KARUK TRIBE
ANNUAL HEALTH BOARD MEETING AGENDA
Thursday, May 9, 2013*,* **3 PM,** *Happy Camp, CA*

A) CALL MEETING TO ORDER – PRAYER - ROLL CALL

AA) HEALTH MISSION STATEMENT

The mission of the Karuk Tribal Health Program is to provide quality healthcare for Native Americans, and other people living in the communities we serve as resources allow. Our purpose is to appropriately assess or reassess conditions of illness, disease, or pain, provide culturally appropriate educational, preventative, and therapeutic services in an environment of continuous quality improvement.

CH) APPROVAL OF THE AGENDA

EE)APPROVAL OF THE MINUTES *(April 11, 2013)*

F) GUESTS *(Ten Minutes Each)*

1.
2.

H) OLD BUSINESS *(Five Minutes Each)*

1.

I) DIRECTOR REPORTS *(Ten Minutes Each)*

1. Carolyn Ash, Dental Director (written report)
2. Annie Smith, Director of Community Services (written report)
3. Lester Alford, TANF Program (written report)
4. Rondi Johnson, Deputy Director (written report)
5. Eric Cutright, IT Director (written report)
6. Lessie Aubrey, Executive Director of Health & Human Services (written report)
7. Patricia White, RPMS Site Manager (written report)

II) GUESTS: EMPLOYEE / NON HEALTH:

1. Bob Rhode, DNR

K) REQUESTS *(Five Minutes Each)*

1.

M) INFORMATIONAL *(Five Minutes Each)*

1.

N) CLOSED SESSION *(Five Minutes Each)*

1. CHS (dinner break)
2. Maria Applewhite
3. Barbara Snider
4. Tribal Council Members

OO) SET DATE FOR NEXT MEETING ***(Thursday, June 13, 2013*** *at 3 PM in Happy Camp)*

P) ADJOURN

Karuk Tribe – Health Board Meeting
April 11, 2013 – Meeting Minutes

Meeting called to order at 3pm by Russell "Buster" Attebery, Chairman

Present:
Russell "Buster" Attebery, Chairman
Michael Thom, Vice-Chairman
Joseph "Jody" Waddell, Secretary/Treasurer
Elsa Goodwin, Member at Large
Dora Bernal, Member at Large
Alvis "Bud" Johnson, Member at Large
Charron "Sonny" Davis, Member at Large
Amos Tripp, Member at Large
Crispen McAllister, Member at Large

Absent:
None

Sonny completed a prayer for the group and Buster read the Health Mission Statement.

Agenda:
Crispen McAllister moved and Jody Waddell seconded to approve the agenda with changes, 8 haa, 0 puuhara, 0 pupitihara.

Minutes of March 14, 2013:
Sonny Davis moved and Bud Johnson seconded to approve the minutes of March 14, 2013, 6 haa, 0 puuhara, 2 pupitihara (Michael Thom and Crispen McAllister).

Guests:
1.) **Jeanna Weaks:**
Jeanna is present to seek approval for personal use of a tribal vehicle. The person driving is Donna Zook which is an employee of the Tribe and on the Tribes insurance. They would like to travel to Medford to pick up Basketweavers supplies, but under policy; personal use requires Tribal Council apprvoal.

Consensus: to allow the use of the tribal vehicle and Jeanna to be in the vehicle.

Old Business:
None at this time.

Director Reports:
1.) **Carolyn Ash, Dental Director:**
Donita Hill has resigned her position. She and Le Loni just finished interviews for an RDH and they believe they found someone to replace that position and may be available in two weeks.

Dr. Shearer is would like to be a full time position so that he may qualify for loan repayment programs but upon submitting the paperwork, it was determined that this needed Tribal Council approval. This will be moved to closed session.

Dr. Ash went on to note that they continue to see patients and are very busy. The budget report is provided for the Council to review. The dental supplies and the HRSA budget are 91% used. Dr. Ash would like to identify prioritization of treatment and the number of services provided to cut down on the lab services provided to patients; and the ACQI Committee is reviewing that.

Dora Bernal moved and Jody Waddell seconded to approve Dr. Ash's report, 8 haa, 0 puuhara, 0 pupitihara.

2.) Annie Smith, Dir. Of Community Services:

Annie is present to review her written report. Annie noted that there are discussions and open and honest communication on being a responsible teen through the teen pregnancy prevention program. They will provide further information to their peers. This is a good project to develop communication and responsibility. When asked how many teens from Happy Camp participated, Annie noted that there are no participants from Happy Camp, because the team is so hard working and already had a relationship in place. This is a three year program and they will focus on Happy Camp in the coming years. Annie noted that in order to complete the first year she was unsure of the dedication from others outside of the Yreka area.

She then went on to note that the continuity of the operations plan is being worked on for each individual clinic. This is done at each clinic and will meet what Tom Fielden needs for Emergency Services.

Michael Thom moved and Crispen McAllister seconded to approve Annie's report, 8 haa, 0 puuhara, 0 pupitihara.

3.) Lester Alford, TANF Director:

Lester noted that they are currently serving 70 clients, 6 in Orleans, 51 in Yreka and 13 in Happy Camp. Work participation leaped by 20 points.

He would like to create a film for the members and departments, which would be created and shown. He would like to seek approval to contribute $10,000 dollars toward this project. Laura asked if this is an allowable cost under his grant. Lester explained that it is; under sections 3 and 4. Amos would like to discuss this in closed session prior to voting on it.

Elsa would recommend discussing this with Laura and KCDC as work was done on this type of project previously. April commented that there was a plan on this, but they did not make it to the publication process. Part of this project was done with Circles of Care for equipment purchases, but it was not produced. Elsa noted that there were payments made for work on this. April explained that there is some footage that can be contributed to this overall project. It was a collaborative effort to create this but it never did get completed.

Lester did speak with Darlene this afternoon to determine how this was resolved or where it left off obtaining some of the previous work, since TANF paid for some of it.

He then sought approval of the position descriptions with revisions that he is proposing to the TANF program. He re-wrote the duties of the positions to reflect the change of compliance in the TANF plan and auditing and reconciling of the TANF payments.

Michael Thom moved and Amos Tripp seconded to approve the revised Compliance Technician position for TANF, 8 haa, 0 puuhara, 0 pupitihara.

He then provided more information on entering into an MOA with the Education Department to ensure services that are provided are allowable services. They are hoping to collaborate more closely.

Lester provided further information on the collaboration with other programs including substance abuse counseling. They just have to maintain a schedule and track attendance.

The cultural projects are in three locations, once a month. It is picking up. The clients in Happy Camp and Orleans are happy that the project is under way.

He noted that it is important to understand what it means to be in poverty so providing classes on finances is important. It is open to the public and being done with Toby Rueze. It will include a schedule of events and will be working with her on providing additional services.

He continues to work on a fatherhood conference. He will be providing the Native American aspect to the conference by his cultural presenter. Females may attend but it is for men. He is working with Patty Brown on this. The program selected 10 TANF clients which participate in a program every Wednesday and from what he hears from Clarence and Lisa, is that the clients like the fatherhood courses. The storytelling is structured to the Tribal culture but the curriculum is by the book.

Amos inquired about the time limit. Lester noted that the State says that it is based on the best information available; and it is derived from the unemployment rate. Yreka would be exempt, but Happy Camp and Orleans are already exempt by zip code. Lester provided information on the unemployment rate.

Amos Tripp moved and Crispen McAllister seconded to approve the TANF report, 8 haa, 0 puuhara, 0 pupitihara.

4.) Rondi Johnson, Deputy Director:
Not present, written report provided.

Jody Waddell moved and Crispen McAllister seconded to approve Rondi's report, 8 haa, 0 puuhara, 0 pupitihara.

5.) Eric Cutright, IT Director:
Eric is present to seek approval for a change order (1) 12-C-101 which is for a cultural resources survey for the site survey regarding the Orleans Broadband Project. The original agreement included information for the THPO compliance.

Amos Tripp moved and Crispen McAllister seconded to approve (1) to contract 12-C-101, 8 haa, 0 puuhara, 0 pupitihara.

Eric then provided a draft agenda for the Verizon meeting that is going to be held. The meeting is on April 30th at 11am in Orleans. He would like to have the Council's input on discussional items with the company. The meeting is on their schedules. They will discuss what issues there are with the phone system and they may want to discuss the broadband project or not. There may be a business opportunity there.

The Tribal mobility fund is a new grant opportunity that is put out by the FCC. There is a general mobility fund and then another phase could be a cell provider for all three communities.

Eric noted that there would be funds expended on the telecommunication status with the FCC and then there may not be the ability to obtain the funding. The grant is due in October but there would need to be some spending upfront to determine the possibility. The agenda items will be discussed at the Planning Meeting next week.

Amos then commented that the Tribal mobility fund would need to provide further information including what the funding options are. Eric will forward Amos some information regarding funding.

Amos Tripp moved and Crispen McAllister seconded to approve Eric's report, 7 haa, 0 puuhara, 0 pupitihara (Elsa absent for vote).

6.) **Lessie Aubrey, EDHHS:**
Not present, written report provided, on travel.

Dora Bernal moved and Sonny Davis seconded to approve Lessie's report, 8 haa, 0 puuhara, 0 pupitihara.

7.) **Patricia White, RPMS Site Manager:**
Patty provided her written report for the Health Board to review and then highlighted her report.

Patty also provided information regarding statistics from the UDS report.

She did not include in her report; but she did want to update the Council on the required Indian Health Service security training and its completion fast approaching.

Amos commented that the percent used doesn't include the percentage of the year for the budget report. Amos would like that information included moving forward, because the Council can see what the monthly expenditures are, based on any need coming.

Crispen McAllister moved and Sonny Davis seconded to approve Patty's report, 8 haa, 0 puuhara, 0 pupitihara.

Guests: Non-Health Employees

1.) **Scott Quinn, Land Director:**
Scott then presented the agreement with ROI for the gaming endeavor. He also provided a resolution for 13-R-027 for a limited waiver of sovereign immunity. The agreement needs approved which is 13-A-023. Dennis provided his opinion on the changes and the staff completed their review.

Amos Tripp moved and Bud Johnson seconded to approve resolution 13-R-027 and the ROI Quick Start program, 8 haa, 0 puuhara, 0 pupitihara.

2.) **Laura Olivas, Bookkeeper:**
Laura is present to seek approval of resolution 13-R-040.

Amos Tripp moved and Bud Johnson seconded to approve resolution 13-R-040, 8 haa, 0 puuhara, 0 pupitihara.

She then sought approval to take students to CalDays at UC Berkeley. Laura noted that in addition to attend the UC Berkeley Cal Days the youth council members will have the opportunity to visit UC Davis and some museums. She provided the budget of $4,042.85.

The Chaperones are all affiliated with the Tribe and have background checks. Elsa noted that this is a great opportunity but the youth needs to fundraise toward each activity the youth would like to do. They have requested assistance several times and the assurance is that they are going to complete fundraising.

Amos Tripp moved and Crispen McAllister seconded to authorize the travel and provide the funding, 8 haa, 0 puuhara, 0 pupitihara.

Lester commented that if there are clients that are TANF clients or there are allowable expenses to access TANF funding then he will work on that with the group. The Council would like to support the attendance but need to access the suitable programs to cover costs, reducing discretionary spending and also encourage the group to fundraise similar to other groups.

3.) **Le Loni Colegrove, HR Manager:**
Both Tiffany Ashworth and Le Loni are present to provide an extension request (1) 11-C-092 to May 15, 2013.

Tiffany explained that the price will be locked in for one year. The RFP was posted but there were some inconsistencies and they needed to be fixed with follow up to the bidders. Currently, there is no printing contract for the Newsletter so an extension with the current printer will allow for it to be distributed.

Dora Bernal moved and Amos Tripp seconded to approve (1) 11-C-092 not to exceed $22,000 (total contract including addendum), 8 haa, 0 puuhara, 0 pupitihara.

Le Loni noted that there are some corrections and those can be made. The reunion date needs to be included right away. July or September will be the date. The Council will make a determination later and notify Le Loni.

