



Hualapai Tribal Council Updates | Resolutions Adopted

Submitted by: Dr. Damon Clarke | Hualapai Tribe Chairman

Hualapai Tribal Council Updates Resolutions adopted 2017

The following Resolutions have been reviewed, discussed, and adopted by the Hualapai Tribal Council for the months of January and part of February:

Resolution 01-2017 was the adoption of the Hualapai Tribe Elderly Center Policies and Procedures to provide nutritional and supportive services to tribal elders. (January 7, 2017)

Resolution 02- 2017 adopted on January 7, 2017 entitled "Hualapai Elderly Home Policies and Procedures to provide supportive and residential services to tribal elders.

Resolution 03-2017 was not adopted that was to Replace Indian Health Quarters on January 7, 2017.

Resolution 04-2017 was presented and adopted that Canceled Mr. Jerry Havatone's Residential Lease that was granted February 2001. (January 7, 2017)

Resolution 05-2017 was presented and adopted by Council on January 2017 that allowed for Jerry Havatone for a Residential Lease of 4.66 acres located on Route 18, outside the Peach Springs area.

Resolution 06-2017 was presented and adopted by Council on January 2017 that allowed for Er'Linda Havatone for a Residential Lease of 1 acre located in the Peach Springs area.

Resolution 07-2017 was presented and passed to Cancel Ms. Lorinda Steele's Residential Lease of 1.5 acres on January 7, 2017.

The Council approved **Resolution 08-2017** to submit a grant application for Coordinated Tribal Assistance for Fiscal Year 2017.

Resolution 09-2017 was presented and adopted in which the Tribal Council made a Standard Contract Clause Addendum for the Hualapai Tribal Utility Authority.

Resolution 10-2017 was adopted entitled: "A Resolution Recognizing and Authorizing the Chairman, Vice Chairman and Council Members to Engage in Negotiations on Behalf of the Hualapai Tribe in Gaming Compact Negotiations with the State of Arizona". (January 25, 2017)

Resolution 11-2017 was presented and adopted on January 25, 2017 Approving Arizona Tribes 2017 Compact Negotiations Mission Statement and Ground Rules and the Confidentiality Agreement and Authorizing the Members of the Tribal Council and The Tribal Agents Involved in Negotiations to Sign the Mission Statement and Ground Rules.

Resolution 12-2017 was adopted on February 4, 2017 – Hualapai Injury Intervention Program (HIIP) Focus Group Discussions.

Resolution 13-2017 was adopted Rescinding Offer to enter into a 638 Contract to Con-



Inside this issue:

General Information & Events	2
Job Opportunities	14
Education & Training	19
Health & Safety	29
Community Messages	44

Special points of interest:

- Regular Council Meeting on Saturday, March 4, 2017 at 8:03 a.m. in the Hualapai Tribal Chambers.

struct Six Structures in the Box Canyon Subdivision to Serve as Housing Units for IHS Personnel. February 4, 2017.

Resolution 14-2017 was passed which the Hualapai Tribal Council supports and authorizes the application to made to the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Linking Actions for Unmet Needs in Children's Health in American Indian and Alaskan Native Communities, U.S. Territories, and Pacific Jurisdiction Cooperative Agreements on February 4, 2017.

Resolution 15-2017 was adopted which made a Standard Contract Clause Addenda for the Hualapai Tribal Utility Authority on February 4, 2017.

Resolution 16-2017 "Juvenile Detention Contract, Adult Detention Contract, and Law Enforcement Contract" was renewed on February 6, 2017.

Resolution 17-2017 was adopted granting Sophie Welsh a Residential Lease within the Peach Springs area.

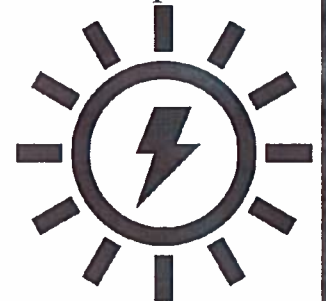
Request for Proposals for Energy Related Studies • RFP Close: Friday, February 24th

Submitted by: Kevin Davidson | Hualapai Planning Department

Request for Proposals for Energy Related Studies

The Hualapai Tribe is soliciting Request for Proposals (RFPs) from qualified firms to perform two separate studies as follows:

- Community-Scale Solar Feasibility Study for electric generation on the reservation. Conducting the study is a prerequisite to the tribe seeking financing and then constructing a solar array.
- Cost of Service Study for electrical utility services on the reservation. Conducting the study is a prerequisite to the tribe taking control of the electrical utility services on the reservation.



The two RFPs close on February 24, 2017, at 4:00 PM Arizona Time. All questions must be submitted in writing and may be sent via email to the individual listed below. All bids shall be submitted to:

Kevin A. Davidson, Director
Hualapai Tribe Planning & Economic Development Department

Mail to: P.O. Box 179 or
Deliver to: 887 W. Highway 66
Peach Springs, Arizona 86434
Phone: (928) 769-1310 Ext. 22
Fax: (928) 769-1377

Or e-mail to: kdavidson@hualapai-nsn.gov and see www.hualapai-nsn.gov for RFP postings

Target of Fraud

Submitted by: Detective Sergeant Roger Felker | Hualapai Nation Police Department

The Hualapai Nation Police Department has taken a few fraud reports recently. One scam being used involves someone who claims to be from the IRS.

According to the IRS, they **DO NOT** initiate contact with taxpayers by e-mail, text or social media channels and DO NOT threaten taxpayers with lawsuits, imprisonment or other enforcement action.

Being able to recognize these telltale signs of a phishing or tax scam could



save you from becoming a victim. If you are contacted by phone from anyone claiming to be from the IRS, hang up and contact the IRS directly using the resources provided at www.irs.gov.

Meeting Announcement for the Northwest Basins Planning Area • Tuesday, February 28th

Submitted by: John Riggins | Arizona Department of Water Resources

Meeting Announcement

The Arizona Department of Water Resources (Department) will hold two public meetings on February 28, 2017, as part of the Arizona Water Initiative Planning Area Stakeholder Process for the Northwest Basins Planning Area. These meetings are the fourth and fifth in a series of meetings to examine water resource demand and water resource challenges for the area. Please note the specific meeting times described below in the meeting details.

The first meeting (11:00am to 12:30pm) will include presentations and discussions about municipal, industrial and agricultural water demand updates for the Northwest Basins Planning Area. This meeting will focus on updating the existing water demand sectors for the Northwest Basins Planning Area.

The second meeting (4:00pm to 6:00pm) will feature presentations and discussion regarding the Department's response to stakeholder's requests from past meetings. There will also be an opportunity for stakeholders to provide information about their water concerns to the Department during small group discussions and general comment.

1st Meeting Details:

Date: February 28, 2017
Time: 11:00 a.m. to 12:30 p.m.
Location: Building 200, Multipurpose Room (240)

2nd Meeting Details:

Date: February 28, 2017
Time: 4:00 p.m. to 6:00 p.m.
Location: Building 200, Multipurpose Room (240)

Mohave Community College - Neal Campus, 1971 Jagerson Ave. **Kingman, Arizona 86409**

These meetings and future meetings are part of Governor Ducey's Water Initiative for the State. Through the Planning Area Stakeholder Process, the Department is working closely with rural areas and local stakeholders to define their water resource challenges and identify strategies that will be successful in assisting with meeting future water demands.

Information regarding the Governor's Water Initiative is available at:
http://www.azwater.gov/AzDWR/Arizona_Water_Initiative/index.htm

For more information regarding this matter, please contact John Riggins at jrriggins@azwater.gov or (602) 771-4782.

Thank you,

John Riggins

Water Resources Specialist | Arizona Department of Water Resources

1110 West Washington Street, Suite 310, Phoenix, Arizona 85007

Phone: 602-771-4782



**PROTECTING ARIZONA'S
WATER SUPPLIES
for ITS NEXT CENTURY**



DIAMOND CREEK RESTAURANT



HAPPY HOUR DRINK SPECIALS

DAILY 230PM-430PM

HALF PRICE

FOUNTAIN DRINKS & SHAKES

Attention all valued guests:

Diamond Creek Restaurant

Will be closing Tuesday, February 28th at 1:30pm
for Staff Appreciation

We will open for dinner at 4:30pm

We apologize for any inconvenience.



Contact Information for Eye Centers • Please Complete Gaming Assistance Application*Submitted by: Marilyn Vaughn | Hualapai Tribal Administration*

VISION CENTERS CONTACT LIST

Desert Family Eye Center
2187 Airway Avenue
Kingman, AZ 86409
(928) 757 – 5005
Mon – Thurs, 8AM to 6PM

Kokopelli Eye Imaging
2403 N. Stockton Hill Road, Suite 1
Kingman, AZ 86401
(928) 771 – 9000
Mon – Thurs, 8AM to 4PM
Fri, 8AM to 1PM

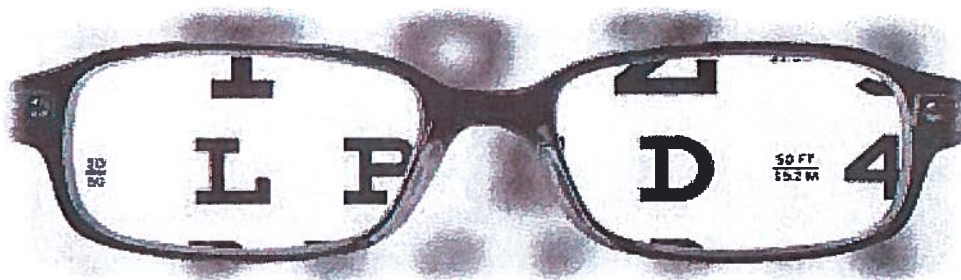
Nationwide Vision
3505 Stockton Hill Road, Suite 180
Kingman, AZ 86409
(928) 757 – 7670
Mon – Fri, 9AM to 6PM
Sat 8AM to 5PM

Riverview Vision
2215 Hualapai Mountain Road
Kingman, AZ 86401
(928) 718 – 1009
Mon – Fri, 9AM to 5PM

Walmart Vision Center
3396 Stockton Hill Road
Kingman, AZ 86401
(928) 681 – 3533
Mon – Sat, 9AM to 6:30PM
Sun, 12PM to 4:30PM

Western Eye Medical Center
3953 Stockton Hill Road
Kingman, AZ 86409
(928) 757 – 3330
Call for hours of operation

****Assistance is available for Tribal members to purchase eyeglasses/contact lenses. Funds are limited to \$275 and/or one pair per Tribal member (annually). Complete a Gaming Assistance Application and attach a quote from the vision center of your choice.****



If you have questions regarding Gaming vision benefits, call Marilyn Vaughn at (928) 769 – 2216 ext. 111.

(Updated 01.26.2017)

Single Family Housing Repair Loans & Grants

Submitted by: Brooke Bender | Hualapai Health, Education & Wellness



Rural Development



Single Family Housing Repair Loans & Grants

What does this program do?

Also known as the **Section 504 Home Repair program**, this provides loans to very-low-income homeowners to repair, improve, or modernize their homes or provides grants to elderly very-low-income homeowners to remove health and safety hazards.

Who may apply for this program?

To qualify, you must:

- Be the homeowner and occupy the house
- Be unable to obtain affordable credit elsewhere
- Have a family income below 50 percent of the area median income
- For grants, be age 62 or older and not be able to repay a repair loan

What is an eligible area?

Generally, rural areas with a population less than 35,000 are eligible. Applicants may check the address of their home to determine eligibility online.

How may funds be used?

- Loans may be used to repair, improve, or modernize homes or to remove health and safety hazards.
- Grants must be used to remove health and safety hazards.

How much money can I get?

- Maximum loan is \$20,000.
- Maximum grant is \$7,500.
- Loans and grants can be combined for up to \$27,500 in assistance.

What are the terms of the loan or grant?

- Loans can be repaid over 20 years
- Loan interest rate is fixed at 1%.
- Full title service is required for loans of \$7,500 or more
- Grants have a lifetime limit of \$7,500.
- Grants must be repaid if the property is sold in less than 3 years
- If applicants can repay part, but not all of the costs, applicants may be offered a loan and grant combination

Is there a deadline to apply?

Applications are available year round as long as funding is available, and are processed in the order they are received.

How long does an application take?

Approval times depend on funding availability in your area. Talk to a USDA home loan specialist in your area for help with the application.

How do I get started?

Contact a USDA home loan specialist in your area.

What law governs this program?

- The Housing Act of 1949 as amended, 7 CFR, Part 3550
- HB-1-3550 - Direct Single Family Housing Loans and Grants Field Office Handbook

NOTE: Because citations and other information may be subject to change please always consult the program instructions listed in the section above titled "What Law Governs this Program?" You may also contact your local office for assistance. You will find additional forms, resources, and program information at www.rd.usda.gov. USDA is an equal opportunity provider, employer, and lender.

