Navajo Area Indian Health Service
U.S. Department of Health and Human Services

Navajo Area IHS Quarterly Report
To Tribal Leaders

October 2017
This report provides general Indian health information, updates, and summarizes significant activities of the Navajo Area Indian Health Service (NAIHS) for the months of July, August and September of 2017. The information included is as follows:

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Four Major Priorities of the Indian Health Service

Since the April 2017 Navajo Area IHS progress report, Federal Service Unit (SU) Chief Executive Officers (CEOs) have distributed updated progress reports to all Service Unit employees. Over the past three months, the Navajo Area IHS has continued to make progress towards the four major IHS priorities. The following activities consistent with the IHS four major priorities include:

People

Recruit, develop and retain a dedicated, competent, caring workforce collaborating to achieve the IHS mission

- Chinle Service Unit is in the final stage of developing a Service Unit-wide “Grow Our Own” plan to address both short and long-term priorities for staff career development, succession planning, high school
mentorship programs, long-term career relationship building and recruitment, and community partnerships.

- The Chinle Office of Native Medicine (ONM), the Traditional Native Medicine Committee and Navajo Wellness Committee members worked together to produce four staff training videos. The videos are being developed to support Chinle Service Unit's strategic initiative training for all employees. Module 1 (Tapestry of Wellness Strategic Plan Orientation) and Module 2 (Working Together Through Positive Relationships) have been completed and uploaded to the Health Stream site. Status of the remaining videos:
  - Module 3: Effective Communication with Navajo Patients. Video has been finalized with 508 compliant (6A) closed captioning and is waiting to be uploaded to Health Stream.
  - Module 4: The Navajo Wellness Model – An Introduction to Self-Care. Video has been finalized with 508 compliant (6A) closed captioning and is waiting to be uploaded to Health Stream.

- The Crownpoint Division of Public Health held seven (7) free-of-charge trainings for hospital staff, community resources and community members on suicide prevention and postvention mental health. Evaluation results show an increase in knowledge on suicide prevention, warning signs and how to help someone experiencing a mental health crisis or challenge.

- The Crownpoint School Based Health Clinic (SBHC) staff consists of a registered nurse (RN) and a nurse practitioner (NP). However small, the staff worked together to serve the intended population of adolescents in high schools within the Service Unit. The Crownpoint Division of Public Health supports the SBHC staff as needed. In return, the SBHC staff works to support the Division of Public Health programs as time and schedules permit. The SBHC functions as an extension of the hospital and adheres to the same policies as the hospital medical and nursing staff. The SBHC staff collaborates with the hospital and medical staff to assure appropriate SBHC patient care and follow up.

- Customer Loyalty training was provided to new GIMC employees during their orientation along with 69 other GIMC staff. The purpose of the training is to emphasize the importance of relationships, building trust, and promoting the Gallup Service Unit so patients will want to return to GIMC for healthcare services and refer GIMC services to their family and friends. The training was well received by attendees.

- A Gallup Town Hall Forum was held by GIMC leadership to give staff an opportunity to provide feedback to the community. The results from these forums are shared with department supervisors and ELT (Executive Leadership Team) members to promote the improvement of staff and supervisory working relationships.

- Kayenta Health Center (KHC) is pleased to welcome Dr. Craig Bruce, Pediatric Dental Specialist, and Ms. Jennifer Huff, RDH (Registered Dental Hygienist). Together, this team will guide Kayenta Health Center as
they add children's dentistry to its services. Dr. Bruce will lead the other KHC dentists in treating children's dental needs in the community as well as the new Dental Clinic and soon will be able to offer anesthesia dentistry for children in the KHC ambulatory surgeries. Ms. Huff will provide services directly to local schools and HeadStart students.

- The Kayenta Health Promotion Department Wellness Center filled five full-time positions including a Health Promotion Coordinator, a Wellness Center Coordinator, three Fitness Specialists and two fitness volunteers. Recruitment for one health technician position, School Health Coordinator and an Office Automation Clerk are in process.

- To create a positive customer service workplace, the Shiprock Service Unit Customer Service Committee developed 22 behavior standards that demonstrate supportiveness, etiquette, respect, vibrancy, integrity, communication and excellence in customer service delivery. A kick-off event was held in July and staff signed their pledge card to receive a pledge pin signifying their commitment to the customer service initiative. To date, nearly 150 staff have joined the initiative and future departmental and facility-wide pledge gatherings are planned through the end of the year.

- The Iina Counseling Services at Shiprock established a Post-Traumatic Stress Disorder therapy group for military veterans. Services include substance abuse and mental health to assist with civilian reintegration.

**Partnerships**

**Build, strengthen and sustain collaborative relationships that advance the IHS mission**

- The Chinle Purchased/Referred Care Administrative Division met with Rehoboth McKinley County Hospital Business Office and College Clinic Business Office staff on August 14, 2017 to streamline patient visit schedules, prior authorizations, authorizations or purchase orders, and submission of claims with purchase orders to the fiscal intermediary-BC/BS of New Mexico for payment processing.

- AZ Vital Records Program will transition to a new electronic death registration system titled the Database Application for Vital Events (DAVE). This system will replace the current electronic death registration system referred to as the Vital Systems Information Management System (VSIMS). Effective October 2, 2017, hospital physicians and personnel certify the cause of death on death certificates. Chinle Hospital Vital Records staff attended webinar training on September 9, 2017 to become familiar with the new DAVE system.
• The Crownpoint Service Unit SBHC staff has a collaborative agreement with the Gallup McKinley County school system. This collaboration is essential in that it allows the SBHC to serve students in local schools, including: Thoreau High School, Thoreau Middle School, Crownpoint High School, Crownpoint Middle School and TseYiGai High School. Without this agreement, the SBHC program would not be possible. To fulfill and strengthen this relationship, reports are sent biannually (January and July) to the school board. The purpose of the reports is to inform school board members of the SBHC services and activities and strengthen the commitment of the school board to the program. This agreement was renewed in August of 2017 and remains valid for 12 months.

• Collaboration with the Casamero Lake and Nahodishgish Chapters was initiated by Crownpoint SU to provide presentations using the Native Wellness Youth Leadership curriculum for the Summer Youth Employment programs during summer of 2017. Presentations were given to 44 students who participated in Summer Youth Employment Programs. The topic presented was ‘Decision Making: You Are the Creator of Your Own Story.’ The Native Wellness Youth Leadership curriculum is focused on leading the next generation of Native youth to build leadership skills applicable to school, family and community success, healthy peer role modeling, personal growth development, and successful transition into adulthood.

• A GIMC Women’s Health employee has been detailed to the position of International Board Certified Lactation Consultant (IBCLC) Nurse Educator to continue GIMC’s support of new mother’s efforts to breastfeed. She rounds on all inpatient couplets, new neonatal admissions, completes data collection, conducts task force meetings, and attends the area BFHI (Baby Friendly Hospital Initiative) meetings. The IBCLC Nurse Educator is part of a team that is working to develop a full color booklet to be distributed during prenatal visits and used throughout pregnancy and postpartum to provide much needed education. An education packet will be submitted to Baby Friendly USA to complete GIMC’s sustainability project.

• The GIMC Patient Benefits Coordinator (PBC) Team continues to partner with the Public Health Nurses to conduct home visits and enroll patients or answer questions on eligibility. The patients receiving visits are those who are unable to come to the hospital due to lack of transportation or need additional services. The PBC Team also works closely with Health Promotion Disease Prevention and Navajo Nation Division of Health partners.

• GIMC hired two new physical therapists to meet the therapy needs of GIMC patients as well as two new dentists for the Tohatchi Health Center. The last OB/GYN position has been filled.
• The Kayenta PRC Program continues to meet with staff from the Flagstaff Medical Center and San Juan Regional Medical Center. The quarterly meetings are held to ensure continuity of care for referred Kayenta Service Unit patients.

• The Inscription House Health Center (IHHC of the Kayenta Service Unit) Dental Supervisor, Dr. Juan Vigil attended the Inscription House Chapter meeting to inform customers of the new service that they will be providing. IHHC will be applying silver diamine fluoride to children and elderly patient teeth. This application releases fluoride to assist with the prevention of dental decay.

• On September 19-22, 2017, Kayenta SU executive and key staff participated in a collaborative training with the Navajo Nation (NN) Department of Public Safety and the NN Police Department for an onsite active shooter training held at the former Kayenta Health Center. The training was designed to provide first responders and police officers response training in active shooter situations. The training has helped to maintain a cohesive relationship with NN and IHS to collaborate more effectively during emergencies.

• A ground transportation and ambulance service contract supported by the Shiprock Service Unit was established between the Four Corners Regional Health Center (FCRHC), Kayenta Health Center, and Sacred Mountain Medical Services in July of 2017. This on-site ambulance service allows patients to be transported to a higher level of medical care from FCRHC and the contractor provides 24/7 coverage. The ambulance service is also able to respond to 911 calls, including assisting the Navajo Nation Emergency Medical Services as needed. Sacred Mountain Medical Services is certified in advanced cardiac life support and pediatric advance life support to ensure proper treatment.

• Shiprock Service Unit, in partnership with the Navajo Nation (NN) Department of Health, NN Community Health Representatives and Arizona Public Service held several meetings to discuss ways to prevent respiratory problems and improve patient respiratory conditions and home environments. The Public Health Nursing program staff also collaborated with the Navajo Mine and Navajo Nation Chapter Coordinators to develop and conduct public coal dump safety education sessions to Navajo community members to ensure safe practices when transporting coal.

Quality

Excellence in everything we do to assure a high-performing Indian health system

• Empanelment continues to be a priority for all Chinle outpatient departments and inpatient units, including PCU (pediatric care units) and ACU (adult care units). Education is provided to patients and their families
regarding medical homes and primary care providers. The obstetrical care unit empanels newborns prior to discharge, PCU and ACU assess patient medical home status on admission with the goal of empaneling patients prior to discharge if patients receive care within the Chinle Service Unit.

