

# **Statewide Arizona American Indian Behavioral Health Forum IV Report**

**“Tribal Unity during a Time of Transition”**

April 5 - 7, 2016  
Casino Del Sol Resort  
Pascua Yaqui Tribe  
Tucson, AZ

*Prepared by the Forum IV Planning Committee*

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## EXECUTIVE SUMMARY

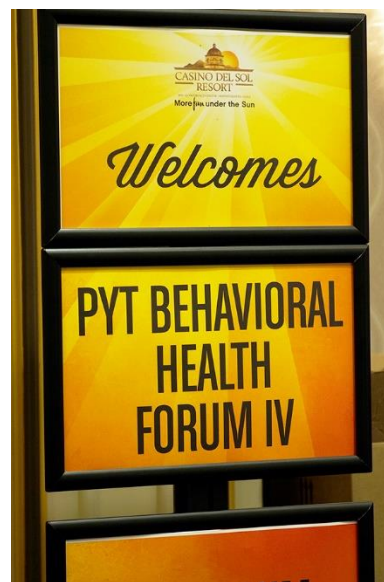
This report summarizes the proceedings of the Statewide Arizona American Indian Behavioral Health Forum IV: “Tribal Unity during a Time of Transition” held on April 5-7, 2016 at the Casino Del Sol Resort located on the Pascua Yaqui Indian Reservation. 134 individuals attended the Forum. These individuals primarily represented tribes from throughout Arizona, Regional and Tribal Regional Behavioral Authorities, some of their providers, Arizona state governmental entities, and Urban Indian Health Programs.

A significant part of the Forum discussions revolved around the transition of the Arizona Department of Health Services (ADHS) Division of Behavioral Health Services (DBHS) to the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS officials provided updates regarding the transition. Forum participants inquired about the effect of the transition on their areas of work. AHCCCS representatives expressed their commitment to respecting Tribal sovereignty and tribal consultation. Tribal leaders echoed the importance of tribal sovereignty and consultation; however, some leaders expressed concerns over the tribal consultation methods. Overall, tribal leaders and representatives and AHCCCS officials had positive attitudes about forming a better partnership.

The Round Table Session of the Forum provided valuable feedback from attendees. During the regional roundtable discussion, three primary topics surfaced.

1. There is a lack of knowledge and discussion around involuntary commitment. Attendees were interested in learning more about this topic.
2. Tribes face challenges in recruiting and retaining qualified behavioral health staff. The definition of qualified varied, but most attendees considered cultural competency as a significant part of a qualified behavioral health professional.
3. Tribes expressed concerns on the lack of services available to tribal people. In some cases, services are simply not available or there is lack of access to the services. Rural areas face unique barriers in providing services to tribal people.

Attendees gave high evaluation marks for their attendance at the Forum. Overall Forum satisfaction received a satisfied to very satisfied rating of 95.2%. At a rating of 93% attendees were in favor of having the Forum on a yearly basis.



## INTRODUCTION

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The Statewide AZ American Indian Behavioral Health Forum is held bi-annually to allow for statewide discussion and advocacy for Arizona American Indian behavioral health services on and off Indian reservations. The purpose of the Forum is to improve local tribal clients/patients behavioral health services and to identify and develop recommendations to address areas of need. Forum attendees represent 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. It is the only forum of its kind in Arizona, and possibly in the Nation.



The Forum is 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 Forum is supported financially through sponsorships from regional and tribal behavioral health authorities, some of their providers, host tribal conference pricing and registration fees. Summary reports of previous

Forums are posted on the Arizona Department of Health Services Native American website at: [www.azdhs.gov/diro/tribal/](http://www.azdhs.gov/diro/tribal/).

The Statewide Arizona American Indian Behavioral Health Forum IV: “Tribal Unity during a Time of Transition” took place at the Casino Del Sol Resort, beginning Tuesday, April 5, 2016 and ending Thursday, April 7, 2016. The Forum IV Planning Committee would like to acknowledge and thank the event’s host, the Pascua Yaqui Tribe. Additionally, thank you to all the sponsors for the financial contributions. See Attachments 1, 2 and 3 for a copy of the Forum IV agenda, a listing of attendees and a listing of the Forum IV Planning Committee.

## PROCEEDINGS: PRE-FORUM WORKSHOP (TUESDAY, APRIL 5)

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### **Opening**

Amanda Barrera, Tribal Secretary for Colorado River Indian Tribes (CRIT) provided opening remarks welcoming everyone to the Forum. Ms. Barrera functioned as the Forum’s Emcee.

### **Medicaid for American Indian Services – Medicaid 101 & AHCCCS**

Paul Galdys, Assistant Director of Division of Health Care Advocacy and Advancement, AHCCCS provided an overview of Medicaid and AHCCCS, followed by a brief Q&A session. Mr. Galdys reported the following information. There are over 1.8M members enrolled in AHCCCS and over 60,000 providers. Over 171,000 American Indian / Alaska Natives are enrolled in AHCCCS; about 117,000 in the American Indian Health Program (AIHP). Mr. Galdys stated that AHCCCS has had silos of success, but improvements are still needed. Mr. Galdys acknowledged oversight made with tribes in terms of tribal consultation relating to the re-

configuration of the Regional Behavioral Health Authorities (RBHA) geographical service areas noting misstep with the San Carlos Apache Tribe as an example. The importance of tribal consultations for the improvement of service delivery was emphasized by Mr. Galdys.