Last Updated September 2015

San Carlos INCA-AATCD Workshop • March 6th—9th
Submitted by: Teresa Honga | Intertribal Agriculture Council, Western Region

Caring for Mother Earth, Plants and Animals And Strengthening the Circle of Life thru Agriculture

National and Regional Tribal, BIA and USDA Workshop

Hosted by:

**Indian Nations Conservation Alliance
(INCA)**

Arizona Association Tribal Conservation Districts (AATCD)

March 6- 9, 2017

**Apache Gold Casino Resort
5 miles east of Globe on highway 70
San Carlos, Arizona 85550
1-800-272-2438**

Registration is \$100 and includes two lunches



ARIZONA
ASSOCIATION OF TRIBAL CONSERVATION DISTRICTS
P.O. BOX 1471 • TUBA CITY, AZ 86045





Monday March 6, 2017

1:00 – 5:00 AATCD Board Meeting

Tuesday March 7, 2017

7:00 – 8:00 Check In

Moderator: Steve Titla

8:00 – 8:30 **Invocation and welcome:** Terry Rambler, Chairman, San Carlos Apache Tribe

8:30 – 8:45 **Opening Remarks:** Richard Thompson, INCA Board Chairman

8:45 – 9:00 **Opening Remarks:** Roland Tso Chairman AATCD, INCA board member

9:00 – 9:10 **Coming Together:** Dick Gooby, Executive Director, INCA

9:10 – 9:40 **Working Together:** Astor Boozer, Regional Conservationist, NRCS

9:40 – 10:10 **Working Together:** Ira Newbreast BIA National Office ???

10:00 – 10:20 **Break:**

10:20 - 10:50 **Success Story – ARMP Implementation FT Peck Reservation, Montana:** Paul Finnicum, NRCS District Conservationist, Mirna Walking Eagle ???

10:50 – 11:00 **Integrated (Agricultural) Resources Management Plan:** Allen Hanley, INCA

11:00 – 11:20 **USDA Council for Native American Farming and Ranching:** Roselyn Yazzie USDA National Committee ???

11:20 – 11:40 **Working Together:** Ronald Harris, Director, Outreach and Advocacy Division NRCS???

11:40 – 12:00 **NRCS National Office, Efforts to Strengthen NRCS Program usage in Indian Country:** Barry Hamilton, NRCS

12:00 – 1:00 **Lunch**

1:00 – 1:30 **Bringing Conservation Stewardship Program to Tribal or Individual Trust or Fee lands.** Kari Jo Lawrence ???South Dakota

1:30 – 2:00 **Smith Valley Student Agriculture Projects:** Sadie Lister, INCA, Benita Litson, Dine College, Latona Old Elk, Extension Director, Little Big Horn College

2:00 – 2:30 **Tohono O'Odham Working Together Success Story:** TCD, Tribal Dept. NRCS BIA, etc

2:30 – 3:00 **Hualapai Working Together Success Story:** Phillip Bravo, TCD, Tribal Dept., NRCS, BIA

3:00 – 3:20 **Break**

3:20- 5:00 **Regional Tribal Conservation Advisory Council Open Meeting:** Astor Boozer, Regional Conservationist, NRCS

5:00 – 9:00 **INCA Board meeting**

Wednesday, March 8, 2017

8:00 – 8:20 **Invocation:** Harold Joseph

Moderator: Roland Tso

8:20 – 9:00 **APHIS PPQ Farm Bill Section 10007:** Carl Etsitty, Tribal Liaison, Animal Plant Health Inspection Service, Plant Protection and Quarantine

9:00 – 9:30 **APHIS Farm Bill:** Terry Clark, Deputy Director, APHIS Office of Tribal Relations

9:30 – 10:00 **Navajo Weed Plan:** Renee Benally, BIA

10:00 – 10:30 **Break**

10:30 – 11:30 **Executive leadership Working Together to bring Conservation Programs to Indian Country:** Keisha Tatem, Sharon Pinto, Catherine Wilson Tribal Natural Resource, Bryan Bowker, BIA, Roland Tso, Chairman AATCD, Phillip Bravo, Chairman Hualapai, TCD ???

11:30 – 12:00 **APHIS Vet Services:** Evelyn Williams, Arizona Field Veterinarian Medical Officer Animal plant Health Inspections Service veterinary Services ???

12:00 – 1:00 **Lunch**

1:00 – 1:30 **APHIS Wildlife Services:** David Bergman, State Director Animal Plant Health Inspection Service

1:30 – 2:00 **Biological Weed Control and which noxious weeds have a safe Biological Weed Control agent available:** Dewey Murry, Animal Plant Health Inspection Service, Plant Protection and Quarantine

2:00- 2:30 **Climate Change** – Margaret Hiza Redsteer USGS ???

2:30 – 3:00 **Cows Eat Weeds:** Kathy Voth,

3:00 – 3:30 **Break**

3:30 – 4:00 **Southern Rockies Landscape Conservation Cooperative:** Kevin Johnson, Southern Rockies LLC Coordinator ???

4:00 – 5:00 **Farm Service Agency Farm Loan and Student loan Programs:** Farm Service Agency ???

Thursday, March 9, 2017

8:00 – 8:20 **Invocation:** Roland Tso

Moderator: Harold Joseph

8:20 – 9:00 **USDA Rural Development Program Overview:** Ernie Wetherbee, Acting State Director RD.

9:00 – 9:30 INCS Student Intern Speaker ???

9:30 – 10:00 Tribal Conservation Districts and Tribal Conservation Advisory Council's meeting

10:00 – 10:30 **Break**

10:30 – 12:00 Tribal Conservation Districts and Tribal Conservation Advisory Council's Meeting

Range Livestock Nutrition Workshop 2017



Register Online!

<http://azcattlemensassoc.org/>

Registration Due by March 1st

Tuesday, March 14th, 2017
Safford General Services Building
921 Thatcher Blvd.
Safford, Arizona

Wednesday, March 15th, 2017
Navajo County Fair Grounds
404 E. Hopi Drive
Holbrook, Arizona

Thursday, March 16th, 2017
Mojave County Administration Building
700 W. Beale Street
Kingman, Arizona



The University of Arizona
Beef Extension Program
1650 E. Limberlost Dr.
Tucson, AZ 85719

This workshop series is presented by:

COLLEGE OF AGRICULTURE & LIFE SCIENCES
**Animal & Comparative
Biomedical Sciences**



**Cooperative
Extension**



Arizona
Cattle
Growers'
Association

This workshop series is sponsored by:



Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Jeffrey C. Silvertooth, Associate Dean & Director, Economic Development & Extension, College of Agriculture Life Sciences, The University of Arizona.

The University of Arizona is an equal opportunity, affirmative action institution. The University prohibits discrimination in its programs and activities on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation or gender identity and is committed to maintaining an environment free from sexual harassment and retaliation.

Range Livestock Nutrition Workshop Registration Form



Online Registration Available for Credit Card Payments
<http://azcattlemensassoc.org/>

Registration Due by March 1st

of people attending ☐ X \$25

Registration \$25 per person, includes lunch

Workshop Attending (check one):

☐ Tuesday, March 14, 2017

☐ Safford, AZ

☐ Wednesday, March 15, 2017

☐ Holbrook, AZ

☐ Thursday, March 16, 2017

☐ Kingman, AZ

Name(s) of Attendees: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Send Registration Form and Fees To:

Range Livestock Nutrition Workshop

Attn: Debbie Reed

1650 E. Limberlost Dr.

Tucson, AZ 85719

Fax: (520) 626-1283

Amount enclosed or to be charged: \$ _____

☐ Check ☐ Cash ☐ Money Order

Credit Card Payment:

☐ Visa ☐ Mastercard ☐ American Express

Card Number: _____

Expiration Date: _____

Name on Card: _____

Corporate Credit Card? ☐ Yes ☐ No

Billing Address: _____

Please note that AZ Cattlemen's Association will appear as the vendor on your credit card statement.

For payment in the form of personal check or money order.

New!



Make Payment To: ACGA

For questions about registration contact Debbie Reed
 (520) 626-7107 or direed@email.arizona.edu

Schedule of Events

9:30 am Registration

10:00 am Welcome and Introduction of Sponsors

10:00 am Trich Overview and Regulations Update

10:30 am Principles of Cow Nutrition

Dr. Dan Faulkner
 School of Animal and Comparative Biomedical Sciences
 The University of Arizona

11:00 am Range Monitoring for Management

School of Natural Resources and the Environment
 The University of Arizona

11:30 am Mineral Nutrition

Octavio Mendivil

Sponsored by Zinpro

12:00 pm Lunch (included with registration)

1:00 pm Protein Supplementation

Juliet Conant

Sponsored by Purina Animal Nutrition

1:30 pm Market Update

Dr. Russ Tronstad
 Department of Agricultural and Resource Economics
 The University of Arizona

2:00 pm Equine Vaccinations and Supplementation

Dr. Betsy Greene
 School of Animal and Comparative Biomedical Sciences
 The University of Arizona

2:30 pm Beef Quality Assurance Certification Class

(included with registration)

Ashley Wright (Safford)

Arizona Cooperative Extension, The University of Arizona

Dr. Dan Faulkner (Holbrook and Kingman)

School of Animal and Comparative Biomedical Sciences
 The University of Arizona

4:00pm Adjourn

Persons with a disability may request reasonable accommodation, such as a sign language interpreter, by contacting Debbie Reed, (520) 626-7107. Requests should be made as early as possible to allow time to arrange the accommodation.

Mega Throw XIII • March 17th - 18th

Submitted by: Danielle Bravo | Hualapai Planning Department



COLORADO RIVER INDIAN TRIBES PRESENTS

MEGA THROW XIII

AHA KHAV TRIBAL PRESERVE- COLORADO RIVER INDIAN RESERVATION-PARKER ARIZONA.
MOHAVE ROAD TURN ON TO RODEO ROAD- SEE MAP

MARCH 17 & 18, 2017

TRADITIONAL BIRD SINGING & DANCING COMPETITION & SOCIAL

Dedicated to Delano B. Carter in Memoriam

ALL BIRD SINGING GROUPS WELCOME

Boys Tap Out~Youth All-Arounds~Raffles~Food Vending~Native American Arts and Crafts~Traditional Potluck~bring your donation of bread & stew~Bring your own chairs~This is a non-alcohol and drug-free event...PLEASE RESPECT.

MARCH 17, 2017- FRIDAY

4:00 pm - WELCOME

6:30 pm- Boys 7-17 Singing Competition -Registration Required/Call-in's welcome!

MARCH 18, 2017- SATURDAY

7:30 am- THE MEGA RUN- CRIT REC/SDP @ PRESERVE

11:00 am- WELCOME

REGISTRATION OPENS FOR COMPETITIONS- CLOSES @ 3PM

3:15 pm CONTESTS BEGIN

5:30 pm CECIL (S'MAAV) DICK III MEMORIAL CONTEST

(MEN'S MENS 46-59 YR. CATEGORY)

6:00-8:00pm SOCIAL DANCING

BLUEWATER RESORT & CASINO

1- 888-243-3360

KOFA INN (928) 669-2101

CONTACT VALERIEWT@CRIT-NSN.GOV

OR (928) 669-1235 ASK FOR

VALERIE OR JOANNA (928) 669-1220.

WE APPRECIATE YOUR PATIENCE

WHEN PARKING- SPACE UP CLOSE IS LIMITED.

HANDICAP ACCESS RIDES WILL BE AVAILABLE.

ARTS & CRAFTS VENDORS
FEE IS A DONATED ITEM
VALUED AT \$10.00

FOOD VENDORS
FEE IS \$25.00
SPACE IS LIMITED.

NO GENERATORS ALLOWED.
ALL VENDORS MUST OBTAIN
A CRIT BUSINESS LICENSE
(928) 669-1336 AND MUST MEET
ALL HEALTH & SAFETY STANDARDS
I.E. FOOD HANDLERS CARDS PER
STAFF AND OPERATORATION
SUBJECT TO INSPECTION.



Find us on:
facebook®

Camp Not-A-Wheeze • May 27th - June 1st

Submitted by: Adeline Crozier | Hualapai Tribal Administration

What Is Camp Not-A-Wheeze?

Camp Not-A-Wheeze is a unique recreational and educational program that helps children ages 7-14 with moderate to severe asthma learn effective asthma management skills.

Daily sessions about asthma include:

- Understanding and avoiding asthma triggers
- Recognizing warning signs of an oncoming asthma episode
- Proper use of medications
- Ways to exercise control over the disease



Recreational activities include:

- Canoeing
- Archery
- Horseback riding
- Swimming
- Fishing
- Arts and Crafts
- MORE!!!

Camp Not-A-Wheeze shows children that they can lead active lives while successfully managing their chronic illness. Campers are watched by physicians, nurses, respiratory therapists, and pharmacists who volunteer their time at Camp so that 24-hour care is available.



Arizona's Premier Camp for Children with Asthma

May 27 - June 1, 2017

Friendly Pines Camp | Prescott, AZ



American Lung Association in Arizona
102 West McDowell Road | Phoenix, AZ 85003
602-258-7505 | Lung.org
Lung Helpline 1-800-LUNGUSA



A Typical Day at Camp

- 7:00 a.m.** Time to Wake Up! Medical volunteers dispense medications.
- 8:00 a.m.** A hearty breakfast prepares campers for a busy day!
- 8:35 a.m.** Morning activities begin. Campers rotate to three activities; one activity each day is to discover more about their asthma.
- 12:00 p.m.** Lunch time, followed by a rest period.
- 2:00 p.m.** Snack, followed by two afternoon activities.
- 5:30 p.m.** Dinner time! Campers eat together in the dining hall and eat a variety of healthy foods family style.
- 7:00 p.m.** Evening Activity - varies each night from skit night to goofy Olympics to newspaper fashion show.
- 8:15 p.m.** Return to cabins for medications and a good night's sleep!