- Chinle influenza prevention planning for 2017 includes weekend clinics, evening clinics and involvement in a closed POD (point of distribution) exercise in October. Prevention planning also includes active involvement in advertising and promoting influenza vaccines for all employees and patients using digital billboards and working with the Health Promotion Disease Prevention program.

- Crownpoint Service Unit is actively engaged and collaborating with the Partnership to Advance Tribal Health (PATH), and HealthInsight, a community-based organization dedicated to improving health and health care. This is an initiative from Centers for Medicare and Medicaid Services (CMS) in conjunction with the Health Innovation and Improvement Network (HIIN). The primary efforts with HealthInsight are Leadership Development, Quality Initiative enhancement and connecting community resources.

- For Crownpoint SU to comply with CMS (Centers for Medicare and Medicaid Services) Conditions of Participation to evaluate contracts, the field work for a program review/evaluation of Presbyterian Medical Services-Checkerboard Area Health Services has been implemented. The evaluation will be completed mid-October, 2017. The final report will provide information on the status of data points checked, including registration updates, American Indian eligibility, date of service, provider verification, and residence. In addition, a clinical review is being conducted to determine quality of services and provider credentialing.

- GIMC is doing an outstanding job with Core Measures (CM). Upon admission, all patient education is entered into the EHR (Electronic Health Record) with 98% compliance when chart audits are completed by the nursing staff. Core Measures include Tobacco use, Medication, Domestic Violence, Admission to hospital, Suicidal ideation, fall prevention/safety, and Discharge.

- GIMC is undergoing remodeling projects including installation of Heating, Ventilation and Air Conditioning System (HVAC) digital controls for HVAC Systems in operating rooms (OR) and central sterilization rooms (CSR). GIMC is also in the planning phase for a roof replacement for the GIMC main hospital and outpatient clinics building. Other remodeling activities are planned throughout the Service Unit to improve efficiency and compliance with regulations such as patient rooms, offices, furniture reconfiguration, the bulk oxygen tank storage area and a room for a new infusion service. Various signs are to be posted outside and inside the GIMC Campus to provide staff, patients and visitors with improved directions and customer service experiences.
• GIMC Webcidents are reviewed weekly and sent to Supervisors for review and appropriate corrective action. This increased oversight has allowed for better monitoring of how GIMC’s ‘Just Culture’ process is being utilized. The increased number of reports demonstrate that staff are comfortable documenting incidents that occur and offering suggestions to improve patient safety. Dashboards are used for monitoring Webcidents by the Safety Officer, Risk Management, and Security.

• Kayenta and Inscription House Health Center employees received training provided by Mr. Gary Slack, PE, CCE, of Healthcare Engineering Consultants. Presentations included “Understanding The Joint Commission (TJC), CMS (Centers for Medicare and Medicaid Services), and AAAHC (Accreditation Association for Ambulatory Health Care, Inc.) standards at Kayenta Health Center on July 27 and 28, 2017. All supervisors and key staff attended this training that addressed meeting and maintaining compliance with regulatory agencies specifically with the Environment of Care, Infection Control, and Life Safety Codes and Standards. Mr. Slack also conducted a walk-through of the facility to assess compliance with standards. Staff appreciated the updates and new information presented.

• The Kayenta Health Care Center Diabetes Program has re-implemented the Diabetes Clinic. The first two clinics were held September 15 and September 18, 2017, from 8:00 a.m. to 4:00 p.m. The two clinic days provided a twenty-minute medical provider visit who concentrated on diagnosis of diabetes. The provider reviewed lab results with patients, (specifically A1C, Accu-Check, and cholesterol levels), as well as medication and adjustments. Individual and group sessions on diabetes, nutrition and wellness were provided. Patients were referred for their yearly, dental and eye clinic visits including, JVN screening during the two diabetes clinic days. An added benefit for patients was the chance to consult with a fitness specialist from the Wellness Center. The two clinics were appreciated by the patients that participated.

• Northern Navajo Medical Center, Dzilth-Na-O-Dilth-Le Health Center, and Four Corners Regional Health Care Center Transforming Patient Care teams have started planning for the Patient Centered Medical Home certification requirement. The team completed the self-assessment and has established a group to address specific components of the initiative, including submitting an IHS Behavioral Health Integration grant in September.

• The Northern Navajo Medical Center (NNMC) has begun pursuing Level 4 trauma certification. A taskforce has been assigned to prepare for this designation and a letter of intent was submitted to the State of New Mexico. This designation will allow NNMC to provide advanced trauma life support prior to the transfer of patients to a higher level trauma center.
Resources
Secure and effectively manage the assets needed to promote the IHS mission

- The Chinle Service Unit Executive Committee approved an additional strategic initiative to create training videos for employees entitled “Navajo Customs for Healthcare Providers” and “Introduction to Navajo History and Government” to support cultural understanding.

- Crownpoint Service Unit is in the planning phases of establishing cross functional teams which includes the Acquisition Team. They are focusing on internal coordination improvements to enhance quality and safe care.

- The regular functioning of the Crownpoint SBHC (School Based Health Clinic) occurs during the academic year, however, during the “off season,” the SBHC staff is available to support and expand the IHS mission. The program's registered nurse (RN) and nurse practitioner (NP) assisted the Division of Public Health with community interventions and the Public Health Nursing staff with immunization and sports physical “catch up” events during the summer. The events occurred during times when ambulatory care was not available. The program used a walk-in system that was popular with parents. The program was able to serve 84 patients that might not have been able to access care otherwise. The NP worked in the Ambulatory Pediatric Clinic during July and August which allowed more patients to receive care. The collaboration worked well to strengthen the relationship between the SBHC staff and the Crownpoint hospital staff and supported the missions of the SBHC and the hospital.

- Tohatchi Health Center (Gallup Service Unit) is reviewing feedback from the community on extended services that may include Saturday and evening clinics. These extended services will provide increased access for patients and more flexible appointments. Tohatchi leadership is in the process of developing an operational plan.

- The GIMC Executive Leadership Team, HR and Finance held an annual budget planning session and approved the FY2018 Budget with $100 million in third party collections. NAO Acquisitions provided assistance in processing requisitions for the Emergency Department (ED) expansion, equipment replacement and NEF (Nonrecurring Expense Funds) medical equipment procurements during fourth quarter to meet year-end requirements. This activity included twenty-four (24) requisitions for the ED expansion project at an estimated total of $300,000.00, twenty-two (22) requisitions for equipment replacement at an estimated total of $1.2 million, and eight (8) NEF medical equipment requisitions totaling $741,660.
• The Kayenta Health Care (KHC) Laboratory implemented in-house coagulation tests (PT, APTT, Fibrinogen, and D-dimer) in October of 2017. KHC has also implemented the GC/Chlamydia Nucleic Acid Amplification as an in-house test. As a result, KHC is able to remove these two tests from the laboratory outside referral list. The GC/CT was one of the highest referral volume tests KHC had. Providing this test in-house will decrease costs and will now cost KHC $12 per test in-house, which is about one fifth of an outside lab’s cost to provide this.

• Kayenta Service Unit (KSU) third party billing increased in FY2017. Approximately $13 million was collected during FY2016 compared to $17 million for FY2017.

• A random patient record audit by McManis and Monsalve Associates revealed that from February to June 2017, Northern Navajo Medical Center Nursing units in Wound Care, Emergency Room, Infusion Clinic, and Observation and at the Four Corners Regional Health Center, were 100 percent compliant in orders completion, documentation, patient education, and e-signature.

**NAIHS FY2017 Budget Closeout and FY2018 Budget Status**

The FY2017 ended September 29, 2017. NAIHS had a successful close-out with a positive carryover in third party collection to continue funding direct patient care activities at each hospital and clinic. Federal sites increased Medicare, Medicaid and Private Insurance collections by 8.95 percent over FY2016 levels. An FY2018 continuing resolution (CR) was signed by the President to fund Federal operations from October 1 to December 8, 2017. There are no specific references to the IHS in the CR, however, under the CR, IHS will be funded at the FY2017 appropriation levels.

**Dilkon Alternative Rural Health Center Update**

The Winslow Indian Health Care Center, Inc. (WIHCC) completed its Architect of Record search after reviewing 12 proposals and performing in-depth interviews of the top three firms that submitted designs for the Dilkon Alternative Rural Health Center (DARHC). On September 11, 2017, the WIHCC announced the selection of Childers Architects, Inc., an architectural and engineering firm based out of Arkansas as the primary Architect. A kick-off meeting was held with the architectural firms and its stakeholders on Wednesday, September 20, 2017 at the WIHCC Medical Office building in Winslow, AZ. The architectural/engineering contract was signed Monday, September 18, 2017. The total amount of the Title V Construction Project Agreement (TVCPA), with
WIHCC for the DARHC design is $6,841,133. The design team and DARHC stakeholders are working together on the design schedule and coordination meetings.

The DARHC project received an additional $24,000,000 in FY2017, for a total funded amount to date of $56,500,000. The IHS will request another $50 million in FY18 and a final $94.8 million in FY19 to fully fund the construction of DARHC, including design and construction of the associated staff quarters. The total project estimate for design and construction of the DARHC, including 109 staff quarters, is $201,300,000.

**Congressional Visit to the Crownpoint, NM, IHS Service Unit**

On August 17, 2017, staff members from several U.S. Congressional Offices visited the Navajo Nation. As part of the Congressional visit, the Navajo Nation Vice President, the Acting Navajo Area IHS Director, the Crownpoint Service Unit CEO and Crownpoint Hospital Executive Management members met with the following Congressional Staff Members: Cal Curley, Office of Senator Udall, Kim Moxley, Senate Committee on Indian Affairs, Catelin Aiwohi, Senate Committee on Indian Affairs, Darren Pete, Office of Congressional and Legislative Affairs and Patrese Atine, Navajo Nation Washington Office.