Questions and answers that followed Mr. Galdys' presentation were:

- Reuben Howard, Executive Director of Health Services Division, Pascua Yaqui Tribe expressed concern regarding a notice he received about a Department of Economic Security, Division of Developmental Disabilities (DDD) tribal consultation. Mr. Howard asked for clarification about the streamlining of services for the developmentally disabled population. Mr. Galdys replied that he did not think a decision had been made and that he is not directly involved. It was mentioned that an upcoming DES-DDD tribal consultation will occur in the near future.
- Kim Russell, Executive Director, Arizona Advisory Council on Indian Health Care requested that AHCCCS share information on American Indian health care through a public format like a website. Mr. Galdys commented he would take this recommendation back AHCCCS leadership.

### **Medicaid for American Indian Services – Impact of Medicaid on Arizona Tribes**

Presenters Reuben Howard, Executive Director, Health Services Division, Pascua Yaqui Tribe and Theresa Galvan, Health System Administrator, Navajo Department of Health shared with the audience the impact of Medicaid on their respective tribes.

Pascua Yaqui Tribe (PYT) is designated as a Tribal Regional Behavioral Health Authority (TRBHA) with two locations, on reservation and a satellite clinic in Guadalupe. Mr. Howard mentioned a benefit of the DBHS – AHCCCS transition is better understanding of tribal sovereignty and improved negotiations on Intergovernmental Agreements (IGAs). Mr. Howard also mentioned several areas of concern which were technology (IT) issues, discontinuity of information systems, limitation on number of years an individual can be enrolled in AHCCCS, not enough money being appropriated to IHS and tribes, no specialty care services (e.g. eating disorders) and patients being referred out to other facilities.

A question asked after Mr. Howard's presentation was:

- His recommendations on how to improve the AHCCCS system. Mr. Howard commented that the current reimbursement rates for group homes for residential treatment programs is a big concern. There is difficulty in covering costs.

Ms. Galvan presented on the Navajo Nation initiative to create its own Medicaid program. Under the Affordable Care Act and Indian Health Care Improvement Act, a study to determine the feasibility of a Navajo Nation Medicaid program was completed. Ms. Galvan commented on roadblocks faced in submitting the feasibility study to Congress. Many considerations in moving forward exist: consultations must be carried out in each state the Navajo Nation lies within (Arizona, New Mexico, and Utah); socio-economic variables; citizenship of tribal members; large land base. Full implementation of the initiative is slated for 2022.



### **Indian Health Service Behavioral Health Integration**

Captain Michael Flood, Acting Behavioral Health Consultant, Indian Health Service (IHS), Tucson Area Office gave a definition and overview of integrated care for IHS. Captain Flood then outlined the Patient Centered Medical Homes (PCMH) model.

Captain Flood shared a few challenges for the Indian Health System: (1) Co-location of providers presenting an issue as other services may fall under different operations such as Tribal or IHS, and (2) Shortage of behavioral health providers; and need for increased workforce development.

Questions and answers following Captain Flood's presentation were:

- How diabetes is addressed within the integrated care model, being that chronic diseases require continuous care. Captain Flood responded that the concept of a medical home allows for patients to receive health care and support from a team of health professionals on a long-term basis.
- Consideration of using a peer support model in the medical homes. Captain Flood was not sure IHS would support the peer support model, but he did say he would be in support in the Tucson area.
- Clarification of the term contractor. Captain Flood clarified that he was referring to State behavioral health services when he used the term contractor.

### **Wrap Up**

Emcee Barrera requested comments and recommendations for the next Forum. Pre-Forum Workshop attendees shared a few suggestions.

- Provide upcoming budget formulations related to behavioral health
- Topic suggestions: legal aid and financial resources for patients and families
- Patients need a “navigator” or advocate to help them navigate health care systems, both on tribal lands and in outside communities



## PROCEEDINGS: DAY 1 (WEDNESDAY, APRIL 6)

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### Opening Ceremonies

Welcome remarks were provided by Emcee Barrera. The opening prayer was provided by Francisco Munoz, Councilman, Pascua Yaqui Tribal Council. The posting of colors was provided by the Pascua Yaqui Color Guard.

Tribal leader remarks were provided by Peter Yucupicio, Chairman, Pascua Yaqui Tribe. He commented on tribal resilience, strength, and unity.

Michael Allison, Native American Liaison, ADHS shared background information on the purpose and history of the Forum. He introduced the Forum IV Planning Committee and gave an overview of the planning committee activities. Mr. Allison also gave special recognition to Forum IV stakeholders and attendees.

### AHCCCS Update

Tom Betlach, Director of AHCCCS, gave an overview of AHCCCS and its initiatives. Director Betlach commented on the importance of tribal sovereignty and tribal consultation. Comments from the audience regarding AHCCCS' tribal consultation methods were primarily positive, yet some comments reflected a need for further improvement. AHCCCS officials cited improvements in tribal consultation, and invited further discussions for improvement.

The transition of DBHS to AHCCCS will be completed by July 1, 2016. Contracts with Regional Behavioral Health Authorities (RBHAs) will be held directly by AHCCCS, as well as the IGAs with the Tribal Regional Behavioral Health Authorities (TRBHAs).

Director Betlach shared AHCCCS information related to American Indian health care. AHCCCS enrollment has grown by over 500,000 members statewide since the beginning of restoration and expansion of coverage (January 1, 2014). The American Indian Health Program (AIHP) is at its highest enrollment ever – 118,000 members. AHCCCS is continuing to provide training to IHS and 638 facilities on how to submit claims. Increased payments to IHS and 638 facilities has totaled approximately \$6M.

An issue Director Betlach and AHCCCS are concerned about is ongoing litigation over the restoration and expansion of AHCCCS. The basis of the litigation is hospital assessment. AHCCCS believes hospital assessment requires only a simple majority vote, and not a two-thirds vote. The Court of Appeals is now looking at the litigation. It should come before the State Supreme Court later in 2016 or in early 2017.