Goals for Camp Not-A-Wheeze

1. Provide children with an educational and recreational camp experience to which they typically would not otherwise have access
2. To increase Campers' knowledge of asthma (e.g., warning signs, triggers, medications, self-management)
3. To decrease the number of camper emergency room visits and number of school days missed due to asthma after their camp experience
4. To increase Campers' self-esteem and improve their ability to experience a "normal" adolescence
5. To provide resources for camper families, caregivers, and healthcare providers to ensure a more systematic and year-round asthma management and treatment plan for these youths



Results

Camp Not-A-Wheeze 2016 evaluations completed by campers showed they increased their knowledge of asthma:

- 3% related to triggers
- 12% related to etiology
- 2% related to management

In addition, studies indicate that asthma camps decrease a child's anxiety, asthma symptoms and exacerbations, school absences, emergency department visits, and hospitalizations; while also providing cost-savings of more than \$2,000 per child in the year following participation in an asthma camp.

Tuition

The cost of attending Camp Not-A-Wheeze includes lodging for 5 nights, all meals and activities, and transportation to and from Camp in an air conditioned bus.

A \$50 nonrefundable deposit must be included with each application. Each camper is required to have proof of health insurance.

Financial Aid

Full and partial Camperships (financial aid) are available to qualified applicants. Please fill out the campership application at the same time as your camper application.

Campership applications can be requested from the American Lung Association in Arizona office at any time or downloaded from our website: www.CampNotAWheeze.org

Medical Management of Campers

All camper applications go through a standard screening process to ensure those with moderate to severe asthma receive priority. Due to the severity of the children attending camp every cabin is assigned two professionally licensed medical volunteers who supervise their cabin 24 hours a day. Medical volunteers have the primary responsibility of helping campers manage their asthma and providing all medical needs throughout the duration of camp.

Volunteers administer medications and therapies, provide continuous monitoring of children for signs of medical concerns, and encourage children to be proactive in the management of managing their asthma. Medical volunteers will also reinforce the daily lesson plans facilitated by the asthma education team during Asthma Management each day. In addition, the camp infirmary is fully equipped and staffed 24 hours a day, led by board certified Pediatric Pulmonologists.



Volunteer as a Medical Professional

Camp Not-A-Wheeze is accepting applications for licensed medical professionals. Join us for this incredible summer adventure! Medical volunteers must meet the following criteria:

- Valid License from the State of Arizona as a Physician, Respiratory Therapist, Nurse, Physician Assistant, Nurse Practitioner, Pharmacist or Paramedic.
- Commit to 3 ½ or 6 days at camp (Volunteers are encouraged to commit for the entire week)
- Full 6 days receives preference
- Current CPR certification
- Must pass a background clearance

All volunteers will be provided meals and lodging in the cabin. Volunteers enjoy the opportunity to network with other professionals, participate in fun activities, win prizes and enjoy making a difference in the lives of children. We hope you will join us!

Mark your calendar and fill out your application today: www.CampNotAWheeze.org



Are You Interested in Becoming a Camper or Volunteer?



Fill Out Your Application Today!

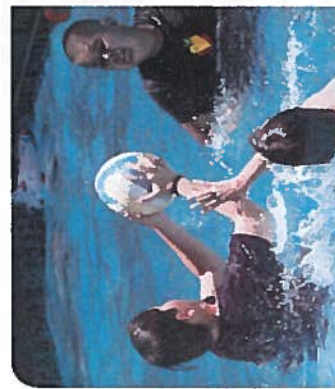
Applications can be downloaded online: www.CampNotAWheeze.org

For more information or to request an application please contact:
American Lung Association in Arizona
ATTN: Camp Not-A-Wheeze
102 West McDowell Rd.
Phoenix, AZ 85003

Phone: 602-258-7505

Fax: 877-276-2108

Email: PhoenixPrograms@Lungs.org



**When You Can't Breathe,
Nothing Else Matters**

JOB OPPORTUNITIES

2017 Recruitment for Fire Fighters & Camp Crew • Application Deadline: April 1

Submitted by: Melvin Hunter, Sr. | Truxton Canon Agency / Southern Paiute Agency

2017

Recruitment for Fire Fighters & Camp Crew

The Truxton Canon/Southern Paiute Agency Fire Program is recruiting for Summer Employment now!

APPLICATION DEADLINE IS APRIL 1, 2017

Fire Crew Applicants must be:

- ✓ At least 18 years of age and in good physical and mental health.
- ✓ Able to pass a pack test:
 - Fire Fighters: 3-mile hike with 45 lb. pack test in 45 minutes or less.

Camp Crew Applicants must be:

- ✓ At least 16 years of age.
- ✓ There is no pack test requirement for camp crew.

Applications may be returned via:

Mail: Truxton Canon Agency
13067 E Highway 66
Valentine, AZ 86434

Fax : (928) 796-2326

Email: Melvin.Hunter@bia.gov

PACK TESTS ARE SCHEDULED AS FOLLOWS:

(Note: You will have up to three chances to pass the pack test, so it is recommended that you take the earliest test in case you need to retake.)

FIRE CREW - Arduous Pack Test		Fireline Safety Refresher	
Wednesday Feb 22	8:00 am to 11:00 am	Wednesday Feb 22	12:00 pm to 4:30 pm
Wednesday Mar 8	8:00 am to 11:00 am	Wednesday Mar 8	12:00 pm to 4:30 pm
Wednesday Mar 22	8:00 am to 11:00 am	Wednesday Mar 22	12:00 pm to 4:30 pm
Wednesday April 5	8:00 am to 11:00 am	Wednesday April 5	12:00 pm to 4:30 pm
Wednesday April 19	8:00 am to 11:00 am	Wednesday April 19	12:00 pm to 4:30 pm

Basic Wildland Firefighter Training	
Monday – Friday June 6-10	Peach Springs, AZ

Please contact: Jeramie Ybright @ 435-674-9720 or
Melvin Hunter @ 928-769-3308
with any questions.

2017 BIA Truxton Canon/Southern Paiute Wildland Fire Training



The 2017 Wildland Fire Season is on its way and we are looking for highly motivated individuals willing to work strenuous shifts, maintain a positive attitude, and to be a team player. Keep in mind fire is unpredictable so shifts include weeks away from home and working holidays.

What is Wildland Fire?

A wildland fire is an unwanted ignition which consumes available fuels (grass, trees, and shrubs) by crawling, creeping, jumping, and running before smoldering to rest. Unwanted fires are the results of Rodeo-Chediski Fire (2002), Wallow Fire and Horeshoe 2 fire (2011) and most recently on the Hualapai Reservation the Sage Fire (2016).

What causes a Wildland Fire?

There are two types of ignitions 1) "anthropogenic" the results of human activity such as playing with matches, dropping cigarettes, embers from chimneys, unattended camp fires, and sparks from machines 2) natural ignitions are from volcanic activity and lightning.

How do I apply?

Contact staff at Branch of Forestry or stop by the office for application and nomination form for trainings. The process for employment is to complete; 1) Drug test 2) Physical Exam required and processed through Medical Standards or a Self-Certification Health Screen Questionnaire 3) Southwest Firefighter Application 4) Work Capacity Test (WCT): Informed

The position which you are applying for will determine the WCT as Pack test, Field test, or Walk test.

What will I Do?

You will be a part of a 20 man hand crew made up of a Crew Boss, Squad Bosses, and Sawyers. On the other hand, you may be working on a wildland fire engine or a single resource depending on experience and qualifications your position may vary.

Required

- DOI Drug Testing is required; test must include the five drugs: marijuana, cocaine, opiates, amphetamines and phencyclidine. Drug testing is provided by the applicant with a copy of verification to the Branch of Forestry.
- For pack test dress in gym clothes with walking or running shoes.
- Wildland Fire boots are required with Vibram sole with 8 inch top.



2017 BIA Truxton Canon/Southern Paiute Wildland Fire Training

Course Number :	Course Title:	Nomination Due:	Course Date:	Location:	Time:	Coordinator Phone / Fax/Email:
RT-130 WCT	Annual Fireline Refresher / Work Capacity Test	Feb 20	Feb 22	Branch of Forestry Peach Springs, AZ.	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
RT-130 WCT	Annual Fireline Refresher / Work Capacity Test	Mar 6	Mar 8	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
RT-130 WCT	Annual Fireline Refresher / Work Capacity Test	Mar 20	Mar 22	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
S-130 / S-190 I-100 / L-180 S-110	Basic Wildland Fire Fighter	Mar 22	Mar 27 - 31	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
RT-130 WCT	Annual Fireline Refresher / Work Capacity Test	Apr 3	Apr 5	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
N9055	CPR / 1 ST Aide Blood Borne Pathogen	Apr 6	Apr 10	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov

2017 BIA Truxton Canon/Southern Paiute Wildland Fire Training

S-212	Wildland Fire Saws	Apr 6	Apr 11 - 13	Branch of Forestry Peach Springs, AZ	0800 - 1200	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
RT-130 WCT	Annual Fireline Refresher / Work Capacity Test	Apr 17	Apr 19	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
S-131	Advanced Fire Fighter	Apr 21	Apr 25	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
S-133	Look Up / Look Down / Look Around	Apr 21	Apr 26	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
S-134	Lookout / Communications / Escape Routes / Safety Zones	Apr 21	Apr 27 - 28	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
S-211	Portable Pumps	May 4	May 9 - 11	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov



2017 BIA Truxton Canon/Southern Paiute Wildland Fire Training

S-130 / S-190 I-100 / L-180 S-110	Basic Wildland Fire Fighter	June 1	June 5 - 9	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
L-280	Followership to Leadership	TBA	TBA	Branch of Forestry Peach Springs, AZ	0800 - 1630	Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov
	ATV / UTV Training	TBA	TBA			Melvin Hunter, Sr. O: 928-769-3308 F: 928-769-2326 melvin.hunter@bia.gov

CLASSES AVAILABLE ONLINE AND CAN BE FOUND AT THE LINK BELOW

Required Trainings: IS -700a, ICS 100, and ICS 200 (Single Resource Only) FEMA National Incident Management System Link: <http://training.fema.gov/emiweb/is/is700a.asp>

The online training is a self-study course; upon completion please submit your certificates to TCA.

National Wildfire Coordinating Group (NWCG) Training and Qualifications Link: <http://training.nwcg.gov/courses.html>.

Required Rookie Training includes: I-100, S-190, and S-130, and L-180. NOTE: S-130 and L-180 Also offered Online.

I – 100; Introduction to the Incident Command System (2006), required

S-110; Basic Wildland Suppression Orientation (2003), required

S-130; Firefighter Training (2003), required

S-190; Introduction to Wildland Fire Behavior (2006), required

S-290; Intermediate Wildland Fire Behavior (2010), recommended for Single Resource Trainee and Qualified

TCA - Branch of Forestry, 1130 Mesa View Dr. Peach Springs, AZ 86434 PH: 928.769.2270 FAX: 928.769.2326 HRS: M-F, 0800-1630

SPA – Fire Management, 180 N 200 E suite 111, St. George, UT 84770 PH: 435.674.9720 FAX 435.674.9714 HRS: M-F 0800-1630

EDUCATION & TRAINING INFORMATION

Native American Science & Engineering Program • Complete Documents Due by March 17th

Submitted by: Lucille Watahomigie | Hualapai Department of Education & Training



2017-2018 Native American Science and Engineering Program

Greetings from Wildcat Country!

Thank you for your interest in applying for the 2017-2018 Native American Science & Engineering Program. The University of Arizona Early Academic Outreach is committed to providing as much guidance as possible during the application process. If you have any questions about applying, please contact Early Academic Outreach at 520-626-2300.

Prior to beginning the application process:

- 1) Read all directions
- 2) Review each required document
- 3) Ensure you are committed to program requirements

Application Directions:

The NASEP application pool is very competitive. Accepted applicants are granted a non-cost residential experience at the UA main campus. This includes housing, meals, program activities, college preparation materials and a free technology device. Full ownership of the tablet device and software is transferred to the student after completing the Sweet 16 math and lab science courses (<http://startnow.arizona.edu/prepare/sweet16>). Special emphasis is given to Chemistry, Physics, Pre-Calculus or Trigonometry upon graduation if possible. Note that some courses in the Sweet 16 are eligible for substitution if circumstances at high schools exist, so if unsure, please contact Early Academic Outreach at 520.626.2300 to get verification of eligible course substitutions.

NASEP seeks students who are highly interested in Math, Science, and Engineering fields, motivated to be a top student, dedicated to attend college, and have the desire to challenge oneself to new experiences and people. All applicants should make ample time to complete the application process.

