, and telepsychiatry.

Traditional Healing Workgroup Update: Terrilyn Nez-Chee, Director of Revenue Generation, Tse'hootsooi' Medical Center and Kim Russell, Executive Director of the Arizona Advisory Council on Indian Health Care (AACIHC) gave an update on the progress of the Arizona Health Care Cost Containment System (AHCCCS) Tribal Traditional Healing Workgroup. The Workgroup, with authority from a Section 1115 Waiver, is seeking reimbursement for services provided by traditional healers/practitioners from AHCCCS. Currently, AHCCCS does not reimburse for these services that are provided at several IHS/Tribal facilities. The Traditional Healing Workgroup has developed service parameters and payment methodology language for AHCCCS and CMS to consider. The workgroup is encouraging participation as it finalizes additional recommendations to be submitted to AHCCCS.

Q&A / Comments

A participant encouraged Symposium attendees to obtain a resolution of support from their respective Tribes during the public comment period for the waiver.

- Representative from AACIHC stated she could notify Tribal leaders and organizations when the open comment period begins. Also, AACIHC could produce a draft resolution template.

A member of the Traditional Healing Workgroup expressed the difficulties of tailoring their recommendations.

A participant shared information about two ways Medicaid programs can design their programs – State plan vs waiver process. Waiver process is time limited.

A participant stated Cenpatico Integrated Care have RBHA providers that deliver traditional healing services, and inquired if the waiver included or considered how outside providers delivered traditional healing services.
- Representative from AACIHC stated further discussion is needed about reimbursement systems outside of tribal/IHS facilities.

A participant inquired as to how traditional healers' methods would be protected.
- Terrilyn Nez-Chee explained the current system of traditional healers.

Peer Support Services: Sheila Sarabia, Certified Peer Specialist, Alcohol & Substance Abuse Prevention Program, Colorado River Indian Tribes (CRIT) defined what a peer specialist is and shared her own personal experiences utilizing peer support to overcome her addiction.

Q&A / Comments

A participant asked for Ms. Sarabia to expound upon her role as a peer specialist.
- Ms. Sarabia shared her duties and experiences as a peer specialist.

A participant from the CRIT community asked what is it like to be a recovering addict and a peer support specialist.
- Ms. Sarabia shared her feelings and experiences recovering with addiction and as a peer support specialist.

A representative from Native Health expressed difficulty with getting fingerprint clearance for peer support specialists.
- Participant stated Governor Ducey recently signed off on legislation for leeway for peer support specialists requirements.
- Another Participant explained how her organization overcame fingerprint clearance issues by adhering to fingerprint clearance written processes and simply attaching a letter to explain unique situations that require further consideration.

A representative from Nursewise stated their organization provides teleservices for Tribes within their service areas.

Telepsychiatry: Dr. Thea Wilshire, Wellness Center, San Carlos Apache Tribe shared the history and challenges of the Wellness Center's telepsychiatry program. Challenges included issues related to technology, encryption, prescription, cost of services, and patients' uneasiness with telepsychiatry. Dr. Wilshire then gave suggestions and tips for implementing telepsychiatry.

Q&A / Comments

A participant stated 638 contractors have access to the General Services Administration's (GSA) services which includes information technology support.

Tribal Human Resources: Facilitator Priscilla Foote, Behavioral Health Executive Director, Gila River Indian Community introduced a discussion on recruitment and retention of qualified health professionals. Lavinia Begay, Department of Behavioral Health Services (DBHS), Navajo Nation gave an overview of the types of licensing and certifications her department recognizes and the positions DBHS offers. DBHS' number one priority is licensure and certification. Ms. Begay also shared issues with hiring qualified behavioral health professionals: 1) shortage of individuals that meet minimum education requirements; 2) grandfathered counselors continue to retire; and 3) college graduates have no clear path for licensure and certification. DBHS has launched initiatives to allow it to grow from within to meet its staffing needs.

Q&A / Comments

Does DBHS prefer its staff be licensed in Arizona and New Mexico.

- Ms. Begay expressed billing issues arise depending on which state the behavioral health professional has their license in.
- Theresa Galvan stated the Navajo Nation is considering developing its own licensure board.

