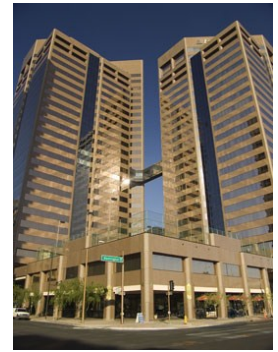




Phoenix Area Monthly Newsletter

“Committed to Patient Care”



July 2012 Issue

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Behavioral Health Note: IHS Methamphetamine & Suicide Prevention Initiative (MSPI)



The Methamphetamine and Suicide Prevention Initiative (MSPI) is a national pilot demonstration project focused on addressing two of the most pressing public health concerns in American Indian and Alaska Native communities -- methamphetamine use and suicide. Suicide is the second leading cause of death for Indian youth ages 15-24. Individuals who die of suicide typically have a substance abuse problem. In a seven year study researchers found drug users who were injecting meth had an 80% higher risk of attempted suicide. To address the growing epidemic the Federal Government is providing MSPI grants funding.

There is Hope

The MSPI grant funding provides funding to innovative Tribes, Tribal organizations,

Federally-Operated, and Urban Indian Health programs to provide methamphetamine and suicide training, prevention and treatment services. Phoenix Area continues to work to implement effective treatment and prevention programs in Indian Country.

Through the IHS Division of Behavioral Health, Methamphetamine and Suicide Initiative Desert Visions and Nevada Skies Youth Wellness Center continues to implement a model practice designed for Methamphetamine and Suicide reduction. During the month of May an intensive onsite training and consultation for the purpose of implementing Dialectical Behavior Therapy (DBT) in the treatment centers was provided. DBT is a therapy to treat individuals who present symptoms of mood disorders.

Through mindfulness, the introduction of spiritual, traditional Native practices is woven into the evidenced-based practice of DBT. Twenty staff members and Tribal partners participated in the week long training. Phoenix Indian Medical Center Behavioral Health Department also a recipient of the funding screens patients on a regular basis for drug use and offers appropriate assessment and referral. With MSPI funding, a partial-day Serious Mental Illness (SMI) treatment group was incorporated with education, medical care, supportive therapy, and ‘hands-on’ training in life skills.

Methamphetamine and suicide is an epidemic in our American Indian and Alaska Native communities with MSPI grant funding Indian Health Service and other Tribal, Urban programs will continue to provide innovative and culturally sound preventive and treatment services to our communities.

Improving Contract Health Services

Improving the Contract Health Services (CHS) program is a top priority. The Indian Health Service Contract Health Services program Director’s workgroup recently completed their second set of recommendations to improve the Contract Health Services program. In efforts of ongoing Tribal Consultation the recommendations were shared with Tribal leaders.

The Agency implemented the Workgroup’s first four recommendations: Evaluate Tribal Support for Set-Aside of Future CHS Program Increases for Health Prevention and Screening Services; Measuring CHS Unmet Need; Improve System-Wide Training, Orientation, and Processes; and Review and Update Part 2, Chapter 3, “Contract Health Services” of the *Indian Health Manual*. The Workgroup has continued to review the CHS program and build on feedback provided to improve the CHS program.



Outstanding Alumnus Spring 2012

Commissioned Corps Officer, Justin Tafoya, who is stationed at the Whiteriver Service Unit was nominated as the Spring 2012 Outstanding Alumnus for Northern Pioneer College. Carol Stewart, Nursing faculty nominated Justin for the award because of his dedication to Public Health Nursing and his involvement with educational outreach to the community.

He was presented the award June 19 during a District Governing Board Meeting in Holbrook, held at the Navajo County Community College.

Justin joined the Whiteriver Hospital in 2008 and joined the Commissioned Corps in August, 2011. He currently works as a Public Health Nurse and holds a Bachelor in Nursing and is currently working on his Master's in Science of Nursing Informatics. As a Public Health Nurse he dedicates his time to serving the Rocky Mountain Fever Coalition; validates immunization standards and requirements; provides Basic Life Support instruction to hospital staff and tribal community members; and serves as one of the coordinators for communicable disease (TB) and sexually-transmitted infections surveillance and treatment program.