4.) **Tiffany Ashworth, Dir. of Administration Programs & Compliance:**
Tiffany noted the contract for cooking services for the Council and large staff meetings has expired. She would like to seek approval of an addendum to extend the time to allow for posting of the vacancy.

Dora Bernal moved and Elsa Goodwin seconded to approve (1) to 13-C-011, 7 haa, 0 puuhara, 1 pupitihara (Sonny Davis) to the end of April to allow posting of the vacancy.

Tiffany then provided an explanation of the extension and inclusion of the Basketweavers Gathering. It was confusing as this evening there was approval to allow private use of the Tribes vehicle for the supplies to persons that have not even submitted bids for the cooking contract. Julie commented that she will need to know this to ensure budgeting is met and she wasn't notified that the Council cooking contractor was doing the food services, or that the posting was no longer valid.

The Council does not want to add the Basketweavers, because there is already a posting accepting bids on the cooking services for that event. Pulling it now would not be fair to those that provided bids. The contract will have revised language to be “other events”.

5.) **Laura Mayton, CFO:**
Laura is present to provide quotes on vehicle purchases to add tribal vehicles to the Happy Camp fleet. There will be further discussion of this and the review of larger vehicles at the Planning Meeting.

6.) **Toz Soto, Water Fisheries:**
Toz is present to seek approval of 13-C-046 for habitat enhancement work.

Toz clarified that PacifiCorp funding that will be allocated for the next five years and they will use this addendum every year and this is the beginning.

Crispen McAllister moved and Amos Tripp seconded to approve contract 13-C-046, 8 haa, 0 puuhara, 0 pupitihara.

Buster inquired about the willow planting in the river. Toz noted that the willow planting is being done in only strategic areas; and also cutting willow, for enhancement of the shade areas.

Closed Session:
Consensus: to table the position description for the Enrollment Director to a later time.

Amos moved and Crispen seconded to approve transferring employee #SS as a contractor to full time employee status, 7 haa, 1 puuhara (Elsa Goodwin), 0 pupitihara.

Consensus: to assist in finding a rental in place of renting the Tribes house.

Jody Waddell moved and Bud Johnson seconded to approve seating Lisa Morehead, Paula McCarthy, Robert Attebery to the People’s Center Advisory Committee, 8 haa, 0 puuhara, 0 pupitihara.

Dora Bernal moved and Michael Thom seconded to approve the Newsletter with changes and send to printing, 7 haa, 0 puuhara, 0 pupitihara. (Elsa absent to vote).

Consensus: to have the Construction Manager review the needs of the homes in Somes Bar and to report what is needed back to the Tribal Council.

Consensus: to have the Mechanic review and recommend any suggestions on the vehicle that is at Ellis Brooks prior to accepting the $200 offered.

Dora Bernal moved and Amos Tripp seconded to send Michael to Blue Lake, CA May 14-15, 2013 for Emergency Preparedness training, 8 haa, 0 puuhara, 0 pupitihara.

Consensus: to check on the camera installation for the Happy Camp Administration Complex.

Consensus: to review the bidding package including evaluation forms developed to determine if any changes were implemented.

Consensus: to have Committees submit their meeting minutes to the Council agenda.

Informational: review of possible scrapping of the old material at the Ranch will be done.

Dora Bernal moved and Elsa Goodwin seconded to pay for Buster's missing taxi receipt in the amount of $78, 8 haa, 0 puuhara, 0 pupitihara.

Next Meeting Date: May 11, 2013 at 3pm in Happy Camp, CA.

Crispen McAllister moved and Jody Waddell seconded to adjourn at 7:49pm, 8 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

____
Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider

Karuk Tribal Health Dental Program Report
To be presented at Health Board Meeting on May 9, 2013

April and May 2013 Events and Activities

1. **Training & Clinic Schedules for April and May 2013 –**
   a. In April the Happy Camp Hygienist Nikki attended the California Dental Association's Annual Dental Conference, which is held in Anaheim once a year.
   b. Most of the dental staff is out on travel the week of May 6 through Friday May 10, 2013 for the IHS Conference.
      i. During that week the Happy Camp Dental Clinic will only be open for hygiene services.
      ii. Dr. Shearer DDS will be working at the Yreka Dental Clinic, which will be open Monday through Friday from 8:00am -5:00pm and closed from 12-1pm.
   c. Some of the Yreka staff are scheduled to attend infection control training in Redding, CA on Saturday May 11, 2013.
   d. Annual Biannual Staff Training is scheduled to be held on May 15.
   e. Jessica Courts, our RDA in Yreka, is continuing her ongoing RDA Expanded Functions Training in Sacramento.
   f. Dr. Ash and Vickie Walden RDA are scheduled to attend the Karuk Health Program's Strategic Meeting, which is scheduled for May 1st and 2nd and is being held at Yreka Tribal Housing.

2. **Staffing Changes** –We have hired Allison Ortiz to replace Donita Hill, RDA as the Yreka Dental Hygienist. Allison has started working a couple days a week and will be working full time Monday through Thursday, ten hour days, starting May 13, 2013. We are looking forward to her joining our team!

3. **Monthly Meetings** - The Dental Staff is seeing patients as well as attending their meetings, which are: Managed Care (CHS); Pharmacy & Therapeutics; (ACQI) Quality Improvement; routine Dental Staff meetings; Executive Director Advisory Committee; Safety and Infection Control; and Front Desk and Billing.

4. **Head Start** - Happy Camp Dental Hygienist Nikki is doing the second Head Start Dental Screenings and Fluoride Varnish treatments, we will be reporting on that project in our next Health Board Report.

5. **Dental Electronic Health Records** – We are currently scheduling in three different software programs, doing double Dental Visit data entry in two different software systems plus continuing to use the paper dental chart. Working in the different computer software systems has caused additional errors to happen. Patti White, Eric Cutright and Dr. Ash are working on installing the HL7 software bridge that will link RPMS and Dentrix, which, as we have discussed before, will allow data to translate back and forth between the two systems. Once our systems are linked, the process to schedule patients and enter visit data will be simpler. Also it will reduce our scheduling and data entry error rates as it will remove the need for double data entry. Patti White will be presenting the information for council approval.

6. **Dental Staff Meeting** - Dental Quarterly Joint Staff meeting was held in Yreka on April 25, 2013. The approved meeting minutes for the January 30, 2013 meeting to this report are available.

Karuk Dental Budget Report
Dental Budget Report as of April 30 2013

1.	***I.H.S. Budget 3000-41-* Yreka Dental** - Appropriations – $902,326.26 year to date Expenditures $496,187.09– Outstanding Encumbrances- $ 1,631.01-Unencumbered Balance $ 407,770.18 - used 54.81%
2.	***I.H.S. Budget 3000-42*–HC Dental**– Appropriations - $593,701.50 - year to date Expenditures $309,521.46 - Outstanding Encumbrances- $0- used – 52.19 %

1.	**HRSA Dental Supplies 3400-11-7500.03** Appropriations $14,534.92 - Year to date Expenditures $10,470.40 – Outstanding Encumbrances $3818.42- Unencumbered Balance $ 248/10- 96.31% used.
2.	***HRSA budget 3400-11-7502.00 – Dental Lab/Pedodontist Referrals –*** Appropriations $ 30,000.00 - year to date Expenditures $ 324.66 – Outstanding E. $0– Unencumbered Balance - $29,675.34 – 1.08% used.

1.	***Dental Lab Indian*** *3900-00-7600.00* – Appropriations $ 85,000.00 –year to date Expenditures $59,393.61– Outstanding E. $24,471.87– Unencumbered Balance $1,134.52 – 98.67% Used.
2.	***Dental Lab Non-Indian*** *3900-00-7601.00* – Appropriations $10,000.00 – year to date Expenditures $5,451.44– Outstanding encumbrances $4,058.11–Unencumbered Balance -$490.45– 95.10% used.
3.	***Yreka Dental supplies*** *3900*-00-76.06- Appropriations $20.000.00 – **$68,393.12** year to date Expenditures - Outstanding encumbrances $12,184.06 –Unencumbered Balance -**$60,577.18-** –- **402.89% used**
4.	***HC Dental Supplies*** *3900-00-7600.07* – Appropriations $10.000.00 – year to date Expenditures $5,346.40 – Outstanding Encumbrances $3,362.85 -Unencumbered Balance $ 1,290.75- 87.09 % used

5. ***Totals for 390000 Dental Budget*** Appropriations –	$125,000.00
Year to date Expenditures	$ 138,584.57
Prior Year Outstanding Encumbrances	$ 338.50
Outstanding Encumbrances	$ 44,076.89
Unencumbered Balance	$ 57,661.46
We have used 146.13 % of the 39000 Dental budgeted line items.	

JOINT STAFF MEETING MINUTES
JANUARY 30, 2013

1. Meeting called to order at 9:40am in Happy Camp.

2. Roll : Dr Ash DDS., Dr Shearer DDS., Dr Brassea DDS., Nicole Hokanson RDH, Donita Hill RDH, Debbie Whitman, Shannon Jones, Kayla Bridwell, Jessica Courts, Dawn Mechling, Susan Beatty, Tammy Rompon, Cheryl Tims, Vickie Walden, Skyler McNeal, Dr. Walters DDS

3. Meeting Minutes approved from last meeting July 2012.

4. Needle Stick – what to do when it happens. First don't leave, seek medical attention, assess rick and determine treatment. This will need to be approved for policy once it gets written up. Lisa Rugg and Annie Smith are going to revise the needle stick policy and present it to the ACQI Committee.

5. I H S Codes 0000 and 0190 are important we need to make sure they are being entered into Dentrix because I H S looks at the numbers at the end of the fiscal year in October.

6. CHS Budget update: our budget went from $80K down to $28,500.00 since October 2012. We will need to cut back in our referral because we have most of the year to go and need to stretch the rest of the dollars out. The decision was made to make priorities for referrals. If one dentist is unable to do a procedure then see if one of the other providers is able to do it, if not then refer out. Children will be our first priority for referrals then endo and oral surgery's. Cut back where we can if possible.

7. Dr. Ash discussion items- Intake Forms
   7.1. Dr. asked if we could revise the intake forms. Vickie said we may be able to revise some form but not all of them. Vickie also said that any changes to forms or any new forms that we were going to place in the patients chart would have to go through the medical records committee and be approved before using. Dr. Ash said she wanted to get her emergency triage form approved. There was discussion on the forms and Dr. Ash said she will follow-up on the revisions and additional/new intake forms. Other forms discussed were: the dental informed consents and Vickie Walden was assigned to update the consent forms current forms i.e. remove the witness signature line and adjust the some of the language.

8. Dentrix Discussion –
   8.1. Dentrix Journal Entries – When a patient calls on the phone whoever is

taking the call either writes the notes on progress note in the chart or make a journal entry in Dentrix.

8.2. The need for additional staff training and Dr. Ash was going to follow up on finding and scheduling Dentrix training.

8.3. Scheduling in Dentrix and in RPMS/GUI-there was discussion and review on the process for scheduling, Checking patients in and out in the GUI and RPMS PIMS that patients scheduled for over an hour and a half appointment do not cross over in the RPMS PIMS Schedule.

8.4. Entering lab cases in Dentrix was discussed and no procedure was developed.

9. Give a kid a smile day – February is dental health awareness.
We need to write out a plan of attack and submit it to Lessie. We can't close the clinic without approval of council.

10. Update on Bridge – Cameron has made the bridge. Dr Ash will ask Todd Greenway if he will help us with some training.

11. CMSP (Path2Health) – when you plan on doing SRP's then for CMSP patient we must pre-authorize them first and with the pre-auth being sent in we also need the perio chart and FMX. We have had a change in codes. Code 1203 and 1204 are no longer useable, instead we use D1208.

12. There will be a new fee schedule after Dentrix update.

13. AAAHC Review Recommendations; Vickie Walden reported that the dental

13.1. Department needs to take care of several AAAHC recommendations to meet their standers for:

13.2. Nitrous Oxide system in Yreka needs to be inspected and the log must be maintained the nitrous log needs to be maintained, it was not keep up to date. By consciences of the Karuk Dental Providers present at this meeting it was decided that the Karuk Dental Clinic's would no longer be using Nitrous Oxide in any of their clinics. They Yreka Staff will remove the nitrous system and tanks from the Yreka Clinic.

