



TRIBAL CONSULTATION AND ACTIVITIES ANNUAL REPORT

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NATIVE AMERICAN LIAISON

Working with ADHS staff and planning committees comprised of representatives from tribal, federal, non-profit and other state agencies, the ADHS Native American Liaison coordinated the following statewide events: (1) September 22, 2011 Joint ADHS-AHCCCS Tribal Consultation Meeting – Planning for Specialty Regional Behavioral Health Authority with Seriously Mentally Ill Health Homes in Maricopa County, Dr. Laura Nelson, Deputy Director, ADHS Division of Behavioral Health Services provided the presentation, (2) January 18, 2012 ADHS Behavioral Health Tribal Consultation Meeting, (3) February 15-16, 2012 Arizona American Indian Behavioral Health Forum II, (4) February 17, 2012 Tribal, Indian Health Service, ADHS, CDC Rocky Mountain Spotted Fever Meeting, (5) October 2011- May 2012 Regional and Statewide Oral Health Tribal Leaders Round Tables, and (6) April 4-5, 2012 Arizona Pathways into Health Conference. Representing the Department Director, the ADHS Native American Liaison attended regular meetings of the Advisory Council on Indian Health Care and the Arizona Commission of Indian Affairs. He also coordinated quarterly ADHS-Indian Health Service (IHS) Directors meetings. Reports for the 1/18/2012 Tribal Consultation Meeting, 2/15-16/2012 Behavioral Health Forum II, 2/17/2012 Rocky Mountain Spotted Fever Meeting, and 4/4-5/2012 Pathways Conference are posted on the ADHS Native American Web Site at <http://www.azdhs.gov/diro/tribal/>.

BEHAVIORAL HEALTH

The ADHS Division of Behavioral Health Services (DBHS) provides Medicaid and state funded behavioral health services to eligible persons through managed care contracts with Regional Behavioral Health Authorities (RBHAs) and intergovernmental agreements (IGAs) with Tribal Regional Behavioral Health Authorities (TRBHAs). DBHS conducted a tribal consultation pursuant to Executive Order 2006-14, on January 18, 2012, in Phoenix. Representatives of 5 tribes attended along with an Intertribal Council of Arizona (ITCA) representative. The two topics for this tribal consultation were: (1) the proposed change in the allocation methodology to be used for two Federal Block Grants, the Substance Abuse Prevention and Treatment (SAPT) and the Community Mental Health Services (CMHS) grants, and (2) integrated behavioral health and primary care. The allocation methodology previously utilized by the state was “population-based.” The Substance Abuse and Mental Health Services Administration (SAMSHA) had required a change to “needs-based” allocations. The tribes expressed strongly that they wished to be involved in the development of the new allocation methodology. DBHS committed to involving the tribes in the development of the new methodology. Plans for an integrated health care model in the coming years will begin with the use of the model in Maricopa County for the Seriously Mentally Ill. A suggestion was made to include the urban Indian population and the three tribes in Maricopa County in the planning for the integrated health care Request for Proposals (RFP). DBHS agreed that urban Indian input would be helpful in the process of developing the RFP.

PUBLIC HEALTH PREPAREDNESS SERVICES

Bureau of Epidemiology & Disease Control Services: Arizona Immunization Program Office (AIPO): An initial orientation to Arizona Tribal organization and ADHS interface was held with

the ADHS Native American Liaison. Immunization Coordinators for each Tribe and IHS representatives were identified. Individual letters of introduction were submitted to each Coordinator. Invitations to the ISManagement Quarterly Meetings and the Annual AIPO Conference were extended to the Coordinators. "Vaccination Challenges and Successes in American Indian and Alaska Native People" was one of the Conference workshops and was well attended. The quarterly *Immunications* newsletter was distributed and included recognition and articles regarding tribal immunization activities. AIPO's Vaccine Center continued to provide Federal Vaccines-for-Children (VFC) vaccine to Tribal and IHS programs. Our state immunization registry program, ASIIS, currently is working with IHS to establish data reporting interfaces between IHS facilities and the ASIIS data system that will enable IHS to report immunizations data in an automated manner.

Office of Environmental Health: The Food Safety & Environmental Services Program Manager and two vector borne zoonotic epidemiologists attended the Rocky Mountain Spotted Fever (RMSF) three-day training hosted by the National Environmental Health Association and the CDC held in Chandler, AZ on February 13-15, 2012. During the months of February, March and April, staff worked with three tribes with RMSF with pesticide orders, pesticide applications and the CDC project in Peridot (San Carlos Indian Reservation). The Healthy Homes Program assisted IHS by providing lead poisoning brochures, and our lead poisoning home investigation questionnaire.