Has DBHS worked with the Area Health Education Center to aid with training providers.

- Ms. Begay was unaware of the Area Health Education Centers.

Loan Repayment Resources: Ana Roscetti, Workforce Section Manager, Arizona Department of Health Services explained how the Health Professional Shortage Area score, or HPSA score, helps the loan repayment program and other workforce programs determine which underserved areas need aid in increasing access to care, and aid to recruit and retain healthcare professionals. Ms. Roscetti gave in-depth information, including eligibility criteria and program parameters, on three workforce programs: National Health Service Corps Loan Repayment Program (NHSC LRP); Arizona State Loan Repayment Program (SLRP); and Nurse Corps Loan Repayment Program.

Q&A / Comments

Does SLRP have the same educational requirements (nationally certified program) as NHSC LRP?

– Ms. Roscetti stated that providers need to satisfy Arizona licensure requirements and can participate in the SLRP.

A participant inquired if licensed substance abuse counselors on Yavapai Apache Nation qualify for the NHSC and SLRP.

– Ms. Roscetti stated that NHSC and SLRP require providers provide primary mental health services – individuals providing substance abuse counseling services are ineligible.

How widely accessed are these state and federal loan repayment programs by Tribes? Are sliding fee scales a barrier (participant stated that most Tribes and IHS facilities do not have sliding fee scales)?

– Ms. Roscetti stated the programs were underutilized. 2016 was the first time providers were enrolled in the program from IHS sites. Sliding fee scale requirement is not flexible relating to IHS and Tribal sites.

A participant expressed concern over individuals that have consolidated their loans prior to applying to the loan repayment programs are ineligible.

– Ms. Roscetti stated that consolidated loans should not render an individual ineligible for the loan repayment loan programs

A participant asked for clarification about behavioral health professionals that are eligible for SLRP – Psy. D. vs PhD.

– Ms. Roscetti stated eligible individuals need to be licensed clinical psychologists.

Lydia Hubbard-Pourier commented that the American Indian Healthcare Act exempts IHS and 638 facilities from sliding fee scale requirements, in regards to the NHSC. Ms. Hubbard-Pourier also remarked that some Tribes have had bad experiences with NHSC providers: not familiar with Tribes and Tribal peoples, and healthcare delivery systems available to American Indians; culture shock.

Michael Allison stated that the issues revealed during discussion could be addressed at Tribal consultation meetings at the State and Federal level.

Board of Behavioral Health Examiners Overview: Donna Dalton, Deputy Director, Arizona Board of Behavioral Health Examiners discussed the rules and processes of clinical supervision. Ms. Dalton outlined three parts of clinical supervision: 1) supervised work experience; 2) clinical supervision; and 3) clinical supervisor requirements. Ms. Dalton also shared changes that will be implemented in the near future.

Q&A / Comments

A participant inquired about future plans to allow for individuals that work on a mental health crisis hotline to work towards an independent license.

- Ms. Dalton stated that tele-practice is not counted currently.

A participant inquired about qualifications to be on registry.

A participant asked for clarification on required documentation for people applying for their licenses around clinical supervision.

- Ms. Dalton gave the following insights: as a supervisee, it is important to work with clinical supervisor, and to take ownership of the documentation process; form available online satisfies clinical supervision requirements.

A participant from Apache Behavioral Health commented that their clinicians are required to meet the requirements of the Arizona registry; created in-house, 12-hour supervisor training course, and got individuals on the registry with their training.

LUNCH PRESENTATION

Xiomara Owens, Behavioral Health Aide Program Manager, Alaska Tribal Health Consortium (ATHC) outlined the Behavioral Health Aides (BHA) program, the BHAs' certification requirements and scope of practice. Alaska's unique geographical landscape and culture, in part, shaped the design of the program. Alaska possesses a large land mass with extreme weather, yet its population is relatively small. Alaskans must travel great distances to access regional health services and facilities. Ms. Owens also described Alaska's Tribal Health System and its components, or partners. Key considerations in developing a BHA program were highlighted to help other interested organizations develop their own similar program.