13.3. The Panoramic X-ray Unit in HC needs to be removed or used; the Informed consents need to be revised to include possibility of adverse reactions local anesthetic used in dental procedures. Happy Camp Dental decided that they would remove the panoramic x-ray unit from the clinic. HC Dental chooses to have it removed, because there is no dark room or place to install a developer for its films. Vickie Walden will follow-up on this.

13.4. Dental needs consent for treatment form. Vickie Walden was assigned this project and she will revise the current general consent form to include the dental clinics. Present the form to the medical records committee for approval.

13.5. The Dental X-ray Units need yearly inspection/tested by a qualified

Physicist.

13.6. Did not meet the standard for monitoring the refrigerators- We need to buy high and low reading refrigerator thermometer to place in all dental refrigerators, post temperature ranges and maintain a daily temperature reading log.

14. Susan, Cheryl and Vickie –Revising the Data Sheet for the dental records Review audit. The group went over the current form used in the collection of data for the dental record audit, there was discussion on the process that covered data collection, during the discussion Cheryl stated that when she found missing information she corrected it and counted it as being complete for her audit report. There was discussion on her comment and the group advised her that she should not have counted any of items the corrected as being completed, that by doing that it defeated the purpose of the audit. The group decided to mark some items on the form for deletion and Vickie Walden was assigned to the revise the audit tool/form to be for auditing the patients Dentrix and paper record.

15. Carpet Removal – Dr Ash is going to talk to Lessie about removing the carpet in Yreka.

16. Meeting adjourned
17. Respectively Submitted, Susan Beatty RDA
18. Next Joint Staff Meeting is April 25, 2013 in Yreka

Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

Health Board Report: May 9, 2013

Annie Smith PHN

Action Items:

- I request from the Council permission to assign a credit card to the new CHR Carol Thom for travel and transporting Elders. I spoke with Laura Mayton on this and she agrees the need is there.

April Items:

- It is hard to believe we are already into spring. I see the gardens that are in progress in each of our communities. We are hoping that even if we have no yard or garden space, pots of vegetables on the deck are a great place to start.
- We have had numerous car problems and I am in the process of replacing Flo's car as the transmission went out. I will continue to discuss this with Laura Mayton and research as pre policy.
- Carol Thom has started as a CHR and is currently going through all the list of Elders and introducing herself and checking on each of them. I am very happy to have her. Carol jumped right in and is already busy.

- A special thank you to Melodee Brewington our CHR in Orleans for her assistance again with patients in her area that faced end of life issues and were able to stay in their own homes. It takes a special kind of person to care that much about their community.

Elder Program:

As you all can see below, we have made a significant increase in our focus on the Elder Program with visits and calls. I look forward to planning more comprehensive coverage for the care of our Elders.

Continuity of Operation Plan (COOP):

I have attended Keeper meetings with Tom Fielden for Emergency Operations Plans (EOP)s. I am continuing to work with both HANC and California Primary Care Association (CPCA) in creating updated (EOP for each of our medical clinics to insure continuity of operations in the case of any disaster. These plans include in-house clinic events such as; chemical spills, fires, contaminations, as well as large disasters like major floods and earthquakes. The focus is to continue operations within the clinic under any conditions possible.

Each of the clinics will have their own COOPs and all will fall under the overall plan Tom is creating for the Tribe. I hope to finish these plans and present them to the Council by summer.

Pregnancy Prevention Grant Program:

Our young adults all continue to be active in these classes. 20 exceptional youth who will go out in their sweatshirts to carry current and accurate information to their peers. They also represent responsibility to Family, Tribe and community. I am proud to be a part of this group of young adults.

Diabetes Program:

Now that Carol is on board, she will be assigned to assist me with the Division of Diabetes Prevention and Treatment (DDTP) grant. We will be planning one day a week in Yreka for Eye camera appointments with me and one day every 2 weeks in Happy Camp. I believe we can catch any one needing treatment.

I just finished the midyear grant report for IHS and the figures are all up. We are improving slowly but quite steady. Great thanks to all the Providers and especially to all the clinic staff for really watching the reminders on each patient chart and following through to insure great patient care.

I would like to thank Laura Olivas for her assistance in teaching me about my budgets. She took the time out of her busy schedule to help me better understand the why’s of budgeting.

Our Diabetes lunches continue on Thursdays

Safety and Infection Control

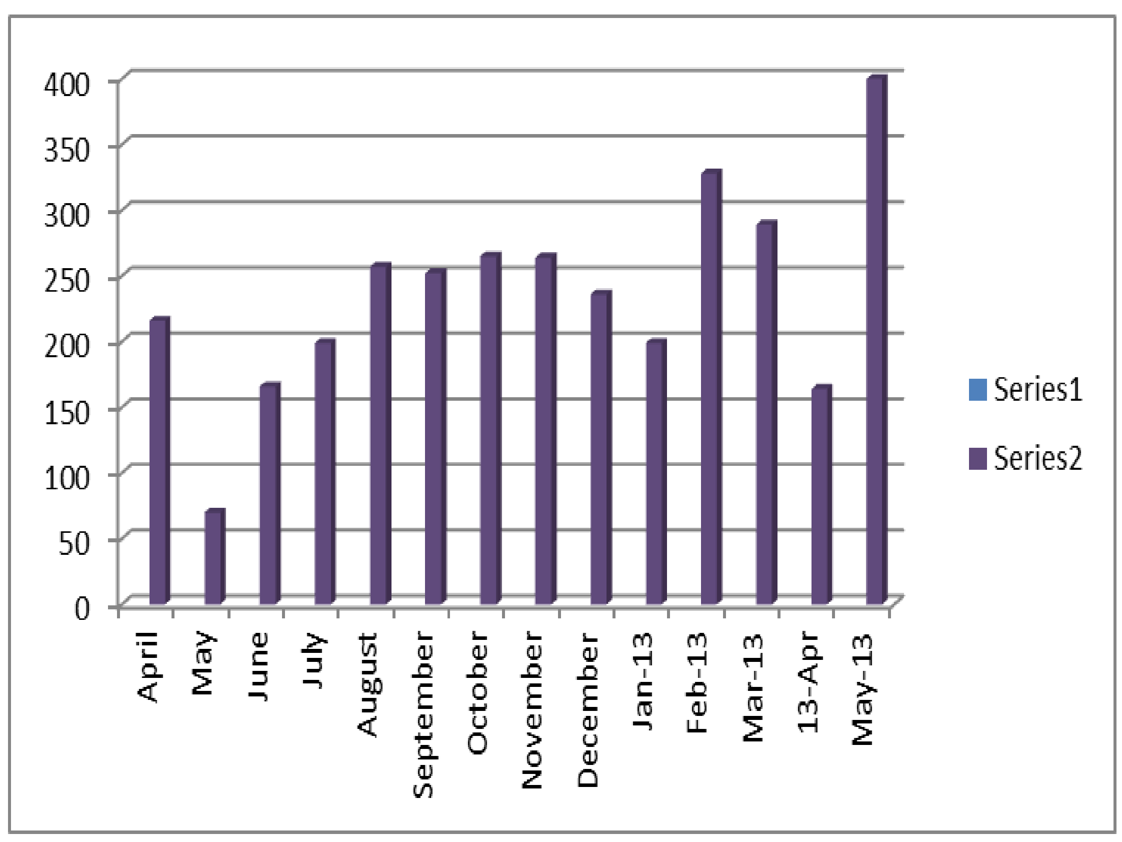
We had our quarterly meeting for this committee this month. We will be discussing further the parameters and scope of our Safety Officer with regards to drill.

Trainings:

COOP training – Round Mountain class 3/29/2013

DDTP audit training – online 4/30/2013

Workload Report for April:



Financial Report:

	Unencumbered Balance	Percent Used
IHS Diabetes Grant 2012:	$113,931.22	27.69%
Public Health Nurse:	$ 47,879.85	43.02%
CHR:	$ 117,080.73	52.65%

Expected % @ 58.3%. I am below budget for all accounts.

KARUK TRIBE

Karuk Tribal TANF Program

April 2013 Monthly Report

Program Report Summary

May 2, 2013

Active Clients (Program Totals) Report:

Currently serving **68** clients (See attachment (A)) – KTTP-Active Cases as of 4/3/2013)

Currently serving **06** Clients at the Happy Camp Office
Currently serving **13** Clients at the Orleans Office
Currently serving **49** Clients at the Yreka Office
Currently serving **13** 2-parent families
Currently serving **38** 1-parent families
Currently serving **17** Child only families

Work Participation Rate Report (WPR):

WPR = **50.00%** - (See attachment (B)) – KTTP – WPR – Monthly Summary for 02/2013)
WPR = **44.44%** - (See attachment (B)) – KTTP – WPR – Happy Camp - Monthly Summary for 02/2013)
WPR = **00.00%** - (See attachment (B)) – KTTP – WPR – Orleans - Monthly Summary for 02/2013)
WPR = **52.38%** - (See attachment (B)) – KTTP – WPR – Yreka - Monthly Summary for 02/2013)

Work Participation Rate for February 2013 was **48.08%**.

Council Approval Request(s)

No requests at this time

Council Information

(1) Administration for Children and Families has reported our Work Participation Rate for Fiscal Year 2009 – **54.4%**. (See attachment (C))
(2) The HUB Communities Family Resource Center is sponsoring their 3rd annual Basketball Tournament. (See Attachment (D))
(3) First Annual National Native American Responsible Fatherhood Day – June 15th, 2013. (See Attachment (E))
(4) Fatherhood Conference was a success (See Attachment (F)

KARUK TRIBE

Karuk Tribal TANF Program
April 2013 Monthly Report

Program Report

Executive Director's Comments:

Work Participation Rate - As the data in TAS is evaluated and then updated and all the required information has been entered is that basic reason for the sharp increase in the rate which is 50.00%.

"A Framework for understanding Poverty"
I partnered with Toby Reusze, from the Community Service Council in Mt Shasta, CA to put on this free workshop, which open to everyone. **"A Framework for understanding Poverty"**. I believe that TANF and other human services departments in the tribe need to understand everything that affects our people in the Indian country. **Haven't received data for the event.**

"Fatherhood Conference" provided free thru the HUB community resource center was a project started thru the Tribal Head Start program. Since the forced reduction in grant funding Head Start would have not be able to participate.

The fatherhood Conference was not as successfully as hoped for.

56 individuals signed up for the conference.
41 Non-Native
15 Native American

31 fathers/mothers participated
15 were Native American
04 were Native American
02 were Native American – TANF
01 were Native American – Prior TANF
08 were Native American – No Shows

47.00% attendance by the participants were Native Americans

Staffing:

Currently reviewing staffing and case load.

Office Space –

Requesting additional office space for the Orleans TANF office to address confidentiality and seeing client issues. Currently, both TANF staff employees occupy the same office. The two employees cannot see clients at the same time for different reasons, i.e., TANF business and substance abuse issues.

Since the ground breaking of the new clinic, TANF would like to request an additional office to remove the above issues.

KARUK TRIBE

Karuk Tribal TANF Program
April 2013 Monthly Report

Appeals, Complaints, and Grievances – None at this time.

Case Management –

We are steadily improving the quality and customer services to you clients. The work participation rate is improving and the data is being updated more quickly and entered correctly as demonstrated in the work participation report.

A 100% audit - (in progress).

All cases will be audited to ensure the case file is complete.

May TANF Event

Karuk Cultural Meeting (Phil Albers)

We have cancelled classes for the month of May because of holidays which made it hard to choose dates the do not impact other events.

TANF Father/Motherhood Training

TANF Father/Motherhood successfully stated on April 3, 2013, with 10 adults in attendance. Clients are upbeat and enthusiastic. After the 4th week we provided the 1st incentive, a Karuk Coffee cup and a "Your talking Karuk" booklet. They were excited to get these gifts, more importantly they are still participating in the training. Our first Father/Motherhood training is for 12 weeks and will end June 9, 2013. At that time we will be looking at offering to the other sites.