Complete all required documents and submit in one packet by **March, 17, 2017** to:

Early Academic Outreach, 888 N. Euclid Ave. PO Box 210158, Tucson, AZ 85721-0158

–OR– email all scanned/digital documents in one email to Amanda Cheromiah at acheroml@email.arizona.edu

Application Documents

- ☐ Participant Application
- ☐ Letter of Interest
- ☐ Transcripts of your high school coursework
- ☐ Proof of Tribal Enrollment
- ☐ Nominator Form
- ☐ Counselor Form
- ☐ Copy of PSAT/SAT/ACT scores (if available)

<http://eao.arizona.edu/nasep/application-process>

Program Requirements

- Incoming high school junior or senior for the 2017-2018 school year
- On track to completing Pre-Calculus, Chemistry, and Physics prior to graduation **
- Enrolled in a federally recognized American Indian or Alaskan Native Tribe
- Available to attend residential program June 11-17, 2017 and provide own transportation to Tucson, AZ
- Participate in academic tutoring services and other college preparation workshops throughout the 2017-2018 school year
- Submit course schedules and quarterly academic grades to NASEP staff
- Attend NASEP events that are offered in your local area during the 2017-2018 school year

**** IF YOU DO NOT MEET ONE OF THE CRITERIA, CONTACT EARLY ACADEMIC OUTREACH TO DISCUSS SPECIAL CIRCUMSTANCES**

NASEP is a competitive selection process and students are encouraged to apply by the March 17, 2017 priority deadline.

Join the AgDiscovery • 2017 Summer Experience*Submitted by: Elisabeth Alden | U of A Cooperative Extension Office*

United States Department of Agriculture
Animal and Plant Health Inspection Service

Join the **AgDiscovery** 2017 Summer Experience!



AgDiscovery is a unique opportunity for students to gain a first-hand look at the many career paths available in the agricultural sciences field!

**AgDiscovery 2017 will be held nationwide, at the following college campuses:**

Alcorn State University (June 18-30)
California State University, Fresno (June 11-24)
Coppin State University (July 10-21)
Delaware State University (July 9-22)
Florida A&M University (June 11-24)
Fort Valley State University (June 5-16)
Iowa State University (July 16-29)
Kentucky State University (June 11-24)
Lincoln University (July 9-22)
North Carolina State University (June 19-30)
Prairie View A&M University (June 19-30)

Purdue University (July 9-23)
South Carolina State University (June 18-July 2)
Tuskegee University (June 4-17)
University of Arizona (June 19-29)
University of Arkansas Pine Bluff (June 10-23)
University of Hawaii at Mānoa (July 9-22)
University of Illinois Urbana-Champaign (June 25-July 30)
University of Maryland College Park (July 9-28)
University of Maryland Eastern Shore (July 9-22)
University of the Virgin Islands (July 31-August 11)
Virginia State University (June 18-July 1)

To apply, or for more information about the AgDiscovery Program,
please visit us online:

www.aphis.usda.gov/agdiscovery

You may also reach us by telephone:
(301) 851-4199

Peach Springs Elementary School • February Newsletter & Volunteer Partnerships

Submitted by: Jamie Cole | Peach Springs School District, Superintendent

**Peach Springs
Unified School
District**

PSUSD Jan & February 2017 Newsletter

Jan. February
2017

www.psusd8.org

INSIDE THIS ISSUE:

PBIS	2
Parent training	2
After school events	2
MMHS events	3
Community partner	4
calendar	5
Indian education	6

Celebrate student successes

K-8 Students received awards in January 2017 for perfect attendance, grades, and having TIGER pride

following **ROARS**

Be **R**esponsible.,
Taking **O**wnership,
Awesome **A**ttitude,
Be **R**esponsible,
Be **S**AFe



Celebrating teachers that demonstrate awesome teaching strategies every day

- We welcome back Ms. Walema as she is teaching art classes and helping in kindergarten
- Ms. Shi is timing her kids for Kagan strategy where kids partner to give their ideas to a question in the lesson

Special points of interest: ROARS

- Student Quarterly awards
- Kagan Teaching strategies
- Parent training events and ways to get involved
- Use of Music Mountain High School
- STEM and gifted program
- PAC and Indian Education Policies and Procedures



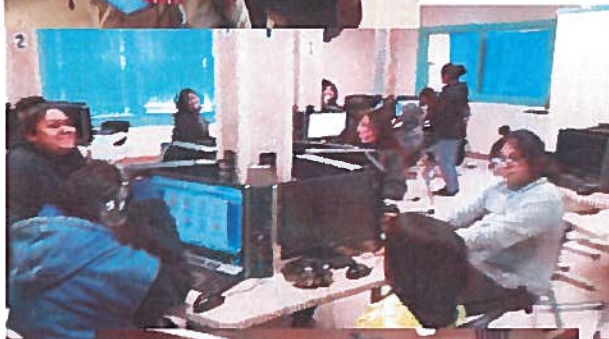
PBIS and conscious discipline parent training sessions every Wednesday 4- 5pm

PBIS is positive behavior intervention support and we invite all community members to attend our weekly video training sessions for parents, training classes, community, and anyone interested in changing behavior for the better. Our kids are awesome and we need to work to bring out the best in kids!!! "What we focus on is what we get more of" Dr. Becky Bailey



AS a result, student discipline has dropped drastically. A few years ago, over 100s of referrals of our youth went to the detention center, courts, or prosecutor's office. Now, we have no students attending the detention center. That is GOOD in the BEST INTEREST of KIDS-FIRST as their future depends on positive social skills, interactions, and communication skills. Keep up the great work STUDENTS!!!!

Goal: Increase student engagement



Helping staff





JAN. FEBRUARY



2017



Page 3

Use of Music Mountain HIGH SCHOOL for educational purposes this year

- June Summer 2015-2017 camp for kids focusing on physical exercise, mental math, science and writing. Thank you!!
- October 2016- Fall carnival focusing on educational enrichment, social emotional games and community service
- December 2016- Winter program during school day where students sing and maintain performance for community. More space at MMHS
- Dec. Students use math and writing educational skills to prepare for stage, backdrops, and written songs (reading and writing)
- September- Jan. 2016-2017 After school enrichment basketball practice and games focusing on educational social /emotional / physical enrichment
- May 2016-2017- 8th grade educational promotional program celebration
- STEM (science, technology, engineering, and math) hands on project programs
- Professional development for teachers at the Music Mountain High School
- This year we are expanding our use of the Music Mountain High School for educational use as we will be promoting additional parent, professional development, and educational opportunities including Indian Educational Policies and Procedure review seeking community input for the benefit of students and their future.

STEM and gifted classes will be served in both locations.



Students learn how to build a computer from scratch in their STEM (science, technology, engineering, math) class



Educational with community involvement- students completed surveys from the planning dept. at the high school to give input on community design projects!!!





PO Box 360
Peach Springs, AZ 86434
928-769-9034
colej@psusd8.org

**PEACH SPRINGS
SCHOOL**

Www.psusd8.org

**We are on the
web too!**



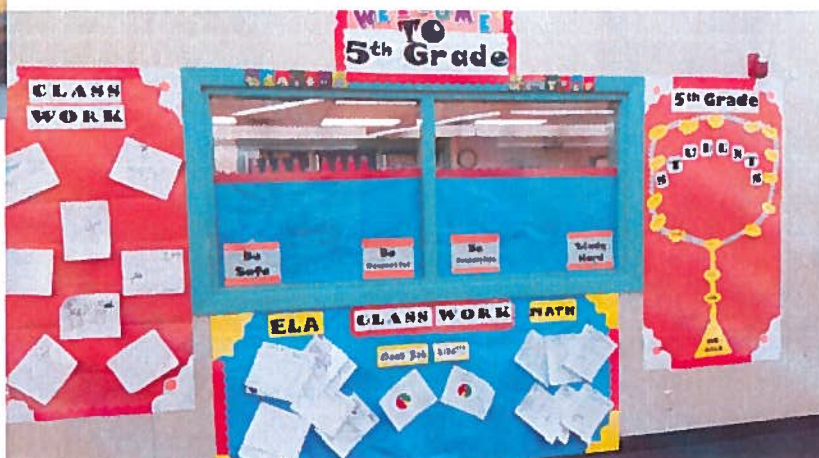
Goal: Increase two way communication

Every Month, all students receive a copy of our newsletter, calendar of events for the month, breakfast/lunch menus, and weekly updates on the radio Thursdays Live at 5. Check it out for weekly updates. In addition, we have a weekly all call for updates to provide written, verbal, radio, community updates trying to find all different modes that works for families. If you are not receiving ALL CALL updates and would like to be included on the weekly phone log; please call 928-769-2202 or 928-769-9034 to be added to the list or you may email colej@psusd8.org

We are also providing quarterly surveys to gain parent and community feedback when we make decisions that impact your students. Upcoming decisions include:

- Indian Education Policies and Procedures
- PAC (Parent Advisory Committee) and Tiger's PBIS store
- Science curriculum and calendar dates for next year

Seeking parent volunteers to vote on most creative hallway work displayed





PSUSD VOLUNTEER PARTNERSHIPS

Tribal departments-

Last year, the tribal council promoted community tribal department outreach to the schools, Head start, and Daycare. All you need is a positive desire to help kids, help add to the future job market, clear background check, volunteer application, and no crime against children to volunteer. Is your team interested in helping the school by volunteering 1 hour with a specific grade for reading and/or math? Below is our grade level instructional intervention times? What grade level do you have children that you may be looking to volunteer with? Maybe with your son or daughter's class? We are trying to form partnerships with tribal offices per grade level during reading or math intervention times.

7-10 ELA (reading, writing, grammar)- Reading 2 hours teacher core 1 instructional time, 1 hour of station activities ***

10-11 specials (Art, computer, PE, culture) for grades K, 1, 4, 5

11-12:15 lunch and recess (could also use extra help here too)*** 11- k,1,4,5 11:30-2,3 12-6th-8th graders

1-2 specials (art, computer, PE, culture) for 2nd and 3rd graders

12-2 math (math 1 hour teacher core 1 instructional time, and 1 hour of intervention activities)***

2-3 specials (art, computer, PE, culture) for 6th, 7th, 8th graders

2-3 science/social studies

3-4 science/social studies

Thank you for the following tribal departments that have already signed up and expressed interest to help: Boys and Girls Club, Indian Health Clinic with 4th and 5th graders, Police Department with kindergarten students, Waterworks with 3rd graders, and Planning Department. As a team, it's a win-win for kids!!!

If you have interested, please contact Jaime Cole, Superintendent to add your department to the schedule at 928-769-9034 or colej@psusd8.org



Conscious Discipline Video Training • Every Wednesday

Submitted by: Jamie Cole | Peach Springs Unified School District, Superintendent

PARENT, COMMUNITY, TRIBAL, AND STAFF TRAINING

Let's form a Partnership to use the same strategies



Conscious Discipline Video Training

EVERY WEDNESDAY, 4-5 PM

PEACH SPRINGS SCHOOL DISTRICT
MS. STRADER'S KINDERGARTEN CLASSROOM
VIDEO TRAINING THAT IS AMAZING BY DR. BECKY BAILEY

WHAT YOU FOCUS ON, YOU GET MORE OF! LOOKING
FOR POSITIVE WAYS TO CHANGE BEHAVIOR, COME
JOIN US AS WE LEARN CONSCIOUS DISCIPLINE
STRATEGIES USING A MOVIE FORMAT

CINEMA



BRING YOUR POPCORN!!!

RSVP: 928-769-9034



Peach Springs Unified School District • Approved 2017-2018 School Year Calendar

Submitted by: Jamie Cole | Peach Springs Unified School District, Superintendent

Peach Springs Unified School District #8 2017-2018 CALENDAR

4-Day

July							August							September							October							
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	
						1			1	2	3	4	5						1	2		1	2	3	4	5	6	7
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	
23	24	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					
30	31																											
Student Days								Teacher Days				1		Student Days		15						Teacher Days				14		

November							December							January							February						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
				1	2	3						1	2		1	2	3	4	5	6					1	2	3
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31				25	26	27	28			
Student Days						14						15		Student Days		14						Teacher Days				15	

March							April							May							June						
S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
				1	2	3	1	2	3	4	5	6	7		1	2	3	4	5							1	2
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30
Student Days						13						17		Student Days		15						Teacher Days				16	

District Testing
INTERSESSION
Non Work Day-Students & Teachers
Teachers Professional Development Day

PR Progress Reports REP Report Cards BM Board Meeting

Jul 31 First day for teachers
 Aug 07 First day for students
 Sep 04 Labor Day Holiday
 Progress reports quarter 1
 Oct 05 First quarter ends
 Oct 9 - 12 Fall Break
 First quarter report cards go home w/ PT Conf
 Progress reports quarter 2
 Nov 20-23 Thanksgiving Break
 Second quarter ends
 Dec 25 - Jan 4 Winter Break
 Second Quarter report cards go home w/ PT Conf
 Jan 15 Martin Luther King Holiday

Progress reports quarter 3
 Feb 19 President's Day Holiday
 Third quarter Ends
 Mar 01 100th Day Count
 Mar 12 - 15 Spring Break
 Third quarter report cards go home w/ PT Conf
 Mar - Apr AZMerit to be announced
 Progress reports quarter 4
 May 24 Eighth Grade Promotion
 Fourth Quarter report cards go home
 May 24 Last Day for Students/End of 4th grading period
 May 25 Last Day for Teachers

STUDENT DAYS:
 1st Semester 71
 2nd Semester 74
 Total 145 days

STUDENT DAYS:
 1st Grading Period
 2nd Grading Period
 3rd Grading Period
 4th Grading Period
 Total days

TEACHER DAYS:
 1st Semester 77.0 days
 2nd Semester 77.0 days
 154.0 Returning Teachers



Extreme Disciplinary Actions Notice

Submitted by: Michelle Zephier | Hualapai Planning Department

Peach Springs Unified School District #8

403 Diamond Creek Rd, Peach Springs, AZ 86434

February 08, 2017

To: All Hualapai Nation Tribal Programs and community members

FROM: Jaime Cole
Superintendent, Peach Springs K-8 School

SUBJECT: Extreme Disciplinary Actions against Children and when PSUSD involves the police

Good morning, recently a board member advised me to explain our policies when referring students with behavioral infractions to the police. We are not operating different from other public schools, and police referral process is used only if student has a criminal disciplinary write up; such as serious physical or sexual assaults, drugs, weapons, and deliberate destruction of property.

