

BFSS Tribal Panel

May 12, 2011

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Health and Human Services

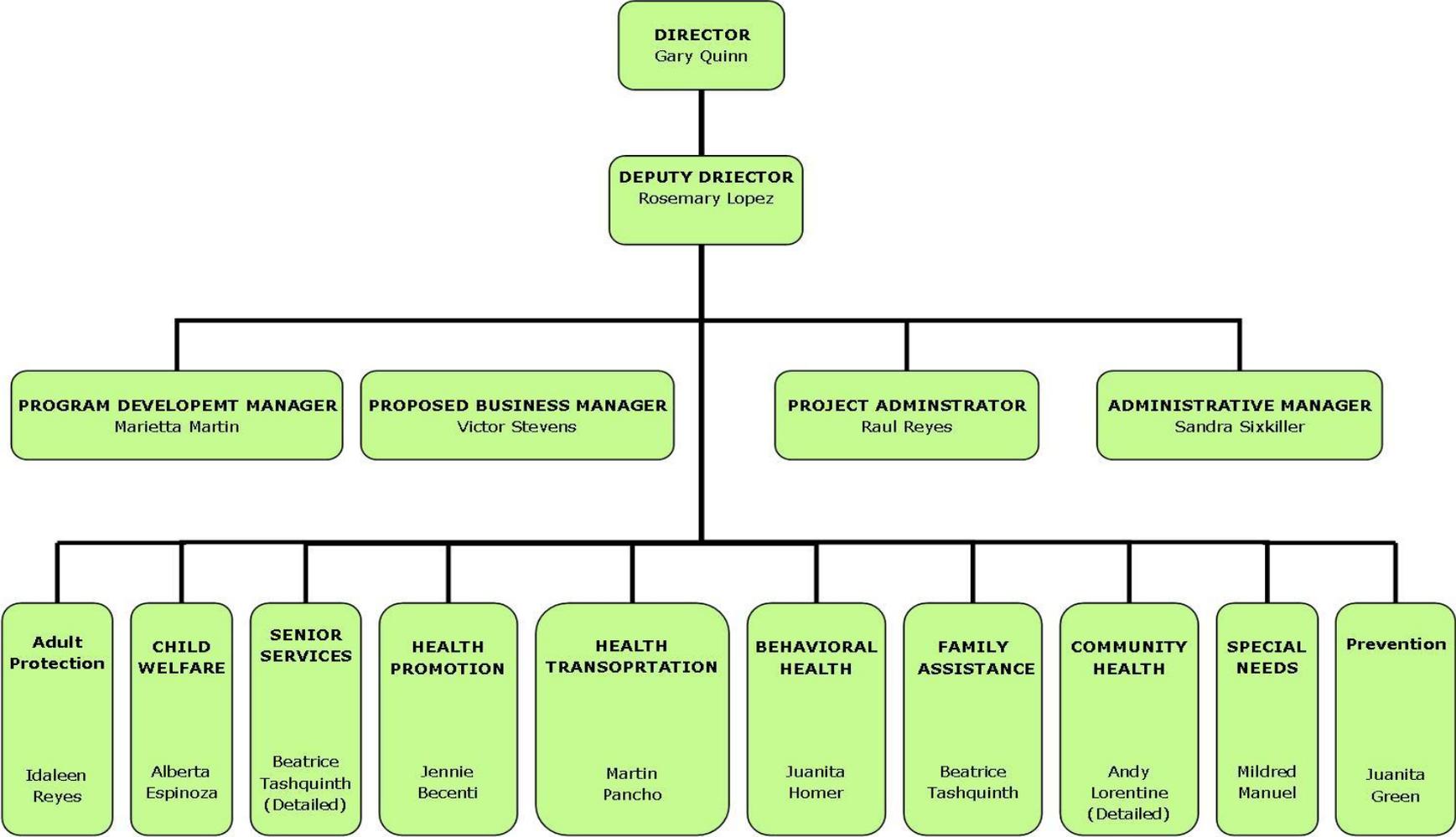
Tohono O'odham Nation WIC Program

- 2006- At WIC program, Tohono O'odham Nation, 25.5% women consumed alcohol 3 months before pregnancy-compared to 15.6% average for other Az. Tribes ITCA- compared to National 9.7%
- Alcohol consumption in last 3 months of pregnancy- Tohono O'odham Nation 1.3%- compared to other Az. Tribes ITCA .4%- compared to National .5%

Tohono O'odham Nation Challenge: Absence of Seamless Data

- Primary Care services provided by IHS-no National or local IHS Area focus on FASD screening or referral
- Prevention, Intervention, and social services-provided by Tribal Health programs-no electronic health record system
- Tohono O'odham Department of Health and Human Services WIC Program- alcohol screening data reported to State via Subcontractor and not connected to IHS or TODHHS

Tohono O'odham Nation
Department of Health and Human Services
Management of Health



Tohono O'odham DHHS Electronic Health Record project

- Base system 500K-develop software specific to our Tribal DHHS services-begin October 2011
- Must have data base at division level-to scan in documents, retrieve via search elements of patient name, or other identifiers
- All TODHHS divisions feed into central EHR system
- Standardize electronic intake, HIPAA, and confidentiality forms

WIC screenings: No linkage to Treatment Services

- IHS as primary care-not a priority nor focus
- One interested doctor of 40 in Tucson Service Area
- Challenges of IHS RPMS data system
- Completed training TODHHS 28 staff with Motivational Interviewing- December 2010
- Began with two from each TODHHS division
- Forged partnership with Tribal college and developed a semester MI course with 2nd semester to practice skills-January 2011

TODHHS Staff Usage Since MI training

- Domestic Violence-assist clients to make safety changes
- Child Welfare-assist parents to meet unification with child requirements
- Special Needs-assist parents to better advocates for their children
- Other Tribal Departments-probation officers assist probationers to stay compliant with conditions of release
- As parents-informally use with children and experience improved communication

CHOICES

- Similar to SAMHSA and CDC CHOICES- MI and contraception to prevent pregnancies
- Will add in contraception piece
- FASD Taskforce
- FASD coordinator

Tohono O'odham FASD Taskforce

- January 18, 2011-first meeting
- Monthly meetings since
- Involves Legislative leaders, District leaders, Tribal Departments, and Health Department
- Focus on sustainability of FASD taskforce
- What are needs of each FASD taskforce member?
- Mission and vision statement-completed March 2011

FASD Coordinator

- Health Director authorized development of FASD Coordinator following review of savings from FY 2010 Alcohol Tribal budget-
- After lengthy internal Tribal process-May 11, 2011 Human Resources approved position
- Next Step advertise position
- Coordinate with FASD Taskforce Nation wide efforts-estimated August 2011

FASD Coordinator Located in Management of Health (MOH)

- To better support FASD efforts
- Direct linkage to Prevention division and Special Needs Division-located in MOH
- Organizational support and linkage to Federal, State, Local, and National partners
- Telehealth options
- Will fit with TODHHS building a health system based on the Public Health Model

Tribal Leaders can Impact National Policy

- IHS-annual budget formulation-FY2013
- FY2013-FASD was advocated as priority made top ten list under Alcohol and Substance Abuse
- Language related to any new alcohol increases 50% for adolescent services
- IHS and BIA-strategic plan for ASAP-can ensure FASD is specified-from Indian Health Care Improvement Act
- Recommend Tribes push Program evaluation specific-Tribes need to advocate this-otherwise federal approach is vague

Thank You!

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