Submitted By:

Lester Lee Alford, Jr.
TANF Executive Director

Karuk Tribal TANF Program

Active Cases as of

04/30/2013

Orleans TANF Office

Total number of Child Only/Non-Needy families	4
Total number of One Parent families	2
Total number of Two Parent families	0
Total number of cases is	**6**

Happy Camp TANF Office

Total number of Child Only/Non-Needy families	4
Total number of One Parent families	8
Total number of Two Parent families	1
Total number of cases is	**13**

Yreka TANF Office

Total number of Child Only/Non-Needy families	9
Total number of One Parent families	28
Total number of Two Parent families	12
Total number of cases is	**49**

Total number of Child only cases program wide is	**17**
Total number of 1-Parent cases program wide is	**38**
Total number of 2-Parent cases program wide is	**13**
Total number of cases program wide is	**68**

ATTACHMENT (A)

Karuk Tribal TANF Program

4/30/2013

WPR - Monthly Summary for 3 / 2013

Type of Family for Work Participation

One parent families	43
Two parent families	11
Child Only Family	17
Total Cases Reported for this Period	71

Work Participation for All Families

Cases that did the hours required	25
Cases required to work	52
Work Participation Rate	48.08 %

2012 Work Participation Rate is 25%

Client TANF Payments

Total Payments	$50,183.00

Number of Clients Participating by Activity Type

049 - Unsubsidized employment	24
050 - Subsidized Private Sector Employment	1
051 - Subsidized Public Sector Employment	0
052 - Work Experience	1
053 - On-the-Job-Training	2
054 - Job Search - Job Readiness	3
055 - Community Service Programs	3
056 - Vocational Education Training	0
057 - Job Skills Training Directly Related to Employment	0
058 - Education Directly Related to Employment - No HSD/GED	1
059 - Satisfactory School Attendance For Individuals - No HSD/GED	1
060 - Providing Child Care to TANF Clients participating in a Community Service program	0
062 - Other Work Activities	19

Current Case Load by Site

Humboldt	3
Siskiyou	68

*Total Cases: 71

Current Case Load by Staff

CHOSTLER	3
IMIRANDA	20
KKING	3
LAUBREY	13
MCHARLES	20
RBAILEY	8

ATTACHMENT (B)

Karuk Tribal TANF Program

4/30/2013

WPR - Monthly Summary for 3 / 2013

Happy Camp TANF Office

Type of Family for Work Participation

One parent families	8
Two parent families	1
Child Only Family	4
Total Cases Reported for this Period	13

Current Case Load by Site

	0
*Total Cases:	

Work Participation for All Families

Cases that did the hours required	3
Cases required to work	9
Work Participation Rate	33.33 %

2012 Work Participation Rate is 25%

Current Case Load by Staff

CHOSTLER	3
IMIRANDA	20
KKING	3
LAUBREY	13
MCHARLES	20
RBAILEY	8

Client TANF Payments

Total Payments	$9,247.00

Number of Clients Participating by Activity Type

049 - Unsubsidized employment	1
050 - Subsidized Private Sector Employment	1
051 - Subsidized Public Sector Employment	0
052 - Work Experience	0
053 - On-the-Job-Training	1
054 - Job Search - Job Readiness	0
055 - Community Service Programs	1
056 - Vocational Education Training	0
057 - Job Skills Training Directly Related to Employment	0
058 - Education Directly Related to Employment - No HSD/GED	0
059 - Satisfactory School Attendance For Individuals - No HSD/GED	0
060 - Providing Child Care to TANF Clients participating in a Community Service program	0
062 - Other Work Activities	2

ATTACHMENT (B)

Karuk Tribal TANF Program

4/30/2013

WPR - Monthly Summary for 3 / 2013

Orleans TANF Office

Type of Family for Work Participation

One parent families	3
Two parent families	0
Child Only Family	4
Total Cases Reported for this Period	7

Work Participation for All Families

Cases that did the hours required	0
Cases required to work	1
Work Participation Rate	0.00 %

2012 Work Participation Rate is 25%

Client TANF Payments

Total Payments	$4,969.00

Number of Clients Participating by Activity Type

049 - Unsubsidized employment	2
050 - Subsidized Private Sector Employment	0
051 - Subsidized Public Sector Employment	0
052 - Work Experience	0
053 - On-the-Job-Training	0
054 - Job Search - Job Readiness	0
055 - Community Service Programs	0
056 - Vocational Education Training	0
057 - Job Skills Training Directly Related to Employment	0
058 - Education Directly Related to Employment - No HSD/GED	0
059 - Satisfactory School Attendance For Individuals - No HSD/GED	0
060 - Providing Child Care to TANF Clients participating in a Community Service program	0
062 - Other Work Activities	0

Current Case Load by Site

	0
*Total Cases:	

Current Case Load by Staff

CHOSTLER	3
IMIRANDA	20
KKING	3
LAUBREY	13
MCHARLES	20
RBAILEY	8

ATTACHMENT (B)

Karuk Tribal TANF Program

4/30/2013

WPR - Monthly Summary for 3 / 2013

Yreka TANF Office

Type of Family for Work Participation

One parent families	32
Two parent families	10
Child Only Family	8
Total Cases Reported for this Period	50

Current Case Load by Site

0

*Total Cases:

Work Participation for All Families

Cases that did the hours required	22
Cases required to work	42
Work Participation Rate	52.38 %

2012 Work Participation Rate is 25%

Current Case Load by Staff

CHOSTLER	3
IMIRANDA	20
KKING	3
LAUBREY	13
MCHARLES	20
RBAILEY	8

Client TANF Payments

Total Payments	$35,489.00

Number of Clients Participating by Activity Type

049 - Unsubsidized employment	21
050 - Subsidized Private Sector Employment	0
051 - Subsidized Public Sector Employment	0
052 - Work Experience	1
053 - On-the-Job-Training	1
054 - Job Search - Job Readiness	3
055 - Community Service Programs	2
056 - Vocational Education Training	0
057 - Job Skills Training Directly Related to Employment	0
058 - Education Directly Related to Employment - No HSD/GED	1
059 - Satisfactory School Attendance For Individuals - No HSD/GED	1
060 - Providing Child Care to TANF Clients participating in a Community Service program	0
062 - Other Work Activities	17

ATTACHMENT (B)

ADMINISTRATION FOR
CHILDREN & FAMILIES
370 L'Enfant Promenade, S.W., Washington, DC 20447 www.acf.hhs.gov

APR 18 2013

Mr. Lester Alford
Karuk Tribe
PO Box 1016
Happy Camp, CA 96039

RECEIVED APR 22 2013

Dear Mr. Alford:

I am pleased to inform you that the Karuk TANF Program successfully met its all families work participation rate for fiscal year 2009 under the Tribal Temporary Assistance for Needy Families (TANF) Program. As stated in your plan, the target rate was 20 percent. The Karuk TANF Program achieved an all families work participation rate of 54.4 percent. This means that the Karuk Tribe is not subject to a penalty. Congratulations on your success.

If you have any questions or need additional information, please contact Ms. Julie Fong, Regional TANF Program Manager, ACF Region 9 – San Francisco, at (415) 437-7579.

Sincerely,

Earl S. Johnson
Director
Office of Family Assistance

cc: Tribal Chairman, Mr. Russell Attebery, Karuk Tribe

ATTACHMENT (C)

I Choose To Play Drug Free

5 on 5

3rd Annual

BASKETBALL Tournament

15yrs to Adult

Playing to Support The Hub Communities Family Resource Center

May 18TH & 19TH of 2013

Ages 15yrs and Older

YOUR VOICE MAKE A DIFFERENCE

"CHOOSE TO BE DRUG FREE"

$175.00 Team Entry Fee

Held at Grenada Elementary

Sign Up Deadline – May 10th 2013

Call The Hub Communities Family
Resource Center
For More Information
(530) 459-3481

Siskiyou Early Head Start

HUB Communities Family Resource Center

Shasta Head Start CHILD DEVELOPMENT, INC.

ATTACHMENT (D)

National Native American Responsible Fatherhood Day June 15, 2013

Please join the Native American Fatherhood & Families Association
in cooperation with the Administration for Native Americans in celebrating the

First Annual National Native American
Responsible Fatherhood Day
June 15, 2013

What is it? It is a special day to honor and celebrate the importance of fatherhood and the great contribution fathers bring to strengthening families.

Why celebrate? They are the solution that Native American communities face and are the greatest untapped resources. There is an immediate need to bring them back to their innate leadership role as fathers as established by their fore fathers. The family is at the heart of Native American cultures. There is no other work more important than fatherhood and motherhood.

Suggested activities:

* Have children/schools create banners and posters commemorating the day.
* Tribes can develop Proclamations recognizing the day.
* Tribes and communities can organize and host parades, pot-lucks, concerts, etc.
* Establish a tribal "Father of the Year" award.
* Campout with activities that involve hiking, fishing and barbequing.

Theme for this event:

Fathers - Sound The War Cry - Keep Families Together

* Promotional items are avaiable for purchase / T-shirts and banners

ATTACHMENT (E)

For more information contact NAFFA at
(480)833.5007 or info@aznaffa.org
www.nativeamericanfathers.org

DAILY NEW
AY • APRIL 22, 2013 Siskiyou County's news source since 1859 Vol. 153,

PARENTING SUPPORT

Karuk storyteller Phil Albers Jr. tells men at the Siskiyou Fatherhood Conference a traditional story called "The Greedy Father," in which a father who feeds himself first is banished from the community. DAILY NEWS PHOTO/JOHN BOWMAN

Fatherhood conference brings dads together

By John Bowman
Daily News Staff Writer

YREKA – Karuk storyteller Phil Albers Jr. told the men gathered for the Siskiyou Fatherhood Conference on Saturday, April 20 that telling their children stories is as much about the act of engaging the child as it is about the story.

The theme of fathers engaging their children and playing a continuously active role in their lives was emphasized in many forms throughout the day at this year's conference where more than 40 men heard presentations and engaged in group discussions on such varied topics as storytelling, gun safety, bullying, finance, gardening, hiking and statistical trends regarding the influence of fathers on the lives of their children. The common thread between these topics was the quest to be a more successful, positive male role model to children.

Rico Gutierrez, program director for the Hub Communities Family Resource Center, was one of the people responsible for making the fatherhood conference a reality. He said he was raised by a single mother and had no father figure to teach him how to be a good father. After becoming a single father, Gutierrez said he began looking around for guidance or assistance and found that Siskiyou County was lacking in resources specifically for fathers.

He said he decided to start getting fathers together to put on events and help each other develop the necessary tools to be good parents and form meaningful relationships with their children

Conference attendee Gabe Montgomery said he was apprehensive about the conference, but by the end of the morning session he was sold. "Right now I'm going through a struggle with my boys," said Montgomery when asked why he came to the event. "I was

Father, 2

over →

ATTACHMENT (F)

Winning numbers picked for Friday's game: 5-2-1-2

FANTASY 5 GAME

Winning numbers picked for Friday's game: 3-9-11-26-35

MEGA MILLIONS

Winning numbers picked for Friday's game: 6-8-12-22-43

Mega Ball: 28

Winning numbers picked for Saturday's midday game: 8-1-3

DAILY 3's EVENING

Winning numbers picked for Saturday's evening game: 6-6-6

DAILY 4

Winning numbers picked for Saturday's game: 6-5-1-5

1st: 6 Whirl Win

2nd: 1 Gold Rush

3rd: 2 Lucky Star

Race Time: 1:45.09

SUNDAY

DAILY 3's MIDDAY

Winning numbers picked for midday game: 9-3-6

FATHER

Continued from 1

always taught that you always try to keep improving. That's what this is about."

Another attendee, Bret Ritter, said, "As a dad you want to do whatever you can for your kids and things like this can help you grow as a parent. Whatever tools I can get from this can maybe help me help my kids."

This year's event was the fourth fatherhood conference held in Siskiyou County. The organizers say they intend to continue to bring fathers together through future conferences and other events to help them develop the skills necessary to enrich the lives of their children.

For more information about the fatherhood conference or other programs for fathers, call the Hub Communities Family Resource Center at 459-3481.