It is important to note that all other disciplinary issues are resolved within the school level following policies and procedures. Some school behavior problems are a fact, last year, the school board asked that we work on solutions. We now have PBIS (positive behavior intervention support) program, conscious discipline, and we have ordered curriculum to support problem solving skills, conflict management, and communication skills. The practice of over reacting to punishment of children for minor infractions previously practiced by the school officials was a main parental complaint in previous years.

In reflection, the Arizona Department of Education noted extreme disciplinary actions against children are not the solutions. In addition, there are no alternative schools for children to learn in our geographical area. ADE and other consultants agree that the classrooms need lessons that are more meaningful and engaging, a high-level teacher training in classroom management, and a self-instilled "belief" by teachers and community in the student as the core solution. This brings me to the ADE -PBIS training attended by our committee of teachers in Phoenix. The intent of the training is to convey to the school behavioral modification information and collaborating on solutions that are less blaming and more solutions oriented. One of the PBIS benefits is Tiger rewards that children enjoy.

In conclusion, the most critical aspect of not involving the police in every aspect of school behavior problems is detrimental to all students; this long lasting profile record closes doors to educational opportunities for Hualapai children. Today for example, when 8th graders apply to high schools in boarding school, the schools send us a survey before accepting students on their behavioral records. Now, high schools will not accept any child outside their living boundaries that has extreme disciplinary records. When we follow policies and work with parents; we are seeking proactive solutions in working and teaching students appropriate behavior expectations. The Hualapai children are highly intelligent and with their competitive spirit they will succeed, they will become teachers, doctors, engineers, attorneys and many other professions if given a good education, support from families, as they observe positive partnerships between community and the school. The change process will not happen overnight; it takes positive support from tribal departments and parents. We just need to keep the doors open for students by following the established school policies and procedures for behavioral concerns. We need support from parents and tribal departments in solution-orientated focus that serves the best interests of kids; not just referring all kids to police or detention center creating criminal records for minor incidents. Kids need to be taught how to communicate respectfully, character development, conflict management, and develop life- long skills for school and future career success.

HEALTH & SAFETY INFORMATION

Indian Health Services • Notifications

Submitted by: IHS | Purchased Referred Care/Specialty Clinic

PURCHASED/REFERRED CARE DEPARTMENT: NOTIFICATIONS

Purchased Referred Care (PRC) FUNDING FOR EMERGENCY ROOM VISIT IS CURRENTLY AVAILABE AT MEDICAL PRIORITY I: Which are conditions that pose an immediate threat to Life, Limb, or Senses.

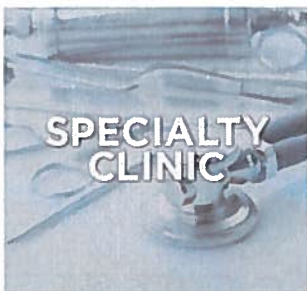
- 72-Hour Notification to PRC is required for emergency treatment or for an admission at a non-Indian Health Service (IHS) facility. 30 days for the elderly.
- All non-emergent, private health care or specialty services require prior authorization FOR EACH VISIT from PRC and currently funded at Medical Priority I, II and III.
- Please notify PRC about any follow up appointments you may have outside of IHS to allow time for PRC staff to prepare your paperwork.
- If your referral does not meet this requirement, your services will be denied or deferred. PRC will try to find the service at another (IHS) facility if you choose that option OR you may use your own insurance to seek additional health care at your own expense.
- Please make sure you take a PRC referral with you to EVERY appointment outside of IHS.



IF THESE STEPS ARE NOT FOLLOWED YOU MAY BE HELD RESPONSIBLE FOR PAYMENT OF YOUR MEDICAL SERVICES OUTSIDE OF IHS

If you are told by your physician that a referral will be made for you, please ask to see the Referral Coordinator before you leave the clinic area or contact PRC by telephone to check the status.

In accordance with PRC policy. No PRC funds may be expended for services that are reasonably accessible and available at IHS facilities.



Please ask about our Specialty Clinic's:
PIMC: Rheumatology, Audiology, GYN, Ophthalmology

Parker: Podiatry, Optometry, Physical Therapy

Wild Rabbit Stew • Directions*Submitted by: Strategic Prevention | Hualapai Health, Education & Wellness*

Hualapai Health Department: Prevention Health & Wellness

A good recipe to try after the cold winter months have passed and all the healthy rabbits have survived.

Wild Rabbit Stew*By: John Mitzewich*

This recipe can be altered with the addition of other Native American ingredients, such as squash, squash blossoms, beans, or even dried fruit.



*Picture shows the heating in the Dutch

Serves 6

- 1/4 cup vegetable oil
- 1/2 cup corn flour or all-purpose flour
- Salt and pepper to taste
- 2 rabbits, cut in quarters
- 1/2 cup pine nuts
- 2 white onions, chopped
- 4 ribs celery, chopped
- 1 quart water

Prep Time: 30 minutes

Cook Time: 90 minutes

1. Add oil to Dutch oven on high heat. Coat the rabbit with the flour, salt, and pepper and brown well. Remove the rabbit and turn down the heat to medium-low.
2. Add the onion, celery, and pine nuts and cook until the onion is translucent. Add the water and the rabbit quarters, and simmer on low until meat falls from bones. About 1 to 1 1/2 hours.

Elderly Exercise*Submitted by: Strategic Prevention | Hualapai Health, Education & Wellness*

Hualapai Health Department: Prevention Health & Wellness

Elderly Exercise

First Thing First: Check with your doctor. Let them know you will be exercising and increasing your activity level. This is especially true if you have any of the following:

- Chest pain or pain in your left arm or neck
- Any shortness of breath
- A heart condition
- Any bone or joint problems
- If you are currently taking blood pressure or cardiac medications
- Any unexplained dizziness or fainting

Enjoy yourself! Regular physical activity can improve your quality of life in so many ways. Doing something you love to do is a great way to stay motivated. Over exerting yourself or participating in an exercise program you don't really like will make you exhausted and very likely cause you to discontinue activity. In order to gain the many benefits of regular exercise, including increase energy, weight loss, improved heart health, and strong bones, you must like what you are doing! **Create a goal, start out small, keep a journal of your activities and how you felt at the moment.**

Do you dread the schedule?

How do ants make an ant hill so tall? They consistently add one grain of sand at a time. It's the little bit you do every day that will over time increase your strength and endurance. To be consistent requires taking a good look at your day and week. What days will I most likely be able to fit in exercise? What time of the day would be best? The longer you are faithful to the schedule the easier it will be to stick to the exercises.

I haven't exercised in years. How hard should I exercise?

Strength exercises are vital to maintain your ability to function independently in your home. If you are only using

weights for a strengthening workout, start with 1 to 2 pounds for women, and 3 to 5 pound weights for men.

Perform 8 to 12 repetitions (Reps). Rest 1 minute and perform another (set) of these exercises. You should not have any pain with these exercises.

When you can comfortably perform more than 15 to 20 repetitions, you should consider increasing your weight by a pound or two. Strengthen a minimum of twice a week.

3 to 5 times per week is optimal to maintain a strong body that withstands the rigors of daily life as we grow older.

I am so stiff and tight. What do I need to know about stretching?

Flexibility exercises allow you to more easily move and reach when doing your daily tasks around the home. Select a stretch to perform for the upper or lower body.

Hold the stretch for 30 seconds. Then repeat the stretch 2 to 3 more times. You should not feel any pain. Generally stretches should feel good. Only hold your neck stretches for 5 seconds if you feel any dizziness. Stretch a minimum of twice a week.

To increase your flexibility, try stretching at least 5 days per week. Endurance exercises for the elderly and seniors or activities should be performed at least 2 times per week.

For optimal improvement in your heart and lungs and muscles, try 3 to 5 times per week.

Think of how much easier it will be to walk, grocery shop and play with your grandchildren! Your workout should be intense enough to make your heart beat faster and your breathing to increase but not so high as to over stress your system.

Method 1: Maximum Heart rate:

This method is the most precise when finding your training zone for your endurance exercises, but can be the hardest to learn. Take a breath and see if you can follow along. A good range for the typical senior exerciser is between 65% to 80% of your maximum heart rate, which is 220 minus your age. If you have been inactive for a while or have limiting health problems, keep your heart rate between 50% and 75% of your maximum.

For example: a healthy 75 year old man with a maximum heart rate of 145 needs to exercise between 16 and 21 beats when counting for 10 seconds.

Find your age on the chart below, and follow to get your heart rate range for a 10 second count.

Age	Male 65%	Female 65%	Male 80%	Female 80%
55	18	18	22	23
60	18	18	22	22
65	17	17	22	21
70	17	17	21	20
75	16	16	21	20
80	16	15	20	19
85	16	15	20	18
90	15	14	19	17
95	15	14	19	17
100	15	13	18	16

Heart Rate Range

Take your pulse at approximately 5 minutes into the exercises for the elderly.

Take your pulse again at approximately 10 minutes into your endurance exercise or after the hardest part.

Take your pulse just after your cool-down.

To find your pulse on your wrist: Use the pads of your two fingers tips. Place your finger

tips just below the wrist creases at the base of the thumb.

Press lightly until you feel a pulse (which is the blood pulsing under your fingers). If necessary, move fingers around until you feel the pulse. Review the 10 second counts so that you don't have to do math in your head while exercising.

Slow down for the pulse count but keep your legs moving. It is usually better to take your pulse at your wrist (radial artery) instead of your



neck (carotid artery). It is possible to press too hard on the carotid artery which could cause slowing of the pulse. Wow! I know this sounds complicated but once you find how many beats per 10 seconds you need to have.... you are done!

Method 2: Rate of Perceived Exertion:

Don't like the previous heart rate method? Too complicated? Want an easier way to tell how hard you are working during your workout?

An easier method is to just rate your feeling of how hard you are working on the 0 to 10 scale. This is called the "Borg Scale of Perceived Exertion."

Scale	Effort	How you feel
0	Nothing at all	
1	Weak	Sitting, reading a book, watching TV
2	Weak	Chores like folding clothes, washing dishes, that seem to take minimal effort
3	Moderate	Walking through a store or other activities that require some effort but not enough to speed up your breathing
4	Moderate	Brisk walking or other activities that require a moderate amount of effort and also speed your heart rate and breathing but don't take your breath away
5	Strong	Bicycling, swimming, or other activities that take a vigorous effort and get your heart pounding and make you breath very fast
6	Strong	
7	Very Strong	The highest level of activity that you can safely sustain
8	Very Strong	
9	Very Strong	
10	Extremely Strong	A finishing kick in a road race or other burst of activity that you really can't maintain for a long time at all

For most older adult exercisers, you can work in the "moderate" to "strong" range which is 4 - 5. Give it a try, it actually works quite well.

Method 3: Talk Test:

Still too complicated? Want a VERY easy method to tell how hard you are working and make sure you are training correctly and safely in your training zone?

Try the talk test. It doesn't get much simpler.

Basically, you should be able to speak in your normal voice and tone during your exercise session. If you are out of breath and are unable to speak regularly, then you need to lower your intensity level by slowing down.

How's that? Easy, ehhh? I am sooo busy. How long should I exercise? You don't need to work hard for a long time to gain benefit from exercises for the elderly. 30 minutes is a good daily goal. You can exercise 10 minutes in the morning, 10 min-

utes after lunch and 10 minutes at night.

Don't be in a hurry. Start slowly and gradually get used to exercising before increasing your exercise. Begin with 10-20 minutes of exercise to start. Build up to 30 minutes if you are able. Most seniors can tolerate up to an hour or more of exercise. There are only so many days in a week.

How often do I need to exercise? The National institute of Health reports you can get health benefits with as little as 60 minutes of moderate exercise per week. Try working out 2 days a week to start leaving a day or two between sessions then increase a day or two as you get comfortable with exercising, 3 to 5 days a week is usually well tolerated. Don't work the same muscle group on consecutive days.

It is a good idea to get personal instruction and a professionally designed program if you workout more than 5 days per week.

I am really weak right now. How much weight should I use for exercises for the elderly?

Arms: Try starting with 2 pounds. This is usually tolerated by most seniors. Women can safely train up to 5 pounds and men can safely train up to 8 pounds for the upper body.

Legs: Our legs are fairly heavy and may not require additional weight. If you choose to use weights for the legs, use ankle weights. Seniors can usually safely start with 1 pound ankle weights.

Work up to 3 pounds if you are tolerating the weight well and can do at least 15 to 20 repetitions comfortably.