Office of Infectious Disease Services: Staff attended the December, March and June ADHS-IHS Quarterly Directors' Meetings and presented current RMSF statistics and updates to inform clinical management policies for RMSF in the IHS service units. Staff attended/participated in RMSF coalition conference calls for the San Carlos Apache Tribe (SCAT), White Mountain Apache Tribe (WMAT) and Tohono O'odham Nation (TON). Staff participated in household treatment and dog collaring campaigns in RMSF endemic areas and provided tick control supplies to assist with tick control campaigns in tribal areas. With the IHS San Carlos Service Unit, created a protocol to ensure continued doxycycline treatment for suspect RMSF cases being sent for higher level care to areas where RMSF is not endemic and the illness is more likely to be misdiagnosed. Staff assisted and attended the 2/17/12 Arizona Statewide Tribal/IHS/ADHS/CDC RMSF Meeting. The meeting brought together tribal, federal, state and county representatives to receive presentations on existing tribal RMSF prevention and control programs. A follow up meeting is scheduled for the fall of 2012.

Office of Disease Integration and Services: The TB Control Program continued coordination of two ongoing contracts with the Navajo Nation to supplement their TB prevention and control activities. In addition, program staff participated in monthly conference calls with the Navajo Nation and New Mexico to review active TB cases and investigations. Program staff were also active in the planning committee for the annual Tribal Four Corners TB/HIV Conference. Plans for 2012 are for the conference to be held in Durango, Colorado. Program staff continued to collaborate with additional tribes for TB activities including the SCAT, Gila River Indian Community (GRIC) and WMAT. The AIDS Drug Assistance Program (ADAP) provided antiretroviral medications to 26 active clients of American Indian decent. The Ryan White Part B program provided the Navajo AIDS Network (NAN) with \$53,988 in funding for the grant year of July 2011 through June 2012. The STD Control Program collaborated with the Native

American community on the following activities: (1) conducted quarterly conference calls with the Navajo Nation that focused mainly on syphilis prevention and control, (2) collaborated with PIMC and ITCA on a Community Based Assessment Training, (3) conducted five conference calls with staff from the Whiteriver IHS Hospital to discuss intervention activities for gonorrhea control, (4) began discussions with IHS to determine a method for comparing ADHS data with the data from IHS National database, and (5) attended two STD core group meetings with TON.

Bureau of Public Health Emergency Preparedness: The Arizona Tribal Executive Committee (AzTEC), the executive body representing all participating 12 contracted tribal programs conducted 5 meetings at which a quorum was present at each meeting. AzTEC provided on-going tribal input to the ADHS public health emergency preparedness program. The Bureau continued contracting with the Fort Mojave Indian Tribe for tribal coordinating services. The Bureau also continued contracting with the IHS (Navajo and Phoenix Areas) for hospitals and clinics preparedness funding.

Bureau of Emergency Medical Services & Trauma System: The Bureau continued efforts to ensure that a tribal representative was identified to participate in the State Trauma Advisory Board. Continued support of Chinle Health Center's designation as an Arizona designated trauma center, worked with the facility staff as well as regional IHS attorneys to develop transfer agreements with other Arizona trauma centers. Staff participated in the Native American EMS meeting held at Southwest Ambulance Headquarters in late 2011. At the invitation of Navajo EMS, staff participated in a meeting to inform the Native American provider community of the availability of a no-cost electronic patient care reporting tool.

Bureau of State Laboratory Services: The Arizona State Public Health Laboratory conducted the following tests at the request of IHS and Tribes; 296 General Bacteriology, 6 Human Bio-Terrorism, 528 General Serology, 784 General TB, and 49 Animal testing. Staff presented a First Responder Outreach training to the Gila River Fire Department on 9/12/11- 9/13/11. Staff performed a LRN collection/packaging/shipping training at the Chinle Indian Health Services Hospital on 10/6/11 that focused on the collection and submission of clinical samples arising from a radiological and/or chemical exposure. Staff continued to support routine testing of samples of public health significance for Arizona Tribes along with an increase in samples submitted for RMSF. Staff provided updates on the Laboratory Systems Improvement Program and Accreditation at the March 2012 meeting of the ADHS-IHS Directors Meeting. The Newborn Screening Program (NBS) Manager attended the June 2012 ADHS-IHS Directors Quarterly meeting and delivered a brief presentation on NBS issues and concerns arising from overlapping responsibilities between ADHS, IHS, various 638s and the Colorado and Oregon NBS programs.

PUBLIC HEALTH PREVENTION SERVICES

Bureau of Health System Development: The Bureau sponsored the 5th Annual Arizona Conference for Enhancing Tribal Breast and Cervical Cancer Early Detection Program (NBCCEDP) Collaborations in August, 2011 in Flagstaff. Representatives from Hopi, Navajo and TON attended the event. Staff continued participation in the TON Early Detection Committee. The Partnership disseminated education materials on mammograms, PAPs, PSA and

Fecal Occult Blood Test to promote awareness, early detection and screening. The Bureau coordinated a facility Health Profession Shortage Area (HPSA) review for the Pascua Yaqui Tribe and Phoenix Indian Medical Center which significantly increased primary care, dental and mental health HPSA scores for both of these facilities. This will assist these organizations and others with future recruitment and retention efforts of primary care, dental and mental health providers. The National Health Service Corps Program (NHSC) now automatically certifies all IHS and tribal 638 facilities as NHSC sites. Currently, there are 47 Indian Health Service/Tribally Operated Clinics/Urban Indian Health Program NHSC sites in Arizona and a total of 37 providers receiving NHSC loan repayment.