ATTACHMENT (F)

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting
May 9, 2013
Rondi Johnson
April Report

REMEMBERING OUR HEROS ON MEMORIAL DAY!

ACTION ITEMS: None

APRIL ACTIVITIES:

1. April 3rd Yreka Clinic visit, April 4th Management Team Meeting

APRIL TRAININGS/CONFERENCES & WEBINARS:

HRSA Webinar April 9th, CAHQ Conf April 10-13th, CRIHB Meeting April 16-19th, Compliance Conf April 20-25th, HANC Phone Conf April 26th

ACQI COMMITTEE MEETING:

The April 10th, ACQI meeting agenda, performance improvement projects, and reports are attached. The Meeting Minutes for December, January and February are attached.

BUDGETS:

See below. Budget through 4/30/13. At this time I'm well under budget.
(Half way through Fiscal Year)

Program	**CQI**
Budget Code	300002
Program Year	2012-2013
Expenses to Date	$60,216.24
Balance	$153,298.83
Percent Used	28.25%

Respectfully Submitted,
Rondi Johnson
Deputy Director of Health & Human Services

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
April 10, 2013
8:15 am-10:00 am

1. Call Meeting to Order – Vickie Simmons

2. Roll Call/Sign In – Vickie Walden

3. Approve Agenda – Vickie Simmons

4. Approve Minutes of December 12, 2012, January 9, 2013, February 13, 2013 and February 27,2013.

   – Vickie Simmons

5. Performance Improvement Reports Due
   - 5.1 BMI – Patti White
   - 5.2 HIV – Mike Lynch
   - 5.3 Yreka Dental –Susan Beatty – TABLED
   - 5.4 Happy Camp Dental – Cheryl Tims – TABLED

6. GPRA Reports
   - 6.1 Benchmark – Vickie Simmons

7. New Business
   - 7.1 Complaints/Incidents/Suggestions –Vickie Simmons TABLED
   - 7.2 ACQI Agenda – Patti White

8. Old Business
   - 8.1 HTN – Fabian Alvarado
   - 8.2 Happy Camp – Carrie Davis ABSENT, SUSANNA GREENO ADVANCE DIR POLICY

9. Policy Approvals: Needle Stick Policy (from Annie), ~~Rights of Patients Policy~~ #01-001-010 (Patti) Dental Policies-Dental Financial 14-001-001, Dental Financial Arrangements 14-001-002 and Grants Utilization Policy 1400-001-005-(Vickie Walden)

10. Next Meeting May 8, 2013 at 9 am

11. Adjourn

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
December 12, 2012 Meeting Minutes

1. Call Meeting to Order – by Lessie Aubrey at 9:05 Am
2. Roll Call/Sign In – Vickie Walden-
   In Happy Camp- Lessie Aubrey, Vickie Walden, Nadine McElyea, Chelsea Chambers, and Pat Hobbs- on the conference in Yreka was Amy Coapman, Mike Lynch, Sharon Denz, Tracy Lima, Susan Beatty, and in Orleans was Fabian Alvarado.
3. Approve Agenda – Agenda approved with changes/additions
4. Approve Minutes of September 12, 2012, October 10, 2012 and November 7, 2012. Approved
5. Performance Improvement Reports Due based on 3rd Quarter 2012-July to Sept. 2012

5.1 **Happy Camp/Orleans Eligibility Report-Nadine McElyea-**
Nadine submitted her written report, it was reviewed and she answered some question about the SSI/SSD application process and that is takes a long time to complete them. Nadine said she is available for appointments Monday through Friday and the applications are done on line. MediCal and Path2 Health can takes about 45 minutes to complete. She went on to say: there are two trainings that would be helpful for anyone helping people with their assistance applications; one is the SOAR program, which is designed by Social Security as a program to help the homeless. It's system will help track applicants and provides a framework for working with applicant's doctors, family and other medical providers, to get them SSD or SSI coverage, but she hasn't found a training for this program on the west coast yet. The other program is HICAP, which works with people with Medicare to negotiate the complicated coverage system for their hospital, doctor and prescription coverage, it's a two day training each spring. Her report is attached to this meeting packet.

5.2 **Yreka Eligibility Report**-Sharon Denz written report was presented by Sharon Denz, reviewed by the committee. She said that she processed a total of 8 applications for various programs in the 3rd quarter. The report is attached to this meeting packet.

5.3 Lower Total cost per Patient Project-Patti White
Patti White's written report was presented by Lessie. In Patti's written report she says this report in no longer a viable performance improvement project because none of the data shows where we have been able to improve and lowered our cost per patient. Patti is asking for the committee's approval to discontinue this Performance Improvement Project. The committee agreed it was time to discontinue this project and look for another project.

5.4 **Improve Childhood Imz Rates**-Vickie Simmons was absent and Vickie Walden did a verbal overview of Vickie Simmons' report. In section V-data analysis it said: The 2008 **UDS** result for immunizations was 53%. The 2011 rate was 3%. This is drastically reduced from previous rates because HRSA increased the amount of required immunizations. The 2012 rate is presently? % (the rate was unavailable at the time of this report). Our GPRA Report requires less vaccine than HRSA so the results are higher. However, our 2012 GPRA rate was 45.5% which was 11.6% lower than our 2011 rate. We are definitely losing ground. The 1st quarter 2013 GPRA report shows a result of 47.0%. Also, the 2008 UDS result for immunizations was 53%. The 2011 rate was 3%. This is drastically reduced from previous rates because HRSA increased the amount of required immunizations. The 2012 rate is presently? % (the rate was unavailable at the time of this report).

Our GPRA Report requires less vaccine than HRSA so the results are higher. However, our 2012 GPRA rate was 45.5% which was 11.6% lower than our 2011 rate. We are definitely losing ground. The 1st quarter 2013 GPRA report shows a result of 47.0%. Her written report said that: The final 2012 GPRA results from IHS are out. If we compare our 2012 Karuk GPRA result (45.5%) to the 2012 California Area result (71.3%) and to the 2012 National result (76.8%) it shows substantial room for improvement. In section VI she has highlighted the following: The 2012 may increase slightly from 2011. Our problem area seems to be the lack of flu and Rota vaccines (short window of opportunity). Moving on through the report in section VII. Corrective Action Vickie S. highlighted the following information: Are we doing the following?? Train clinic receptionists on how to open the schedule for recall appointments.

5.4.1 Ensure that patients do not leave clinic without a follow-up appointment being made; Receptionists will make reminder calls the day before the appointment and also instruct the parent/guardian to bring current immunization card/record to appointment; A dynamic spreadsheet will be kept to track children's immunization needs using information gathered from RPMS; Reminder letters will be sent out to parents/guardians notifying them of the needed immunizations; Outreach workers will be sent out when parent/guardians do not respond. Chelsea spoke for Happy Camp Medical, saying that she thought as for training, she said that most of the recall immunizations go onto the lab schedule so there is no barrier to when getting immunizations, as to making follow-up appointments the appointments are being made and some the patients are not coming in for the appointments, even though reminder calls are being done; Vickie Walden asked if anyone know if the outreach workers are doing any intervention. Since Annie is not present in the meeting and no one else had any additional information, Vickie Walden went on to review the Implementation of Additional Corrective If performance goals are not met: If the initial corrective actions did not achieve and/or sustain the desired improved performance, implement additional corrective actions and continue re-measurement until the problem is resolved.

5.5 The GPRA 2012 4 Quarter Dash Board was included in this meeting packet.

5.6 **Yreka Dental Records-Susan Beatty submitted her written report, which she presented to the Committee:** Said that they came down in the following six areas: Current Face Sheet; the Medical History; Provider Review of Medical History; Dental X-Ray Labels Complete; Progress Notes Complete; and Informed consents. The one big area of concern was, that there was no informed consent was done for a patient's root canal procedure (Susan said she will follow-up with Vickie S. on the missing informed consent since it involved doing and incident report.). the graph in this report showed that in all the other areas audited, they stayed the same or showed improvement. This report will be reviewed by the dental staff and included in the Health Board Report. Their Medical Alert Label audit shows they've improved in all areas bring their numbers up to 100%. Their Blood Pressure Audit findings showed that they went form 95% compliant to 85% compliant, Susan stated this was probably due to. There was some discussion on dental's next Dental records audit and how it was going to be done for the next report, due the recent changes the dental department record entries (patient records are now being entered into Dentrix/EDR and RPMS). Dental will need to choose new criteria for

their dental record audit. Vickie Walden and Susan will follow-up on this with Cheryl and Amy.

5.7 Happy Camp Dental Records-Cheryl Tims- **Tabled**

5.8 Fabian – Hypertension PI Report- Fabian emailed out his written report for this meeting, which was for the 4th quarter of 2012. The data collected showed an improvement of 7% since the first quarter of this year and a 6% improvement when compared to the UDS report for 2011. However, there was a decline of 10% during the third quarter of 2012, Fabian was not sure why this happened could been having the number of un-controlled go up and an increase in new patients. Fabian commented that we are still doing better than last year. Chelsea commented that she expect to see the numbers go down during the quarter in which Dr. Burns was absent. Fabian will work with Patti White when he does the final report and re-review the data by each quarter for the whole year. There was more discussion on what data we need to gather for this report and in conclusion, it was decided that Fabian will look at this report and work with Patti White to insure we are collecting and analyzing the correct data.

6. **New Business**

6.1 Yreka Clinic Lost Vaccines Improvement Project- Mike Lynch talked about Yreka Medical's monitoring immunization log book and compares it to the Immunization report that Amy runs for him from the E.H.R and when he finds a discrepancy between the inventory/log book and the E.H.R, he cross checks the information between the two sources and uses the findings to make corrections to the log or the E.H.R.. Lessie will follow-up on this potential PI Project with Mike at a later date in a face to face meeting, because this meeting is running behind and there were more items on the agenda that need to be addressed.

6.2 **Revision of Injection Policy needed? MA Policies Needed?- Tabled**

6.3 **Patient Satisfaction Survey-** Lessie Aubrey gave the committee members a copy of the last survey and would like them to send her suggestions for changes or additions. We have to one survey per year and we do not want them to be too long. She wants to present the final draft at the next ACQI Meeting.

6.4 **UC Davis TelaMed Contract-** Lessie said that she has been working with the EPI Center from CRIHB, Dr. Thomas Kim and they would like to do a contract with UC Davis for Nutritional Services and other Specialty Telemedicine services. We joined them in this venture; we would have to pay a share of the cost for the services. Dr. Kim wants Lessie will send out the email the request to all the providers, so that they can send her back a list of services they would like to have access to through the Telemedicine Program.

6.5 **Chelsea asked for an update in Document Scanning-** Chelsea asked if there was any update on how soon we might be getting a documenting system and Amy said that she has no new information or start date, that Eric is working on that project.

6.6 **Approval of 2013 Meeting Schedule** – The Meeting Schedule was approved by consensus of the committee members present at this meeting.

7. Old Business- None

8. Complaints/Incidents/Suggestions –Vickie Simmons- **Tabled due to Vickie Simmons absence.**

9. Policy Approvals: CFS Policies and Procedures 17-000-01 through -07 **were approved by consensus of the committee members present in this meeting.**

10. **Announcement** - Lessie said that we just got Notice of our HRSA Grant Award for the next five years.

11. Next Meeting January 9, 2013 at 9 am- Reports Due based on 4th Quarter 2012-Oct., Nov., Dec. 2012 : GPRA Report and Clinical Benchmarking-Vickie Simmons, Increase Number of Patients Seen-Lessie Aubrey, HIV/Aids-Lisa Rugg, Dental Project-Vickie Simmons, Flu Vaccine-Jodi Henderson

12. Adjourn- Lessie adjourned the meeting.

Vickie Walden respectfully submitted these meeting minutes on March 7, 2013

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
January 9, 2013 Meeting Minutes

1. Call Meeting to Order - Vickie Simmons

2. Roll Call/Sign In – Vickie Simmons- Attendance: In Happy Camp – Lessie A, Cheryl Tims, Vickie Simmons, Suzanna Hardenburger, Dr. Brassea, Chelsea Chambers, and Vickie Walden. In Yreka- Annie Smith, Dr. Milton, and Mike Lynch. Fabian called in from Orleans.

