

AACIHC Mission and Vision

Mission Statement

The mission of the AACIHC is to serve as a resource for all Tribal governments and the State of Arizona by *supporting* prevention, training, education, workforce development, policy and legislation to meet the unique health care needs of American Indian and Alaska Native (AI/AN) populations in Arizona. We seek to educate and advocate for improved health outcomes.

Vision Statement

The AACIHC strives to be recognized as a trusted resource on health equity for all Tribal Nations and American Indian/Alaska Native (AI/AN) communities throughout Arizona.

Value Statement

The Arizona Advisory Council on Indian Health Care stands for the following values:

A-Authenticity

A-Accountability

C-Culture

I-Integrity

H-Holistic

C-Community



History

The AACIHC was established by A.R.S. 36-2902.01, to give tribal governments, tribal organizations and urban Indian health care organizations in this state, representation in shaping Medicaid and health care policies and laws that impact the populations they serve.

- We work to assist Tribes and Urban Indian Health Organizations in pursuing legislative and administrative priorities pertaining to Medicaid and health care policy, that are deemed significant to indigenous populations, providing education on such topics.
- Additionally, the AACIHC assists Tribes and Urban Indian Health Organizations in activities that seek to develop comprehensive medical and public health care delivery and financing systems to meet the needs of American Indian Tribes in this state.
- A.R.S. 36-2902.02 was later adopted to detail out the scope of work of the AACIHC.





Agency Structure

As a State agency, the AACIHC is unique in that it has both:

- (1) Agency staff (State employees), and
- The number of agency staff fluctuates, based off the number of grants we currently have, and the amount of funding available from the State General Fund. They are paid employees of the State of Arizona.
- (2) **Advisory Board/Council Members**, who fill roles similar to how private corporations have board members.
- Advisory Board/Council Members are not eligible for compensation. They may only be reimbursed for specific board-related duties incurred. This is set in state law.

Presently we have 13 agency staff, and 9 Advisory Board members.



Advisory Board Members

Governor Appointees



Chairman Daniel Preston Tohono O'odham Nation



Deanna Sangster Native Health



David Reede San Carlos Apache Tribe



David Dawley Hualapai Tribe



Verna Johnson Inter Tribal Council of Arizona



Advisory Board Members

State Director Appointees



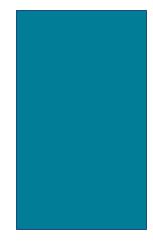
Gerilene Haskon, Arizona Department of Health Services (ADHS)



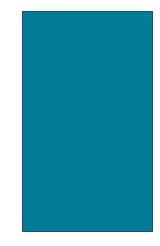
Candida Hunter, First Things First



Christine Holden, Arizona Health Care Cost Containment System (AHCCCS)



VACANT,
Department of
Economic Services
(DES)



Cynthia Lemesh, Technical Advisor, Centers for Medicare and Medicaid Services (CMS)





Summer Hassan

Grants Manager -

Darien Fuller

Epidemiologist (21)

Ariana Granger

Program Specialist (21)

CCRHD (23)

Alison Lovell

Business Ops

Administrator (26)

Keye Garmin

Sr. Epidemiologist

(23)

COUNCIL ON INDIAN Organizational Chart

Daniel Preston

John Molina Director (E1)

Ashley Lazaro

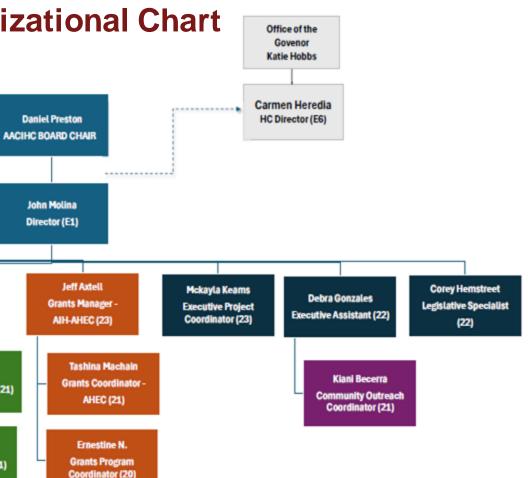
Grants Manager (23)

Archie Mariano

Program Specialist (21)

Shealee Gartner

Training Officer III (21)







The Community Health Representatives Movement

Major Milestones

- Conducted 8 more CHR Summits since 2015
- Continued Monthly CHR Director Meetings since 2018
- Effectively advocated to retain CHR line item in IHS budget
- Advocated for the Arizona CHW Voluntary Certification Law
 - 2 CHR Directors served on the advisory board
 - Tribal provisions were included in the law
- Participated in the AZ CHW VC Rulemaking Process and provided comments/feedback
- Granted the Community Health Workers for Covid Response and Resilient Communities (CDC-CCR) grant in 2021.