Rocky Mountain Spotted Fever (RMSF) death tolls have risen on San Carlos and White Mountain Apache Reservations. Justin's role in RMSF coalition was crucial in prevention and education to the community. He took part in a three member team in 2011, developing a flip chart used to educate Head Start and elementary school children in the two communities. He is actively involved in prevention and distribution of dog flea collars and pesticide in our Tribal communities. Further education and development in the communities on RMSF or other diseases is essential in the reduction and/or elimination of the disease.

Due to the increase in sexual transmitted disease, his role as the sexually transmitted infections surveillance and treatment coordinator is essential in prevention and education to the community. Justin sponsors Recovery Sessions education and frequently speaks to high school juniors and seniors about consequences of their actions.

Staying innovative and responding to change is Justin's specialty. He developed a step-by-step instructional guide on the Electronic Health Record for the Family Care Unit and Emergency Department nursing staff; receiving national recognition. The brochure is adopted for use by other Indian Health Service Units. Currently Justin is working with Chief Executive Officer Michelle Martinez, and Jonathan Flitton to incorporate social media, Facebook, into the healthcare environment; Whiteriver Hospital's Facebook went live April, 2012.

As a commissioned Public Health Nurse, he is also part of the Rapid Deployment Force 5 Team. The team can be called out with a 12 hour notice to assist in natural disaster. Justin is also a devoted family man, spending quality time with his wife, Amy, and daughter, Kinsley.

As the Outstanding Alumnus for Spring 2012, Justin will receive a tuition gift certificate and mementos from the college.



Nominator Carol Stewart, Justin Tafoya

“Sometimes it’s the little things in life that you need to take note of”

Justin Tafoya



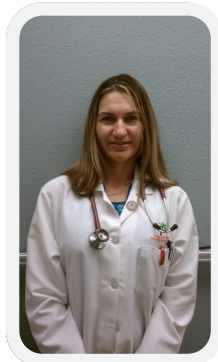
CAPT Marie Russell

CAPT Marie Russell joins the Phoenix Area as Deputy Chief Medical Officer, July 2012. CAPT Russell holds a medical degree from the Uniformed Services University of Health Sciences and a Masters in Public Health from the University of Massachusetts. She previously worked in leadership roles at Phoenix Indian Medical Center since 2004 where she worked as Chief of Medicine (Acting) and the last year as Clinical Director (Acting) where she oversaw the Diabetes Center of Excellence, the Oncology Center of Excellence, and the HIV Center of Excellence. Dr. Russell is a sports enthusiast competing in triathlons and running events.



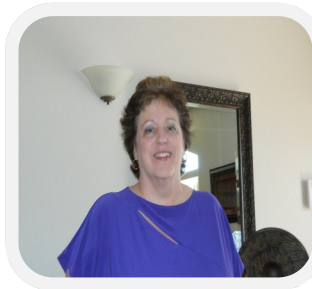
Cathy Welchert

Cathy Welchert joined the Elko Service Unit as the Chief Executive Officer in June, 2012. Cathy started her career in Indian Health Service seventeen years ago where she worked in Aberdeen, SD. In 2001, she transferred to Colorado Service Unit, Phoenix Area, holding various positions up to interim CEO. Most recently, she served as the Phoenix Area Office Budget Officer. As the Chief Executive Officer, Cathy is responsible for providing administration and direction to clinical operations of Southern Bands Clinic in Elko, Nevada.



Dr. Melinda Astran

Dr. Melinda Astran joined the Parker Indian Health Center as a Medical Officer, Primary Care, January, 2012. Dr. Astran holds a Doctor of Medicine from the University of Texas Branch. She previously worked at La Paz Regional Hospital Clinic Services, as Medical Director in Clinic Services. Dr. Astran joined the Parker Indian Health Center with a goal of providing patients with healing methods and recognizes patient care is more than just being a doctor. Dr. Astran initially went into private practice in the U.S. Virgin Islands but returned home to be closer to her family. She speaks fluent Spanish.



