Pink Salmon Can Size Change

The can size for pink salmon has changed from 7.5 oz. cans to 5 oz. cans.

Client Education

WIC clients have been provided a flyer describing the declared brands of milk, cheese and eggs and the minimum size of cold cereal. Clients have also been informed to look for the WIC Approved labels to assist them in identifying the declared brands.

Cashier Education

Please make sure to educate your cashiers on the new changes and keep a copy of the Food List Insert Flyer with the current food list at each cash register.

Minimum Stock Requirements, Sanction Schedule and Vendor Manual Revised

The Minimum Stock Requirements, Vendor Sanction Schedule and Vendor Manual have been updated to reflect the changes described in this WIC Alert. The revised Minimum Stock Requirements and Vendor Sanction Schedule effective July 1, 2013, is available on the ITCA WIC website at http://itcaonline.com/?page_id=4465

If you have any further questions or concerns regarding this WIC Alert, please contact the Vendor Coordinator at 602-258-4822 or by email at crystalina.corona@itcaonline.com
Hualapai Tribal Youth Council

May 2013

On Saturday May 4th the Peach Springs Route 66 Committee hosted the Route 66 Fun Run as it passed through Peach Springs from Holbrook to Topock/Golden Shores. As the classic car arrived a BBQ lunch was provided by Diamond Creek Restaurant. Bird Singing & Dancing and live entertainment were enjoyed by all those who attended the activities.

As part of the activities the Cultural Resource Department held a Children's Art Expo featuring various mediums of art from local children. Youth Council Members were on hand to offer tours to visitors and walk them through the exhibits. It was amazing to see how many visitors the community had during the fun run.

Arizona Governor's Youth Commission Leadership Day

The Arizona Governor's Youth Commission hosted its 7th Annual Youth Leadership Day on the campus of Grand Canyon University in Phoenix, Arizona. The theme of the day was, "A Passion To Serve."

This one-day youth leadership conference was filled with valuable workshops facilitated by great presenters. One workshop attended was "Building Your Team For Success." The workshop was geared toward helping leaders identify key items needed for a successful leadership team. The workshop helped leaders identify challenges (not weaknesses) such as clear communication and accountability when leading a group of peers. Through multimedia and an interactive learning environment, leaders learned to engage their peers to make an impact.

The workshop was facilitated by Renata Rogers, Program Coordinator, African American Men of Arizona State University which is a AVID student organization and High School-to-College Program focused on increasing the recruitment, retention, and graduation rates of African American male high school and college students.

This leadership day gave the Youth Council the opportunity to work and learn with their peers from other races and cultures as this was a statewide conference many other Youth Councils from cities and towns were present.

Hualapai Tribal Youth Council

May 2013

Mother's Day Craft Night

On Thursday May 9th in Peach Springs, Arizona the Recreation Committee hosted a craft night at the tribal gym for children of the community to create gifts for Mother's Day. The Youth Council participated by doing a sand art craft. There were 30 children who attended the craft night. Various crafts were offered by other tribal programs. This night was enjoyed by the children as they also learned various crafts and skills. We hope Mother's enjoyed the gifts that were created.

Hakuna Matata End of School Year Youth Conference

The Youth Council planned and hosted a end of school year youth conference in Peach Springs, Arizona May 28th to the 31st. The theme for the conference was Hakuna Matata! It means no worries for the rest of your days, it’s our problem free philosophy. The event started with a Tuesday evening talent and hygiene show starring Robert Johnson and members of the community. The show was absolutely hilarious with a lot of laughter and audience participation. Too bad those who were hypnotized do not remember anything!

The next three days were filled with conference activities facilitated by Youth Services, Pete Imus, Injury Prevention, Lender Hileman, Cultural Resources, Bennett Jackson and Dr. Dave Hartman, Wild Land Fire Incident Commanders, Melvin Hunter, Jr., Hands on Banking with Wells Fargo, Effective Communication for the Real World, Erin Taylor, First Things First, We are the Yavapia, Zach Pacha-Dolsa, Fort McDowell Cultural Department and Higher Education, Candice Hunter. At the conference Youth Council held a special VC meeting and delivered a midyear report. Each morning started with 6:00AM morning blessings and physical activities. Evening activities included a 3 on 3 basketball tournament, a bird gathering and BBQ and Dances. The Youth Council would like to thank all those who facilitated workshops, participated in the conference, sang and danced. Also a big Hanky to Youth Council Parent, Brian Sumimino for doing the grilling for the BBQ!
Community Health Representative
Hualapai Tribe
Department of Health, Education and Wellness
First Quarter
January 1 to March 31, 2013

The Community Health Program (CHR) in Peach Springs is continuing to grow. We now have a complete staff. There are two full-time workers, two part-time workers, and a supervisor here two days a week. It is a busy office addressing many patient concerns every day of the week. We are also working with other programs to promote wellness and improved care for the community. All these things take time but the CHR workers are very enthusiastic and wish to make things better for the community. Our last worker was hired in mid February of 2013.

