

ARIZONA DEPARTMENT
OF HEALTH SERVICES

September 2, 2016

The Honorable Douglas A. Ducey
Governor
1700 West Washington
Phoenix, AZ 85007

Re: Annual Tribal Consultation Report

Dear Governor Ducey:

Pursuant to Executive Order 2006-14, Consultation and Cooperation with Arizona Tribes, submitted herewith is our Annual Tribal Consultation Report for the July 01, 2015 – June 30, 2016 Fiscal Year. I am pleased to submit this report highlighting our tribal consultation activities with the Indian Nations of Arizona.

Our Native American Liaison is Michael Allison. His telephone and email contact information is: 602-364-1041 and michael.allison@azdhs.gov.

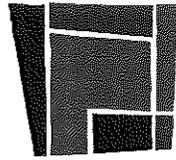
Sincerely,

A handwritten signature in black ink that reads "C.M. Christ MD".

Cara M. Christ, MD, MS
Director

cc: Colby Bower, Assistant Director, ADHS
Michael Allison, Native American Liaison, ADHS
Kristine FireThunder, Policy Advisor on Tribal Affairs, Governor's Office

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ARIZONA DEPARTMENT OF HEALTH SERVICES

Tribal Consultation Policy Annual Report For Fiscal Year 2015-16 (7/01/15 – 6/30/16)

GOAL – Decrease Tribal Health Disparities and Maximize Tribal Access to Critical Health Services

OBJECTIVES	ACTIVITY AND PERFORMANCE MEASURES (how the activity provided customer service, improved state delivery service, and/or improved quality of life)
<p>Objective 1: Establish Communication Channels with Elected Leadership and Health Departments of each Tribe to Increase Tribal Knowledge and Understanding of ADHS Programs and Policies</p>	<p>6/14/16: The final report for the Arizona Department of Health Services (ADHS) Maternal, Infant, & Early Childhood Home Visiting tribal consultation meeting (MIECHV) Report was transmitted to the Arizona tribal leaders and health directors. Customer service was performed enhancing the working relationship between ADHS and the Arizona tribal nations on maternal & child health programs.</p>
<p>Objective 2: Provide for Ongoing Information Exchange and Mutual Understanding</p>	<p>9/22/15: Personnel from the ADHS Bureau of Tobacco & Chronic Disease (BT&CD) participated in a Navajo Nation Smoke-Free Policy Conference held at the Fort Defiance Chapter House on the Navajo Nation. An improved quality of life was promoted through mutual support for the recent adoption of the Navajo Nation commercial tobacco smoke-free policy.</p> <p>11/17/15: The ADHS BT&CD tribal cancer collaborative program sponsored the 9th Annual Tribal Collaborative Conference in partnership with the Navajo Nation, Hopi Tribe, Tohono O’odham Nation, Gila River Indian Community and the San Carlos Apache Tribe. Clinical and cancer prevention presentations improved state delivery of service and provided important information to tribal entities.</p> <p>12/28/15: Tribal health directors and tribal directors of vital records were informed, through an official ADHS communication, on the status of the ADHS administrative rulemaking related to birth and death certificates. Customer service was performed by informing the tribal nations about the process of altering administrative rules and complying with state laws passed by the legislature concerning tribal</p>

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	<p>delayed birth certificates for American Indians born before 1970.</p> <p>5/18/16: The ADHS Bureau of Public Health Emergency Preparedness (BPHEP) sponsored a Tribal Public Health and Safety Summit. Customer service was provided by sharing with tribal representatives current best practices on emergency preparedness.</p> <p>The ADHS BPHEP provided support for monthly meetings of the Arizona Tribal Executive Committee, the leadership of the Arizona Tribal Public Health Emergency Preparedness (TPHEP) Coordinators. Improved quality of life was provided by collaborating with TPHEP Coordinators on life saving knowledge to be used during public health emergencies.</p>
<p>Objective 3: Engage in Open, Continuous and Meaningful Consultation on a Government-to-Government Basis</p>	<p>ADHS Bureau of Women’s and Children’s Health (BW&CH) MIECHV Program continued the intergovernmental agreement (IGA) funding to the White Mountain Apache Tribe and expanded IGA funding to three additional tribes, the Cocopah Indian Tribe, the Hualapai Tribe and the Navajo Nation. Customer service was provided expanding the IGA funding relationships to three additional Arizona tribal nations.</p> <p>The BW&CH extended a \$94,405 Health Start IGA to the San Carlos Apache Tribe (SCAT). The IGA, when approved by SCAT will allow for tribal community health representatives to be trained in providing home visiting services. Quality of life will be provided by home visitations to reservation families.</p> <p>6/01/16: The Ak-Chin Indian Community Tribal Council approved the signing of a memorandum of understanding (MOU) to allow for ADHS certification of a tribal emergency medical services (EMS) training center located on reservation lands. Customer service was provided by supporting the desire of the Ak-Chin Indian Community to have their EMS training center state certified by ADHS.</p> <p>The ADHS BT&CD provided IGA funding to two tribes, the Hopi Tribe and the Kaibab-Paiute Tribe. The tribes utilized the funding to work with youth coalitions and community members to reduce the impact of commercial tobacco abuse.</p>

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<p>Objective 4: Seek Timely Consultation with Tribes to Discuss Potential Changes to High Level Policies that would have a Significant Impact on Arizona Indian Tribes. Provide Relevant Background Information on the Consultation Topics so that Tribal Officials may fully Consider the Information when Providing Recommendations to the Department</p>	<p>9/02/15 & 9/14/15: The ADHS Office of Vital Records conducted conference call meetings with tribal vital records staff from the San Carlos Apache Tribe, the Tohono O’odham Nation and the White Mountain Apache Tribe.</p> <p>The implementation of the tribal delayed birth certificates substantive policy statement improved the quality of life for Arizona Native American elders born before 1970 as many of these elders are now able to secure delayed birth certificates.</p>
<p>Objective 5: Conduct Communications within the Department to Ensure Consistent Applications of the Department’s Tribal Consultation Policy and Review the Policy Annually</p>	<p>Michael Allison, ADHS Native American Liaison, reported weekly his activities and informed the ADHS Director and Assistant Director for Policy and Intergovernmental Affairs of the department’s tribal consultation activities. Tribal customer service was improved by ADHS adherence to Executive Order 2006-14.</p>
<p>Objective 6: Include Tribal Representation in State Plans Negotiations as they relate to the Tribes, between the Department and Federal Agencies such as CDC</p>	<p>ADHS, in partnership with AHCCCS and the Deputy Inspector General for provider enrollment worked with the Navajo Nation and the Tohono O’odham Nation on the implementation of MOU/MOAs to allow ADHS courtesy surveys of private providers operating on reservation lands in lieu of state licensing. Quality of life was improved on reservation lands by providing the opportunity for additional AHCCCS providers to serve tribal populations.</p>
<p>Objective 7: Establish or Participate in Joint Tribal, State, Federal Workgroups to Address issues Affecting Indian Tribes and American Indians in Arizona</p>	<p>ADHS established a work group comprised of representatives from tribal, Indian Health Service, the Inter Tribal Council of Arizona to develop the 2013 Arizona American Indian Trauma Report. Customer service was provided to tribal communities with a report from of action plans can be developed to address the American Indian trauma health disparity.</p> <p>2/3/16: ADHS and ITCA hosted the Statewide Rocky Mountain Spotted Fever (RMSF) and mosquito-borne diseases meeting for tribal, local, state, and federal partners. Quality of life was improved by reducing the impact of RMSF and mosquito-borne diseases on reservation residents.</p>

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