Q&A / Comments

Is the behavioral health aide manual available online?
- Manual only available to BHAs in their system, but resources can be shared.

How is BHA training paid for? BHA salaries?
- Ms. Owens stated the Tribal Health Organizations have training funds to send their BHAs to training. BHAs pay is determined by their Tribal Health Organization and varies from region to region.

What outreach activities exist for Alaskan Natives living outside of Alaska?
- Ms. Owens stated no specific outreach has been done at ATHC.

How are service boundaries defined, considering Alaska does not have reservations?
- Ms. Owens stated, in many regions, the Tribal Health Organizations are the only, or primary, provider of healthcare services – required to serve everyone.
- Certification not transferable outside Tribal health system.

Is BHA program based on blood quantum or Tribal affiliation?
- Only requirement is that individuals are hired by a Tribal Health Organization – participants can be Native or non-Native.

TOPIC 2: TRIBAL INVOLUNTARY COMMITMENT

Involuntary Commitment – a legal and clinical process by which an individual may be ordered by a court to be assessed, evaluated, and treated for a mental disorder.

Facilitator Lydia Hubbard-Pourier, Deputy Director, Department of Health & Social Services, Colorado River Indian Tribes opened discussion with a definition of involuntary commitment. ARS 12-136 is an Arizona law which provides for the recognition and enforcement, or domestication, of a tribal court order stipulating involuntary commitment to treatment for American Indians residing on Indian reservations. Ms. Hubbard-Pourier outlined the process by which tribal courts and state/county courts interact for the involuntary commitment process.

HB 2084 Legislative Update: Chris Vinyard, Legislative Liaison, AHCCCS discussed Bill HB2084, which aims to address the issue of Tribal members waiting extended periods of time to receive court ordered treatment (COT) services off Tribal lands. HB2084 amends ARS 12-136 to improve processes and efficiencies with state government, reduce unnecessary incarceration of Tribal members, and ensure timely delivery of behavioral health services.

Q&A / Comments

What are AHCCCS' plans on measuring the effectiveness of the new law?
- Chris Vineyard replied that it would be a good idea to gather more data on the current wait times for Tribal members to receive COT treatment, and that further discussion is needed.

Does AHCCCS have plans to educate providers of the implications of HB2084?
- Mr. Vineyard stated AHCCCS does have plans to educate providers.

How many mental health facilities could take involuntary commitment patients?
- Mr. Vineyard stated bed capacity is an ongoing discussion, in regards to the capacity being sufficient.

Participant commented that if COT treatment is ordered by a Tribal court, it is unlikely a bed will be available for the patient in a voluntary treatment facility.

HB 2084 Legislative Update Continued: Alida Montiel, Health Systems Director, Inter Tribal Council of Arizona shared the background of ARS 12-136. Ms. Montiel expressed concerns with the current law: 1) tight timeframe of filing Tribal court orders by the next business day; 2) travel distances for Tribal members to file court orders in person are extensive; 3) e-filing not available everywhere; 4) significant amount of coordination is necessary to ensure patients are not discharged due to untimely filing; 5) bill did not amend the section of ARS 12-136 that states the state has five days from the receipt of the written notice of the order to appear as a party and respond; 6) bill did not require updated rule making; 7) bill did not amend ARS 12-136 pertaining to intergovernmental agreements (IGAs).

Tribal Code Development: Matt McReynolds, Assistant Attorney General, San Carlos Apache Tribe provided a practical framework for Tribe's to handle involuntary commitment. Mr. McReynolds discussed the importance of due process, the Indian Civil Rights Act, requirements for court orders, and tips for drafting a code within Tribes. Some Tribal courts may not have experience with involuntary commitment.

Arizona State Hospital: Dr. Steven Dingle, Chief Medical Officer, Arizona State Hospital gave an overview of the history of the Arizona State Hospital (ASH). The AZ Asylum first opened in 1887 with 61 patients. In 1958 the Asylum was officially named the "Arizona State Hospital". In 1970 Senate Bill 1057 was passed requiring a person to be dangerous to themselves or others in order to be committed and in 1973 the AZ Department of Health Services was created with oversight responsibility for ASH. ASH has three separate components: The Civil Hospital, Forensic Hospital and the AZ Community Protection & Treatment Center (ACPTC). Dr. Dingle spoke specifically about the Hospital's relationship with Tribes/Tribal members.