As a result of the full staff, the high-risk persons in the community have experienced time and appropriate attention. They have gotten to their appointments, received professional attention when they needed it, plus many other needs such as medicine deliveries, securing wood for elders in need, connecting persons with needed resources, checking on well being of shut ins, helping complete needed forms for services of all types and assist with rides to clinic if transport is not available. A great deal of time is needed to complete the CHR RPMS charting requirements per person that receives services. Four have received class-based RPMS Training and all have received computer classes in the RPMS for CHRs.

Budget

| Salaries and Wages | $65,187.20 Budgeted for 2013 |

The Indian Health Service appropriated $101,239.00 for the Hualapai CHR Program. Of this amount, $65,187.20 is for salaries. The remainder fo the funding is used for FICA, SUTA, WC, Health Insurance, Drug Screening, Pension, Travel/Training, Program Supplies, Materials and Supplies, GSA Rental Vehicle Expense, Insurance, and Equipment.

CHR responsibilities have expanded, specialized training has improved their knowledge. The community has learned to call on them for a great variety of reasons relating to health. They are doing their job well. The hourly pay for three of them is $9.27 per hour. I believe they deserve an increase in salary. Normally there is an increase after taking the Basic CHR Class. There has not been a CHR Class to send them to in the two years I have been a CHR Supervisor. I believe they deserve an increase in pay even though they haven’t had this class. I, a public
health nurse have worked with them from the start and have guided them when needed. It would be sad for the community to lose these dedicated, hard-working people.

Accomplishments This Quarter

CHRs have had training for entering their patient services in the RPMS Program. This creates a lot more work for them but creates a very comprehensive report of services done by them and gets their work into the Indian Health Service RPMS System. This is a goal for all CHR Programs across the country. As of March 31, 2013, all our CHR's except one have not been able to enter data into the system for various reasons, mainly not getting access to it. This access has to come from outside the CHR Program and is complicated but we should get our special codes and be allowed on it soon. Meanwhile CHR's are hand writing their reports and will have to enter all reports when the system is available. This will cause a time consuming back up of work but cannot be avoided. They have accomplished the training but not access to the system they were trained to use.

Head Lice checks were done on all grade school children on February 28th. We plan another check in late April or early May.

CHR's have been working closely with the Indian Health Service Public Health Nurse at the clinic. It has been beneficial to everyone. The public health nurse helps CHR's work closely with the clinical staff at the clinic, patients receive combined care from both services, the CHR's learn from this professional person, and she learns from them.

All CHR data from CHR's working in 2012 was entered into RPMS System by a CHR who was not well enough to keep up with the physical work for a few months. She entered work for persons working most or part of 2012 except the three new persons who did not have access to the system and started very late in the year.

CHR's are in the community more. People have more services.

Trainings

Two CHR's attended the Professional Tools for Caregivers Conference in Phoenix. They were trained to give classes to the caregivers in order to keep up their strength, positive attitude, and ability to continue caring for their patient or family member.

Two CHR's attended a Communicate with Tact and Professionalism class in Las Vegas.

CHR's completed the Security Awareness Course, a requirement for RPMS access.
CHRs attended the Accu-check Certification Training at the Peach Springs Clinic given by a representative from Accu-check.

One CHR completed the National Child Passenger Safety Training.

One attended the RPMS PCC training in Tucson and one attended in Phoenix. All attended RPMS trainings on the Web.

Attended Lunch and Learn: Cancer given by Healthy Heart.

Attended Lunch and Learn: Bladder Infections and Antibiotics given by Healthy Heart.

Some attended the ACE Training at Health, Education and Wellness regarding the effect on family member, child when exposed to violent family behavior, alcohol, drugs.

Those needing it took a HIPPA Training which covers the health privacy act. This is also required for RPMS access.

We had a training together in cleaning of a nursing bag.

Meetings

All attended PHN/CHR meetings in our office on a monthly basis. Often the clinic PHN was at these meetings. The PHN Supervisor conducted the meeting.

Health, Education and Wellness Staff meetings were attended when possible.

Nutrition Day Meeting was attended to plan for this year's Nutrition Day.

Attended Health, Education and Wellness Prevention Meetings.

One CHR enrolled in Fundamentals of Diabetes Care. This is an online course to learn about Diabetes.

Attended La Paz Meeting and participated in event by Transporting for a full day.

Participated by transporting persons to Mammogram Clinic in Peach Springs during special Mammogram Day.

Other Important Information:

Carol Wostal, CHR Supervisor was sick and absent most of January and February 2013. The CHRs did well to continue working, growing in their jobs, and serving the community.
One CHR went with the elders to the Yuman Language Conference in Prescott. She assisted elders needing help getting from place to place. The Elder Program requested her services at this conference.