Facts for Families • When Children Have Children
Submitted by: Strategic Prevention | Hualapai Health, Education & Wellness

FACTS *for* FAMILIES

No. 31

May 2012

When Children Have Children

Babies born in the U.S. to teenage mothers are at risk for long-term problems in many major areas of life, including school failure, poverty, and physical or mental illness. The teenage mothers themselves are also at risk for these problems.

Teenage pregnancy is usually a crisis for the pregnant girl and her family. Common reactions include anger, guilt, and denial. If the father is young and involved, similar reactions can occur in his family.

Adolescents who become pregnant may not seek proper medical care during their pregnancy, leading to an increased risk for medical complications. Pregnant teenagers require special understanding, medical care, and education--particularly about nutrition, infections, substance abuse, and complications of pregnancy. They also need to learn that using tobacco, alcohol, and other drugs, can damage the developing fetus. All pregnant teenagers should have medical care beginning early in their pregnancy.

Pregnant teens can have many different emotional reactions:

- some may not want their babies
- others may view the creation of a child as an achievement and not recognize the serious responsibilities
- some may keep a child to please another family member
- some may want a baby to have someone to love, but not understand the amount of care the baby needs
- depression is also common among pregnant teens
- many do not realize that their adorable baby can also be demanding and sometimes irritating
- some become overwhelmed by guilt, anxiety, and fears about the future

Babies born to teenagers are at risk for neglect and abuse because their young mothers are uncertain about their roles and may be frustrated by the constant demands of caretaking. Parents of teenagers can help prevent teenage pregnancy through open communication and by providing guidance to their children about sexuality, contraception, and the risks and responsibilities of sexual relationships and pregnancy. Some teenage girls drop out of school to have their babies and don't return. In this way, pregnant teens lose the opportunity to learn skills necessary for employment and self-survival as adults. School classes in family life and sexual education, as well as clinics providing reproductive information and birth control to young people, can also help to prevent an unwanted pregnancy.

**When Children Have Children, "Facts for Families," No. 31 (5/12)**

If pregnancy occurs, teenagers and their families deserve honest and sensitive counseling about options available to them, from abortion to adoption. Special support systems, including consultation with a child and adolescent psychiatrist when needed, should be available to help the teenager throughout the pregnancy, the birth, and the decision about whether to keep the infant or give it up for adoption. There may be times when the pregnant teenager's emotional reactions and mental state will require referral to a qualified mental health professional.

For additional information see Facts for Families:

#62 Talking to Your Kids About Sex
#4 The Depressed Child
#5 Child Abuse: The Hidden Bruises
#15 The Adopted Child

#66 Helping Teenagers with Stress
#30 Children and AIDS
#77 Grandparents Raising Grandchildren

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You may also mail in your contribution. Please make checks payable to the AACAP and send to *Campaign for America's Kids*, P.O. Box 96106, Washington, DC 20090.

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Secondhand Smoke (SHS) • Facts

Submitted by: Prevention Health | Hualapai Health, Education & Wellness



Centers for Disease
Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Secondhand Smoke (SHS) Facts

Secondhand smoke harms children and adults, and the only way to fully protect nonsmokers is to eliminate smoking in all homes, worksites, and public places. You can take steps to protect yourself and your family from secondhand smoke, such as making your home and vehicles smoke free. Separating smokers from nonsmokers, opening windows, or using air filters does not prevent people from breathing secondhand smoke. Most exposure to secondhand smoke occurs in homes and workplaces.

People are also exposed to secondhand smoke in public places- such as in restaurants, bars, and casinos-as well as in cars and other vehicles. People with lower income and lower education are less likely to be covered by smoke free laws in worksites, restaurants, and bars.

What Is Secondhand Smoke?

- Secondhand smoke is smoke from burning tobacco products, such as cigarettes, cigars, or pipes.
- Secondhand smoke also is smoke that has been exhaled, or breathed out, by the person smoking.
- Tobacco smoke contains more than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer.

Secondhand Smoke Harms Children and Adults

- There is no risk-free level of secondhand smoke exposure; even brief exposure can be harmful to health.
- Since 1964, approximately 2,500,000 nonsmokers have died from health problems caused by exposure to secondhand smoke.

Health Effects in Children

In children, secondhand smoke causes the following:

- Ear infections
- More frequent and severe asthma attacks
- Respiratory symptoms (for example, coughing, sneezing,
- and shortness of breath)
- Respiratory infections (bronchitis and pneumonia)
- A greater risk for sudden infant death syndrome (SIDS)

Health Effects in Adults

In adults who have never smoked, secondhand smoke can cause:



- Heart disease
 - For nonsmokers, breathing secondhand smoke has immediate harmful effects on the heart and blood vessels.
 - It is estimated that secondhand smoke caused nearly 34,000 heart disease deaths each year during 2005–2009 among adult nonsmokers in the United States.
- Lung cancer
 - Secondhand smoke exposure caused more than 7,300 lung cancer deaths each year during 2005–2009 among adult nonsmokers in the United States.
- Stroke

Smoke free laws can reduce the risk for heart disease and lung cancer among nonsmokers.

Patterns of Secondhand Smoke Exposure

Exposure to secondhand smoke can be measured by testing saliva, urine, or blood to see if it contains cotinine. Cotinine is created when the body breaks down the nicotine found in tobacco smoke.

Secondhand Smoke Exposure Has Decreased in Recent Years

- Measurements of cotinine show that exposure to secondhand smoke has steadily decreased in the United States over time.
 - During 1988–1991, almost 90 of every 100 (87.9%) nonsmokers had measurable levels of cotinine.
 - During 2007–2008, about 40 of every 100 (40.1%) nonsmokers had measurable levels of cotinine.
 - During 2011–2012, about 25 of every 100 (25.3%) nonsmokers had measurable levels of cotinine.
- The decrease in exposure to secondhand smoke is likely due to:
 - The growing number of states and communities with laws that do not allow smoking in indoor areas of workplaces and public places, including restaurants, bars, and casinos
 - The growing number of households with voluntary smokefree home rules
 - Significant declines in cigarette smoking rates
 - The fact that smoking around nonsmokers has become much less socially acceptable

Many People in the United States Are Still Exposed to Secondhand Smoke

- During 2011–2012, about 58 million nonsmokers in the United States were exposed to secondhand smoke.
- Among children who live in homes in which no one smokes indoors, those who live in multi-unit housing (for example, apartments or condos) have 45% higher cotinine levels (or almost half the amount) than children who live in single-family homes.
- During 2011–2012, 2 out of every 5 children ages 3 to 11—including 7 out of every 10 Black children—in the United States were exposed to secondhand smoke regularly.
- During 2011–2012, more than 1 in 3 (36.8%) nonsmokers who lived in rental housing were exposed to secondhand smoke.

Differences in Secondhand Smoke Exposure

Racial and Ethnic Groups

- Cotinine levels have declined in all racial and ethnic groups, but cotinine levels continue to be higher among non-Hispanic Black Americans than non-Hispanic White Americans and Mexican Americans. During 2011–2012:
 - Nearly half (46.8%) of Black nonsmokers in the United States were exposed to secondhand smoke.
 - About 22 of every 100 (21.8%) non-Hispanic White nonsmokers were exposed to secondhand smoke.
 - Nearly a quarter (23.9%) of Mexican American nonsmokers were exposed to secondhand smoke.

Income

- Secondhand smoke exposure is higher among people with low incomes.
- During 2011–2012, more than 2 out of every 5 (43.2%) nonsmokers who lived below the poverty level were exposed to secondhand smoke.

Occupation

- Differences in secondhand smoke exposure related to people's jobs decreased over the past 20 years, but large differences still exist.
- Some groups continue to have high levels of secondhand smoke exposure. These include:
 - Blue-collar workers and service workers
 - Construction workers

What You Can Do

You can protect yourself and your family from secondhand smoke by:

- Quitting smoking if you are not already a nonsmoker
- Not allowing anyone to smoke anywhere in or near your home
- Not allowing anyone to smoke in your car, even with the windows down
- Making sure your children's day care center and schools are tobacco-free
- Seeking out restaurants and other places that do not allow smoking (if your state still allows smoking in public areas)
- Teaching your children to stay away from secondhand smoke
 - Being a good role model by not smoking or using

Tips for Being Active with Diabetes & Risks from Smoking

Submitted by: Rebecca Rice, Public Health Educator | Indian Health Center

Tips for Being Active With Diabetes

How Much Activity?

- Start by doing what you can do, and then look for ways to do more until you reach 150 minutes a week of activity.
- Find the time that works best for you to add up to 150 minutes. For example:
 - 30 minutes at one time five times a week.
 - 15 minutes at a time 10 times a week.
 - 10 minutes at a time several times a day.



Do It Your Way

- Brisk walking is a great way to be active.
- Try dancing, gardening, following a video, or taking a class.
- Be active with a friend or family member.
- Start with 10 minutes a day and build up over time.

Be Safe

- Check your blood sugar before you are physically active.
- Carry a snack with you in case your blood sugar goes too low.
- Carry identification that says you have diabetes.
- Wear shoes that fit well and are made for the kind of activity you do.
- Check your feet every day. Call your doctor or nurse if a cut, sore, blister, or bruise on your feet or toes does not go away after 2 days.



Ask Your Doctor or Nurse:

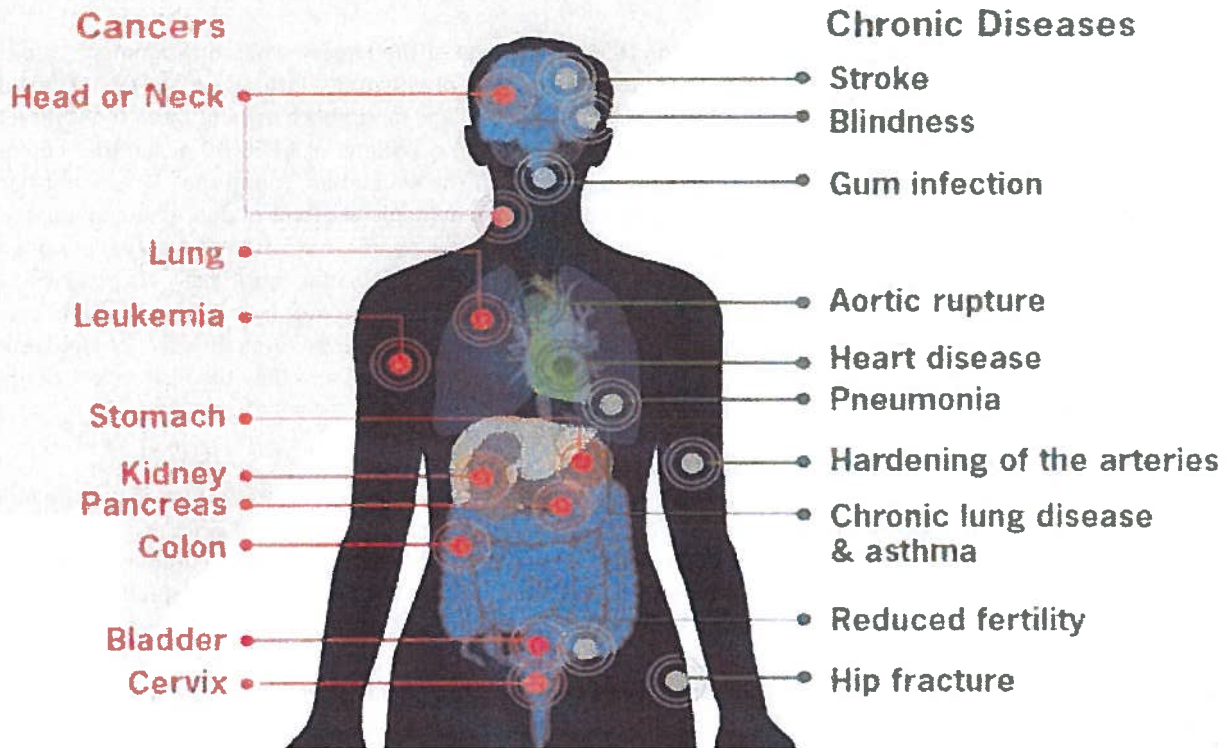
1. What physical activities are safe for me?
2. Are there any special things I need to do to protect my feet?
3. Do I need to make any changes in my medicines before I raise my level of physical activity? Do I need to eat a snack before I'm active?

One thing I will do to be more active before my next appointment:

Other notes from the doctor or nurse:

Risks from Smoking

Smoking can damage every part of the body



Home Visiting Issues and Insights Creating a Trauma-Informed Home Visiting Prog.

Submitted by: Lucille Watahomigie | Hualapai Department of Education & Training



Home Visiting Issues and Insights Creating a Trauma-Informed Home Visiting Program

Issue Brief: January 2017

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The Impact of Trauma on Children and Families

Trauma affects a significant number of people in the United States. According to one of the largest studies completed on childhood abuse and neglect, approximately 66 percent of adults have been exposed to at least one violent traumatic event in their childhood, and nearly one-quarter have been exposed to three or more categories of adverse events, including childhood abuse, neglect, and household substance abuse. While there is no standard definition of trauma, many organizations and studies agree that trauma is the result of an event (or a series of events) that is harmful or threatening to an individual and has long-term damaging effects on a person's well-being. Such traumatic experiences can include physical, emotional, or sexual abuse; substance abuse or mental illness in the household; parental separation or divorce; witnessing violence; neglect; and living with a mother who has been abused. Trauma in childhood, including maltreatment and neglect, can affect the physical structure of a child's brain, which in turn affects the growing person's ability to regulate his or her behavior and emotions, as well as higher cognitive functions,



memory, ability to learn, and overall physical and mental health. People who are exposed to trauma or toxic stress in their childhood have a higher likelihood of smoking, substance abuse, risky sexual behavior, depression, anxiety, adolescent pregnancy, and intimate partner violence.