Director Betlach commented on the importance of care integration to improve health outcomes. Historically, behavioral health needs have been treated separately from physical health needs in Arizona. AHCCCS is partnering with tribes and tribal providers to improve care coordination for complex members receiving services (behavioral and physical health services) at different facilities. Director Betlach mentioned a few ways in which care coordination can be improved, including data sharing, listening to providers' inputs, and looking at individuals more holistically (social and economic determinants). He shared AHCCCS' new, streamlined integrated care model, which is designed with three levels of integration in parallel.

AHCCCS is in the process of going through its five year 1115 waiver contract renewal with the federal government which provides authority to run the AHCCCS program. Three AHCCCS initiatives which utilized tribal workgroups were: 1) American Indian Medical Home; 2) reimbursement for traditional healing services; and 3) uncompensated care payment to Tribal 638 Programs and Indian Health Service. In addition, a Tribal Consultation was conducted with Tribes regarding the Delivery System Reform Incentive Payment, which is another part of the AHCCCS section 1115 Waiver.

Questions and answers following Director Betlach's presentation were:

- Laverne Dallas, Director, Behavioral Health Services, Hopi Tribe inquired about the specific manners in which AHCCCS is working with tribes? She recommended that Mr. Betlach visit tribal communities. Director Betlach responded that he has visited the Hopi Tribe on multiple occasions for tribal consultation, and his staff has visited all Arizona tribes with formal TRBHA IGAs. He stated AHCCCS is willing to engage in dialogue with tribes that have issues and concerns.
- Alida Montiel, Inter Tribal Council of Arizona, Inc., inquired about the status of Substance Abuse and Mental Health Services Administration (SAMHSA) block grants during the DBHS-AHCCCS transition. Director Betlach replied that the structure of the grants will not change and it is now located within the Governor's Office. AHCCCS is willing to have further conversations.
- Attaining better medications for tribal members, diabetes and heart disease were mentioned as examples. Director Betlach stated AHCCCS reimburses IHS or 638 facilities for pharmacy services, but does not have authority over what drugs are administered.
- How the Governor's task force on substance abuse is coordinated with AHCCCS. Director Betlach shared that the AHCCCS Chief Medical Officer is a co-chair of Governor's task force on substance abuse and she is working on issues around substance abuse.
- A Tucson Indian Center employee inquired about non-emergency medical transportation. Director Betlach replied that AHCCCS did a request for information to investigate the issue. AHCCCS is trying to determine the best structure and process to meet needs of tribes and address the issue of fraud before opening non-emergency medical transportation services back up.
- A representative of a residential care facility inquired about the prospect of AHCCCS adopting an electronic submission of claims process. Director Betlach stated AHCCCS has requirements in place for contractors to submit claims and a variety of different avenues are available.
- Kim Russell inquired about the Tribal Contracts Administrator position, which was lost during the DBHS-AHCCCS transition. Ms. Russell stated that tribes lost a policy expert. Director Betlach replied by citing several examples of AHCCCS working with tribes, and affirming plenty of state policy experts still reside within AHCCCS.

- Ms. Barrera mentioned that under AHCCCS certain important services are limited or not available (e.g. podiatry, optometry, dental). Director Betlach commented services for podiatry were eliminated in 2010 by the Legislature. Since 2010 some services restored, but not podiatry services. Legislation is being pushed forward in an attempt to restore important services.

### **Tribal Leader Panel / Behavioral Health Perspective**

Herman Honanie, Chairman, Hopi Tribe, Chester Antone, Councilman, Tohono O’odham Nation, and Amanda Barrera, Tribal Secretary, CRIT shared their respective tribes’ perspectives on behavioral health. Kim Russell, Executive Director, Arizona Advisory Council on Indian Health Care facilitated the panel session.

Chairman Honanie began his presentation by sharing his concern over the elimination of a key State liaison position as a result of the DBHS-AHCCCS transition. In regards to involuntary commitment Chairman Honanie stated that mental health ordinance needs to be examined and updated. He acknowledged the differences (cultural, values, government) between tribes, and asserted State partners need to understand these differences. Chairman Honanie commented on medical reimbursement for traditional healing services. Hopi healers are not recognized by state medical system and state payment systems are foreign to traditional healers. He addressed the differences in views/definition of tribal consultation between the tribe and state.

Councilman Antone spoke to the differences in cultural values between the tribe and state, but remains hopeful about tribe-state partnerships. Councilman Antone stated it is key for state entities to understand tribal structure and government regarding behavioral health services. He shared a few concerns and suggestions. Relating to reimbursement for traditional healers, Councilman Antone suggested the use of an honorarium. He also mentioned that the government questions the validity of traditional healers and practices.



Tribal Secretary Barrera gave an historical account and description of the Colorado River Indian Tribes. Councilwoman Barrera shared concerns over the lack of wrap-around services (e.g. psychiatric services) for tribal members. She echoed the other tribal leaders’ sentiments regarding traditional healing in regards to payment issues and community member’s roles. In regards to tribal communication and consultation, Councilwoman Barrera offered a definition of consultation: “true consultation”

takes place with full tribal council for CRIT.

Questions and answers following the tribal leaders panel presentations were:

- Michael Allison, ADHS asked Chairman Antone about the status of the national tribal behavioral health agenda. Mr. Antone stated the purpose of the national tribal

behavioral health agenda is to affect American Indian health policy from a tribal perspective.

- Mary Huyser, Tribal Relations Liaison, Arizona Department of Economic Security (DES) commented that although the State may not carry out consultation as the tribes would like, it is still very important tribes engage in tribal consultation with the State. Ms. Huyser affirmed that tribes have power to influence the state through tribal collective bargaining.

### **Lunch Presentation**

The Pascua Yaqui Youth Program shared their initiatives focused on their activities to improve their community. The youth programs help youth cope with negativism through peer mentoring.