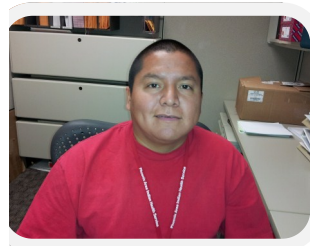
Kathleen Figler

Kathleen Figler joined the Parker Indian Service Unit as a Family Nurse Practitioner, April, 2012. She received her Masters of Science in Nursing from Virginia Commonwealth University. She previously worked at The School Based Health Center, as Family Nurse Practitioner. She's worked as a Family Nurse Practitioner since 1989 and has expertise in Women's Health. She enjoys creative writing and has quilted for more than fifteen years.



Victoria McCraith

Victoria McCraith joined the Phoenix Area as an Administrative Support Assistant, Office of Health Programs June, 2012. She comes to us from the Phoenix Indian Medical Center where she worked as Medical Support Assistant, OB Inpatient Ward. Victoria has two sons who are serving in the United States Army and volunteers for the Military Blue Stars Mothers. She also spends her free time volunteering for United Way Federal Campaign and supports her children in Rodeo events.



Delmer Francisco

Delmer Francisco joins the Phoenix Area as a Human Resource Assistant May, 2012. Delmer joins us from Phoenix Area Human Resources where he worked in a temporary appointment. Prior to working with Indian Health Service Delmer came from Western Window Systems where he worked as a Saw Department Supervisor. Delmer's past time hobbies are playing softball and woodworking. Camping and fishing are his favorite outdoor activities.

Explanation of Four Priorities

The Phoenix Area is taking action to improve services for American Indian and Alaskan Natives we serve by implementing the Indian Health Service's (IHS) Four Priorities. This was a response to Tribal leaders, staff and patients to change and improve the Indian Health Service by setting four priorities in place to guide the work of the agency in the coming years.

The IHS Four Priorities reinforce the common goal of improving Indian Health Service; Renew and Strengthen the IHS Partnership with Tribes, Reform Indian Health Service Management, Improve the Quality of and Access to Care and Make Our Work More Transparent, Accountable, Fair and Inclusive. Gaining an understanding of the Four Priorities will result in the support to change and improve Indian Health Service.



Renew and Strengthen the IHS Partnership with Tribes

To help create the vision for IHS reform we need to strengthen our partnerships with tribes. Tribal consultation is an essential tool in understanding unique needs and ensuring government to government relations. Consulting with Tribal leadership results in better decisions for the future of Indian Health Service. The only way to improve the health of our communities is to work in partnership. We are bettering tribal consultation by making the information on consultations more widely available, giving more time for response. Holding tribal delegation meetings will give a broader understanding of tribal needs and ensures outstanding issues are addressed in a timely manner.

To bring reform to the IHS

Our second priority is, in the context of national health insurance reform, to bring reform to Indian Health Service. This priority has two parts. The first part includes passage of the health reform law, the Affordable Care Act, which includes IHCIA. This act will make quality and affordable healthcare accessible to all Americans. It is designed to increase access to health insurance, help create stability and security for those who have insurance, and reduce healthcare costs. Both laws have the potential to benefit American Indian and Alaska Native individuals, tribes and Indian health facilities by increasing access to healthcare and insurance coverage, potentially making more third party resources accessible and reducing cost of services.

The second part is internal IHS reform and how we change and improve our changing and organization. Reforming IHS means looking at what we are currently doing. Tribal priorities for internal reform include funding, how we allocate funding and improvements in the CHS program, improving HR functions within IHS Headquarters and all IHS Area Offices, UFMS, tribal consultation, and budget formulation.

