



SPECIAL TRIBAL CONSULTATION MEETING

Summary

March 7, 2018

1:00 p.m. –3:00 p.m.

Conference Bridge: 1-877-820-7831, Participant Passcode: 992862#

NOTIFICATION TO TRIBES:

Good Afternoon,

This is to inform you that an AHCCCS Special Tribal Consultation meeting is scheduled to provide information on the Arizona Opioid Epidemic Act that includes \$10 million dollars to enhance treatment services across the state for individuals with opioid use disorder. The meeting will be held on March 7, 2018 from 1:00 p.m. – 3:00 p.m., at the AHCCCS Administrative offices, 701 E. Jefferson St., Phoenix, AZ, in the 3rd Floor Gold and Salmon Conference rooms. The draft agenda is attached. The PowerPoint Presentation will be sent to the tribal contact list a few days prior to the meeting.

If you plan to participate by phone, please dial, **1-877-820-7831** and enter participant code, **992862#**. As with all AHCCCS teleconference meetings, please **mute** your phones but do not place your phones on hold. If you have to leave the meeting temporarily, please hang up and call back. This will be less disruptive to others.

Background:

The Arizona Opioid Epidemic Act signed by Governor Ducey on January 26, 2018, includes \$10 million dollars to enhance treatment services across the state for individuals with Opioid Use Disorder. AHCCCS is seeking your input on the unmet treatment needs in your communities and to receive feedback on the best way to utilize the funds in order to make the greatest impact. The funds are to be used for direct services for individuals with Opioid Use Disorder who are uninsured or underinsured.

Discussion Questions:

1. What are the barriers in identifying and navigating individuals to help in the tribal community?
2. What and where are the gaps in treatment services in the tribal community?
3. What is needed to better support the recovery process for individuals once they enter treatment?
4. Given what you've identified as the gaps, barriers and needs, how do we best use this money to fill those gaps?
5. What partners, agencies or sectors are needed to make the things that we have talked about today be successful?
6. A year from now, what would you consider to be the signs of success that we have put the right things in place with this money

Please place this important date on your calendars. We look forward to your participation.

Thank you,

Bonnie Talakte

Tribal Relations Liaison

Office of Intergovernmental Relations

MD-4100, 801 E. Jefferson, Phoenix, AZ 85034

(602) 417-4610 (Office) / (602) 918-7798 (Cell) / Bonnie.Talakte@azahcccs.gov

AGENDA

AHCCCS TRIBAL CONSULTATION MEETING

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated Under P.L. 93-638 and Urban Indian Health Programs

Date: March 7, 2018

Time: 1:00 p.m. -3:00 p.m. (Phoenix Time)

Location: AHCCCS Administrative Offices, 3rd Floor Gold and Salmon Conference Rooms, 701 E. Jefferson St., Phoenix, AZ 85034

Conference Call-In: **1-877-820-7831**, Participant Passcode: **992862#**

TIME	TOPIC	PRESENTER
1:00 –1:15 p.m.	Welcome..... Silent Prayer Introductions.....	Jami Snyder, <i>AHCCCS Deputy Director</i> Deputy Director Snyder
1:15-3:00 p.m.	Substance Use Disorder \$10M Fund <u>Background:</u> The Arizona Opioid Epidemic Act signed by Governor Ducey on January 26, 2018, includes \$10 million dollars to enhance treatment services across the state for individuals with Opioid Use Disorder. AHCCCS is seeking your input on the unmet treatment needs in your communities and to receive feedback on the best way to utilize the funds in order to make the greatest impact. The funds are to be used for direct services for individuals with Opioid Use Disorder who are uninsured or underinsured. <u>Discussion questions:</u> 7. What are the barriers in identifying and navigating individuals to help in the tribal communities 8. What and where are the gaps in treatment services in the tribal community? 9. What is needed to better support the recovery process for individuals once they enter treatment? 10. Given what you've identified as the gaps, barriers and needs, how do we best use this money to fill those gaps? 11. What partners, agencies or sectors are needed to make the things that we have talked about today be successful? 12. A year from now, what would you consider to be the signs of success that we have put the right things in place with this money	Shana Malone, <i>Clinical Initiatives Project Manager</i>
3:00 p.m.	Adjourn	

ATTENDEES:

Tribes	<u>Gila River Indian Community</u> : Steve Willis, Jamie Arthur <u>Pascua Yaqui Tribe</u> : Reuben Howard <u>White Mountain Apache Tribe</u> : Larold Pinal
I/T/Us	<u>Phoenix Area IHS</u> : Pearl Yellowman
Other	<u>Cenpatico</u> : Tama Long, Julia Chavez <u>Ft. Defiance Indian Health Care Corporation</u> : Terrilynn Nez-Chee, Olda Know <u>Health Choice Integrated Care</u> : Gabriel Yaiva <u>Native Connections</u> : Alyssa Paone, Kendra Haag <u>Native Health</u> : Craig Pattee <u>Tuba City Regional Health Care Corporation</u> : Lynette Bonar
On Phone	Jim Smith, Alicia Surz, Sally Pete, Catherine Torres, Jules Sabin, Megan Corcoran, Carmilla Kid, John Zaker, Cheryl Jordan, Rosa Rivera, Ron Ritter, Dan Fallen, Rodrigo Villa, Michelle Flood, Jerelyn Tsosie, John Newton, John Sutter, Michelle Holmes, Vera John, Dr. Rodrigo, Dan Marino,
Federal	<u>CMS</u> : Lane Terwilliger
AHCCCS Representatives	Jami Snyder, Elizabeth Lorenz, Shana Malone, Markay Adams, Valerie Jones, Heidi Capriotti, Bonnie Talakte, Kyle Sawyer, Chris Vinyard, Patricia Garcia, Albert Escobedo, Hazel Alvarenga, Leslie short, John Archunde