### **Keynote Address: “Calling All Natives Seeking Happiness”**

Clayton Small, PhD had the attendees participate in interactive activities, focused on teamwork and coping with trauma. Mr. Small shared aspects of his life as examples of how to cope with trauma, historical and personal. Audience members shared past personal traumatic situations with the group.

### **Tribal Panel Presentation – Evolving Care Coordination Initiatives in Behavioral Health Services**

Reuben Howard, Executive Director, Health Services Division, Pascua Yaqui Tribe and Arcenio Charleston, Benefits Coordinator, Navajo Department of Health shared their tribes’ work in behavioral health and their understanding of care coordination. Facilitator Markay Adams, Behavioral Health Care Administrator, AHCCCS began the discussion with a definition of care management and care coordination.

Mr. Howard commented that, historically, the relationship between the tribe and state was not great. However, more recently, the State has been listening to tribes and have come a long way in the positive. Pascua Yaqui has taken over their own health programs, a hybrid health department. He commented on a few initiatives to help with substance abuse which included paying local methadone clinics to treat their members, creating a needle exchange program for addicts, and receiving a grant to test for Hepatitis C and HIV. Alternative medicine and traditional practices are also being implemented to treat patients.

Mr. Charleston described the approach of the Navajo Department of Health which is an integrated wrap-around health systems responsive to the client’s and family’s wholeness. Mr. Charleston commented on rural areas services challenges, licensure and certification for staff and facility and technology issues.

## Evening Reception and Dinner



The forum reception and dinner was held to honor the recipient of the Al Long Behavioral Health Memorial Award and to commemorate the life of the late Al Long. The evening reception also provided an opportunity to celebrate the culture of the host tribe. The Emcee was Theresa Galvan, Health System Administrator, Navajo Nation Department of Health. Ms. Galvan recognized sponsors and partners, spoke about the work of the late Al Long, and announced the 2016 award

recipient which was Alida Montiel (Pascua Yaqui), Health Systems Director, Inter Tribal Council of Arizona, Inc.

The Al Long Behavioral Health Memorial Award was created to honor one of the long time leaders for the Navajo Nation in behavioral health. His lifelong dedication to advocating for and improving the health and mental health needs of his people was an example to each of us about the meaning of dedication, commitment and empowerment. The award is presented to recognize a person whose life, actions, and experiences have supported the needs of the behavioral health community of service recipients and providers. Ms. Montiel was one of several very qualified nominees, representing various tribes and agencies.

A cultural song and dance presentation provided by community members of the Tohono O'odham Nation with audience participation concluded this portion of the Forum.

## PROCEEDINGS: DAY 2 (THURSDAY, APRIL 7)

### **Tribal Traditional Healing Medicaid Benefit Presentation and Discussion**

Theresa Galvan, Health Systems Administrator, Navajo Nation, Raquel E. Aviles, MHI, Associate Director of Health, Pascua Yaqui Health Department, Marcellina Lucero, Traditional Health Administrator, Pascua Yaqui Health Department, and Linda Evans, Alcohol and Substance Abuse Case Manager, Yavapai-Apache Nation each shared their thoughts on traditional healing.

Ms. Galvan outlined the scope of the Navajo Nation Traditional Healing Program. Traditional healers provide traditional treatment, maintain certification and abide by codes of ethics, provide cultural education groups, sweat lodges, and herb gathering. Ms. Galvan highlighted an initiative called the Navajo Nation Prayer Day which is a one day event for community members who are seeking traditional healing services. Healers are available and services are provided onsite only due to liability concerns.

Ms. Aviles and Ms. Lucero shared a description of the Pascua Yaqui traditional healing program. The program is a part of their alternative medicine program. Healers are from rural Yaqui locations. Some healers only speak Yaqui; translators are needed occasionally to render services. There is no certification or authority group for healers; healers are simply known to the community.

Ms. Evans spoke about issues facing her community, including substance abuse and behavioral health issues. The Yavapai-Apache Nation outsources some treatment to other facilities: Desert Vision, located on the Gila River Indian Community reservation which is utilized for behavioral health residential treatment. Some substance abuse services are referred out to Navajo Nation treatment facilities, medicine men are sourced from the White Mountain Apache and San Carlos Apache tribes.

### **Moving Ahead: Regional Vision for the Future**

Attendees divided into four groups (Northern region, Maricopa County, Southern region, and TRBHAs) to discuss questions prepared by the Forum IV Planning Committee. After discussing the questions, each group identified a spokesperson to provide a summary of its discussion to the full attendees. The questions discussed by each region were:

1. What are the top 3 behavioral health issues for your region? What are possible solutions?
2. What behavioral issue presented would you like follow-up on first?
3. What other behavioral health issues affect your area but was not covered at this Forum?

Common themes arose from the roundtable discussions which were:

- Involuntary commitment
- Licensure
- Recruitment and retention of qualified staff
- Availability of services in Tribal and Urban Indian communities

Related to involuntary commitment, several groups commented that there is a lack of education around involuntary commitment. Each tribe's unique structure and government creates differing experiences with involuntary commitment. It was suggested that discussion around involuntary commitment occur on an on-going basis. Involuntary commitment was also suggested as a topic for the next Forum. Employing qualified staff and licensure was of high concern as well. Qualified staff was defined as staff that are culturally competent within the tribe they are working, paid appropriately for the work they are doing and American Indian in some cases. A large barrier to hiring qualified staff is funding to recruit and retain qualified individuals. The groups commented on the lack of services available to their members. In many instances, certain specialty services (e.g. traditional healing) are not available. Also, there was much discussion around the difference in care between rural or tribal areas and urban settings. See Attachment 4 for the flip chart notes for each region.