Improve the Quality of and Access to care

Improving customer service is an important activity for us as we move forward. The Improving Patient Care (IPC) is an important part of how IHS progresses on this priority. The aim of the Improving Patient Care program is to change and improve the Indian Health system. IPC will develop high performing and innovative healthcare teams to improve the quality of and access to care. The results will be a medical home that sets new standards for healthcare delivery and further advances the health and wellness of the American Indian and Alaska Native people. The goal is to engage more than 100 facilities in this work by 2013. Together, we will improve access and continuity, decrease utilization of emergent and urgent care, improves staff satisfaction, and improve health and health care outcomes as measured by the Clinical Reporting System and reported in the Government IPC website.

To have everything we do be Transparent, Accountable, Fair and Inclusive

Our fourth priority is to make everything transparent, accountable, fair, and inclusive. These principles guide our work and decision-making, Accountability for individual program performance, Communicate better with organizations that we fund to provide health services in urban communities, and Increase transparency by providing the most updated information on Indian Health Care.

To review the most recent update on the Director's Four Priorities click the link below.

<http://www.ihs.gov/PublicAffairs/DirCorner/docs/UpdateonPriorities22610.pdf>

Author;
Dr. Yvette Roubideaux

ICD-10 Transition



Effective April 17th the Department of Health and Human Services published in the Federal Register a proposed rule that would delay the compliance date for ICD-10 from **October 1, 2013 to October 1, 2014**. If the proposed date becomes final it will enable enhanced preparation for this important transition.

To improve quality of and access to care, Phoenix Area identified an International Classification of Disease-10 (ICD) team. The

ICD-10 team holds bi-weekly meetings, led by Marie Strom, ICD-10 Coordinator. The meetings review progress of the team with updates regarding the timeline grid provided by IHS ICD-10 National Steering Committee.

The goal is to prepare for transition from ICD-9 to ICD-10 implementation.

The conversion of ICD-10 will meet HIPAA mandates and collect data resulting in better outcomes of care.

Phoenix Area is taking advantage of the increased time for compliance by becoming proficient in coding systems and training other coding professionals. DaJuanna Bissonette, Health Information Management, will attend an Academy for ICD-10 : Building Expert Trainers in Diagnosis and Procedure Coding, upon certification will train other coders in Phoenix Area.



Successful Implementation of OPTION 1

As a result of Arizona's decreased revenues and fewer dollars available to cover the State's share of the Arizona Health Containment Care Cost System, the State of Arizona reduced the AHCCCS program by a near 2.5 billion dol-

lars over the past couple of years. These reductions came in the form of elimination and limitation on certain AHCCCS-covered services and certain AHCCCS-covered populations. The impact of these reductions resulted in a significant loss of Medicaid revenues for IHS and 638 facilities that serve American Indian AHCCCS members. This impact was shared by IHS and 638 facilities even though payments for these services were 100% federally-funded and had no financial impact to the State of Arizona. After careful review through consultation with Tribes, two waiver requests were submitted in 2010 and in March of 2011 to the Centers for Medicare & Medicaid Services (CMS) to restore reimbursements

for the reduced services and populations. Earlier this year, CMS approved the latter waiver request in order to ensure the financial sustainability of IHS and 638 providers in Arizona. Once threatening the Indian health care delivery system in Arizona, loss in reimbursements from AHCCCS due to Arizona's budget cuts were addressed through federal waiver approval to reimburse IHS and 638 facilities for uncompensated costs.

IHS and 638 facilities in Arizona were presented with two options from which to choose in order to obtain the reimbursements:

Option 1: An Encounter-Based Approach, or
Option 2: A Historical Data Approach.

The Phoenix Area developed and provided IHS and 638 facilities with tools in making informed decisions as to what approach to select. The Phoenix Area made the decision to choose Option 1: An Encounter-Based Approach.

In an effort to ensure timely and efficient implementation, the Phoenix Area developed an additional page within RPMS called "Page 11," designed to enable the IHS facilities to capture the necessary data to submit to AHCCCS for payment. The process was shared with the Navajo and Tucson Areas as well as interested 638 facilities. An Option 1 Implementation Packet was also developed for use by IHS and 638 facilities choosing to implement Option 1.