Q&A / Comments

What is considered the least restrictive environment?
- Dr. Dingle stated, by law, ASH is the most restrictive alternative. However, functionally and practically, ASH could be seen as a less restrictive alternative compared to other facilities.

Can forensic services at ASH could be accessed by Tribes?
- Dr. Dingle said the Tribes are welcome to approach the Department of Health Services to work on IGAs.

Participant inquired about rule making.
- Alida Montiel stated information about Tribal court systems could be shared with the state judicial system. Ms. Montiel stated rule 28 could, along with IGAs, create flexibility between Tribes and counties.

Participant opened a discussion on identifying a guardian in court orders
- Dr. Dingle stated Tribal orders for guardianship are not recognized off the reservation.
- Matt McReynolds stated juvenile guardianship can be recognized, but depends on the form of guardianship. Mr. McReynolds also stated the San Carlos Apache Tribe has difficulty finding persons to take on the role of guardian.
- Lydia Hubbard-Pourier stated a couple of Tribes in the state appoint social services department or case worker as guardian – Tribal court ordered guardianship.

CLOSING REMARKS

Julia Chavez, Symposium Planning Committee Co-Chair closed the event with acknowledgement of all stakeholders. Juanita Homer of the Tohono O'odham Nation offered a prayer to conclude the Symposium.

EVALUATION / OUTCOME / NEXT STEPS

EVALUATIONS OF TOPICS

Total Respondents: 67	Very Satisfied		Satisfied		Neutral		Dissatisfied		Very Dissatisfied		No Ans
Traditional Healing Workgroup	31	46%	27	40%	9	13%	-	-	-	-	-
Peer Support Services	33	49%	24	36%	7	10%	3	3%	-	-	-
Telepsychiatry	47	70%	17	25%	3	4%	-	-	-	-	-
Tribal Human Resources	32	48%	29	43%	6	9%	-	-	-	-	-
Loan Repayment Resources	31	46%	27	40%	9	13%	-	-	-	-	-
Board of BH Overview	30	45%	28	42%	8	12%	-	-	-	-	1
Alaska Model – BH Aides	38	57%	25	37%	1	1%	-	-	1	1%	2
HB2084 Legislative Update	31	46%	28	42%	4	6%	-	-	-	-	4
Tribal Code Development	41	61%	17	25%	2	3%	-	-	-	-	7
Admission to AZ State Hospital	35	52%	21	31%	1	1%	-	-	-	-	10

Common Themes: In total, 67 respondents contributed feedback on the Symposium's content. A majority of the respondents were either 'satisfied' or 'very satisfied' with the content presented in each section of the Symposium (see evaluations above). Respondents could write in remarks on their evaluation forms, and a few recurring themes were identified.

1. Involuntary Commitment – The topic of involuntary commitment was reported as the "most meaningful or important information" most often by respondents.
2. Networking / Collaboration – Many respondents gave positive remarks about the networking opportunity presented by the Symposium. Also positively remarked upon was the collaborative environment created by the behavioral health professionals in attendance.
3. Overall Content – Many respondents remarked positively about the overall wealth of content presented at the Symposium.

OUTCOME / NEXT STEPS

Overall, participants of the Statewide AZ American Indian Behavioral Health Follow-Up Symposium gave positive marks for the event. Overwhelmingly, participants appreciated the content presented on involuntary commitment, as well as the overall breadth of knowledge presented or shared. A key observation was that participants valued the networking and collaborative nature of the Symposium.

Next Steps:

- Strategize on how to distribute the Symposium report and its key findings to tribes and tribal partners.
- Post the Symposium report on the Arizona Advisory Council on Indian Health Care websites.
- Strategize on how to strengthen collaboration among American Indian behavioral health partners.
    - Start an email distribution list
    - Conduct quarterly meetings in various locations throughout Arizona