### **Closing Remarks**

Sheina Yellowhair, Supervisor, Tribal Program Development, Cenpatico Integrated Care highlighted the importance of traditions and culture, and work. She mentioned Theresa Galvan's presentation to emphasize that visions for tribes are important. She gave thanks to the Forum sponsors, the Pascua Yaqui Tribe, Casino del Sol Resort, and the Forum IV Planning Committee.

## OUTCOME, RECOMMENDATIONS, AND EVALUATIONS

For the first time, the Statewide AZ American Indian Behavioral Health Forum offered a pre-Forum workshop, which occurred the afternoon prior to the first day of the Forum proceedings. The pre-Forum workshop presented information on two of the Forum's key topics: Medicaid and Behavioral Health Integration. The pre-Forum presentations provided a basis for discussion for the days that followed.

Throughout the Forum, a few topics were brought to light on multiple occasions. These topics represent the concerns and issues the Forum attendees have in relation to their agencies, organizations, or tribes. Attendees expressed concern about the impact the DBHS-AHCCCS transition would have on their areas of work. AHCCCS Director Betlach emphasized the commitment of AHCCCS respecting tribal sovereignty and tribal consultation. Inconsistencies in how the state and some tribes define consultation became apparent as the tribal leaders spoke during the Forum. Tribal leaders and representatives expressed that communication issues and cultural differences are still present between their respective tribes and the state. Overall both the tribal leaders/tribal representatives and state representatives agreed there were past deficiencies around tribal consultation but relations and experiences are improving.



Concerns and recommendations surfaced during the regional roundtable discussions centered around three common issues: 1) The lack of knowledge concerning involuntary commitment; 2) The recruitment and retention of qualified staff, and 3) The access and availability to services (specialty and other). The common issue that attendees remarked should be discussed at Forum V is involuntary commitment.

Attendees gave high evaluation marks for their attendance at the Forum. The following list

highlights satisfied to very satisfied rating for different aspects of the Forum:

### Pre-Forum Workshop

- 90.17% (Medical 101)
- 90.16% (Impact of Medicaid on Arizona Tribes)
- 81.66% (IHS Behavioral Health Integration)

### Day One Presentations

- 87.30% (AHCCCS Update)
- 80.96% (Tribal Leaders Panel)
- 93.11% (Calling all Nations Seeking Happiness)
- 82.75% (Evolving Initiative Panel)

### Day Two Presentations

- 88.23% (Integrating Traditional Healing)
- 89.36% (Regional Roundtables)

Dates of the Forum, Overall Satisfaction, Likely to Attend Future Forums, Having the Forum on a Yearly Basis

- 98.34% (Dates of the Forum)
- 95.16% (Overall Forum Satisfaction)
- 88.71% (Likely or Very likely to Attend Future Forums)
- 92.98% (In favor of Having the Forum on a Yearly Basis)

Overall the Forum attendees were very pleased with the Forum. See Attachment 5 a detail listing of the evaluation outcomes.



## FORUM IV AGENDA

### Pre-Forum Workshop (Tuesday, April 5)

12:30 PM	Registration
1:30 PM	Medicaid for American Indian Services  Medicaid 101 & AHCCCS <ul style="list-style-type: none"> <li>Paul Galdys, Assistant Director, Division of Health Care Advocacy &amp; Advancement, AHCCCS</li> </ul>
2:00 PM	Impact of Medicaid on Arizona Tribes <ul style="list-style-type: none"> <li>Reuben Howard, Executive Director, Health Services Division, Pascua Yaqui Tribe</li> <li>Theresa Galvan, Health System Administrator, Navajo Department of Health</li> </ul>
3:00 PM	Break
3:15 PM	Indian Health Service Behavioral Health Integration <ul style="list-style-type: none"> <li>Captain Michael Flood, Acting Behavioral Health Consultant, Indian Health Service Tucson Area Office</li> </ul>
3:45 PM	Wrap Up by Amanda Barrera, Tribal Secretary, Colorado River Indian Tribes
4:00 PM	Adjourn

### Day 1 (Wednesday, April 6)

7:30 AM	Registration
8:30 AM	Open Ceremonies <ul style="list-style-type: none"> <li>Welcome: Amanda Barrera</li> <li>Opening Prayer: Francisco Munoz, Councilman, Pascua Yaqui Tribe</li> <li>Posting of Colors: Pascua Yaqui Color Guard</li> </ul> Tribal Leader Remarks <ul style="list-style-type: none"> <li>Peter Yucupicio, Chairman, Pascua Yaqui Tribe</li> </ul> Forum IV Planning Committee Co-Chair Remarks <ul style="list-style-type: none"> <li>Michael Allison, Native American Liaison, Arizona Department of Health Services</li> </ul>
9:00 AM	AHCCCS Update <ul style="list-style-type: none"> <li>Tom Betlach, Director, AHCCCS</li> </ul>
9:45 AM	Break
10:00 AM	Tribal Leader Panel / Behavioral Health Perspective <ul style="list-style-type: none"> <li>Chester Antone, Councilman, Tohono O'odham Nation</li> <li>Herman Honanie, Chairman, Hopi Tribe</li> <li>Amanda Barrera</li> <li>Facilitator: Kim Russell, Executive Director, Arizona Advisory Council on Indian Health Care</li> </ul>
11:45 AM	Lunch Presentation: Pascua Yaqui Youth Program
1:00 PM	Keynote Address: "Calling All Natives Seeking Happiness" <ul style="list-style-type: none"> <li>Clayton Smalls, PhD</li> </ul>