Since Page 11 has been created, IHS facilities within the Phoenix Area have the ability to obtain reimbursement under Option 1 on a monthly basis. Several facilities have collected a significant amount of reimbursements under Option 1, which can then be used to continue the provision of services to American Indians that utilize the IHS system. Page 11 and related reporting tools continue to be refined so accurate and up-to-date data is collected for purposes of reimbursement.

Public Health Matters: Phoenix Interactive Learning Session

The Phoenix Area Indian Health Service (IHS) is beginning a series of web-based training sessions using the "Adobe Connect" web conference tool to promote a better understanding of the programs we administer. These monthly, on-line sessions will provide an interactive forum to foster learning, collaboration and partnership.

The purpose of each session is to improve understanding of a variety of topics of interest to community leaders,

tribal health service programs and IHS employees. The focus each month will be on a different topic to provide an opportunity to learn about a specific program and/or activity of interest to you. In addition, this will provide you a forum for feedback and sources for further information as well as an opportunity to provide guidance by recommending future topics.

July's second Interactive Learning Session will cover the **IHS Electronic Health Record and**



the "Meaningful Use" requirement under the **HITECH act**. Phoenix Area's next learning session is scheduled for July 30th, 9 a.m.

Training materials can be found on Phoenix Area Internet site.

<http://www.dev.ihs.gov/Phoenix/index.cfm?>

Medicare Condition of Participation (CoPs)

Centers of Medicare & Medicaid Services (CMS) developed Conditions of Participation (CoPs) rules that hospitals must meet in order to begin and continue participation in the Medicare and Medicaid Programs. The Medicare CoPs is the basis for hospital quality standards that IHS hospitals must adhere to and what accrediting organizations, such as The Joint Commission are deemed by CMS

to ensure hospitals are performing. Every hospital that accepts payment for services provided to Medicare & Medicaid patients must comply CMS developed CoPs. The recently announced changes to the CoPs prompted trainings and webinar sessions across our hospitals and clinics.

San Carlos recently coordinated with Arizona Hospital and Health Care for a three part Webinar Series: 2012 CMS Conditions of Participation. Phoenix Area participated in the Medicare CoPs Training held June 4-8, 2012 in San Diego, California. Topics included Accreditation vs. Certification, Medicare Conditions of Participation, How we determine levels of Non-Compliance, and survey process and method.

PIMC Plans for the Future



The Phoenix Indian Medical Center's (PIMC) goal is to provide a medical facility improving the quality of care. PIMC developed and implemented the processes for the strategic plan April, 2012. The PIMC Strategic Plan process entailed an

series of meetings over the past year with the Phoenix Area Office Executive staff, Phoenix Area CEOs, the tribes of the Phoenix Service Units and the leadership

staff of PIMC. The work of the Strategic Plan include six workgroups with 6 hospital staff assigned to each work group.

The Strategic Plan covers six areas of the hospital operations: Develop the scope of services for PIMC, Improve Customer Service, Develop the Medical Home for Patient Care, Enhance Executive Leadership, Improve staff accountability and Remove Organizational Silos. In April and May the Phoenix Indian Medical

Center leadership met with staff and Phoenix Service Unit Tribes and Nevada Indian Health Board to communicate the Strategic Plan.

PIMC's objective is to improve the access and quality of care for our patients by expanding specialty services, enhancing our medical home, improving interdepartmental communication and providing a higher level of customer service to provide a quality experience for our patients.

Environmental Sustainability

Did you know?...

Carpooling with just one friend/coworker could save each of you around \$650 a year on gas.

In April of 2011, a group of pharmacists at the IHS Colorado River Service Unit (CRSU) initiated a carpool project in response to rising gas prices and increased traffic in their area. Since the projects' inception, the team's carbon emissions, gas consumption, and breakdowns have decreased by 66 percent.

Congratulations to the CRSU Pharmacy Carpool Project for Receiving the 2011 HHS Corporate Responsibility Award !!!