Bureau of Nutrition & Physical Activity: The Arizona WIC Program provided funding to the Cocopah Tribe to serve a WIC caseload of 190 participants on tribal lands. The Program continued to work with the Navajo Nation and ITCA WIC programs to coordinate the approved food list between the WIC agencies. The coordinated food lists provides continuity between the WIC participants and WIC vendors throughout the state. The Program is currently working with the Navajo Nation WIC program to help the Nation prepare for the upcoming change in the federally mandated formula rebate contract.

Bureau of Tobacco & Chronic Disease: The Bureau renewed its existing contract with ITCA for Tobacco Education & Prevention Services. This contract includes sub-contract agreements with the following 5 Tribes: Colorado River Indian Tribes, Hopi Tribe, Kaibab-Paiute Tribe, Pascua Yaqui Tribe, and Yavapai-Apache Nation and the following Urban Indian Health Programs: Native Health and Tucson Indian Center.

Bureau of Women's & Children's Health: The Office of Oral Health entered into a MOU with ITCA to provide consultation on developing Teledentistry practice models for Tribal members. Office staff participated in six regional tribal leaders' roundtables throughout Arizona during the fall of 2011 through spring 2012. The focus of the roundtables was to engage Arizona tribes, urban Indian organizations, the IHS, as well as key federal, state, public and private sector oral health stakeholders in a strategic planning effort to organize a statewide Arizona American Indian oral health coalition. The Bureau continued its contract with the Navajo Nation through the Teen Pregnancy Prevention Program which is funded through Comprehensive State Lottery dollars. The program conducted a 3-day, formal site visit with the Navajo Nation in September 2011. In addition, through the same funding, the program contracts with ITCA which sub-contracts with the following tribes to provide teen pregnancy prevention education: Ft. McDowell Yavapai Nation, Hopi Tribe, Pascua Yaqui Tribe, San Lucy District of TON, and WMAT. The Health Start Office contracts with the Native Health that serves all urban Indians in central Phoenix. The Office of Children's Health entered into a contractual relationship with the WMAT to implement the Family Spirit in the community and to conduct ongoing evaluation with funding from the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program.

Injury Prevention/Emergency Medical Services for Children (EMSC): In January, the EMSC program hosted a Tribal EMSC meeting to discuss the pediatric EMS needs and connecting resources. The group decided to meet twice a year. The EMSC program was awarded a federal

grant to work specifically with rural and tribal communities for pediatric designation of emergency departments.

LICENSING SERVICES

This division provides licensing regulation and oversight for behavioral health, child care, long term care, and medical facilities. The Office of Behavioral Health Licensing (OBHL) worked collaboratively with the Navajo Nation and other ADHS offices to ensure health and safety in the OBHL licensed health care institutions, in which tribal members are placed. During that time, the OBHL coordinated efforts to assist in providing timelines and integral client welfare information, when facilities were closed as a direct result of an enforcement action and/or needed to be relocated because of an immediate jeopardy situation. The Office of Assisted Living Facilities worked collaboratively with the Hopi Tribe on their Assisted Living Project in the Upper Village of Moenkopi. Staff met with their Architects and with the Chairperson of the Hopi Assisted Living Facility Task Team and fourteen members of the Hopi Task Team to assist in the beginning phases of construction. The Division of Licensing continued to meet and conduct courtesy compliance surveys when requested by tribal authorities.

PUBLIC HEALTH STATISTICS

The Bureau Medical Director continued to work periodically with the Navajo Tribal Epidemiology Center on issues related to Navajo-specific data. He also worked on improving the delivery of cancer and birth defects data, promoting the collection of tribe-specific identifiers on major ADHS data sets, and collaborated with the new leadership at the ITCA epidemiology center. The Bureau's Birth Defects Registry Program Manager attended the June 2012 Quarterly ADHS-IHS Directors Meeting and an AHCCCS Tribal Consultation Meeting held in San Carlos. Two Cancer Registry staff presented at the Sixth Annual Arizona Conference for Enhancing Tribal Breast and Cervical Early Detection Program Collaborations held in August 2011.

ARIZONA STATE HOSPITAL

The ASH provides psychiatric treatment for the most seriously mentally ill, civil, and forensic court ordered patients. During this reporting period ASH worked with a number of tribal nations, tribal communities and TRBHAs. ASH had 8 admissions and 5 discharges of Native America patients in FY 2011-2012. The Hospital Social Work Department: (1) developed close relationships with the WMAT, GRIC, Salt River Pima-Maricopa Indian Community and the Navajo Nation fostering increased participation in admissions, staffing and discharge planning by Tribal Case Managers, Psychiatrists, and Guardians, and (2) provided departmental cultural competence training to improve service delivery to tribal patients. The social work department will travel to and/or invite tribal entities to discuss how to best stream- line admissions and discharges, overcome communication barriers, and work toward more services/activities that will enrich the lives of Native American patients while at ASH.