2:30 PM	Break
2:45 PM	<p>Tribal Panel Presentation – Evolving Care Coordination Initiatives in Behavioral Health Service</p> <ul style="list-style-type: none"> <li>• Cheryl Cuyler, Executive Director, Gila River Behavioral Health Services</li> <li>• Reuben Howard, Executive Director, Health Services Division, Pascua Yaqui Tribe</li> <li>• Arcenio Charleston, Benefits Coordinator, Navajo Department of Health</li> <li>• Facilitator: Markay Adams, Behavioral Health Care Administrator, AHCCCS</li> </ul>
4:00 PM	Break
5:00 PM	<p>Evening Reception</p> <ul style="list-style-type: none"> <li>• Sponsorship Acknowledgement</li> <li>• Al Long Behavioral Health Memorial Award Recognition</li> <li>• Cultural Entertainment</li> </ul>
7:00 PM	End of Day One

## Day 2 (Thursday, April 7)

7:30 AM	Registration
8:30 AM	<p>Welcome: Amanda Barrera</p> <ul style="list-style-type: none"> <li>• Opening Prayer and Blessing Song: Taylor Susan, Miss Indian Arizona</li> </ul>
8:45 AM	<p>Tribal Traditional Healing Medicaid Benefit Presentation and Discussion</p> <ul style="list-style-type: none"> <li>• Theresa Galvan</li> <li>• Marcellina Lucero, Traditional Health Administrator, Pascua Yaqui Health Department</li> <li>• Raquel E. Aviles, MHI, Associate Director of Health, Pascua Yaqui Health Department</li> <li>• Linda Evans, Alcohol and Substance Abuse Case Manager, Yavapai-Apache Nation</li> <li>• Facilitator: Amanda Barrera</li> </ul>
10:30 AM	Break
10:45 AM	<p>Moving Ahead: Regional Vision for the Future</p> <ul style="list-style-type: none"> <li>• Northern Regional Roundtable</li> <li>• Maricopa Regional Roundtable</li> <li>• Central Regional Roundtable</li> <li>• Southern Regional Roundtable</li> <li>• Facilitator: Amana Barrera</li> </ul>
11:30 AM	<p>Closing Ceremonies</p> <ul style="list-style-type: none"> <li>• Closing Remarks: Sheina Yellowhair</li> <li>• Retiring of Colors</li> <li>• Closing Prayer: Alexander Thorne, Traditional Practitioner, Navajo Department of Health</li> </ul>
12:00 PM	Forum Adjournment and Lunch

## LIST OF PARTICIPANTS

	First Name	Last Name	Organization
1	Markay	Adams	AHCCCS
2	Michael	Allison	ADHS
3	Kennedy	Amughan	Presidential Mansioncare, LLC
4	Paige	Anderson	Tucson Indian Center
5	Judith	Arciniaco	Southern Peaks RTC
6	Virginia	Arizona-Fat	Navajo Nation DBHS
7	Ron	Arviso	
8	Raquel	Aviles	Pascua Yaqui Tribe
9	Amanda	Barrera	Colorado River Indian Tribes
10	Mary	Begay	Fort Defiance Health Center
11	Desiree	Bia	Navajo Nation DBHS
12	Henrietta	Bidtah	Navajo Nation DBHS
13	Watson	Billie	Navajo Nation DBHS
14	Miranda	Blatchford	Navajo Nation DBHS
15	David	Brehmeyer	Hualapai Health-Education and Wellness
16	Gary	Brennan	Touchstone Behavioral Health
17	Kathy	Busby	Touchstone Behavioral Health
18	Maria	Bustamante	Pascua Yaqui Tribe
19	Angel	Cadue	NurseWise
20	Natividad	Cano	The Haven
21	David	Cardoso	Prats Residential BH/Paradise Valley BH
22	Mary	Castaneda	Pasadera Behavioral Health Network
23	Arcenio	Charleston	Navajo Nation DBHS
24	Betty	Chavez	Cenpatico Integrated Care
25	Julia	Chavez	Cenpatico Integrated Care
26	Kirke	Cooper	SequelCare of Arizona
27	Clare	Cory	Pascua Yaqui Tribe
28	Linda	Cram	AHCCCS
29	Heidi	Cruz	Eureka Imperial Residence
30	Laverne	Dallas	Hopi Behavioral Health Services
31	Sylvia	Dawavendewa	Colorado River Indian Tribes
32	Ray	DiQuarto	Yavapai-Apache Nation
33	Sherrie	Dodson	Tohono O'odham Behavioral Health
34	Lydia	Enriquez	Advisory Council on Indian Health Care
35	Emmanuel	Epie	Emmarie Behavioral Home Care, LLC
36	Kris	Erps	Arizona Telemedicine Program
37	Linda	Evans	Yavapai Apache Nation
38	Jill	Fabian	Pascua Yaqui Tribe
39	Delores	Felix	Tohono O'odham Behavioral Health
40	Holly	Figuroa	Health Choice Integrated Care
41	Priscilla	Foote	Gila River Health Care
42	Delton	Francis	Navajo Nation DBHS