During the site visit, Congressional members were provided a presentation on Crownpoint Service Unit (CPSU) operations including: a) New IHS priorities, b) IHS Quality Framework 2017, c) CPSU Mission and Vision, d) CPSU Executive Management Team and Crownpoint Health Advisory Board members, e) Services, f) Partnerships, and g) Accomplishments/challenges, strength/opportunities. CPSU also provided a brief hospital tour and concluded with site visits to the hospital’s north and south staff housing units.

The Congressional staffs acknowledged the challenges CPSU encounters in providing medical care in a rural location. They also acknowledged the marked improvements CPSU has accomplished. A formal closeout report was not provided, however, the Congressional staffs acknowledged they would be reporting to Senator Tom Udall.

**FY2020 IHS Budget Formulation**

A Navajo Area-wide IHS Budget Formulation work session is scheduled with IHS, Tribal organizations and Urban organizations (I/T/U) on November 7-9, 2017 in Flagstaff, Arizona. Recommendations from prior year
Area-wide work sessions will be reviewed against recommended appropriation increases for 2018-2019. Formal recommendations will be developed for the IHS FY2020 budget, and two (2) Tribal representatives will be appointed to represent the Navajo Area at the National Budget Formulation meeting in Washington, DC.

The final outcome of the work session will provide Navajo Nation’s top health priorities and recommendations for future funding. During the National meeting, a Tribal elected official will be selected to be a co-presenter for the budget workgroup recommendations at the DHHS Consultation session scheduled for February of 2018. The selected Tribal official and the co-presenter will be closely involved with the budget workgroup which will include a technical team from NAIHS and the Navajo Department of Health (see Attachment A, FY2019 Tribal Budget recommendations excerpt to the U.S. Dept. of Health and Human Services).

**Navajo Area IHS Vacancy Rates Update**

The Navajo Area Indian Health Service (NAIHS) Recruitment Program includes a Chief NAIHS Recruiter who works with recruitment specialists at the various Navajo Area IHS and 638 health care facilities. The Recruitment Program strives to accomplish the IHS Vision and Mission by recruiting highly-qualified health professionals to meet the health care needs of our people and to promote safe patient care and continuity of care.

In July of 2017, a new Chief Recruitment Specialist was hired for the Navajo Area. Since then, the Chief Recruiter has conducted site visits throughout Navajo Area with Clinical Directors and Site Recruiters to verify that NAIHS is experiencing a shortage of health care providers. The top five vacancy list below was developed from NAIHS Service Unit Recruiter reports that identify the current position categories with the most vacancies. Presently, among the Federal sites, the new Kayenta Health Center has the highest need for health care professionals.

Data from the NAIHS site visits indicate the top five professional vacancies from highest (1) to lowest (5) as follows:

1. Medical Officers (Internal Med., Family Practice, ER, Urgent Care, OB, Radiology, Surgeon, etc.)
2. Nurse Practitioners/Physician Assistants
3. Dentists
The NAIHS Recruiting team is working on a Recruitment/Retention Strategic Plan with the following goals:

1. To reduce vacancy rates,
2. To build relationships with respective leaderships and their departments,
3. To formulate a strategy to attract proficient providers, and
4. To retain talent.

The Recruitment Team will continue to report periodically on the vacancy status and accomplishments as they implement their plans over the coming year.

**Government Accountability Office Visit Report**

Representatives with the U.S. Government Accountability Office (GAO) visited the Shiprock, Kayenta and Chinle Service Units on August 15 and 16, 2017 to talk with Service Unit leadership and gain a better understanding of Navajo Area IHS workforce challenges. A number of issues were discussed, including, but not limited to: a) staff vacancies and tracking of those vacancies, b) the use of electronic human resource systems and reports generated by the systems, c) the impacts that staff vacancies have on the provision of health care services, d) local assessments of staffing needs for federally operated healthcare facilities, e) staff succession plans, f) staff housing need assessments, g) special hiring authorities within IHS, h) employee satisfaction surveys, i) actions taken by IHS leadership to retain employees, and j) innovative solutions or partnerships to meet IHS workforce needs.

At the conclusion of the Federal Service Unit site visits, the GAO representatives visited with the Navajo Nation President and NDOH leadership to discuss some of the same issues and receive feedback on possible options for improving staffing levels through successful staff recruitment and retention. Overall, the GAO site visit was successful in that it provided an exchange of information concerning Federal staffing and the challenges faced on a daily basis at local healthcare facilities. It is anticipated that the GAO will release a report on the site visit findings and recommendations in the Spring of 2018.
**New Navajo Area IHS Employees**

NAIHS is pleased to announce the following new employees that have joined the Navajo Area IHS in the last quarter:

a) CDR Jeffrey D. Bullock, DPT, MBA – Navajo Area Consultant for Physical Therapy and Rehabilitation.

b) LCDR Carol Cummings – Navajo Area Commissioned Corps Liaison.

c) Ms. Daalbaaleh “Dee” Hutchison, BSN, MCHA – Executive Officer at the Navajo Area IHS Office.

d) Mr. Vernelle Shirley – Secretary to the Chief Medical Officer at the Navajo Area IHS Office.

e) Ms. Brenda Martin – Navajo Area Physician Recruiter located at Area Office.

f) Dr. Loretta Christensen – Acting Navajo Area IHS Chief Medical Officer.

g) Dr. Katrina Leslie-Puhuyaoma – Navajo Area Dental Consultant, located in Shiprock, NM.

h) Ms. Bernadine John – Navajo Area Diabetes Nurse Improvement Specialist at Area Office.

NAIHS welcomes the new employees to the Navajo Area. Please see Attachment B for additional biographical information.

**MSPI (Methamphetamine Suicide Prevention Initiative) and DVPI (Domestic Violence Prevention Initiative) New Funding and Programs Update**

Funding for the MSPI (Methamphetamine Suicide Prevention Initiative) was first appropriated in 2008. The funding for the DVPI (Domestic Violence Prevention Initiative) followed in 2010. Many Tribes and organizations have benefitted and continue to benefit from this congressionally appropriated funding since 2008. At last count, there were approximately 254 MSPI and DVPI programs in Native communities across the United States with more being funded as additional funding becomes available. The range of programming runs from prevention, intervention, community education, advocacy, sexual assault services, violence prevention, and many other services that fit within domestic violence prevention, methamphetamine abuse prevention and suicide prevention. The services are designed to serve men, women, children, young adults, elders and communities in general.

To ensure effective and accurate evaluation, the MSPI and DVPI programs are designed around Purpose Areas (Website details in Attachment C). The MSPI has four Purpose Areas and the DVPI has two Purpose Areas.
The Purpose Areas provide focus with specific goals and objectives to guide the programs, including monitoring and evaluation.

The DVPI and MSPI programming provide support for integration and use of Traditional Practices based on studies and research that indicate improved outcomes when Traditional Practices are used for traditional peoples. The programs also ensure success when they implement Evidence Based Programs and Practices that have been tested for effectiveness. Many effective programs, plans and tools are available to the MSPI and DVPI programs through the CDC and SAMHSA websites (Details in Attachment D).

The Navajo Nation is very fortunate to have two DVPI programs added within the last month (See Attachment E). There are now a total of 18 MSPI and DVPI programs on Navajo Area IHS. The programs on Navajo include:

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Additional Navajo MSPI/DVPI program information is provided in Attachment F.

14th Annual Direct Services Tribes National Meeting

On August 2-3, 2017, IHS Deputy Director RADM Chris Buchanan was in attendance for this National meeting held in Danvers, Massachusetts. He met with Tribal leaders to discuss issues important to Indian tribes that receive health care directly from the IHS – commonly called “Direct Services Tribes”. The Navajo Nation Behavioral Health Director represented the Navajo Area at this meeting. The next national Direct Services Tribes meeting is scheduled for July, 2018 in Minneapolis, Minnesota and will be hosted by the Bemidji Area IHS.

IHS presented on various topics to assist the Tribes in understanding Indian Health Service. The key note address was presented by Marilynn “Lynn” Malerba, Chief of the Mohegan Tribe. There was a listening session with Jacqueline Bisille, Policy Advisor from the U.S. Senate Committee on Indian Affairs. Other presentations included a National Indian Organization Update, IHS Budget Update, Recruitment and Retention Update, 2016-2017 Quality Framework and Successful Outcomes, IHS Healthcare System Success, Talking about the Opioid Challenges in Indian Country, and Improving Patient Care Call to Action.

The next Direct Service Tribal Advisory Committee (DSTAC) quarterly meeting is scheduled for October 24,
2017, in Washington D.C., following the joint tribal advisory committee meeting with the IHS Tribal Self-Governance Advisory Committee (TSGAC) on October 23, 2017. The DSTAC and the TSGAC have met throughout the past year to discuss and collaborate on similar health priorities for Direct Service and Self-Governance Tribes.

**Shiprock Service Unit Update**

The Joint Commission (TJC) conducted unannounced laboratory surveys from January 23 through 27 at all three Shiprock Service Unit facilities (Northern Navajo Medical Center, Dzilth-Na-O-Dilth-Le Health Center, and Red Mesa Health Center). The survey were successful and TJC renewal certification was awarded. The new certification expires in January, 2019.

Using well planned and coordinated third-party enrollment drives in FY2017, the Shiprock Service Unit exceeded FY2016 revenue collections of $72.2 million by approximately 7% (for a total of $77 million). Third party revenues help fund facility improvements, critical staff positions, and medical equipment.

In 2017, Shiprock Service Unit celebrated 25 years of Just Move It (JMI) events and partnered with local communities and chapters by coordinating 28 JMI events from May 7 through August 2, 2017 with over 9,100 participants. In 1993, Shiprock IHS began the first JMI on the Navajo Nation with just 20 communities and 482 participants. Last year, nearly 140 communities actively participated in one or more JMI events, with approximately 48,000 participants across the Navajo Nation. The 2017 data are still being compiled and will be shared at a later date.