Save money and the environment. Start a carpool program today!

Schedule of Events and Observances

- July - Cord Blood Awareness Month
- July-UV Safety Month
- National Cleft & Craniofacial Awareness Month
- Firework Safety Month
- July 4th- Independence Day

What is the main cause of skin cancer?

Being exposed to UV radiation from the sun

July 2012

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4 Independence Day	5 Parker Governing Board Meeting	6	7
8	9	10	11	12	13	14
15	16 Phoenix Area Listening Session- Dr. Roubideaux 1-3 pm Phx Area	17	18 Uintah -Ouray with Business Committee	19 Fort Yuma Governing Board Meeting	20	21 Native Health Strategic Planning Meeting
22 Parent's Day	23	24 Phoenix Area Behavioral Health Conference	25 PIMC Governing Board Meeting	26	27	28 World Hepatitis Day
29	30	31				

Outstanding Contribution and National Recognition

Scott Gibson, Registered Nurse and Elma Dosela, Health Technician along with Leah Westover were nominated for Special Recognition and National Recognition for outstanding contributions to Whiteriver Indian hospital.

Scott Gibson registered nurse for Whiteriver Hospital is awarded Clinical Nurse of the year for Indian Health Service. For the past four years Scott has worked in the Emergency Department. Elma who also

works in the Emergency Department was awarded the Ancillary Nursing Assistant of the Year. Elma is a life-time resident of Whiteriver. The awards ceremony was held in San Diego and sponsored by the IHS Nursing Leadership Conference.

Leah Westover, Registered Nurse and Clinic B Team Leader, received National recognition as 2012 Carruth Wagner Nurse of The Year. She will receive her award at the 2012 United States Public Health Service Scientific and Training Symposium during Nurse Category Day.



Scott Gibson, Elma Dosela, Leah Westover

Outstanding Achievement

CDR Stephen Navarro was nominated for the USPHS Achievement Medal for Outstanding achievement in nurse recruitment. Acting Nurse Executive, Mary Harding stated, "Since becoming the Acting Nurse Executive for Whiteriver Service Unit, Steve recruited over forty Registered Nurses for Whiteriver Service Unit". CDR Stephen Navarro is

highly committed to nurse recruiting and is instrumental in the recruitment of health professionals for the Phoenix Area.

CDR Navarro maintains professional development with his certification as Certified Medical Staff Recruiter and collaborates with Human Resource in the hiring process. In addition, he serves with USPHS Nurse Applicant Workgroup (NAW) for nursing.



CDR Stephen Navarro

Governing Body (GB) Coordinator receives IHS Director Award

Margaret Brady **is nominated** for the Indian Health Service Director Award. Margaret works as a Program Manager for the Phoenix Area Quality Assurance Program.

In collaboration with the Phoenix Area Director, Margaret created a template for governance best practices providing a foundation for the IHS Hospital Consortium collaborative improvements. Margaret developed standard agendas focused on

reporting formats, provided pre-GB meeting site visits to service units across the Phoenix Area, and coordinated travel and meeting arrangements for both Area and service unit staff.

She works to support the Phoenix Area Director's vision of increasing the quality of care provided at the Phoenix Area health care facilities through the establishment of standardized governance structure, bylaws, and reporting, in order to focus on quality of care standards and access to care issues at the governance level.



Arizona Highlights

Ambulatory Care

An agreement was reached in May with Native Urban Clinic and Phoenix Indian Medical Center to partner and expand ambulatory care services to Native patients. Native Health will begin attending strategic planning meetings in July.