Looking Forward: CHR Workforce

Expand Medicaid Reimbursement for CHRs

- Advocate for state policy changes that expand the scope of billable CHR services under Medicaid.
- Advocate for higher reimbursement rates to improve financial sustainability.
- Advocate for provider referral flexibility, making it easier for CHRs to provide reimbursable services.

Strengthen CHR Certification Pathways

- Reduce the cost for initial certification and recertification.
- Adding AACIHC to the list of approved organization for CE credits.





2021 Legislative Session

3rd Time's a Charm!!!

HB 2294 dropped in House and SB 1301 dropped in Senate

- SB 1301 <u>Arizona health education</u> centers; increase
- Prime Sponsor: Rep. T.J. Shope (LD-8)
- SENATE:
 - Assigned to the Education
 Committee and Rules Committee
 - Unanimously Passed the Senate
- HOUSE:
 - Assigned to the Education
 Committee and Rules Committee
 - Unanimously Passed the House









American Indian Health Area Health Education Center NOW!





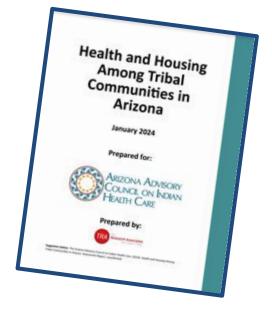






Health and Housing Report

- 1. Increase funding for healthcare & housing programs
- 2. Increase coordination between agencies and resources
- 3. Provide incentives for healthcare organizations to collaborate with housing providers
- 4. Create shelters and transitional housing for people in need
- Utilize mobile clinics
- 6. Provide cultural competency training for healthcare providers and housing specialists
- 7. Develop and implement comprehensive education program in health literacy, home ownership, and financial management
- 8. Focus on gaining system-wide involvement in the development and implementation of policies
- 9. Ensure that tribal members get more involved in elected government
- 10. Implement GIS within tribal communities
- 11. Understand the unique challenges, priorities, and needs of each tribe individually as well as all 22 tribes collectively











Tribal Health Advisory Workgroup (THAW)

The objectives of the Tribal Health Advisory Workgroup (THAW) is to:

- **1. Support and Enhance Collaboration:** Strengthen the partnership between state agencies, tribal leaders, UIOs, TRBHAs, and IHS/638 facilities to ensure coordinated efforts in tribal health care initiatives.
- 2. Ensure Meaningful Input: Provide a platform for tribes and American Indian/Alaska Native (AI/AN) people in Arizona to have a significant and timely influence on the development of programs, policies, and health care initiatives.
- **3. Facilitate Information Sharing:** Promote the exchange of information and feedback between the three state agencies, tribal nations, UIOs, TRBHAs, and IHS/638 facilities to improve health outcomes and services.





Internships at the AACIHC

Types of Internships

- Extenships (shadowing opportunities to learn about positions)
 - Externs can expect to dedicate around 100-150 hours to the experience.
- Academic Credit Internship (required internship by university/college/tribal college)
 - Hours may vary based on academic program, but anticipate around 250 hours.

Offered Internships

The AACIHC currently offers internships in the following 4 areas:

- Health Education
- Tribal Health Policy
- Epidemiology
- Public Health Administration
- Health Workforce Development



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Technical Support Trainings

Per A.R.S. 36-2902.02, the AACIHC has a mission to:

- Provide technical assistance to tribal governments on tribal health care initiatives deemed significant; and
- Assist Tribes and urban Indian health organizations in standing up their comprehensive medical and public health care delivery and financing systems.

In support of this mission, the AACIHC has launched a technical support series. Topic covered are driven by requests from Tribes, members of tribal communities, advisory groups (i.e. the AACIHC Advisory Board and the Tribal Pandemi Coalition/Health Coalition), and organizations and healthcare providers working in the public health spectrum, providing services to American Indians and Alaska Natives in Arizona.







Methods and Channels of Communication

In order to maintain contact and provide updates to our Tribal Stakeholders and Leaders we utilize the following:

- Email Communication
 - Agency Newsletter
 - Community Newsletter*
 - Legislative and Administrative Advocacy Newsletter
- Social Media
 - YouTube
 - Facebook
 - Instagram
 - LinkedIn*
- Agency Website (aacihc.az.gov)
- Virtual & In-Person Meetings or Informational Sessions







2025 AACIHC Policy Efforts

Per A.R.S. 36-2902.01, the AACIHC is established to give tribal governments, tribal organizations and urban Indian health care organizations in this state, representation in shaping Medicaid and health care policies and laws that impact the populations they serve.