The Prevalence of Trauma in Families Served by Home Visiting Programs

Home visiting programs often reach families who have the highest level of need. For example, according to Stevens et al. (2002), approximately 70 percent of the women surveyed in a home visiting program had experienced at least one violent trauma in their lifetime. Mothers in home visiting programs have also been found to have more elevated rates of depression than those of the general population.

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is one of the largest random-assignment studies to date that assesses the effectiveness of home visiting programs in improving a variety of outcomes, including maternal health and child development. Launched in 2011, MIHOPE plans to recruit more than 4,000 families, randomly assigning them to either a Federal Home Visiting Program (also known as Maternal, Infant and Early Childhood Home Visiting, or MIECHV) or another community service. Initial findings, taken from surveying the first 1,600 mothers enrolled in the evaluation, found that 10 percent had experienced intimate partner violence in the past year and approximately 40 percent exhibited symptoms of depression or anxiety.

Both the rate and the likelihood of trauma exposure among children are also significantly affected by a variety of community factors. In both rural and urban areas, children living in low-income communities are far more likely to experience violence and trauma. This can be compounded by the fact that impoverished communities often do not have access to the necessary resources to help caregivers address the effects of such trauma on children's development. As over three-quarters of families in MIECHV live at or below 100 percent of the Federal Poverty Guidelines, these community factors and how they can affect childhood development is significant for home visiting.

The Importance of Trauma-Informed Approaches in Home Visiting Programs

A trauma-informed approach is one way that home visiting organizations are teaching their staff to recognize the effects of trauma and to work with families in a thoughtful way. Trauma-Informed Care is a perspective through which an organization realizes the impact of trauma on its families, recognizes the signs of trauma, and uses that understanding to improve client engagement, outcomes, and organizational services, "In its simplest form, trauma-informed care is a way of thinking about and responding to families' struggles".

Home visiting can play an important role in alleviating the intergenerational transmission of trauma by helping parents and caregivers build positive and healthy attachments with their children. A safe environment and nurturing relationships are two important protective factors in a child's life that can foster resilience and help to outweigh the long-term effects of trauma. A trauma-informed approach can also help prevent burnout and turnover among home visiting program staff, which ultimately impacts retention, success, and well-being among the families served.

Becoming a Trauma-Informed Home Visiting Program

Building a trauma-informed home visiting program requires leadership, buy-in, self-knowledge, and intentionality. Programs must gather the right partners, ask important questions, and develop strong systems-level goals that focus on home visiting and early childhood community needs. In other words, it doesn't happen overnight! As noted by JBS International Inc. and the Georgetown University National Technical Assistance for Children's Mental Health (2016), "Becoming a trauma-informed organization can be a lengthy, gradual process and one that requires ongoing effort".

Consider the recommendations below and then ask yourself: *Is our program as trauma-informed as it needs to be? If not, what steps do we need to take to get started on or move further down this important path?*

- Engage in deep, thoughtful reflection, discussion, and exploration of what it means to be *trauma-informed*.
- Assess your organization's readiness for change by taking a wide-ranging look at all aspects of the organization (e.g., developmental screening and surveillance, maternal and child mental health), and then make a plan of action.
- Train staff on recognizing the symptoms of trauma and how to talk to families about it.
- Incorporate screening for trauma, and ensure that those administering screening have been prepared to deliver it in a supportive way.
- Integrate evidence-based practices for providing trauma-informed care, such as those available through the National Technical Assistance Center for Children's Mental Health.
- Identify resources within the community; make strong connections and form partnerships with community agencies that offer treatment and supports for families who have experienced or are experiencing trauma.
- Support the well-being of your staff as they work with high-risk families.
- Promote awareness of the impact of childhood trauma by sharing issue briefs, infographics, and other publications within the community and through social media.

Snapshots of Success from the Field: Trauma-informed Approaches in Home Visiting



In this *Home Visiting Issues and Insights* information brief, three voices from the field share processes and resources that can support system-level change and sustained community impact:

- Leslie McAllister, Home Visiting Coordinator for the Wisconsin Department of Children and Families, describes the components of the National Child Traumatic Stress Network's trauma-informed child and family service system framework and how this framework is implemented in the Wisconsin home visiting system.
- Lorrie Grevstad, Federal Project Officer, Region X, Division of Home Visiting and Early Childhood Systems, describes how the NEAR@Home Toolkit brings together evidence from Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience and then applies this science to home visiting.
- Jan Williams, Clinical Supervisor, Healthy Families Durham at the Center for Child and Family Health, talks about the impact of secondary trauma on home visitors, strategies for preventing secondary trauma, and how to identify and support staff who experience it.

Snapshot 1: Integrating Trauma-Informed Principles Within Home Visiting Systems

Leslie McAllister, the MIECHV state lead, shares the Wisconsin Family Foundations Home Visiting (FFHV) program's approach for promoting trauma-informed practices in home visiting. FFHV has used the National Child Traumatic Stress Network (NCTSN) framework to develop a more trauma-informed statewide network of home visiting programs. According to NCTSN (n.d.), "A service system with a trauma-informed perspective is one in which programs, agencies, and service providers:

- Routinely screen for trauma exposure and related symptoms
- Use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms
- Make resources available to children, families, and providers on trauma exposure, its impact, and treatment
- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma
- Address parent and caregiver trauma and its impact on the family system
- Emphasize continuity of care and collaboration across child-service systems
- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience."

McAllister notes the importance of examining and strengthening the overall organization's culture and philosophy regarding trauma practices, as well as the importance of working directly with children and families. Several studies and organizations recommend Trauma-Informed Care (TIC) principles for adjusting both an organization's culture and its direct-service processes. FFHV applies TIC principles by doing the following:

- Incorporating specific and layered training and supports for staff and supervisors on participant-centered screening and assessment practices
- Offering monthly groups that are facilitated by a trained infant mental health consultant and that build reflective capacity among staff and supervisors
- Creating communities of practice that provide a regular venue for peer-to-peer support
- Integrating information, resources, and activities for parents into home visits
- Providing opportunities for group socialization, which promotes protective factors that can strengthen families and support children's optimal social and emotional development
- Providing additional professional development opportunities for staff (through the Maternal Depression Project, among other important resources) to more effectively support mothers with significant trauma histories who are at risk for maternal depression or anxiety

Wisconsin's FFHV incorporates a variety of screens, including the ASQ-SE2 and the Childhood Experiences Survey—a tool developed by the state's evaluation team to measure an array of potentially traumatic childhood events experienced by parents in home visiting services. Based on concerns noted by program staff, the state and its evaluation and training/technical assistance (TA) partners have identified several strategies—including tip sheets and other materials, on-site coaching, webinars, and a one-day training for supervisors—to help support more confident and competent administration of these tools. McAllister notes that in this way, the state and its partners have helped home visitors become more attuned to both children and parents during the home visit. By clarifying for staff how knowledge of a participant's trauma history can enhance case planning and services, they have also helped to ensure that services are consistent with TIC principles.

Reflective practice groups and communities of practice help home visitors learn more about how their own experiences shape their interactions with families, while also providing opportunities to discuss and solve problems around issues related to burnout, compassion fatigue, secondary trauma, and strategies to more meaningfully engage with the high-needs families they serve.

As part of its trauma-informed approach, with a focus on building child and family resilience, Wisconsin has recently begun to more intentionally integrate the Strengthening Families framework into home visiting practice and professional development. For exam-



ple, the introductory training, *Home Visitation Foundations*, has been updated to reflect goals for practice-grounded TIC principles and promotion of the protective factors that research has shown mitigate the negative impact of trauma. At the program level, while staff use their home visits to address trauma and child development, they have also partnered with local early care and education programs to engage parents in meaningful conversation and positive social interaction through parent-led Parent Cafes that use the Strengthening Families framework.

McAllister adds that The Maternal Depression Project helps address the needs of mothers with significant trauma histories who are at risk for depression, as well as their babies. Participating home visiting program staff receives intensive training and TA—both *in vivo* and through the use of video replay—from experienced infant mental health practitioners on dyadic coaching to promote healthy parent-child relationships. This has been instrumental in increasing the confidence of home visiting program staff to work with mothers with the mental health issues that go hand-in-hand with exposure to trauma, while also providing meaningful and culturally respectful parenting support for very high-risk mothers.

Snapshot 2: Addressing TIC at the Regional Level with a Toolkit

A good name for the story shared by Federal Project Officer, Lorrie Grevstad, is “It takes a region.” Grevstad shares that the four states in Region X, supported by their Project Officer, TA Specialist, and two experts with deep knowledge of and experience with NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience) science and ACES (Adverse Childhood Experiences) research and practice, took the seed of an idea about bringing together the four aspects of NEAR science and transforming them into a practical tool for home visiting programs and home visitors.

Grevstad remembers that it all began at a 2010 regional meeting, right at the start of the MIECHV Program, when ACE Interface LLC co-founder Laura Porter presented a plenary session on ACES that really hit home with many conference attendees. ACES continued to be a theme and a topic of conversation at regional meetings. Then, during a 2013 regional meeting, state recipients made a collective decision to transform their conversations into action. An ACES planning committee comprising subject-matter experts, state recipient staff, home visitors, and model developers was formed, and tasked with creating a toolkit that translated complex NEAR science into an easy-to-understand, easy-to-use resource.

The NEAR toolkit contains a plethora of resources for use in any home visiting community, including information on the science behind NEAR and how to become NEAR-informed. The toolkit also includes a theory of change, core elements of a home visit, a readiness checklist, and information on how to apply Continuous Quality Improvement to the NEAR approach.

Grevstad says that as the toolkit is being piloted by Thrive Washington—devoted to advancing high-quality early learning, with a commitment to innovation and equity, throughout Washington state—home visitors and their supervisors use its protocol of asking, listening, affirming, and remembering the life experience of each parent, including his or her ACES history, to promote resilience. Program managers, local implementing agency (LIA) leaders, and state administrators can also use the Near@Home resources to assess their organizational practices and increase their efforts to promote TIC at a system level through their communication and outreach efforts, partnerships, and efforts in connecting at-risk families with the resources they need.

Snapshot 3: Addressing Secondary Traumatic Stress

Because of the emotional toll of listening to and helping a highly traumatized population, home visitors are themselves at risk: Studies show that up to 26 percent of professionals working with traumatized populations and up to 50 percent of child welfare workers are at high risk of secondary traumatic stress. Also known as *compassion fatigue*, STS diminishes the quality of life of home visitors and can affect their emotional and even physical well-being. Symptoms of STS include insomnia, chronic exhaustion, guilt, hopelessness, an inability to listen, avoidance of families, anger, and cynicism. According to NCTSN (2011), the risk of STS for an individual is higher when that person is female, is a highly empathetic individual, has unresolved trauma in her or his own life, has a heavy load of traumatized families, or feels inadequately trained for the position. Ways to mitigate STS include informal self-assessment strategies, caseload balancing, use of a self-care buddy system with professional colleagues, and effective reflective supervision.

Jan Williams, clinical supervisor and past program director of Healthy Families Durham, a MIECHV-funded home visiting program, is aware of how the stresses of working with families experiencing trauma and listening to their traumatic stories can lead to STS for home visitors. Williams believes that reflective supervision helps home visitors develop coping skills and resiliency. Reflective supervision is characterized by three key elements:

- Reflection (“stepping back” to consider the work from multiple perspectives, including how the work is emotionally affecting the home visitor)
- Collaboration (respectful mutual exchange that allows for creating solutions together)
- Regularity (a mutually determined and set schedule for supervision)

Williams notes that supervision should be offered in a “safe” environment, at regular times, in a reflective manner. Safety is created by offering regular supervision times with predictable routines for the session, in a confidential manner, and by building a re-



lationship of trust between the home visitor and the supervisor. Williams shares the following tips for LIAs and program managers to prevent STS and to support staff who experience it:

- Build awareness among all staff—from administrators and supervisors to home visitors themselves—about STS and its signs and symptoms. Include information about STS in the orientation packet for newly hired staff, and provide agency-wide trainings on STS at least once a year. Encourage supervisors to include information about STS in supervision sessions, to monitor home visitors for symptoms of STS, and to encourage self-care.
- Consider using a screening tool with staff, such as the Professional Quality of Life tool, at least once a year. Follow up by having staff develop an annual, individualized, and confidential self-care plan.
- Assess the level of family risk, and use this information to balance caseloads so that no home visitor is overwhelmed by too many families experiencing intense trauma, even if that home visitor is particularly strong at working with these types of families. Research shows that the percentage of families experiencing trauma in a home visitor's caseload has more impact on secondary trauma than the number of families assigned to that caseload.
- Supplement individual reflective supervision with peer group supervision. In Healthy Families Durham, home visitors take turns presenting a case, sharing where they feel successful, where they feel stuck, and how the case is impacting them emotionally. Care is taken to ensure that traumatic details are limited and that the process helps participants focus on how the case is affecting the home visitor. Note: The process can feel more supportive to the home visitor if the structure is clearly established ahead of time and if there is encouragement for comments to be strength-based and empathic.
- Create a culture of wellness in the agency by setting up a "wellness committee" that reinforces work-life balance and supports self-care activities. Foster clear boundaries; for example, do not expect home visitors to answer their phones or respond to e-mails after work hours, and do not engage in conversations about trauma in public places in the workplace, such as halls, bathrooms, or break rooms. Encourage home visiting programs to plan a "team day" off-site with team-building activities that are relaxing and fun.