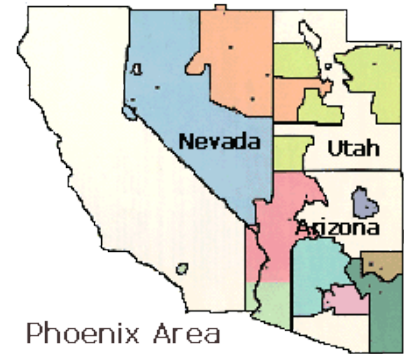
Networking with Agencies

Phoenix Indian Medical Center attended the Community Health Improvement Council meeting in May to

define a scope of work to address the high prevalence of diabetes, cardiovascular disease, and obesity among the Native population in the Phoenix Area. Networking with other agencies will improve coordination of care and expand or services for patient care

Whiteriver moves forward with Sexual Assault Response Team

Whiteriver Service Unit is taking action to establish a Sexual Assault Response Team (SART). In June, 2012 a meeting was conducted to discuss moving forward with the program and update policies



and procedures. Last year Indian Health Service implemented its first sexual assault treatment policy, with consultation of tribes. SART will establish regular meetings to address the problems of sexual assault in the Whiteriver community.

Working with Centers of Disease to combat RMSF

Hopi Health Care staff is currently working with Center's or Disease Control to review final reports for confirmed cases of Rocky Mountain Spotted Fever, the data will be shared with the Vice Chairman, Hopi Tribe and the Director of Community Programs. Hopi Health Care is encouraging continuous education and preventive activity in the communities.

The following outreach and prevention is coordinated with Hopi Tribe and Indian Health Service; Education to providers: Poster display's in patient waiting area; Hopi Tribe purchased tick collars for distribution; Planned surveillance; IHS will collect ticks during rabies clinics for intervention; and educational announcements through Hopi Radio KUYI.

“Working in Partnership to Improve Quality and Access to Care for our Patients.”

Major improvement to Bylas Dental Clinic



On June 4, 2012 a walkthrough was held at the new Bylas dental clinic. The San Carlos Apache Tribe is constructing a 3-chair dental clinic in Bylas, AZ under a 638 Subpart J construction contract with the IHS. The tribe has completed the majority of the work on the new dental clinic. The Ser-

vice Unit will move forward to begin services during summer of 2012.



Nevada Highlights

Elko Service Unit Awarded IHS Director Award

Elko Service Unit (ESU) Improvement Team will receive the Indian Health Service Director's Award. Elko Service Unit (ESU) became the first Indian Health Service facility to be deemed Medical Home status by the Accreditation Association for Ambulatory Health Care (AAAHC). This was achieved through the hard work, team spirit, and innovative processes of the ESU Improvement Team, as well as the entire staff of the ESU's success.

The ESU Improvement team was formed January 2011 in response to the Service Unit efforts in establishing the IHS IPC-3 initiative. Establishing best practices and following The Indian Health Service Priorities was an indicator for ESU's success.

ESU significantly improved the quality of and access to care as demonstrated by the clinic's many outstanding GPRA scores, substantially increased patient satisfaction scores, achieving an 81% patient empanelment rate in five months, and receiving Congressional and Senatorial recognition for overall immunization rates in

Nevada in 2011.

During the process the team worked with the Te-Moak Western Shoshone tribe, strengthening partnerships to achieve the common goal of quality patient care.

The Elko Service Improvement team consists of Pam Gaines-Team leader; Kirin Madden; Ruth Hawkins; Trisha Price; and Donald McKenzie. The IHS National Director's Award Ceremony will be held at Smithsonian National Museum of the American Indian on Thursday, August 2, 2012.

HIV Grant

Elko Service Unit is awarded a \$25,000 HIV grant. The grant will assist in costs for universal HIV screening on patients between the ages of 13-64. This grant will also help cover increased screening of other STDs in this age group. More information will be forthcoming as this program rolls out.

Healthy Habits

On June 24, 2012, Jim Rogers, Contracting Officer, Reno Service Office, took 4th place in the Olympic distance triathlon, 55 – 59 year age category, in San Jose, California. Jim received a time of 2:58:07. Jim's participation in the event is in preparation for the Ironman 70.3 Vineman triathlon, July 15, 2012. The Ironman 70.3 triathlon will consist of a 1.2 mile swim, a 56 mile bike ride and a 13.1 mile run. The Ironman

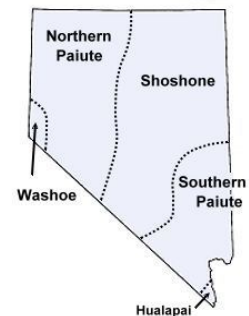
Triathlon will take place in Sonoma County, CA.