3. Approve Agenda – Vickie Simmons

4. Approve Minutes of September 12, 2012, October 10, 2012, November 7, 2012 and December 12, 2012. – **Tabled – Vickie Simmons suggested that maybe we could find someone to volunteer to help Vickie Walden get caught up on the meeting minutes. If some has time they can contact Vickie Walden.**

5. Performance Improvement Reports Due based on 4th Quarter 2012-Oct., Nov., Dec. 2012
   5.1. GPRA Report and Clinical Benchmarking-Vickie Simmons – The unofficial GPRA Dashboard 2013 2nd quarter report is attached to this meeting packet. With the new GPRAMA measures this report may have a new look in the future. We have entered the 2nd quarter of 3013 GPRA Year. There are collecting baseline measures on Good Glycemic Control, Controlled Blood Pressure, Dental Sealants, Topical Fluorides, Childhood Immunizations, Pap Screenings, Colorectal Cancer Screenings, and Tobacco Cessation, Measures not met are LDL Assessed, we are at 40.3%, with a target of 68%; Nephropathy Assessed we are at 40.3% with a target of 64.2%; Retinopathy Exam we are at 22.6% with a target of 56.8%; Influenza for 65+years were are at 59.1% with a target of63.3%; Mammogram rates we are at 41.1% with a target of 49.7%; FAS Prevention we are at 31.3% with a target of 61.7%; IPV/DV screen 28.8% with a target of 58.3%; Depression screening we are at 33.6% with a target of 58.6%; Comp. CVD-related screening we are at 3.8% with a target of 32.3%; and for Prenatal HIV Screening we are at 33,3% with a target of 82.3%. There was group discussion on what needs to be done to increase the numbers. Once we have hired a Deputy Health Director, Vickie Simmons will be doing more GPRA Coordinator reminders to patients and providers. Also we'll to make sure we are documenting all the patients visit data correctly in E.H.R. Fabian would like to see monthly report GPRA measures on an ongoing base so he can compare them to what they are doing, and use them as reminders to do follow-up on the patients 'care. Also he suggested that they do the same for the medical assistants. Vickie Simmons said it's in her plans to do that, once she is back working full time as GPRA coordinator, which will be sometime after the hiring of the new Deputy Director. Fabian also mentioned that is difficult for them to increase the Orleans Clinic Pap numbers because they've not had a woman provider available to do a women's clinic. Chelsea said that she may be able to do a women's clinic within the next couple of months because she feels the current locum doctor would be able to handle the Happy Camp Clinic for a day while she goes to Orleans to do a women's clinic. Chelsea asked Annie for an update on the eye camera because she knows that her numbers are low for the Retinopathy screenings, Annie said that she is have issues with the Happy Camp Camera, it has moisture inside the camera so the picture are just big bubbles. She is battling with the company about who is responsible for fixing it. We can refer patients out fir the screenings, Chelsea said that she has a bunch of patients that will not go out for the screenings. Annie said that we can refer patients to her and she can take the pictures at the Yreka Clinic. Annie will continue to press the eye camera manufacturer to do the repairs at their cost.
   5.2. Increase Number of Patients Seen-Lessie Aubrey - Verbal Report

The reason for no written report is that the data is not all in yet. Lessie reviewed the data collection process that she tried over the past 5 years to do this project, but was unable to get accurate data. So in order for her to get accurate data for this report she found that we will have to collect the data annually; analyze the data, and then do an annual status report. This project only went through year 2012 so she may only have one report to do. Lessie went on to say that this performance improvement project's goal to increase our patients' seen by 2% each year, that we were to analyze the data use the findings to track our progress. Lessie talked about our data collection process and that for some of our report we can only collect data on an annual bases because our current data base adds each quarter together and we were getting duplicated data when we did our reports by the quarterly. Lessie went on to talk about the meaning of quality improvement, that you find an area that you want to improve in: something that is problem prone, high volume, high cost or high risk. When HRSA was here for site review that each clinic should choose one thing within their clinic that they would to improve in, then do a performance improvement project on it. Lessie said to keep in mind that there needs to be a stopping point for our performance projects, that if we reach our improvement goal and/or the project findings show that there is no possible way we can improve on or meet our targeted goal, then we need to stop doing the project. Lessie commented that we are going to have to do some work on our CQI Project.

6. HIV/Aids-Lisa Rugg - **Tabled**
   6.1. Dental Project Based on 2nd Half 2012 (Jul to Dec, 2012) -Vickie Walden- written report attached to this meeting packed.
   Vickie Walden gave a little historical information on this dental comprehensive exam and treatment completed report i.e. how it started out to be a performance project but to the way data had to be collected and the project variables, the data showed it was better to do a tracking report every six months. Vickie W. went on to say that due to staff change over and other variables that happened throughout this the project the dental department there was very little change in the data from report to report. Vickie also gave an overview of an addition variable in regards to this project report. That was the addition of Dentrix; the time it took for set–up and training; how this slowed down the dental data process, which caused her a delay in being able to do this report on time. Lessie commented that we started this project because there were so many walk-in's needing emergency treatment, most of the dentist time was used for treating were emergencies and the dentists were not able to complete treatment on patients with comprehensive treatment plans. Then Lessie asked if there was any improvement and Vickie responded; some improvement but with the data collected in this report it's hard to tell because of all the variables. There was discussion on, change over to Dentrix, data entry collection; need for additional Dentrix training; data entry process; that maybe we need a new project or revise this project; and after the discussion, it was decided we would discontinue this project. That dental was to follow-up and find more Dentrix Training so that we can enter data correctly and pull reports. Vickie said that their current processes: for scheduling; provider visit entries; the final data entry for billing, is to entered data into several different systems i.e. Dentrix, I.H.S GUI, RPMS PIMS scheduling package, in RPMS DDS Package and because of the current processes and need for more training there are a lot of errors being made in all their systems. That we are not going to get accurate data until we clean up the errors.
   6.2. Flu Vaccine-Jodi Henderson – **No Report**

7. New Business
   7.1. Tele-psychiatry – Dr. Andrews (Tracie Lima and Mike Lynch)-Lessie commented that she had not gotten back to Dr. Andrews but for Mike to go ahead, that maybe he had an update. Mike report that he spoke to someone from that office, they are in reviewing the proposal; he still needs to talk with Suzanna about the billing and etc. There was discussion the needs in Yreka, Happy Camp and Orleans; the services; access/transportation to the location where services are provided; services available

from other providers, billing, our budget limitations and etc. Lessie said she was working with CRIHB's Dr. Kim in a similar project and we did not want to do anything to miss that up. Mike will get more information and back to Lessie.

8. Old Business
   8.1. Happy Camp Dental Records-Cheryl Tims – Tabled last month
   Cheryl reports that she reviewed 10 adult charts and 10 Child charts, they are at 100% correct on adult charts and at 90% correct on the children's charts. The two areas not completion were health history not signed and that health history review not current. Vickie W commented that we are going to have to revise the dental record review data collection form at the next joint staff meeting.
   8.2. Approve changes to the 2013 Meeting Calendar- There was some discussion in the schedule but no changes were made that meeting schedule was approved as is, with a motion made by Mike lynch and 2nd by Vickie W motion caries with no objections or abstentions.
   8.3. Yreka Clinic Lost Vaccines Improvement Project – Draft Project was reviewed, discussion on their current process for documenting/tracking vaccines. There was more discussion and in conclusion it was decided that this may be a management tool rather than a performance project. The final consensus of the committee was: that some staff may need training on how to do a performance Improvement project; that Mike would collect data and see what the findings were; plus Lessie will work with Mike to follow-up on this.

9. Complaints/Incidents/Suggestions –Vickie Simmons reports that for:
   9.1. Complaints: One both was in dental and the other was in Mental Health Services.
   9.2. Incidents: **None**
   9.3. Suggestions: **None**

10. Policy Approvals: **None**+ Vickie Simmons mentioned Tracy's policy will be presented to the Board for Approval.

11. Next Meeting February 13, 2013 at 9 am- Reports Due based on 4th Quarter 2012-Oct., Nov., Dec. 2012 :KCHC Medical Records Audit – Carrie Davis; Orleans Medical Records Audit – Isha Goodwin; Yreka Medical Records Audit – Charleen Deala; Increase Pap Smears Project – Vickie Simmons; HTN Project – Fabian Alvarado
12. Adjourn with a motion made by Lessie 2nd by Annie motion caries with no objections or Abstentions.

Karuk Health and Human Services Program
ACQI Meeting Minutes for February 13, 2013

1. **Call Meeting to Order** – Vickie Simmons called the meeting to order and introduced Rondi Johnson the new Karuk Health Program Deputy Director. Rondi told the committee a little bit about herself.

2. **Roll Call/Sign In** – Patti White –In Yreka was Annie Smith, Charleen Deala Mike Lynch and Dr. Milton. In Happy Camp, Lessie Aubrey, Vickie Simmons, Rondi Johnson, Patti White, Fabian, Chelsea Chambers and Vickie Walden.

3. **Approve Agenda** – Vickie Simmons ask for approval of the agenda, agenda was approved with changes.

4. **Approve Minutes** of September 12, 2012, October 10, 2012, and November 7, 2012. Lessie Aubrey motioned to approve the meeting minute's motion caries with two abstentions (Vickie Walden and Patti White and no objections.

5. **Performance Improvement Reports** Due based on 4th Quarter 2012-Oct., Nov., Dec. 2012

   5.1. **HTN** – Fabian Alvarado – **Tabled**

   5.2. **Yreka Medical Records Audit** for October, November, & December – Charleen Deala Charleen reported the main problems were documenting the patient's: height, weight respirations and completion of Health Questionnaires. They did improve in the completion of the Health Questionnaires; however they still need to do better in this area. Mike stated, these were the same problem areas reported in the last quarterly report, that he reviewed the results of that report with staff at their staff meeting, but due to the timeline between the last quarterly report, their staff meeting and this report, there has not sufficient time for them to show much improvement in this quarter's report that the next quarterly report should show more improvement. There was also some discussion on the documentation content and what missing information would make vitals section be counted as incomplete i.e. no pain scale done/if any vital sign is not entered.

   5.3. **Happy Camp – Carrie Davis - Tabled**

   5.4. **Orleans – Isha Goodwin –** Written report attached to this meeting packet-
   Called Isha to conference her for her report. Isha said her data showed that: not all the problem lists were being reviewed at each visit; four patient's medication lists were not reviewed, and four patients Health Questionnaires were not reviewed. She will talk to Fabian and let him know about her findings and discuss how they are going to fix these areas in the future. That they will continue to work as a team to bring their records audit up to their goal of 100%, which they want to reach by June 2013. Fabian said that during this reporting period, the clinic was chaotic and sometimes he was working alone, that the numbers should be much better in the next quarter.
   Electronic Prescriptions Issues- Isha said that they were experiencing some problems with the E-Prescribing i.e. they are getting calls from the patients or the pharmacy saying they did not receive the prescription. Fabian gave an overview on how our E-prescribing works and that so far everything is working ok, so much easier than our previous process. Patti White said that the RPMS Rx report is much better now than before we began E-Prescribing. Chelsea said that Raley's called the clinic

and talked to the receptionist about, a new law regarding the process for refill prescriptions for controlled medications. That they could no longer accept the refill request with just the number of refills, that for controlled medications refills, they must complete, printed and sign a new prescription for scheduled medications.

6. **GPRA PAP Report** – Vickie Simmons written report attached – Vickie S. reviewed the highlights of her written report: That Karuk 2008 UDS report showed our Pap test rate was at 36%; Patti White pulled the 2012 UDS Report and that data shows our pap rate was 48.6%, A GPRA Report for the second quarter of 2013 shows that our Native American Pap rate is higher because 2013's GPRA requirements has changed. Instead of ages 21-64 in the last 3 years is has been changed to ages 25- 64 in the last 4 years but the UDS report requirements are ages 24-64 years in the last 3 years. There was discussion on the requirements changes; how that impacts our data; and our goals. We instated some goals to increase our Pap smear rates by 10% per year, but now this seems to be an unrealistic goal. Annie suggested that we become more aggressive in getting these exams done; there was discussion on this could be accomplished.
   Corrective Actions: The first corrective action has been completed; the next two corrective actions have not had expected results. Providers of women's health exams believe they can do a better job by driving home the importance of pap smears and continuing the reminder program. Corrective actions in process for 2013: We will identify women needing pap smears; contact & schedule patients needing pap smears, and use low cost incentives to get the patients to come in for their appointment.