In the 2017 GPRA reporting year, the Shiprock Service Unit (SRSU) met 16 of 22 national clinical targets. Notably, SRSU far exceeded the following measures: Retinopathy Exam 70.5%, Pneumovax 65yrs+ at 94.6%, Colorectal Cancer screening 50-75yrs at 47.2%, and HIV screening at 63.2%.

The Shiprock Northern Navajo Medical Center (NNMC) has received Domestic Violence Prevention Initiative (DVPI) funding since the second cycle funding began in 2015. In year two (2016-2017), the funds were used to support staffing, training, community education and a ready access SANE (Sexual Assault Nurse Examiner) at the Northern Navajo Medical Center. On January 18, 2017, a dedication/blessing ceremony was conducted to
celebrate dedicated space for this much needed service. Services are now locally available for victims of sexual assault, greatly increasing access to specialty care during this difficult time for patients.

This year, the Northern Navajo Medical Center activated the ‘NNMC Call Center’, a service that provides a centralized phone service for patients to call for general information, appointment scheduling, and upcoming appointment reminders. Protocols are in place to triage calls including a resource book created for the NNMC Call Center staff. On average, the NNMC Call Center staff address over 100 calls per day and provide immediate information to patients.

NNMC initially piloted the Provider in Triage (PIT) in the Emergency Room (ER) department in 2016. The PIT was designed to assure that patients who have a medical emergency are assessed rapidly by a medical provider and based on acuity are treated in an expeditious manner. The initiative proved to be very successful and was fully implemented in 2017. The ER Left-Without-Being-Seen (LWBS) rate decreased from 44% in February 2016 to 3.7% in September 2017. In addition, the ER department implemented the CEDOCS (Community Emergency Departments Over Crowding Scale), a system to evaluate patient flow in the ER and ER capacity, and developed an action plan to manage ER capacity to meet patient flow needs.

**Dzilth-Na-O-Dilth-Le Community Grant School**

A planning/coordination meeting was held at the Dzilth-Na-O-Dilth-Le (DZ) Community Grant School on September 21, 2017 at 11:00 a.m. to discuss the design and future construction of a new DZ School. In attendance were the Navajo Area Indian Health Service – Division of Facilities Management and Engineering, Navajo Region Bureau of Indian Affairs (BIA) – Division of Facilities Management and Construction, Navajo Region BIA Property Office, DZ School representatives and stakeholders, San Juan Fire Department, the Navajo Nation Police Department, and the Navajo Tribal Utility Authority (NTUA). The new DZ School is in the planning stages and this meeting was primarily held to discuss the utility systems. The current water, waste water, and sewer lagoon is owned by the BIA and operated by the DZ community school. The DZ community school and BIA would like the sewer lagoon to be transferred to NTUA for operation and maintenance. NTUA is researching whether they can take over ownership and operation of the sewer lagoon after the BIA refurbishes it along with the new school construction.
The BIA will begin working on Use Agreements between the BIA and all users for all remaining utilities. These Use Agreements will need to be in place before the DZ school planning can be considered complete. Navajo Area Indian Health Service - Division of Facilities Management, provided the IHS Dzilth-Na-O-Dilth-Le Health Clinic land withdrawal documentation, legal land survey, all utility as-builts by email on May 2, 2017. A copy of the Inter-Agency Agreement for the use of water between BIA and IHS was also provided on September 22, 2017.

NAIHS is willing to assist and provide any information to help with the planning of the new Dzilth-Na-O-Dilth-Le School. We have provided our contact information and look forward to attending future meetings. The next meeting has not been scheduled.

**Navajo Area Infection Prevention Reviews**

In mid-August, 2017, the NAIHS began conducting full Infection Prevention and Control reviews at Federal healthcare facilities. A strike team comprised of subject matter experts completed reviews based on the most current TJC (The Joint Commission) standards for Infection Prevention and Control. The findings have been presented to each service unit executive staff along with a Joint Commission safer matrix and a plan of action. At this time, four of the five Federal service units have completed reviews and the remaining review will be completed next week. The plan of action at each Service Unit will be followed up in 45 days to monitor progress and provide support and resources to ensure safe patient care.

**Ventilation Issues at NAIHS Health Care Facilities**

During the summer monsoons of July and August of 2017, several Navajo Area IHS health facility operating rooms (OR) exceeded acceptable humidity levels as a result of local weather patterns. Affected facilities posted public service announcements and rescheduled or referred procedures during those months as technicians worked to bring OR humidity levels to safe, acceptable levels.

Many Navajo Area healthcare facilities are aged, but are in compliance with year-of-design codes for heating, ventilation and air conditioning (HVAC) systems. All Navajo Area healthcare facilities, whether older or newer, meet ventilation requirements based on the year-of-design to support safe environmental conditions in the delivery of patient care services.
However, healthcare accreditation bodies such as The Joint Commission have updated standards that challenge the older facilities. Navajo Area Office, in coordination with Service Units, has initiated a heightened monitoring of building ventilation conditions in operating rooms (ORs) and central sterilization rooms (CSRs). The NAIHS plan is to use additional resources such as HVAC consultants to systematically review building HVAC systems and recommend short and long term solutions for compliance. This includes modernizing identified NAIHS healthcare facilities to meet updated ventilation standards.

**Concluding Comments**

Navajo Area Indian Health Service staff remain committed to supporting Tribal leaders of the Navajo Nation and the San Juan Southern Paiute Tribe in their efforts to address Indian health policy issues, improve the health of individual Native beneficiaries, and in development of healthy communities. Please contact the office of the Navajo Area IHS Director regarding additional information or questions.

CAPT Brian K. Johnson, Acting Area Director  
Navajo Area Indian Health Service  
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ATTACHMENT A
A New Partnership to Provide Quality Healthcare to America's First Citizens

Healthy People 2020
Leading Health Indicators
Framework:
Health Determinants and Health Outcomes by Life Stages

HP2020 Suicides (MHMD-1)
- 12.6 suicides per 100,000 population among American Indian or Alaska Native persons; more than twice the best group rate

HP2020 Access to Health Services (AHS-1)
- Increase the proportion of persons with health insurance
- IHS coverage is far below health insurance, Medicaid, Medicare, VA or even the Prison system
- To say that Tribal members have coverage because they are eligible for Indian Health Service programs glosses over the lack of true access in Indian country

A New Partnership for Quality:
IF we are SERIOUS about overcoming health disparities, we MUST CHANGE the current trajectory of the federal programs

2016 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita
To Change Outcomes, New Resources ARE Required: Recommend Phasing in FULL Funding of IHS of $32 Billion for Medical Care and Replacing & Modernizing Health System Infrastructure over 12 Years

I. Commit to fully fund IHS at $32 Billion phased in over 12 years

II. Increase the Enacted budget for the IHS by a minimum of 33% for a total of 6.4 B in FY 2019:
   +$169.1 Million for full funding of current services
   +$252.1 Million for binding fiscal obligations, inc. CSC estimate
   +$1.17 Billion for program expansion increases
Increase 33% over FY2016 IHS Enacted Budget: +$1.6 Billion  
(Represents a Request of $6.4 Billion for IHS in FY2019)

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>Fully Fund Current Services</td>
</tr>
<tr>
<td><strong>Binding Agreements:</strong></td>
</tr>
<tr>
<td>- Health Care Facilities Construction Projects (Planned): +$83.3M</td>
</tr>
<tr>
<td>- Staffing Costs for New Facilities (estimate): +$68.8M</td>
</tr>
<tr>
<td>- New Tribes (estimate): +$0</td>
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<tr>
<td>Contract Support Costs (includes New and Expanded Programs):</td>
</tr>
<tr>
<td><strong>Program Increases (Total): (Services: $985.1M &amp; Facilities: $189.2M)</strong></td>
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<tr>
<th>TOP 15 PRIORITIES FOR PROGRAM EXPANSION:</th>
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<tbody>
<tr>
<td>1. Hospitals &amp; Health Clinics .............+$295.5 million</td>
</tr>
<tr>
<td>2. Purchased / Referred Care ..............+$278.6 million</td>
</tr>
<tr>
<td>3. Mental Health ..........................+$122.6 million</td>
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<tr>
<td>4. Alcohol &amp; Substance Abuse ..............+$114.8 million</td>
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<tr>
<td>5. Dental Health ...........................+$ 67.2 million</td>
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<tr>
<td>6. Health Care Facilities Construction ..+$ 59.3 million</td>
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<tr>
<td>7. Sanitation Facilities Construction ....+$ 44.8 million</td>
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<tr>
<td>8. Equipment ..............................+$ 32.4 million</td>
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<tr>
<td>9. Maintenance &amp; Improvement ..............+$ 30.8 million</td>
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<tr>
<td>10. Community Health Reps. .................+$ 29.5 million</td>
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<tr>
<td>11. Public Health Nursing ..................+$ 24.5 million</td>
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<tr>
<td>12. Urban Indian Health ....................+$ 20.2 million</td>
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<tr>
<td>13. Health Education ......................+$ 16.7 million</td>
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<tr>
<td>14. Indian Health Professions .............+$ 13.3 million</td>
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<tr>
<td>15. Facilities &amp; Env. Health Support ......+$ 13.0 million</td>
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III. Support the Preservation of the Indian Health Care Improvement Act and other Indian-specific provisions in the Patient Protection and Affordable Care Act (P.L. 111-48)

IV. Allow federally-operated health facilities and IHS headquarters the same flexibility to adjust programmatic funds across accounts to maximize efficiency and effective use of federal dollars at the local level.