Immunization Update

Elko Service Unit was given a 100% compliance rating for the immunization program. The Nevada State Health Division Immunization Program conducted an on-site audit of the service unit's immunization. The immunization program is currently in compliance with all state regulations.

Dialectical Behavior Therapy (DBT)

Through the IHS Division of Behavioral Health, Methamphetamine and Suicide Initiative, Desert Visions and Nevada Skies Regional Treatment Centers continue to implement a model practice designed for Methamphetamine and Suicide reduction. During the week of May 21-25, 2012, Behavioral Tech provided intensive on-site training and consultation for the purpose of implementing DBT in the treatment center and supporting model utilization by referral sources and aftercare partners. Twenty staff members and tribal partners participated in the week long training that was held on-site at Nevada Skies Youth Wellness Center. The centers began weekly DBT skills practice sessions with treatment team members. Additional DBT training and skills practice sessions will be offered throughout the coming year to ensure that Desert Visions- Nevada Skies Youth Wellness Centers fully implement Dialectical Behavior Therapy as we serve youth with alcohol and drug problems.



Utah Highlights

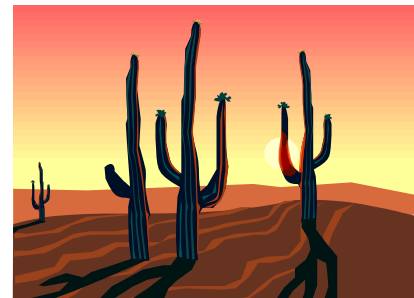
Uintah and Ouray Service Unit

Uintah and Ouray Chief Executive Officer met with Tribal Business Committee Membership. Topics discussed Customer Service Training, Veterans MOA, Governing Body, Tribal Environmental Conference, Contract Health Services,

Community and Emergency Response Plan

The CEO presented a proposal for Customer Service Training, which includes training to all Tribal Departments and Uintah and Ouray Service Unit.

Tribal Business Committee will provide the venue and food for Customer Service Training.



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**Thanks to those who
provided input .**

July Spotlight: Missy Youvella

Missy Youvella, HR Assistant (Military) joined Indian Health Service sixteen years ago as a computer assistance at Hopi Health Care Center. She currently works for Department of Commission Corps as a Human Resource Assistant (Military) and is stationed in Human Resources Department Phoenix Area. Missy is also a lead maintenance clerk for the Southwest Region. She spends her time processing personnel actions for Commission Corps Officers.

Missy enjoys spending time with her family. She has two boys, twenty-three and nineteen and grandchildren, six and two. One of her true loves is running, recently she participated in the Pat Tillman Run. Missy has resided on the Hopi Indian Reservation for most of her life and is from the Hopi/Tewa Tribe.



Update: Vista Imaging

Indian Health Service adopted the Veterans Health Administration (VHA) program Vista Imaging (VI), in 2006, to serve as its multimedia component for the RPMS Electronic Health Record (EHR). The VistA Imaging System (VI) is an extension to the RPMS hospital information system. VI enables EHR users to view scanned documents and clinical images (photos, radiographs, etc.) that are linked to a patient's electronic health record.



Successful Implementation

Recently Parker IHS acquired VistA Imaging services. The system allows scanned documents, X-Ray, Bone Density and Ultrasound Modalities to be viewed in patient's record. Patients along with doctor can view condition treatment plans and participate in treatment decisions. Clinicians will spend less time locating images and more time treating patients thanks to VistA Imaging System.

Can you find and identify who the person is in the hidden picture? The Picture is hidden somewhere in the Newsletter. Please submit your "guess" to the following email address: SWRCommunicate@ihs.gov