43	Herminia	Frias	Arizona American Indian Oral Health Initiative
44	Nathan	Fuhriman	Colorado River Indian Tribes
45	Sierra	Gadberry	Health Choice Integrated Care
46	Theresa	Galvan	Navajo Nation DBHS
47	Pat	Gillett	Pasadera Behavioral Health Network
48	Elizabeth	Glascom	Arizona's Children Association
49	Roger	Griggs	NAZCARE
50	Eddie	Grijalva	The Haven
51	Robert	Henley, Ph.D	Pascua Yaqui Tribe
52	garry	holiday	Navajo Nation DBHS
53	Gen	Holona	Navajo Nation DBHS
54	Angel	Holtrust	Arizona Telemedicine Program
55	Juanita	Homer	Tohoho O'odham Nation
56	Herman	Honanie	Hopi Tribe
57	Haley	Horton	Cenpatico Integrated Care
58	TJ	Howard	Community Bridges, Inc.
59	Roberta	Howard	NAZCARE
60	Dennis	Huff	Native Health
61	Mary	Huyser	AZ DES
62	Lance	Israel	Mary's Mission and Developmental Center
63	Faron	Jack	Mercy Maricopa Integrated Care
64	Jeanetta	James	Navajo Nation DBHS
65	Vicki	Johnson	Health Choice Integrated Care
66	Cheryl	Johnson	Care Express Transportation
67	Lauri	Jose	Tohono O'odham Behavioral Health
68	Marlene F.	Jose	Tucson Indian Center
69	Chad	Kite	NAZCARE
70	Paul	Kivila	Pastalino Manor LLC
71	Anastasia	Kivila	Pastallino Manor LLC
72	William	Lacey	Mary's Mission and Developmental Center
73	Collette	Lewis	Fort Mojave Indian Tribe
74	Raymond	Long	Navajo Nation DBHS
75	Rose	Lopez	Intermountain Centers for Human Development
76	Juanita	Lopez	Mary's Mission and Developmental Center
77	Roseleen	Lopez-Juan	Tohono O'odham Behavioral Health
78	Paul	Lowman, Jr.	Navajo Nation DBHS
79	Marcellina	Lucero	Pascua Yaqui Tribe
80	Jonah	Maiyo	Mwangaza Residential Care, LLC
81	Shundeen	Manuelito	Navajo Nation DBHS
82	Cora-lei	Marquez	Yavapai-Apache Nation
83	Sofia	Mathews	Arizona's Children Association
84	Marcella	McElyea	Tucson Indian Center
85	Phoebe	Mills-Cager	Tucson Indian Center
86	Alida	Montiel	Inter Tribal Council of Arizona
87	Jacob	Moore	Touchstone Behavioral Health
88	Walter	Murillo	NATIVE HEALTH

89	Christopher	Odetoye	HOPE BEHAVIORAL HEALTH CARE
90	Funso	Ogunla	Destiny Behavioral Health Residential Care LLC
91	Yemi	Ogunla	Destiny Behavioral Health Residential Care LLC
92	Connie	Ortiz	
93	Alyssa	Paone	Native American Connections
94	Brenda	Patterson	Hopi Tribal Social Services
95	Teresa	Pena	Mercy Maricopa Integrated Care
96	Anderson	Phillips	Community Bridges, Inc.
97	Leslie	Potter	Cenpatico Integrated Care
98	Katrell	Redhouse	Crisis Response Network
99	Elaine	Roan	Navajo Nation DBHS
100	Susan	Rothery	MPOWRD/Teen Addiction Anonymous
101	Thomas	Rothery	MPOWRD/Teen Addiction Anonymous
102	Kim	Russell	Advisory Council on Indian Health Care
103	Yolanda	Sage	Navajo Nation DBHS
104	David	Sampson	Tohono O'odham Nation
105	Frank	Saverino	Touchstone Behavioral Health
106	Dr. Glorinda	Segay	Navajo Nation DBHS
107	Leonard	Shirley	Fort Defiance Health Center
108	Wilfred	Shirley	Navajo Nation DBHS
109	Anisia	Sieweyumtewa	Native Health
110	Jiivik	Siiki	Arizona Counseling & Treatment Services
111	Tracey	Skinner	Arizona Telemedicine Program
112	Clayton	Small, Phd.	
113	Janel	Striped Wolf	Native American Connections
114	Anne	Susan	Inter Tribal Council of Arizona
115	Bonnie	Talakte	AHCCCS
116	Edward	Tambe-Ebot	Eureka Imperial Residence
117	Alexander	Thorne	Navajo Nation DBHS
118	Laraine	Tsosie	Navajo Nation DBHS
119	Lorenzo	Tsosie	Southern Peaks RTC
120	Mario	Valencia	Tucson Indian Center
121	Elizabeth	Valenzuela	Cenpatico Integrated Care
122	Samaria	Valenzuela-Andrade	Fort McDowell Yavapai Nation
123	Oneida	Valle	Pascua Yaqui Tribe
124	Anne	van Duijnhoven	Inter Tribal Council of Arizona
125	Lorene	Vicente	Hopi Tribal Social Services
126	Rene' *Irene	White	Arizona Department of Juvenile Corrections
127	Gregg	Whitehat, Jr.	Navajo Nation DBHS
128	Dana	Wilcox	Tucson Indian Center
129	Eric	Willie	Care Express Transportation
130	Gabriel	Yaiva	Health Choice Integrated Care
131	Sheina	Yellowhair	Cenpatico Integrated Care
132	Candice	Yellowhair	Navajo Nation DBHS
133	Frank	Young	Navajo Nation DBHS
134	Carly	Zies	Intermountain Centers for Human Development

**FORUM IV PLANNING COMMITTEE**

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Michael Allison (Co-Chair), Native American Liaison, Arizona Department of Health Services

Sheina Yellowhair (Co-Chair), Supervisor, Tribal Program Development, Cenpatico Integrated Care

Genevieve Nez, Holona, Clinical Director, Navajo Nation TRBHA

Laverne Dallas, Behavioral Services Director, Hopi Tribe

Linda Evans, Alcohol & Substance Abuse Case Manager, Yavapai-Apache Nation

Cora-Lei Marquez, Victim Advocate, Yavapai-Apache Nation

Andrea Johnson-Harper, Director, YAN Health Clinic, Yavapai-Apache Nation

Amanda Barrera, Tribal Secretary, Colorado River Indian Tribes

Clare Cory, Associate Director, Centered Spirit Guadalupe, Pascua Yaqui Tribe TRBHA

Priscilla Foote, Behavioral Health Director, Gila River TRBHA

Alida Montiel, Health System Director, Inter Tribal Council of AZ, Inc.

Anne Susan, Health System Coordinator, Inter Tribal Council of AZ, Inc.