V. Advocate that Tribes and Tribal programs be permanently exempt from sequestration

VI. Support Advance Appropriations for the Indian Health Service
“Congress needs to be willing to put that investment into [IHS]. It is not asking too much. We make up 2% of the entire population of this country. We are the genocide survivors. It is not a big ask for this country to fund schools, health, our judicial systems at a level that allows us to live functional healthy lives.”

Jerilyn Church, Chief Executive Officer
Great Plains Tribal Chairmen’s Health Board
February 3, 2016

“White Buffalo Calf Woman instructed the people that as long as they performed the seven ceremonies, they would always remain caretakers and guardians of sacred land. The people would never die if they took care of the land and respected all things of Mother Earth.

White Buffalo Calf Woman promised to return again one day in the form of a white buffalo calf that would change colors four times as it grew. That event would be a sign that she would return again soon to purify the world and bring harmony, balance, and spirituality to all nations.”

--From John Fire Lame Deer, Lakota Holy Man
ATTACHMENT B
New Employees to the Navajo Area IHS:

a) **CDR Jeffrey D. Bullock DPT, MBA** is the new Navajo Area Consultant for Physical Therapy and Rehabilitation. CDR Bullock has dedicated more than 19 years of service in public health and patient care. From his career experiences in health care, he brings depth and perspective to his practice, having served in a variety of roles as a clinician and manager. Practicing as a civilian physical therapist for the United States Army at Fort Riley, Kansas, led to a desire for CDR Bullock to serve his country, which now, as a United States Public Health Service Officer, has translated to a leadership role for the Shiprock Service Unit as Director of Physical Rehabilitation at Northern Navajo Medical Center. As director, CDR Bullock not only dedicates his time to departmental leadership and patient care, he also serves on numerous committees as a Member of the Credentials Committee, a Representative of the Medical Executive Committee, the Chief of Incident Command Planning, and the Chairman of the Space Committee. Born in Michigan, CDR Bullock currently enjoys living in Colorado and working in New Mexico. Living in the Southwest affords CDR Bullock the opportunity to pursue a wide variety of outdoor hobbies. CDR Bullock looks forward to serving Rehabilitation departments across the Navajo Nation as liaison to the Area Clinical Director. CDR Bullock will be based at NNMC, please welcome and support him in his new role.

b) **LCDR Carol Cummins** now serves as the Navajo Area Commissioned Corps (CC) Liaison. In this capacity, she assists Commissioned Corps officers in the Navajo Area with career development and interpretation of Corps policies among other Corps related duties. Prior to this position, LCDR Carol Cummins served as the Health Systems Administrator of the Warm Springs Health and Wellness Center, Portland Area IHS. LCDR Cummins supervised the service areas of laboratory, budget, acquisition and warehouse and was also the facility co-lead for improving patient care. LCDR Cummins began her career as USPHS Commissioned Corps officer in 2001 as a Staff Pharmacist at the Fort Defiance Indian Hospital, Fort Defiance, AZ. Throughout her IHS career, she has worked in various positions as a JRCOSTEP, Pharmacy Resident, Clinical Pharmacist, Chief Pharmacist, and Acting CEO. LCDR Cummins received her Bachelors in Social Work from Carroll College in Helena, Montana before completing her Doctor of Pharmacy from the University of Montana in Missoula, Montana. She is currently an MPH student at the University of Montana. LCDR Cummins is Crow and Fort Peck Assiniboine Sioux of Montana. Her hobbies include hiking, swimming and exploring Indian Country. LCDR Cummins will be based on the Navajo Area Office in St. Michaels. Please welcome her to the Division of Commissioned Personnel Support (DCPS) team.

c) **Ms. Daalbaaleh “Dee” Hutchison**, BSN, MHCA was recently selected for the Executive Officer position at the Navajo Area Office in St. Michaels, AZ. Most recently, she served as the CEO for the Blackfeet Service Unit, in Montana. She has held numerous CEO positions throughout her career. In addition, she held the positions of management analyst at the Phoenix Area Office, administrative officer for the Shiprock and Crownpoint Service Units in New Mexico, and executive director for the Navajo Home Health Agency with the Navajo Nation. As a registered nurse she worked in community and public health, intensive care, and medical/surgery, emergency flight transport, and an orthopedic rehabilitation nurse with the Abdulaziz Air Force Hospital in the Kingdom of Saudi Arabia. She also operated her own Consulting Business in Anchorage Alaska. With her extensive experience in healthcare administration and direct clinical care with the IHS as well as with the private sector and self-governance tribes, Ms. Hutchison brings a deep commitment to and understanding of quality patient care, staff development, and excellence in healthcare administration. She is a proponent for
developing the next generation of healthcare leaders. Throughout her career, Ms. Hutchison has received recognition and numerous awards for her excellent leadership. She is most proud of, twice, she was the recipient of the Chief Executive Officer of the Year Award and a recognition award from the Navajo Nation for her superb work with the Reauthorization of the Indian Health Care Improvement Act on behalf of the Navajo Nation and other tribes served by the Navajo Area Indian Health Service. Ms. Hutchison is a member of the Navajo Nation and was raised on the Navajo Indian Reservation and is fluent in the Dine language of her people. Please welcome Ms. Hutchison to her new position at Navajo Area Office.

d) Ms. Brenda Martin is the new Navajo Area Physician Recruiter. She is Diné: To’aheedlini nishli, Bit’ani bashishchiin, To’ahani daa shicheii, Tachinii daa shinali. Her hometown is Many Farms, Arizona. She is fluent in her Diné language and is culturally inclined. Upon leaving the reservation, Brenda pursued western education and graduated from the University of Arizona (UA) with her Bachelors and Masters and is currently a doctoral student at Grand Canyon University (GCU). Her passion is to work with the Native American people and communities. In her career, she has worked in various positions with Native American communities in Arizona and California by obtaining grants, implementing health programs, and working with Native American students to pursue higher education in the health field. Her hobbies include reading, traveling, and being a mom. She is excited to be home and assist with improving the health of her people. The Navajo Area Office is pleased to welcome Ms. Martin as the new Navajo Area Physician Recruiter.

e) Dr. Loretta Christensen has agreed to serve as the NAIHS Acting Chief Medical Officer Effective August 25, 2017 until further notice. Dr. Christensen has over 27 years of experience in medical practice. She most recently served as the Chief Medical Officer at the Gallup Indian Medical Center and has an extensive background in the public and private healthcare sectors; especially in the area of trauma care. Please welcome Dr. Christensen as the new Acting Chief Medical Officer at the Navajo Area Office in St. Michaels, Arizona.

f) Dr. Katrina Leslie-Puhuyaoma has joined the Navajo Area Office of Health Programs as the new Navajo Area Dental Consultant. She is originally from Arizona and lived on the Hopi reservation until she began high school. She graduated from Coconino High School in Flagstaff, Arizona and obtained her Doctor of Dental Surgery degree from Creighton University School of Dentistry in Omaha, Nebraska. She began her career as a general dentist in IHS and worked at Shiprock, NM, Tuba City, AZ, Phoenix, AZ, Kingston, WA and Olympia, WA. In 2006, she completed her residency for Pediatric Dentistry in Denver, Colorado and began work as a Pediatric Dentist at the Northern Navajo Medical Center Dental Program. She practiced pediatric dentistry for 7 years before becoming the Chief of Dental for the last three years at Northern Navajo Medical Center. She served on the surgical services steering committee for specialty services and was the secretary of the Northern Navajo Agency Head Start Advisory Committee. Please welcome Dr. Leslie-Puhuyaoma to the NAIHS team.

g) Mr. Vernelle Shirley joins the NAIHS Department of Health Programs as secretary to the Chief Medical Officer at the NAIHS Area Office. Mr. Shirley is Navajo, Kinyaa’ani’ nishlii’ Todichiinii ba’shichiin. He is originally from Chinle, Arizona and graduated from Tuba City High School. He attended the University of Arizona where he majored in Business Administration. He has an extensive background working in public service and is dedicated to improving the way of life for the Navajo people. He currently resides in Chinle, Arizona and enjoys watching/playing sports and cooking. Please welcome him to the NAIHS team.
h) **Bernadine John** - My clan is Ma'ii Deeshgiizhinii born for Kinlich'i'nii. I am a proud a Dine’ (The People, Navajo). My career as a Registered Nurse for the past 24 years has been a blessing. I started my journey at University of New Mexico-Gallup Branch for my Associated of Science in Nursing Degree and with three children to provide for. It was not until I was in my mid 40's I decided to attain my Bachelor of Science in Nursing Degree at University of Phoenix, Phoenix, AZ. As of August 23, 2017, I completed my Masters in Psychology with an Emphasis in General Psychology at Grand Canyon University, Phoenix, Az. As a RN, I have worked within many specialty fields in nursing and found my true passion in Diabetes Education and Prevention. There is one person I can dedicate my career to is my Grandmother, Lucy Tsosie from Two Grey Hills, NM. She was known for her beautiful Two Grey Hill designed rugs. Diabetes and heart disease contributed to her leaving our world. If I knew back then what I know now I could have made a difference. I had many obstacles in my life but I am still determined to make a difference for our people, my family and myself. There were many lives I have cared for and there will be many more to reach; just give me the opportunity to provide service to influence the mind to change the body for a lifetime of a healthy lifestyle. I am a Lieutenant Commander Commissioned Officer for the United States Public Health Service (USPHS). My last assignment which I enjoyed working for Fort Defiance Indian Hospital Board, Inc. as the Diabetes Coordinator over the past 7 years. I am excited for the next level of my career to accept the Navajo Area Office as the Diabetes Nurse Improvement Specialist.
Indian Health Service (/index.cfm)

About MSPI

In September 2009, the Indian Health Service (IHS) began the Methamphetamine and Suicide Prevention Initiative (MSPI) as a pilot demonstration project for 130 IHS, Tribal, and Urban Indian health programs.