7. **New Business**
   7.1 Complaints/Incidents/Suggestions –Vickie Simmons reported on:
   Incidents for the month of January:
   - Employee was hurrying, caught her shoe and turned their knee.
   - A father in dental exhibiting behavior that could have been detrimental to a child appropriate reporting was done.
     Medical chart was in the dental area.
   - Employee slipped on ice and landed on their side and elbow.
   - Patient was hostile toward KTHHSP staff and when referred was hostile to the staff at the referral appointment (they will not see that patient again).
   - One Needle stick injury.

   Complaints in the month of January:
   - Three complaints about a receptionist-turned out to be about two different receptionists
   - Non-patient complained about an Elders Worker complaint was not real specific.

   Suggestions from the Boxes- none turned in January.

   Patti White said that as the RPMs site manager, she needs to be notified of any HIPAA Security incidents.

   Annie Smith asked when we have repeat incident occurrences i.e. needle stick, should we do a Performance Improvement Project on them. Vickie S said Annie's question leads us into the next topic in the agenda.

7. **Selection of PI Performance** – Rondi L. Johnson and Lessie reviewed the Staff Proposal for a Performance Activity – Since we are beginning a new AAAHC Survey period in which we need to determine area for improvement. We must look at our clinics, our care procedures or outcomes, managerial problems, patient flow, wait times, and etc. then select a measure we can improve on. Staff proposals are due by the next meeting which is Feb 27, 2013. (Please note that the meeting date has been changed from March 13 to February 27, due to administrative travel.) There is a handout in this meeting packet that gives an Example of Lessie's performance improvement project proposal, Lessie reviewed and explained her

reasoning for doing an a performance improvement project on her email. There was discussion on how she might gain better control over her email. Vickie Simmons brought the discussion to a close, by reminding the group that the point of this topic was to ask each clinic to bring a suggestion for a Clinic PI Project, outlined in the PI reporting format, to present to the committee at the next ACQI Meeting on February 27, 2013.

8. **Patient Satisfaction Surveys**- Lessie and Rondi has not had time to work on this project and hopes they will have it ready to present at the next meeting on Feb. 27.

9. **Old Business**

 9.1. **HIV Report** – Mike Lynch reviewed the HIV Written report and reviewed it with the group. He said that the measures they were monitoring were useful for a time but now they would like to refocus their quality improvements activities to keep pace with the changing best practice standards. They will be monitoring the following new indicators: Anal Screening/Pap Screening; Methamphetamine usage screening; Tobacco Usage screening; Hepatitis B and Hepatitis C co-morbidities and pneumococcal 13-valent immunization rates. The reporting on some of these measures will commence with the next quarterly report and the remaining measures will probably not commence until the following quarter, given the preparation time need to set them up and collect baseline data. Mike's written report is attached to this meeting packet. There was some discussion on this report and Lessie asked if Mike had been in contact with Carla Burnsworth and Mike said that Lisa is working with Carla. Annie said that Mike could connect directly with Carla if he wanted too.

 9.2. Mike had attached a **Non-VFC/Non-influenza Vaccines** – Mike reviewed the high points in this report, which can be found in the summary table, that his main area of concern was the error rate not documentation, because that means they gave an immunization that they did not get credit for. He said that they are doing more documentation than but they are making errors when completing the documentation. Lessie told Mike that she and Rondi will come out and work with him this project.

 9.3. **Flu Vaccine** – Jodi Henderson's written report was included in this meeting packet. Jodi said the RPMS reports show an increase in the number of patients getting vaccines in our clinics, that they've given a total of 970 patients the vaccine out of 3410 active patients and they had a total of 143 patients refuse the influenza vaccine this flu year. For every patient that refused the vaccine; they continue to ask them at every visit, if they would like the vaccine and some of them did change their mind and got the vaccine. Jody said that the 3410 active patients was a huge target. There was discussion on the active patient numbers, on how was the report search done to get their numbers, and if there was a better way to get their numbers, Patti White and Jodi will work on the data collection and see if there is a better way to get the data for this report. There was some discussion on the news reports on the severity of this year's influenza helped persuade out patients to get their flu shot. Vickie S. said there was increase in the number of employees getting their flu shots, that some of the increase was due to; Annie Smith going from office to office giving flu shots to the staff. Lessie Aubrey said by looking at Jodi's charts/graphs in the written report you can see this performance improvement project is a successful one. Jodi will continue doing this project. Lessie suggested that she note in her report then end of the flu season and that she will pick up this project again and do her report in November.

10. **Policy Approvals:** Patient Rights and Responsibilities, Policy # 01-001-000- the suggested that we change all the areas within this policy's procedures; that says The Clinic Operations Manager to say the Deputy Director because the New Deputy Director is undertaking the responsibilities for these procedures. Vickie Simmons said that she will also change the complaint forms and sent them out to the clinics. Vickie Simmons said that if she receives any of the old complaint forms she will forward them to Rondi. The revisions to this policy

were approved with a motion by Lessie Aubrey, 2nd by Mike Lynch motion caries with no objections or abstentions. The policy's approval dates will be changed, appropriate signatures will be obtained and the updated policy will be placed in the shared Health Program Policy file, which is on the computer server. Patti White will

11. Next Meeting February 27, 2013 (Meeting date was changed from March 13 to February 27, due to administrative travel.)

12. Adjourned with a motion made by Patti White, 2nd by Lessie Aubrey, motion caries with no objections or abstentions.

Meeting Minutes Respectfully submitted by Vickie Walden RDA on March 12. 2013

ACQI February 27, 2013

1. **Meeting to Order** by Rondi L. Johnson at 9:30 AM

2. **Roll Call/Sign In** – Vickie Walden – In Happy Camp – Lessie Aubrey, Rondi Johnson, Vickie Simmons, Vickie Walden, Nadine McElyea, Dr. Brassea, Suzanna Hardenburger, and Chelsea Chambers. In Yreka – Amy Coapman, Dr. Ash, Sharon Denz and Dr. Milton

3. **Approve Agenda** – Rondi L. Johnson – no Additions or Changes done to the agenda.

4. **Approve Minutes** of December 12, 2012, January 9, 2013, and February 13, 2013. -**Tabled**

5. **Performance Improvement Reports Due based on 4th Quarter 2012-Oct., Nov., Dec. 2012**

   5.1. **Happy Camp/Orleans Eligibility Report** – Nadine McElyea-Written Report attached to this meeting packet. Nadine reviewed the important points in her written report i.e. for this reporting period she has submitted SSI/SSD for 2 people; MediCal applications for 2 people; and Path 2Health CMSP for six people. Her data table shows that in she provided services to 14 people in October 2012, 15 people in November 2012; 3 people in December 2012 for a total of 18 people for 32 services within this quarter. That she's continuing to pursue training in the HICAP Program(Health Insurance Counseling and Advocacy), which works with people with Medicare to negotiate the complicated coverage system for their hospital, doctor and prescription coverage, there will be a two day training in Redding in March. Nadine also said that she has found an SSI/SSD training in Medford Oregon next month, she will follow-up on this and see if she can attend the training. Annie would like Clarence to attend the SSI/SSD Medford training; Nadine will email her the training flyer.

   5.2. **Yreka Eligibility Report** – Sharon Denz - Written Report on the 4 Q of 2012
   Total applicants for the 4Q were 2; 1 in October for CMSP and 1 in December for CMSP, which is pending. Chelsea asked why her numbers were so low; the reason was that since she works mainly in Yreka area, it's easier for clients to go the County Office to do their applications. Sharon reported that due to the change in the Tribes HRSA Prescription payment process, her drug assistance program has gotten busier, that more people are applying for medications through that program.

   5.3. **Yreka Dental Records** – Susan Beatty – **Tabled**

   5.4. **Happy Camp Dental Records** – Cheryl Tims - **Tabled**

6. **GPRA Reports**

   6.1 Improve Childhood Immunizations Rates – Vickie Simmons written report is included in this meeting packet. Vickie reviewed several areas of her if her written report: Dada was pulled from the RPMS' UDS section, so in the future we will be able to monitor improvement on a continuous bases. In addition, we can also pull GPRA results and monthly results for review. The 2008 rate was 53%; the 2011 rate was 3% this is a drastically reduced rate form previous rates because HRSA increased the amount of required immunizations. The 2012 rate was 2.6%' our GPRA Report requires fewer vaccines than HRSA so their results are higher. The official numbers for the 1st quarter of 2013 report show a result of 51.0%, which exceeded the final 2012 numbers. In her written report Vickie said that the 2012 GPRA numbers are out and if we compare our GPRA results to the 2012 California Area results to the national results it shows we have substantial room for improvement. That we did not meet out 2009 goal but in

2010 there was improvement; the 2011 dropped to 3%; and 2012 did not surpass 2011. We have to get the flu immunizations up but it looks like the goal we will never meet is the Rota vaccine. This is due to the narrow window of opportunity in which we have to give that vaccine. The written report included the corrective actions; re-measurements are being done every three months form the UDS Table 6A of equivalent will be run for comparison with the last report. This will determine whether the corrective actions have achieved our performance goal, which is a 2% increase per year.
Vickie S. said that we have joined the GPRA Challenge so if we improve they will recognize us. Annie Smith stated our numbers are terrible, which prompted a discussion on our barriers to data collection.

7. **New Business**

7.1 **Complaints/Incidents/Suggestions** –Rondi Johnson

- There was two good reviews, one for Happy Camp Dental's receptionist Cheryl and 1 for the receptionists at the Yreka Clinic.
- There were two complaints: One for the Yreka Dental Clinic, which was take care of by Rondi and Susan. After which the patient decided not to file an official complaint because his/her issue was addressed so quickly.
- The other Yreka complaint/request asking if we could have a fragrance free waiting room. There was some discussion and suggestions but it consensus for the committee was that this would be something we may not be able to do. It was suggested that we may need more ventilation or to buy an ozone machine to clean the air.

7.2 **Selection of PI** – Rondi L. Johnson said that Dr. Milton and Patti White, Mike and Amy, and Chelsea, all turned in a proposal for a Performance Improvement project.
Proposal Assessment

- Patti White presented their proposed BMI for 30 or higher project with a documented follow-up plan, which includes nutrition counseling, and counseling for physical activity. It was reviewed, discussed and it in conclusion it was determined to be High Risk, High Volume, Problem Prone, High Cost and the dimension will be determined later.
- Mike Lynch presented his proposal for an Yreka Clinic PI Project on E.H.R Reminders. It was reviewed, discussed and it in conclusion it was determined to be High Risk, High Volume, Problem Prone, High Cost and the dimension will be determined later.
- Chelsea presented the Happy Camp Medical Clinic PI Project Proposals: 1. Patient's requesting same day appointments and 2. Patients who have been turned away for arriving late for scheduled appointments. The project proposal was reviewed, discussed and it in conclusion it was determined to be Problem Prone.
- Chelsea presented a second proposal for a PI project on CHDP Well Child Exam follow-up reminders. That Happy Camp Medical does not have an effective back system. It was reviewed, discussed and it in conclusion it was determined to be High Risk, High Volume, Problem Prone, and High Cost.
- Going back to the first proposed project- Amy said that she had additional information on the proposed BMI Project- She ran a report which shows organizational wide, in the age group 5 to 18 there are 198 overweight/obese patients and 19 to 65 age group there are group there are 725 overweight/obese patients.
- After reviewing all the proposals it was decided that: the BMI/Obese PI project is a priority1 project and will be an organizational wide project; the E.H.R. Reminders PI proposal is a priority 1 project and will be an organizational wide PI Project; the proposed Happy Camp Medical PI project for Chelsea's two part scheduling project would be a priority 4 project because it is only Problem Prone; and Chelsea's second proposal for the CHDP Well Child Exam follow-up is a priority 1 project and could

be done as a Happy Camp Medical Clinic PI project. There was no timeline in this proposal and the group suggested that Chelsea set this PI Project to run for 1 year.