Dennis Huff, Behavioral Health Director, Native Health

Bonnie Talakte, Tribal Relations Liaison, AHCCCS

Markay Adams, Behavioral Health Care Administrator, AHCCCS

Shannon Shiver, Behavioral Health Coordinator, AHCCCS

Gabriel Yaiva, Tribal Liaison, Health Choice Integrated Care

Holly Figueroa, Cultural Competency Administrator, Health Choice Integrated Care

Faron Jack, Tribal Relations Administrator, Mercy Maricopa Integrated Care

Julia Chavez, Tribal Program Specialist, Cenpatico Integrated Care

Kim Russell, Executive Director, AZ Advisory Council on Indian Health Care

Lydia Enriquez, Administrative Assistant, AZ Advisory Council on Indian Health Care

Anderson Phillips, Northern Region Outreach Manager, Community Bridges

Rene White, Tribal Liaison, AZ Department of Juvenile Corrections

## REGIONAL ROUNDTABLE FLIP CHARTS NOTES

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### Northern Region Roundtable

#### Top Behavioral Health Issues:

1. Involuntary Commitment: Education; Identify roles in departments and agencies; Coordination between tribal entities
2. Crisis Intervention: Executive order (Training – QPR training, ASSIST, Mental Health First Aid (MHFA), Post Intervention Crisis; Navajo Model; Dismantling of silos; Staff covers crisis calls; Buy-in from other agencies (law enforcement, IHS, etc.)
3. Licensure/Qualified Staff: Make it a priority; Salary reflecting qualifications; Building partnerships; Developing licensure training/CEUs; Promoting/Supporting further education; Loan repayment program/incentives; Developing curriculum

#### Other Behavioral Health Issues:

- Tribal Action Plan: Implementation; Timelines; Technical Resources
- Involuntary Commitment
- Intertribal Tele-Health
- Peer Specialists (Northern Arizona Consumers Advancing Recovery by Empowerment)

### Maricopa County Region Roundtable

#### Top Behavioral Health Issues:

- Substance Abuse: Prevention and treatment; Co-Occurring Treatment
- Long-term trauma and addiction
- Navigating systems: coordinating care between state, tribal, and federal entities
- Rural vs urban availability of services: improve access to care for rural areas; Funding; Needs of children in foster care; Food insecurity; Housing
- Involuntary Commitment: not all tribes have the same experience; statewide conversation needed on a routine basis
- Staff Retention and Recruitment for rural, tribal areas

### Southern Roundtable

#### Top Behavioral Health Issues:

- Lack of transportation
- Child care for residential treatment centers
- Access to internet/Wi-Fi in rural communities
- Recruiting licensed professionals
- Lack of specific/specialty services
- Exploring other/alternative types of treatment

- Urban population: Teaching cultural values; Help displaced tribal members navigate services; Utilization of White Bison curriculum; Confidentiality and stigma around seeking certain services; LGBTQ population
- Justifying “evidenced based practices” to federal and state entities
- Language interpretation
- Meth impact

### **TRBHAs Region Roundtable**

#### Top Behavioral Health Issues:

- Service Availability – e.g. psychiatric care; Competitive reimbursement rates; Traditional counseling services; Primary care provider for off-reservation patients; Care coordination
- Qualified Native staff: Licensure; Cultural competence (tribal specific); funding to hire
- Systems: communication between providers and TRBHAs; DBHS moving under AHCCCS – How does merger affect TRBHAs? Providers?; Care integration – AHCCCS system helps with data needs, identify high cost, high need patients

#### Other Behavioral Health Issues:

- Involuntary Commitment: Legal representation



## EVALUATIONS

**Overall Forum Feedback:**

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
Date of Conference	66.67%	31.67%	1.67%	0%	0%	60
Convenience of Registration	52.38%	31.75%	11.11%	3.17%	1.59%	63
Level of Publicity	29.03%	37.10%	27.42%	6.45%	0%	62
Registration Fees	47.54%	37.70%	13.11%	1.64%	0%	61
Programs and Handouts	53.97%	36.51%	7.94%	1.59%	0%	63
Quality of Presenters	46.03%	41.27%	9.52%	3.17%	0%	63
Usefulness of Information	57.14%	33.33%	6.35%	3.17%	0%	63
Conference Facility	77.78%	20.63%	1.59%	0%	0%	63
Conference Location	69.84%	26.98%	1.59%	1.59%	0%	63
Overall Conference Satisfaction	69.35%	25.81%	3.23%	1.61%	0%	62

**PRE-Forum Workshop:**

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
Medicaid 101	34.43%	55.74%	8.20%	1.64%	0%	61
Impact of Medicaid on AZ Tribes	47.54%	42.62%	4.92%	4.92%	0%	61
IHS Behavioral Health Integration	33.33%	48.33%	16.67%	0%	1.67%	60

**DAY One:**

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
AHCCCS Update	34.92%	52.38%	12.70%	0%	0%	63
Tribal Leaders Panel	38.10%	42.86%	12.70%	4.76%	1.59%	63
Calling all Nations Seeking Happiness	56.90%	36.21%	6.9%	0%	0%	58
Evolving Initiatives Panel	31.03%	51.72%	13.79%	3.45%	0%	58

**DAY Two:**

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Total
Integrating Traditional Healing	56.86%	31.37%	5.88%	3.62%	1.96%	51
Regional Roundtables	44.68%	44.68%	8.51%	2.13%	0%	47

**Likely to attend a future Forum?**

	Very Likely	Likely	Neutral	Unlikely	Very Unlikely	Total
Likely to attend future Forum?	64.52%	24.19%	8.06%	1.61%	1.61%	62

**In favor of the Forum being held on a yearly basis?**

	Yes	Total	No	Total
In favor of forum on a yearly basis?	92.98%	53	7.02%	4