IHS currently funds 175 grants and federal program awards, totaling $27,972,247

((mspi/includes/themes/newihsttheme/display_objects/documents/mspihssareas2017.pdf) [PDF 63 KB] to meet the following six goals:

1. Increase Tribal, Urban Indian Organization (UIO), and Federal capacity to operate successful methamphetamine prevention, treatment, and aftercare and suicide prevention, intervention, and postvention services through implementing community and organizational needs assessment and strategic plans.
2. Develop and foster data sharing systems among Tribal, UIO, and Federal behavioral health service providers to demonstrate efficacy and impact.
3. Identify and address suicide ideations, attempts, and contagions among American Indian and Alaska Native (AI/AN) populations through the development and implementation of culturally appropriate and community relevant prevention, intervention, and postvention strategies.
4. Identify and address methamphetamine use among AI/AN populations through the development and implementation of culturally appropriate and community relevant prevention, treatment, and aftercare strategies.
5. Increase provider and community education on suicide and methamphetamine use by offering appropriate trainings.
6. Promote positive AI/AN youth development and family engagement through the implementation of early intervention strategies to reduce risk factors for suicidal behavior and substance abuse.
Purpose Area 1

IHS awarded 3 projects under MSPI Purpose Area 1 (/mspi/includes/themes/newihstheme/display_objects/documents/mspi_purposearea1.pdf) to focus on community and organizational needs assessment and strategic planning. Funded projects address MSPI overall goals #1 and #2 (/mspi/aboutmspi/) and specifically address the following two required objectives:

1. Assess and develop strategic approaches of leveraging community and organizational resources to address suicide and methamphetamine use; and
2. Develop data sharing systems for continuous assessment and strategic planning.
Indian Health Service (/index.cfm)

Purpose Area 2

IHS awarded 45 projects under MSPI Purpose Area 2 ([mspi/includes/themes/newhstheme/display_objects/documents/mspipurposearea2.pdf] [PDF - 40 KB]) to address Suicide Prevention, Intervention and Postvention. Funded projects address MSPI overall goals #3 and #5 ([mspi/aboutmspi/]) and specifically address the following eight required objectives:

1. Expand available behavioral health care treatment services;
2. Foster coalitions and networks to improve care coordination;
3. Educate and train providers in the care of suicide screening and evidence-based suicide care;
4. Promote community education to recognize the signs of suicide, and prevent and intervene in suicides and suicidal ideations;
5. Improve health system organizational practices to provide evidence-based suicide care;
6. Establish local health system policies for suicide prevention, intervention, and postvention;
7. Integrate culturally appropriate treatment services; and
8. Implement trauma informed care services and programs.

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https://www.ihs.gov/mspi/aboutmspi/purposearea2/
Indian Health Service (/index.cfm)

Purpose Area 3

IHS awarded 19 projects under MSPI Purpose Area 3 (/mspi/includes/themes/newihstheme/display_objects/documents/mspi_purposearea3.pdf) to address Methamphetamine Prevention, Treatment, and Aftercare. Funded projects address MSPI overall goals #4 and #5 (/mspi/aboutmspi) and specifically address the following eight required objectives:

1. Expand available behavioral health care treatment services;
2. Foster coalitions and networks to improve care coordination;
3. Educate and train providers in the care of methamphetamine and other substance use disorders;
4. Promote community education to prevent the use and spread of methamphetamine;
5. Improve health system organizational practices to improve treatment services for individuals seeking treatment for methamphetamine and other substance use disorders that contribute to suicide;
6. Establish local health system policies to address methamphetamine use and other substance use disorders that contribute to suicide;
7. Integrate culturally appropriate treatment services; and
8. Implement trauma informed care services and programs.

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Purpose Area 4

Additional MSPI Awards Announced

IHS awarded 108 projects under MSPI Purpose Area 4 (/mspi/includes/themes/newihstheme/display_objects/documents/mspipurposearea42017.pdf) [PDF - 46 KB] to promote early intervention strategies and implement positive youth programming aimed at reducing risk factors for suicidal behavior and substance abuse. Funded projects address MSPI overall goal #6 (/mspi/aboutmspi) by working with Native youth, up to and including age 24, on the following four required objectives:

1. Implement evidenced-based and practice-based approaches to build resiliency, promote positive development, and increase self-sufficiency behaviors among native youth;
2. Promote family engagement;
3. Increase access to prevention activities for youth to prevent methamphetamine use and other substance use disorders that contribute to suicidal behaviors, in culturally appropriate ways; and
4. Hire additional behavioral health staff (i.e., licensed behavioral health providers and paraprofessionals, including but not limited to peer specialists, mental health technicians, and community health aides) specializing in child, adolescent, and family services who will be responsible for implementing project activities that address all of the required objectives listed.*

*NOTE: In Fiscal Year (FY) 2016, IHS received additional funds specifically for MSPI Purpose Area #4 to continue work with Native youth. Objective #4 was added to the FY 2016 new funding opportunity announcements, and newly funded applicants will be required to hire additional behavioral health staff as part of their MSPI project.

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YouTube (https://www.youtube.com/user/IHSGov)
About DVPI

In 2010, the Indian Health Service (IHS) began the Domestic Violence Prevention Initiative (DVPI) as a pilot demonstration project for 65 awarded IHS, tribal, and Urban Indian Health Programs.

In 2015, the DVPI became a grant and federal award program with a five year funding cycle. During this period, IHS awarded 57 grants and federal program awards.


DVPI now funds 77 projects for a total of $10,450,171 [PDF 45 KB] to tribes, tribal organizations, Urban Indian Organizations, and IHS federal facilities to meet the following goals:

- Build tribal, Urban Indian Health Programs and federal capacity to provide coordinated community responses to American Indian and Alaska Native victims of domestic and sexual violence.
- Increase access to domestic and sexual violence prevention, advocacy, crisis intervention, and behavioral health services for American Indian and Alaska Native victims and their families.
- Promote trauma-informed services for American Indian and Alaska Native victims of domestic and sexual violence and their families.
- Offer health care provider and community education on domestic violence and sexual violence.
- Respond to the health care needs of American Indian and Alaska Native victims of domestic and sexual violence.
- Incorporate culturally appropriate practices and/or faith-based services for American Indian and Alaska Native victims of domestic and sexual violence.

The DVPI promotes the development and implementation of evidence-based and practice-based models of domestic violence prevention that are also culturally competent. The DVPI also expands outreach and increases awareness by funding projects that provide victim advocacy, intervention, case coordination, policy development, community response teams, sexual assault examiner programs, and community and school education programs.
Purpose Area 1

IHS has awarded 70 projects under DVPI Purpose Area 1 [PDF - 25 KB] to address domestic and sexual violence prevention, advocacy, and coordinated community responses. Funded projects address the following eight broad objectives:

- Expand crisis intervention, counseling, advocacy, behavioral health, and case management services to victims of domestic and sexual violence;
- Foster coalitions and networks to improve coordination and collaboration among victim service providers, healthcare providers, and other responders;
- Educate and train service providers on trauma, domestic violence, and sexual assault and its impact on victims;
- Promote community education for adults and youth on domestic and sexual violence;
- Improve organizational practices to improve services for individuals seeking services for domestic and sexual violence;
- Establish coordinated community response policies, protocols, and procedures to enhance domestic and sexual violence intervention and prevention;
- Integrate culturally appropriate practices and/or faith-based services to facilitate the social and emotional well-being of victims and their children; and
- Implement trauma informed care interventions to support victims and their children.
Purpose Area 2

IHS has awarded 7 projects under DVPI Purpose Area 2 to provide forensic healthcare services. Funded projects address the following eight broad objectives:

- Expand available medical forensic services to victims of domestic and sexual violence;
- Foster coalitions and networks to improve coordination and collaboration among forensic healthcare programs to ensure adequate services exist either on-site or by referral for victims of domestic and sexual violence 24/7 year round;
- Educate and train providers to conduct medical forensic examinations;
- Promote community education on available medical forensic services;
- Improve health system organizational practices to improve medical forensic services and care coordination among victims services;
- Establish local health system policies for sexual assault, domestic violence, and child maltreatment;
- Integrate culturally appropriate treatment services throughout the medical forensic examination process; and
- Implement trauma informed care interventions to support victims and their children.
Evidence Based Programs / NREPP

The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online database of mental health and substance abuse interventions. All interventions in the registry have met NREPP’s minimum requirements for review and have been independently assessed and rated for Quality of Research and Readiness for Dissemination.

The purpose of NREPP is to help the public learn more about available evidence-based programs and practices and determine which of these may best meet their needs. NREPP is one way that SAMHSA is working to improve access to information on evaluated interventions and reduce the lag time between the creation of scientific knowledge and its practical application in the field.

NREPP is a voluntary, self-nominating system in which intervention developers elect to participate. There will always be some interventions that are not submitted to NREPP, and not all that are submitted are reviewed. In addition, new intervention summaries are continually being added, so the registry is always growing. Please check back regularly to access the latest updates.