Note: When STS is already present, increasing access to high-quality reflective supervision by adding additional time or additional sessions may be essential. Occasionally, even reflective supervision is not enough to meet the needs of a home visitor with persistent symptoms of STS, and additional mental health support outside of the agency may be needed.

Healthy Families Durham is part of the Center for Child and Family Health, and Williams says that being part of a larger organization that is also trauma-informed and supports trauma-informed practices has made it easier for Healthy Families Durham to monitor and prevent STS. Administrators at the agency understand STS and value self-care and work-life balance, even allowing an hour of work time each week to be spent on self-care activities planned by the wellness committee. Off-site team days are encouraged a couple of times a year, and budgets are designed to allow supervisors the time to provide regular, high-quality reflective supervision. STS information is included in the orientation packet, reminder trainings are held throughout the year, and supervisors are encouraged to monitor staff for STS symptoms and to continue to ask questions about self-care. Research shows that inadequate supervisory support is directly related to staff turnover. It is to each organization's advantage to put time, energy, and money into the supervisory process.

Creating a Trauma-Informed System of Care

Neal Horen, director of the Early Childhood Division at Georgetown University Center for Child and Human Development, offers this summation of the above snapshots: Home visiting programs at both the state and territory recipient and LIA levels have a unique opportunity to change the life trajectory of children and families. While there are so many demands put on organizations and on home visitors, trauma is so important and needs to remain central to the work. The consequences of not addressing trauma are that millions of family's mental health needs go unnoticed, and thus go untreated. Everyone in the home visiting community, from the regional level to the state/territory and LIA level, has a role in developing a robust trauma-informed system of care. As Dr. Horen adds: You can't be trauma-informed by yourself. Everyone needs to be trauma-informed in order to have an impact on children and families. This type of trauma-informed system of care comes from the top down as well as the ground up. High-level decision-makers and policy-makers are important, but so are local agencies and organizations doing direct work with high-need children and families.

Consider this story: A young mother in a home visiting program in Chicago has spent several months in weekly, sometimes daily, contact with a doula, who is helping to prepare the mother for the birth of her first child. As this relationship has grown, the mother has disclosed many of the traumatic experiences she has been through in her 18 years. The doula realizes that this mother would benefit from working with a community service agency, such as a mental health consultant, and she helps bridge that connection. As the support group around this mother grows, the doula and consultant help the mother realize that she has a strong desire to provide a more promising future for her unborn child. Together, they connect the mother with the local home visiting program, in anticipation of the support she will need once her baby arrives. The home visitor's first in-person contact with the mother goes smoothly, as the home visitor is aware of the mother's traumatic history, and the mother is relieved that she doesn't have to immediately bring up much of her past but can instead focus on her present and on being the best mother she can to her

newborn. The home visitor comes to the first meeting well-informed on the impact of trauma and the warning signs to look for, and she is well-equipped with strategies to help the mother cope, develop nurturing and strong parenting skills, and have a hopeful outlook for herself and her child.

Together, individuals from several systems of care were able to work together to connect this mother with mental health services immediately, rather than wait until the need became more extensive and complex. From her prolonged work with high-risk families, the home visitor is also aware of the effects of stress and has a support system to take care of her own mental health, which in turn helps her take better care of the mental health of those she supports. To develop a trauma-informed system of care, state/territory leaders must understand and be committed to the concept that home visiting doesn't stand alone but rather is part of a bigger early childhood system that includes the child welfare system, child and adult mental health services, and the juvenile and adult justice systems, among others. As the above story shows, creating a successful trauma-informed system of care requires (a) providing professional development and training for home visitors working with families who have experienced trauma, (b) collaborating across systems to support the family's many needs, and (c) fostering awareness of the stress associated with helping high-needs families, and ensuring that home visitors take good care of their own mental health.

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**Celebrate Recovery • Monday Nights***Submitted by: Steven Sage***CELEBRATE
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Happy Birthday to the Following...

**Happy
Birthday
to You!**

R. Walema, Jr.— Feb. 14th
"Happy Valentine's Day!"

R. Sinyella— Feb. 28

Aunty Janette— Feb. 26

Sheldon Powsey—Feb. 19

Love & Miss You Guys, Al-

To the Community

Submitted by: Patrick Gonzales HDJRC

Hello Community Members,

PWWS wood cutting and yard cleaning is a complimentary service provided by the Hualapai Juvenile Detention program. It is intended for the elderly or disabled that have no capable adult one in the home to provide these services. Again, if there are family members in the home males or females over 16 years of age that can do these jobs, we will not be able to assist you.



Our service is only preformed on weekends providing we have enough staff or we have youth in the PWWS program. We only go out cutting wood twice a month when time allows us. When we deliver wood it is not intended to be a full load it is to hold a person over until they can get wood delivered. We do have a list of people and are trying to get to everyone in the order of the list.

Thank you for your patience and have a safe New Year's.

Happy Valentine's Day

Happy Valentine's

Day

Ty & Zy

Mom loves and
misses you always.
Hugs & Kisses.



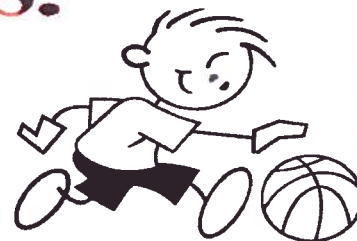
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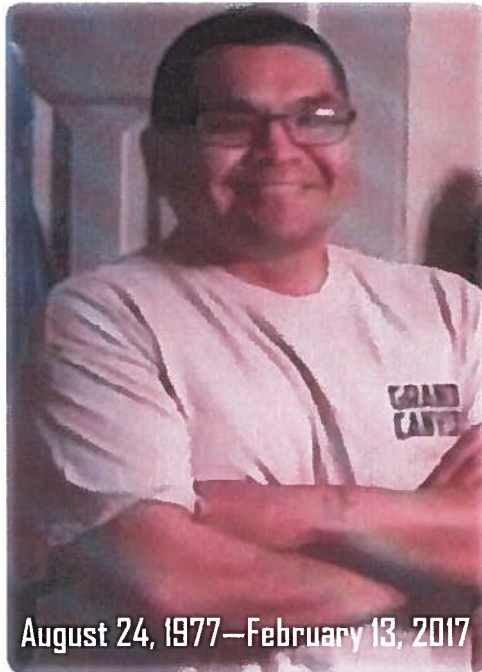
FOR MORE INFO CONTACT THE RECREATION DEPT @ 769.2652



Thank You

Submitted by: The Crozier Family

Forever in Our Hearts



On behalf of Stewart Crozier's Family, losing a loved one out of the blue is hard and emotional- it's a deep pain that seems unbearable, but through the comfort and kind words, and the memories we all can heal- in our own times. Brandon "Frank" Crozier, was a great son, awesome brother, funny, helping uncle, and a great friend to many- HE WAS ONE OF A KIND, had a great heart, and never hurt any one. He will forever be our guardian angel. There will be a million thank you's along the way, especially for being there for him and the family and sending him on his journey. He is at peace and rejoicing with our loved ones and his friends above. Hankyu, Du mah han yu'

Thank you to the Hualapai Tribe, tribal departments, GCRC Corporation, GCW food & beverage, GCW fire & rescue for all the donations, food/water, flowers and support. Our family greatly and deeply appreciated all the support that was given without any hesitations. To the guys that came to our house to help clean up the yard, those that helped dig the grave, the fire pit and put up the posts. Your work was and is greatly appreciated. To the Hualapai Police Department for their escort from Kingman to Peach Springs. A big thanks for all the bird singers and dancers, you all sang and danced with good

hearts and positive thoughts, we felt it and it was a pure send off for Brandon. To the guys who took care of our Brandon all the way through until his burial- THANK YOU!

Thank you to Juvenile Detention Center for providing the extra meals for the family as well as relatives.

To the Community and his Co-workers- Your kind and thoughtful expression of sympathy is deeply appreciated and gratefully acknowledged. All the bird singers and dancers, thank you very much.

For all those that traveled afar, thank you for coming, it meant a lot to my family.

We never realized how Brandon touched many hearts in a special way, whether you were a friend, co-worker or a relative. The tears, hugs, words of comfort were so overwhelming; it brought comfort to our hearts.

Thanks for respecting Brandon's Hopi side of the family with the ceremonial preparations and for showing your comfort and kind words to his family from Polacca and other places they traveled from, they were happy to see that he was loved by many.

A very Special Thanks to our in-law Jonell Tapija, for being with us since day one, holding us together by cooking, cleaning, calling, reminding us, keeping us sane (haha), driving us to get things done and just comforting us at this time.

Life is a journey, Not a destination, live your life and make the best of it- help others along the way, Enjoy life and SMILE! Each day is a new day, make the most of it and be thankful.

With our sincerest Thank You's and appreciation to our Whatoname and Crozier families and relatives much love to you ALL! Hankyu

--Stewart & Adeline Crozier and daughters (Athena, Sonja, Franshon, & Patrece); Nieces (Shauntel, Kay-dence & Shayla); Nephews (Kellen & Rudy Jr. & Tarquin) & his hopi/tewa family

High School Diploma Requirement*Submitted by: Waylon Honga*

February 17, 2017

Peach Springers,

A couple of weeks ago I asked a 20-year-old tribal member what he/she thought about my letters on "personal responsibility."

If you recall, my letters say all able-bodied tribal members need to get a job and keep their job. Tribal members need to take care of themselves. Our Hualapai Tribe is fortunate to have as many jobs as we do. We are rural. We have to drive 50+ miles to get to Wal-Mart. Most tribes in rural settings struggle for jobs. We are lucky and we are smart. It was not easy to get where we are and it did not happen overnight. We are in a good place.

The 20-year-old said a lot of tribal members cannot get a job because they do not have a high school diploma or a driver license. I immediately thought that was a good point because we have many jobs that do not require the employee to drive.

Does a janitor need a high school diploma and a driver's license to do his/her job? How about a dish washer? I was ready to give into the 20-year-old's argument but I thought about it more. As a tribe, a community, we want all of our young people to finish high school. We want them to get a solid education in reading, writing and arithmetic.

So I ask tribal members, "should every job with the tribe and GCRC require a high school diploma and a driver's license?" If we say yes then we are setting a standard which is good because those of us who are older realize the value of an education.

If we say no then it seems practical because an employee does not need a high school diploma and a driver's license to mop the floors or wash dishes.

Our tribal government requires every employee to have a high school diploma and a driver's license; however, GCRC does not. The tribe and the corporation should have the same standard. Whatever it is, it should be the same.

Another thought. A tribal member does not have to have a high school diploma or a driver's license to be on tribal council. A tribal member just needs to be alive, live on the reservation, be at least 25 years old and not be a felon. Our qualifications to be a janitor are higher than it is to be a council member.

I want our tribal members to have high school diplomas. I would also like our tribal members to have a drivers license for their jobs but maybe it should not be a requirement. If you do not have a driver's license, you are playing with fire every time you drive a vehicle in Kingman (or anywhere off our land).

The Hualapai Tribe should require all jobs to have a high school diploma. This means GCRC needs to get on the same page as the tribe.

Those of us who are older, we know time flies and we know the value of education. We should set this standard and simply expect all of our young people to get their high school diplomas. No ifs, ands or buts.

If you agree with me then fine. If you do not then please let our council members know. This is a democracy. Our council members are elected by us. They are supposed to listen to us, our wants, our needs.

Thank you for your time.



Waylon



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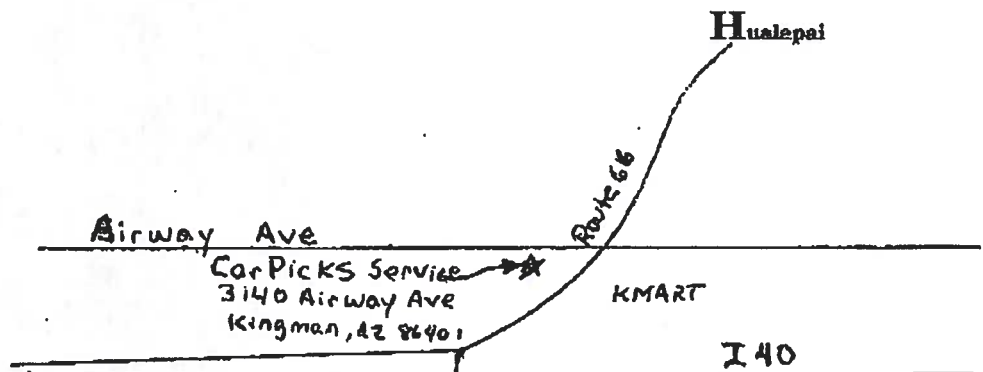
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Hualapai Transit

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