- Murdered and Missing Indigenous Peoples (MMIP)
- Fraud, Waste Abuse
- Oral Health
- Traditional Healing
- Housing





Murdered and Missing Indigenous Peoples (MMIP)

HB2508- study committee; human trafficking

Sponsor(s): Representatives Sandoval: Abeytia, Aguilar, Austin, Biasiucci, Blattman, Cavero, Contreras L, Contreras P, Garcia, Liguori, Mathis, Peshlakai, Simacek, Stahl Hamilton, Tsosie, Villegas, Volk; Senators Kuby, Miranda, Ortiz Bill Overview: This bill will establish the human trafficking employee education study committee. The study committee shall submit a report regarding the committee's activities and recommendations for educating retail and lodging businesses businesses about human trafficking to the governor, the president of the senate and the speaker of the house of representatives and shall provide a copy of the report to the secretary of state

HB2554- appropriation; tribal shelter beds (Housing)

<u>Sponsor(s)</u>: Representatives Peshlakai: Contreras P, Garcia, Márquez <u>Bill Overview</u>: The sum of \$5,000,000 is appropriated from the state general fund in fiscal year 2025-2026 to the department of economic security to distribute to tribal governments in this state for additional domestic violence shelter beds.

HB2581- tracking system; sexual assault kits

Sponsor(s): Representative Bliss

<u>Bill Overview</u>: The Department shall establish a sexual assault kit evidence tracking system to track sexual assault kit evidence that is collected. A medical provider, law enforcement agency, public accredited crime laboratory or other person or entity that has custody or use of sexual assault kit evidence shall submit that information to the sexual assault kit evidence tracking system.





Fraud, Waste & Abuse

SB1045- secure behavioral health facilities; appropriations

Sponsor(s): Senators Miranda: Gabaldón, Kuby

<u>Bill Overview</u>: The sums of \$10,000,000 from the state general fund and \$18,768,700 from medicaid expenditure authority are appropriated in fiscal year 2025-2026 to the Arizona health care cost containment system administration for an ongoing secure behavioral health provider rate increase.

SB1308- sober living homes

Sponsor(s): Senator Carroll: Representatives Bliss, Gress

<u>Bill Overview</u>: Modifies requirements of the Department of Health Services (DHS) relating to the licensing, oversight and regulation of sober living homes. Prescribes guidelines for the inspection and penalizing of sober living homes that are noncompliant with applicable state and local regulations.

• SB1219- behavioral health facilities; accreditation

Sponsor(s): Senator Angius

<u>Bill Overview</u>: Requires health care institutions licensed to provide inpatient, residential or outpatient behavioral health services to be accredited by an approved independent, nonprofit accrediting organization.

• HB2001- behavioral health; temporary licensure; graduates

Sponsor(s): Representative Gress

<u>Bill Overview</u>: The Board of Behavioral Health Examiners shall issue a temporary license to a person who has completed the person's course of study in social work, counseling, marriage, and family therapy or addiction counseling from a regionally accredited institution of higher education who has graduated and who is in the process of applying for an associate level license.





Oral Health

- SB 1347- AHCCCS; comprehensive dental care
 Sponsor(s): Senator Shope
 Bill Overview: Dental services shall include for persons who are at least twenty-one years of age, emergency COMPREHENSIVE dental care and extractions in an annual amount of not more than \$1,000 per member.
- HB 2250- AHCCCS; preventative dental care
 Sponsor(s): Representatives Mathis: De Los Santos,
 Márquez, Villegas
 Bill Overview: For persons who are at least twentyone years of age, emergency dental care and
 extractions in an annual amount of not more than
 \$1,000 per member AND PREVENTIVE DENTAL
 CARE.







Housing

SB 1140: telehealth program; homeless; recovery services

<u>Sponsor(s):</u> Miranda: Alston, Gabaldón, Gonzales, Sundareshan; Representative Abeytia <u>Bill Overview:</u> This bill wants to establish the Homeless Recovery Telehealth Pilot Program which aims to improve access to healthcare services for homeless individuals, with a focus on mental health, addiction, and primary care, through a public-private partnership with a telehealth provider.

SB 1379: landlord tenant; domestic violence; documents

Sponsor(s): Senators Ortiz: Shamp

<u>Bill Overview:</u>Domestic Violence & Renting DV victims can utilize two additional forms of documentation to break the lease: Emergency Order of Protection and Written Verification of Victim Status from a healthcare professional. The process of breaking the lease for victims of DV will be easier and quicker, affecting primarily urban Indian populations.

SB 1482: appropriation; homeless shelter services fund

Sponsor(s): Senators Alston: Burch, Epstein, Kuby

<u>Bill Overview:</u> Establishes the homeless shelter and services fund. The department shall administer the fund consists of legislative appropriations, other monies directed to be deposited in the fund and investment earnings on monies in the fund.



Thank you!

Contact Information:

Corey Hemstreet, Legislative Liaison

Email: corey.hemstreet@aacihc.az.gov

McKayla Keams, Executive Project Coordinator

Email: mckayla.keams@aacihc.az.gov

Please visit our website at: https://aacihc.az.gov/

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