Continue to NREPP >

Last Updated: 09/18/2014
Evidence-Based Practices

Contents

Information and resources related to evidence-based programs and policies

- **Advisory Committee on Immunization Practices (ACIP)**
  A group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States

- **CDC Guidelines and Recommendations** (http://stacks.cdc.gov/cbrowse/?parentid=cdc:100&pid=cdc:100&type=1&facetRange=960)
  One-stop shop for guidelines or recommendations developed by CDC (and CDC collaborations with other organizations and agencies), or by CDC federal advisory committees; includes recommendations, strategies, and information to help decision makers choose courses of action in specific situations

- **Prevention of HIV/AIDS, Viral Hepatitis, STDs, and TB Through Health Care Website** (http://wwwdev.cdc.gov/nchstp/PreventionThroughHealthCare/Index.htm)
  Information on policies and practices that leverage the healthcare system to help prevent HIV/AIDS, viral hepatitis, STD, and TB infections

- **Compendium of Proven Community-Based Prevention Programs** (http://healthyamericans.org/report/110)
  Compendium of 79 evidence-based disease and injury prevention programs that have saved lives and improved health

- **Guide to Community Preventive Services (The Community Guide)** (http://www.healthleadsership.org/)
  Resource that helps users choose evidence-based programs and policies to improve health and prevent disease in communities

- **Prevention Status Reports**
  Reports that highlight—for all 50 states and the District of Columbia—the status of public
health policies and practices designed to prevent or reduce 10 important public health problems

- **US Preventive Services Task Force**
  ([http://www.uspreventiveservicestaskforce.org/Page/Name/home](http://www.uspreventiveservicestaskforce.org/Page/Name/home))

  Independent panel of nonfederal experts in prevention and evidence-based medicine that conducts scientific evidence reviews of a broad range of clinical preventive health care services and develops recommendations for primary care clinicians and health systems

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**Zika Virus Update**

**CDC Anniversary 7 Decades of Firsts**

**Send Anonymous Website Feedback**

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Page last reviewed: November 9, 2015

Page last updated: November 9, 2015

Content source: Office for State, Tribal, Local and Territorial Support ([stltpublichealth/index.html](http://stltpublichealth/index.html))
IHS Awards $16.5 Million in Grants to Support Behavioral Health Programs

Indian Health Service (IHS) made awards to four behavioral health programs serving American Indians and Alaska Natives across the United States. The four programs are Substance Abuse and Suicide Prevention (SASP) and Domestic Violence Prevention Program (DVPP), as well as Behavioral Health Integration Initiative (BH2I) and the Preventing Alcohol-Related Deaths (PARD), which are both new programs.

“These awards will address the critical behavioral health needs seen in our tribal clinics, hospitals and Native communities,” said Rear Adm. Michael D. Weahkee, acting director of the Indian Health Service. “IHS is committed to providing resources to facilities to provide coordinated community responses, increase access to preventive care, integrate behavioral health with primary care, provide alcohol detoxification services, and incorporate culturally appropriate practices and services to our patients.”

Substance Abuse and Suicide Prevention Program

The SASP funding opportunity provides culturally appropriate prevention and early intervention strategies aimed at reducing suicide and substance use and misuse among Native youth up to age 24. Funded projects work to implement evidence-based, practice-based, and emerging practices to build resiliency, foster positive development, and promote family engagement. IHS awarded $5.6 million to 43 projects.

The following IHS facilities, tribes, tribal organizations and Urban Indian Organizations received funding:

- Absentee Shawnee Tribe of Oklahoma, $236,407
- Aleutian Pribilof Islands Association, Inc., $299,828
- American Indian Health & Services, Santa Barbara, California, $200,000
- American Indian Health Service of Chicago, Inc., $115,000
- Anadarko Indian Health Center, Anadarko, Oklahoma, $296,157
- Bad River Band of Lake Superior Chippewa Indians, Odanah, Wisconsin, $136,919
- Bay Mills Indian Community, Brimley, Michigan, $100,948
- Cook Inlet Tribal Council, Alaska, $141,828
- Copper River Native Association, Copper Center, Alaska, $155,346
- Council of Athabascan Tribal Governments, Alaska, $100,000
- Cow Creek Band of Umpqua Tribe of Indians, Roseburg, Oregon, $27,667
- Eastern Aleutian Tribes, Alaska, $299,038
- Eastern Shawnee Tribe of Oklahoma, $50,000
- Gerald L. Ignace Indian Health Center, Milwaukee, Wisconsin, $100,000
- Grand Traverse Band of Ottawa & Chippewa Indians, Peshawbestown, Michigan, $42,950
- Ho-Chunk Nation, Black River Falls, Wisconsin, $125,000
• Indian Health Board of Minneapolis, $51,657
• Indian Health Care Resource Center of Tulsa, Oklahoma, $107,035
• Indian Health Center, Inc. Lincoln, Nebraska, $100,000
• Iowa Tribe of Kansas and Nebraska, $50,000
• Kenaitze Indian Tribe, Kenai, Alaska, $250,000
• Kiowa Tribe of Oklahoma, Carnegie, Oklahoma, $152,258
• Kyle Health Center, Kyle, South Dakota, $144,454
• Native American Community Health Center (Phoenix), $190,064
• Northwest Portland Area Indian Health Board, Portland, Oregon, $27,666
• Norton Sound Health Corporation, Nome, Alaska, $275,858
• Oklahoma City Indian Clinic, $151,811
• Orutsaramiut Native Council, Bethel, Alaska, $239,097
• Passamaquoddy Indian Township, Maine, $25,000
• Phoenix Indian Center, $197,443
• Port Gamble S'Klallam Tribe, Kingston, Washington, $132,332
• Prairie Band of Potawatomi Nation, Mayetta, Kansas, $300,000
• Pribilof Islands Aleut Community of St. Paul Island, Alaska, $118,500
• Ramah Navajo School Board, Inc., Pinehill, New Mexico, $50,000
• Seattle Indian Health Board, $100,000
• SouthEast Alaska Regional Health Consortium, Juneau, Alaska, $50,000
• Southern Indian Health Council, Inc., Alpine, California, $50,000
• Southern Ute Indian Tribe, Ignacio, Colorado, $50,000
• Taos Pueblo Central Management System, Taos, New Mexico, $50,000
• White Earth Band of Chippewa Indians, White Earth, Minnesota, $11,750
• Winnebago Tribe of Nebraska, Winnebago, Nebraska, $90,997
• Wyandotte Tribe of Oklahoma, Wyandotte, Oklahoma, $102,803
• Yankton Sioux Tribe Boys and Girls Club, Yankton, South Dakota, $96,193

Domestic Violence Prevention Program

The DVPP funding opportunity expands outreach and increases awareness of domestic and sexual violence, provides victim advocacy, intervention, case coordination, policy development, community response teams, community and school education programs, and forensic healthcare services. IHS awarded $2.9 million to 20 projects.

The following IHS facilities, tribes, tribal organizations and Urban Indian Organizations received funding:

• California Rural Indian Health Board, Inc., Sacramento, California, $144,000
• Confederated Tribes of Siletz Indians, Siletz, Oregon, $125,000
• Crownpoint Health Care Facility, Crownpoint, New Mexico, $200,000
• Fairbanks Native Association, Fairbanks, Alaska, $200,000
• Five Sandoval Indian Pueblos, Inc., Rio Rancho, New Mexico, $150,000
• Kawerak, Inc., Nome, Alaska, $207,341
• Minneapolis American Indian Center, Minnesota, $100,000
• Nebraska Urban Indian Health Coalition, Inc., Omaha, Nebraska, $100,000
• Nevada Urban Indians, Inc., Reno, Nevada, $100,000
• Nez Perce Tribe, Lapwai, Idaho, $50,012
• Northwest Portland Area Indian Health Board, Portland, Oregon, $27,666
• Norton Sound Health Corporation, Nome, Alaska, $275,858
• Oklahoma City Indian Clinic, $151,811
• Orutsaramiut Native Council, Bethel, Alaska, $239,097
• Passamaquoddy Indian Township, Maine, $25,000
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• Seattle Indian Health Board, $100,000
• SouthEast Alaska Regional Health Consortium, Juneau, Alaska, $50,000
• Southern Indian Health Council, Inc., Alpine, California, $50,000
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• Seattle Indian Health Board, $100,000
• SouthEast Alaska Regional Health Consortium, Juneau, Alaska, $50,000
• Southern Indian Health Council, Inc., Alpine, California, $50,000
• Southern Ute Indian Tribe, Ignacio, Colorado, $50,000
• Taos Pueblo Central Management System, Taos, New Mexico, $50,000
• White Earth Band of Chippewa Indians, White Earth, Minnesota, $11,750
• Winnebago Tribe of Nebraska, Winnebago, Nebraska, $90,997
• Wyandotte Tribe of Oklahoma, Wyandotte, Oklahoma, $102,803
• Yankton Sioux Tribe Boys and Girls Club, Yankton, South Dakota, $96,193
• Paiute Indian Tribe of Utah, Cedar City, Utah, $166,321
• Pawnee Tribe of Oklahoma, Pawnee, Oklahoma, $200,000
• Phoenix Indian Medical Center, Phoenix, Arizona, $199,997
• Pine Ridge Indian Hospital, Pine Ridge, South Dakota, $80,000
• Red Cliff Band of Lake Superior Chippewa, Red Cliff, Wisconsin, $204,000
• Sisseton Wahpeton Oyate, Agency Village, South Dakota, $200,000
• Urban Indian Center of Salt Lake, Salt Lake City, Utah, $100,000
• Utah Navajo Health System, Inc., Montezuma Creek, Utah, $194,500
• Winnebago Tribe of Nebraska, Winnebago, Alaska $50,000

Behavioral Health Integration Initiative

The BH2I is a new funding opportunity at IHS and will assist awardees to plan, develop, implement, and evaluate behavioral health integration with primary care. Projects will operate on a 3-year funding cycle. IHS awarded $6 million to 12 projects.

The following IHS facilities, tribes, tribal organizations and Urban Indian Organizations received funding:

• Choctaw Nation of Oklahoma, Durant, Oklahoma, $500,000
• Ho-Chunk Nation, Black River Falls, Wisconsin, $500,000
• Indian Health Board of Minneapolis, Inc., $500,000
• Indian Health Center of Santa Clara Valley, San Jose, California, $500,000
• Kodiak Area Native Association, Kodiak, Alaska, $500,000
• Muscogee Creek Nation, Okmulgee, Oklahoma, $500,000
• Northern Cheyenne Tribe, Lame Deer, Montana, $500,000
• Red Lake Hospital, Red Lake, Minnesota, $500,000
• Rocky Boy Health Board, Box Elder, Montana, $500,000
• South Dakota Urban Indian Health, Inc., Pierre, South Dakota, $500,000
• United American Indian Involvement, Los Angeles, California, $500,000
• Yellowhawk Tribal Health Center, Pendleton, Oregon, $500,000

Preventing Alcohol-Related Deaths

The new Preventing Alcohol-Related Deaths (PARD) grants will increase access to social detoxification, evaluation, stabilization, fostering patient readiness for and entry into treatment for alcohol use disorders and, when appropriate, other substance use disorders. Organizations that qualified for the grant must have a fully operational and staffed social detoxification program that primarily serves Indians. Projects will operate on a 5-year funding cycle. IHS will award $2 million to two projects.