All meeting materials and presentations can be found at the AHCCCS Tribal Consultation website <https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html>

MEETING SUMMARY

<p>Topic: SUBSTANCE USE DISORDER \$10M FUND Presenter: Shana Malone, Clinical Initiatives Projects Manager</p>
<p><u>Background:</u> The Arizona Opioid Epidemic Act signed by Governor Ducey on January 26, 2018, includes \$10 million dollars to enhance treatment services across the state for individuals with Opioid Use Disorder. AHCCCS is seeking your input on the unmet treatment needs in your communities and to receive feedback on the best way to utilize the funds in order to make the greatest impact.</p> <p><u>Parameters under which the funding can and cannot be used.</u></p> <ol style="list-style-type: none"> 1) Have to be used for the treatment of opioid use disorder 2) For the under and uninsured population – the Non-Title XIX population 3) Used for direct services for treatment not for infrastructure development 4) Direct services have to be services covered for the Title XIX population 5) Have to be the payer of last resort

Questions:

Q: How much latitude is there with these dollars in regard to other prescription drug misuse?

A: If opioids are involved, we can tap into these funds to help get people navigated to treatment. We can get them the course of treatment they need and give the recovery and wrap around services they need to be successful.

Q: When we have tried to access those dollars we have found they have already been allocated. Do any of the funds go to tribes?

A: Some of the RBHA's oversee healthcare and substance use care for tribes. We would direct the RBHA's to allocate dollars to the tribal communities they serve. On the other hand, there are TRBHA's that can receive the funds directly.

Discussion Questions and Responses:

1. What are the barriers in identifying and navigating individuals to help in the tribal community?

Responses:

- 1) Screening issue
- 2) Identify a screening tool
- 3) Users don't come in for treatment. Need added staff (outreach workers, more providers)
- 4) Provide tools and resources for providers--harm reduction, cultural competent materials for Outreach.
- 5) More training and serious look at culturally competent mid-levels who don't recognize disorder & still prescribing. Still needs to be education and more training.
- 6) More training on prescriptions for pain management
- 7) Providers not following rules
- 8) Doctors in rural areas still prescribing
- 9) Distance for treatment services/providers
- 10) Outreach & education on prescription protocol
- 11) Child care, elder care resources
- 12) Access to care
- 12) Transportation
- 13) Weekend transport

2. What and where are the gaps in treatment services in the tribal community?

Responses:

- 1) Not enough providers
- 2) Have a drug testing facility in communities or tele-medicine
- 3) Facility to treat dual diagnosis
 - 6) Finding a physician willing to do it that way
- 5) Wait time to see a physician in telemedicine
- 6) Co-pays and follow-up appointments
- 7) Number of days in treatment and aftercare treatment
- 8) Coordination between providers
- 9) Clearly defined protocols in facilities
- 10) Coordination issues – requirements for treatments vary
- 11) When clients are sent to treatment, they receive all kinds of treatment modalities. The difficulty is the after care, When clients return to the reservation all they have available to them is AA.
- 12). Lack of access to methadone treatment

3. What is needed to better support the recovery process for individuals once they enter treatment? What are the gaps?

Responses:

- 1) Sober living facilities in communities
- 2) Transitional housing
- 3) Patients don't want to return to reservation due to lack of support
- 4) Housing & family support
- 5) Work – vocational skill building, programs to get jobs
- 6) Infrastructure development
- 7) Community readiness – there needs to be readiness assessments conducted
- 8) Communicate in community as a public health issue
- 9) Individuals are judged by others – shame, guilt, address stigma
- 10) Identify people who have addictions in communication
- 11) Providing programs to help families understand what addiction is. Integration between out-patient counseling and within IHS/facilities
- 12) Support from the State that empowers communities to exercise sovereignty to prioritize their needs. Only tribes know what can help. We manage the communication between the individual and the front door service. That can't be the State's responsibility. Treatment has to be tribal responsibility. We have to have the structures in place to take care of our own tribal members.
- 13) Conversations need to take place in tribal communities.
- 14) Need to have structure in place in tribal communities
- 15) Response time is critical
- 16) Money should go to tribes – collaboration between tribes and AHCCCS
- 17) Reduce in-take paperwork
- 18) Bridges to public support, i.e., police department
- 19) Community task force
- 20) More staff

4. Given what you've identified as the gaps, barriers and needs, how do we best use this money to fill those gaps?

Responses:

- 1) Funds should go directly to tribes
- 2) Tribes use funds as start-up money

5. What partners, agencies or sectors are needed to make the things that we have talked about today be successful?

Responses:

- 1) Start a community task team; start dialogue, develop implementation service plan, request more money, flexibility is continually needed.

6. A year from now, what would you consider to be the signs of success that we have put the right things in place with this money.

Responses:

- 1) Decrease in overdoses
- 2) Decrease in deaths
- 3) Less prescriptions
- 4) Better understanding of the epidemic
- 5) Closer review of records (files) by doctors before prescriptions are made

Meeting Adjourned at 3:00 p.m.