CHR Report Data

Most data this quarter was hand tallied as three of five CHRs did not have access to the RPMS system during this quarter. The patient visit count for 1/1/2013 through 3/31/2013 of all CHRs and Supervisor combined is 641.

Problems Noted

The first quarter was a time of learning for the new CHRs. The Supervisor was out sick much of this time. We are continuing the learning process, but the good thing is these CHRs have accomplished much on their own with some help from their Supervisor.

Many persons are on Long Term Care. Most need daily care and are eligible for providers who make about $11.50 an hour. To my knowledge, there are only one or two persons with dependable providers. It is difficult to find persons in the community to fill these positions.

Many persons in the community do not have transportation. The Health, Education and Wellness Department do an awesome job of helping with this problem but they are often taking people to places away from Peach Springs and it takes most of their day. A community transport system would be a wonderful help to the people.

Enclosures

Enclosed is a complete RPMS report of CHR activities in 2012. It lists number of visits per CHR in 2012 as well reasons for visits. The new CHRs are not in the 2012 report because they were not yet given a code to be on the RPMS System with Indian Health Service.

Also enclosed is the CHR charting form that shows most of the individual health problems and the services covered by the Community Health Representative.
Hualapai Adult Detention Center
In-Home Family Support Program
Seeking Safety Inmate Re-Entry and Family Re-Unification Program

The In-Home Family Support Team has spent much of the last five months supporting clients incarcerated in the HADC through the Seeking Safety Program, family re-unification and re-entry into the community (explained below), as well as continuing to support clients and their families in their homes.

The Seeking Safety Program is a present-focused, coping skills model that addresses trauma and/or substance abuse, from the start of treatment. Its major goal is to help clients increase safety in their lives. The model is designed for both genders, and all types of traumas and substances.

The Seeking Safety model is characterized by the following features:

- Integrated treatment of trauma and substance abuse (it can be also be used for either alone);
- Coping-skills oriented (to help increase safety from trauma and substance abuse);
- Present-focused (no exploration or dwelling of trauma details, although it can be used in conjunction with any other treatment);
- Idealistic (to restore hope);
- Evidence-based (the only model thus far established as effective for the dual diagnosis of PTSD and substance use disorder);
- Designed to be engaging (use of quotations, humanistic language, creative exercises);
- Flexible (it offers 25 topics that are each independent of the others; the clinician can do as few or as many topics as there is time for; can be modified and geared toward client/group’s specific needs);
- Clinician-sensitive (addressing countertransference, clinician self-care, and secondary trauma)

The Seeking Safety treatment has been implemented in various settings with men and women including mental health and substance abuse programs, veterans’ hospitals, correctional settings, and residential treatment centers. It is proven successful because it embodies a compassionate tone that HONORS what clients have survived and RESPECTS their strengths.

The goal of the HADC and HEW re-unification support is to guide the inmates, through psychoeducation and family visits, to understand the reasons for their choices and behaviors that lead to the cycle of substance abuse. With this knowledge, the path is then clear to move forward in healing; both for the inmate as well as the family.

The family visitations are part of the re-unification process by allowing families to visit in an environment as “normal” as possible, including inmates dressed in “street clothes” and contact visits. A typical family counseling visit allows for families to converse and “be a family”, while
the remainder is set aside for counseling. When the inmate/client is released from the HADC, the HEW In-Home Family Therapists continue support the family with in-home family therapy.

Although the program is new, The Seeking Safety and Re-Entry Program has united several families through visits. It may also be witness to some clients/inmates feeling some peace and purpose. Our hope is to empower both inmates and families to make choices that will positively affect the future of their families, their children, and their community.

As of May 2, 2013, the In-Home Family Support Team serve the following numbers through the above mentioned program and counseling services. Additional services include mental health trainings for counselors to keep abreast of new treatment modalities in order to better serve the community. In-Home staffing meetings are also held on a continuous as needed basis to ensure each team member is familiar with current needs and support in place for the clients and families.

Year/Month: 2013 January-May

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<th>Topic</th>
<th>Count Primary</th>
<th>Count Family Members</th>
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<td>+</td>
<td>Approx 2 hours each</td>
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<tr>
<td>Family Counseling visitations</td>
<td>85 sessions</td>
<td>+</td>
<td>Approx 2 hours each</td>
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<td>92 sessions 37 clients</td>
<td>~ 110</td>
<td>1 – 2 hours each</td>
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<td>Staff/All Staff Meetings</td>
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<td>1.5 – 2 hours each</td>
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<td>Daily/weekly Email/in-person</td>
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<td>DBT Skills Training, planning and Sessions</td>
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<td>4-6 hours</td>
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<td>Approx 12 days</td>
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<tr>
<td>Other:</td>
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