The following tribe and city received funding:

• City of Gallup, Gallup, New Mexico, $1,500,000
• Oglala Sioux Tribe, Pine Ridge, South Dakota, $500,000

The IHS Division of Behavioral Health serves as the primary source of national advocacy, policy development, management and administration of behavioral health, alcohol and substance abuse, and family violence prevention programs.
The IHS, an agency in the U.S. Department of Health and Human Services, provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives. Follow the agency via social media on Facebook and Twitter.

###
ATTACHMENT F
Attachment for MSPI/DVPI Report

The MSPI/DVPI programs are well known in their communities and are successful partners with local schools, churches, Chapter Houses, community offices and departments like the local police departments, social services programs, shelters, and other health and services programs that provide assistance to the communities. These partnerships with others provide additional support, services and extended reach so more community members can be served. This is an important component for the programs because it is part of their successes they report on at the end of each year.

NAIHS and the Navajo Nation are important supporters for the programs. The MSPI and DVPI programs on Navajo are housed within various Federal and Navajo Nation facilities. There are MSPI and DVPI programs located within 638 facilities at Fort Defiance, Tuba City, Winslow and the Utah Navajo Health Systems, Inc. This support is critical as the MSPI and DVPI programs work toward sustainability. Some of the programs have been able to make their program positions permanent and an integrated part of the total facility or existing facility program. Others employ the “train the trainer” concept to increase the number of trained staff by including non MSPI/DVPI program staff that work within the same purposes, thus expanding trainers to many other tribal and Federal health and prevention programs. Some other programs have applied for other grants and receive additional funds to help expand their reach and services to community members. Some of the Navajo Nation MSPI and DVPI programs have internal funding they use for staffing, thereby applying all MSPI/DVPI funds to program activities.

The accomplishments of the Navajo Area MSPI/DVPI programs include successful outreach that can be demonstrated by the number of people that attend events such as trainings, presentations, youth programs, and those that request additional services after a successful event. Success is also demonstrated by the individuals whose lives were changed after interactions with an MSPI/DVPI program.

An example of a very successful MSPI program that has changed lives is the Crownpoint MSPI program that started with initial funding back in 2010. This community was one of the first on Navajo to experience a large suicide epidemic that mobilized the MSPI program and the community. After several years of work and adjusting to what worked best, the Crownpoint MSPI program and the community (Chapter house, local Police Department, NN Social Services program, Federal mental health program and others) now have an integrated Crisis Response Team that is able to respond on a 24-hour basis to suicide events. However successful, the MSPI program administrators point out that this ability to provide 24-hour services requires constant work and monitoring to ensure response and availability of responders and providers as needed. The Crownpoint MSPI program has also mobilized to build prevention sources of assistance and support for their community by building programs such their Peer Helpers program that is now a permanent fixture in a number of schools in their community. They are currently working on integrating an anti-bullying program/system into their schools as bullying can be a suicide factor for youth.

Also successful, are the SANE/SART programs located in three facilities to date, with more in the works. Before the DPVI funding, NAIHS facilities depended on referred forensic sexual assault services to distant and offsite facilities. As a result of DVPI funding and dedicated staff, the Navajo Area SANE/SART programs are growing and supporting more local and streamlined services.
Listed below are successes identified by the programs that responded to the question, “Please describe one major success for your program.”

- “One major success for our program is serving our community by doing forensic sexual assault exams at our facility and having almost a 100% coverage at our local hospital.”

- “Our successful traditional program has been the Ama’ Doo’ Azhei’ Dilzin (ADAD) which also uses Dine’ cultural spiritual and faith practices. The ADAD program is conducted with healing results. The ADAD is a multi-organization family program functioning in different communities, all held during the summer.”

- “Volunteer Advocate Training in the last 4 years and the opening of the SANE room at NNMC. Also training of Navajo Nation CHR’s and Health Educators using a Sexual Violence prevention curriculum.”

- “The CPSU has gained a significant amount of national recognition for the Eastern Navajo Suicide Crisis Response Postvention Team and the Peer Helpers Program. The Peer Helpers Program has been recognized as a vital club in each of the McKinley County School District/CPSU high schools: Crownpoint, Thoreau and Tse’Yi’Gai. Over 75 Peer Helpers have been trained on effective helping skills and as a result have helped hundreds of students over the past years in their respective high schools. The Peer Helpers have become the bridge between youth in crisis and healthcare services by helping to fill the gap of limited professional counselors, mental health therapist and laws enforcement officers, as they are able to intervene and help students before problems escalate.”

- “Currently, storytelling and craft making is used for primary prevention work. Contractors as well as the FDIH Cultural Liaison conduct monthly sessions in community locations to provide information on Navajo epistemology in relation to self-identity, self-care and purpose to community.”

- “One major success for our program over the past year has been providing a suicide prevention training called SafeTALK for 535 teachers and staff for Tuba City Boarding School, Tuba City Unified School District and Rocky Ridge Boarding School, also high school and college students working during the summer for their local chapters.”

- “We have successfully integrated better screening practices for depression and substance abuse into our primary care clinic. These screening efforts have helped to provide services to patients who normally would not have sought out mental health services. Our behavioral health coaches have also been trained in mindfulness based stress reduction practices. These mindfulness practices have been well accepted by our patients and they have provided positive feedback as to how they have incorporated these practices into their lives.”

- “We have a full time traditional practitioner integrated into our Behavioral Health Department. He sometimes meets with patients and their therapist; he uses hand trembling to diagnosis, provides minor ceremonies and is currently involved in a major project we are doing to provide traditional health information for a website we are building that is called We Are Navajo. The website will contain a comprehensive list of community resources, calendar of events,
information on health and behavioral health topics from a Western perspective and the Navajo traditional.”

- “One major success for our program, is the BCOH (Building Communities of Hope). Through this effort, we began to open a dialogue among the youth to talk about societal issues, including suicide, and to ask for and receive help that they may need for themselves, a family member, or a friend. In our goals and objectives, we decided to include as part of our activities, the Navajo Traditional/Cultural Summit designed for Navajo youth to develop strong foundational identities as Dine’, to incorporate traditional teachings in their lives for character and positive behavior development and to preserve practices, customs, and the Navajo language (Dine’ Bizaad).”

The National MSPI/DVPI administrators are working to strengthen the data component of the local programs by providing funding and working closely with the Tribal Epidemiology Centers (Epi Centers) in the 12 IHS Areas across the country. The Epi Centers provide data and evaluation support to the MSPI and DVPI programs to strengthen efforts and build on those programs and activities that have impact and are most successful.

The future of the MSPI and DVPI programs on Navajo is very promising. The programs are reaching more people, basing their work on research, using Traditional Practices, employing evidence based programs, and using evaluation to determine what is working well.

Following are some recent recommendations from the MSPI and DVPI programs on Navajo. These recommendations are based on experience and need as the programs work to implement their goals and objectives as required when they accepted the MSPI and DVPI funding.

The question asked of the programs was “Do you have a request or recommendation you would like to share based on your MSPI/DVPI program work experience, something that would help you in your efforts?”

- “I would like to organize my collected data using a user friendly software. My current software makes it difficult to work with what I have gathered so far.”
- “The We R Family has been the most successful program with many partners. However, we still struggle with getting food donated.”
- “The Acquisitions process has prevented the program from achieving the goals and objectives. Too much time is spent on this process and paperwork instead of the needed community work.”
- “We believe there is a need for a Navajo Nation wide Parenting Program with funds to support parenting classes and on-going support groups to help our young families who have so many disparities to contend with. Until we can go back to teaching values, and parenting skills, then we can start to build developmental assets in our children so that they can grow up to be healthy and successful in their education and future.”
- “Training in health systems use and information on levels of access such as EHR, RPMS etc. would be helpful. Established agreements between NN Public Safety Departments and IHS to share information/data and train staff. Established agreements between NN and IHS for use of
facilities to carry out training and any necessary meetings for success of project goals and objectives would also be beneficial. A finalized version of the reporting template prior to the start of programming would be beneficial so as to customize any data collection tools created for the program."

- “The MSPI staff would like to be able to have more meetings and trainings out here in our area (Tuba City). The traveling distance is far and most of the time we have an event or training going on. The notification of any trainings or meetings needs to be announced a lot sooner so that we can plan for that time to be there.”

- “We have had a lot of trouble hiring staff in a timely manner. Since the grant positions were initially TERM temporary positions, the job announcements needed to be posted via Navajo Area office. HR seems overwhelmed and it has taken months to years to get positions posted. Once posted, then it takes a long time to get a CERT after the position has closed. Some of the applicants had already found other jobs since they had originally applied months ahead of time. Now that we have converted the positions to permanent within our service unit, my hope is that we can work with HR locally and not have these issues come up. HR in general seems to need more support.”

- “We think our website may be a resource that eventually could be duplicated in other sites across Navajo Nation. We are building it with that in mind. We would offer to share the structure and content with others if requested.”

- “One recommendation that we would like to share based on our MSPI program work experience, would be to have a more flexible internal procurement process for our MSPI GEN-I services so that we can implement our services and fulfill our goals and objectives in a timely manner.”

The Navajo Area MSPI and DVPI program are funded through FY2020. The Navajo Area IHS and others look forward to their continued success.