8. **Patient Satisfaction Survey Draft** included in this meeting packed was reviewed and approved. There was discussion on how to disperse and the survey the run time. Dr. Ash asked to have dental insurance added to the medical insurance question on the survey, it will be added. It was decided that we would mail out surveys to patients that were seen in the clinic within the last six months and run the survey for 3 months. Lessie suggested that if we see a poor response to the mailings, then we could start handing out the surveys in the clinics.

9. **Old Business**
   a. HTN – Fabian Alvarado - Tabled
   b. Happy Camp – Carrie Davis –Tabled

10. **Policy Approvals:**
    a. **05-002-226 Sentinel Event Flow Chart** – Rondi asked to change all areas in this policy that says Clinic Operations Manager (COA) to Deputy Director. A motion was made by Vickie Simmons, 2nd by Vickie Walden, no objections or abstentions, motion caries, policy changes approved
    b. **5-002-225 Incident Flow Chart**- Rondi asked to change all areas in this chart that says Clinic Operations Manager (COA) to Deputy Director. A motion was made by Vickie Simmons, 2nd by Annie Smith, no objections or abstentions, motion caries, policy changes approved.
    c. **Incident/Occurrence Report and Policy** – Rondi asked to change all the areas in this policy that says Clinic Operations Manager (COA) to Deputy Director. A motion was made by Vickie Simmons, 2nd by Annie Smith, no objections or abstentions, motion caries, policy changes approved.

11. **Next Meeting** April 10, 2013 at 8:15 am This meeting will be chaired by Vickie

12. **Meeting adjourns** with a motion made by Vickie Simmons, 2nd by Lessie Aubrey, motion caries with no objections and abstentions.

ACQI Meeting Minutes were respectfully by Vickie Walden RDA on March 12, 2013

Plumas County HIV/AIDS Project
April 9/2013

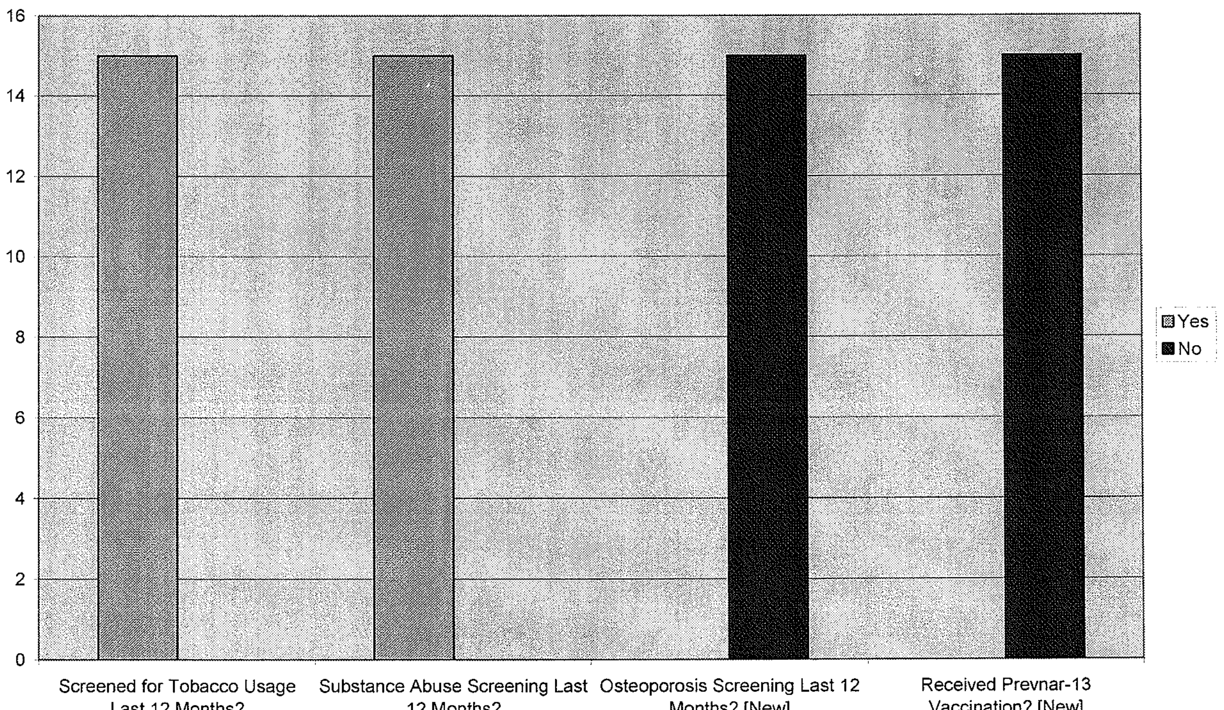
For the 1st quarter 2013 reporting period we had 15 active patients, 12 men, and 3 women. That is 3 less than the 4th quarter; 3 patients moved from the area, one patient transferred to another provider, we gained a new patient, and a former patient returned to our clinic for care. During the reporting period 12/31/12-3/31/13 10 of 15 patients were seen at least once. One patient required acute hospitalization for severe illness secondary to non-compliance and multiple co-morbid conditions. Of all patients, 100% are current (within 6 months) on CD4 measurements. One of our 15 patients has a critically low CD4, due to non-compliance. Two of 3 female patients are up to date on pap smears, while one female patient is excluded from pap testing due to having had a hysterectomy. Our future monitoring will be following rates of immunization of the PCV 13 pneumonia vaccine, which we just obtained. Starting with the 2nd quarter we will begin vaccinating our HIV clients as CDC recommends. Future monitoring parameters will be tobacco and drug use screening, as well as osteoporosis screening. We have abandoned the idea of monitoring anal paps after consulting the authorities in Infectious Disease at UCD and Mercy Redding.

Findings:

We continue to perform CD4 monitoring and prior measures in excellent fashion. This quarter we successfully screened for tobacco and substance use in 100% of clients. We have yet to evaluate the accomplishment of osteoporosis screening and PCV 13 immunization as we just began using those two measures and, as yet, no clients have had either Dexa scans for osteoporosis or PCV 13.

Quality Improvement:

We will be examining in future rates of tobacco and substance abuse cessation based on interventions at the time of screening. PCV 13 immunization is beginning this next quarter. Osteoporosis interventions will be based on screening results. First quarter results are presented below. All clients were screened at least once for substance abuse and tobacco usage within the last 12 months. PCV-13 vaccination and osteoporosis screening are new QI indicators, and will begin in the second quarter 2013.



Karuk Tribal Health & Human Services
Performance Improvement Project
Prepared for 4-10-2013 ACQI Meeting

BMI/Obesity Project 2013

1. **Purpose of the Study:** To address the failure of appropriate data collection, assessment, and treatment of obesity.

   a) Problem: An international—National—Karuk Medical Care Problem. An epidemic of obesity is present, serious, and, increasing.

   b) Importance: Obesity is directly related to serious medical disease states including:
   i) Diabetes
   ii) Cardiovascular Disease
   iii) Renal Failure
   iv) Diminished self-esteem---mental disorders---general dysfunction
   v) Others

2. **Goal of this Performance Improvement Project**
   a) Collection of BMI data: "BMI at every visit" with appropriate follow up for those with BMI outside normal parameters. (HRSA guidelines)
   i) Children 3 through 17-BMI over 25
      - Documented nutrition counseling
      - Document counseling for physical activity.

   ii) Adults 18 to 65-BMI over 25
      - Documented follow up plan

   iii) Adults over 65-BMI over 30
      - Document follow up plan

   b) Analysis of data available-Reports will be ran and an evaluated against the startup percentage of those with BMI outside normal range and those with appropriate follow up documentation.

3. **Description of Data-Baseline data ran for CY 2012.** Quarterly reports will be ran and compared to the baseline data and previous quarter's data. UDS reports for Weight Assessment and Counseling for Children and Adolescents and Adult with screening and follow-up. From RPMS a listing of patients with BMI will be ran and sorted by age and BMI.

4. **Evidence of Data**

   a) In CY 2012, 608 patients between the ages of 3 and 18 were seen in medical. Of these patients only 578 had a documented BMI during the year. Only 26 of these had counseling documented for nutrition and physical activity. (from UDS data)

b) In CY 2012 we saw 2438 patients in medical ages 18 and older. Of these patients 1068 had a documented BMI. Of the 1068 only 252 had a follow-up plan documented. (from UDS data)
c) 3408 out of 4691 active patient (ages 3-74) have a documented BMI.
   i) 534 patients ages 3-17, 94 had a BMI over 25.
   ii) 2874 patients ages 18-74
      - 2527 patients ages 18-64 - 1808 with BMI over 25
      - 347 patients ages 65-74 – 154 with BMI over 30

5. **Data Analysis**
   a) UDS Data
      i) Children 2-17 60% with BMI in 2012 and 5% counseled on nutrition and physical activity
      ii) Adult's 18 and older-47% with BMI in 2012 and 24% with a follow up plan.
   b) RPMS data active patients as of date report ran
      i) 73% of our active patients have had a BMI within past 3 years.
      ii) 18% of patients ages 3-17 have a BMI over 25
      iii) 72% of patients 18-64 have a BMI over 25
      iv) 45% of patients 64-74 have a BMI over 30

6. **Comparison-**No comparison at this time. Baseline data only.

7. **Implementation of Corrective Actions to Resolve-**
   Have a BMI documented at each visit. Data can be collected by the Medical Assistance and Nurses rooming the patients and taking vitals. They may need instructions.

8. **Re-measure-**
   Data and reports will be done on a quarterly basis and compared to previous data.

9. **Implementation of Additional corrective Actions if Performance Goals are not Met-**
   N/A at this time

10. **Communication to Governing Body-**Evidence of the PI project will be included in ACQI information that is reported to the Health Board each month.

Submitted by Patti White

Karuk Dashboard
2013 - 3rd Qtr.
GPRA Report Unofficial

TO: ACQI Committee
FROM: Vickie Simmons, GPRA Officer
DATE: April 3, 2013
SUBJECT: GPRA 3rd Quarter Report 2013
Please find the **unofficial** 2013 GPRA 3rd Quarter Report below.

GY2013 3rd Qtr. Dashboard DIABETES	End of Year Karuk 2012	End of Year National Avg. 2012	End of 3rd Qtr. Karuk 2013	GPRA13 Target	Goal 2013	2013 End of 3rd Qtr. Results - Karuk
Diabetes Dx Ever	8.7%	13.4%	8.9%			
Documented HbA1c	86.3%	84.9%	81.1%			
Poor Glycemic Control >9.5	10.8%	19.8%	11.0%			
Good Glycemic Control <8	46.0%	33.2%	51.2%	Baseline		
Controlled BP <140/90	36.0%	38.9%	67.7%	Baseline		
LDL Assessed	69.8%	71.0%	49.6%	68.0%		NOT MET
Nephropathy Assessed	61.9%	66.7%	47.2%	64.2%		NOT MET
Retinopathy Exam	41.7%	55.7%	29.9%	56.8%		NOT MET
DENTAL						
General Access	40.4%	45.3%	33.7%	26.9%		MET
Sealants	464	470	7.7	Baseline		
Topical Fluoride- Patients	427	503	22.3	Baseline		
IMMUNIZATIONS						
Influenza 65+	53.4%	44.2%	64.8%	62.3%		MET
Pneumovax 65+	87.0%	83.1%	90.3%	84.7%		MET
Childhood Izs	45.5%	57.1%	42.9%	Baseline		
PREVENTION						
Pap Screening	54.4%	55.4%	59.8%	Baseline		
Mammogram Rates	45.4%	44.1%	47.8%	49.7%		NOT MET
Colorectal Cancer Screening	57.0%	52.4%	32.1%	Baseline		
Tobacco Cessation	39.0%	33.8%	37.8%	Baseline		
FAS Prevention	71.0%	66.4%	51.5%	61.7%		NOT MET
IPV/DV Screen	65.5%	62.5%	49.0%	58.3%		NOT MET
Depression Screening	66.0%	62.6%	51.5%	58.6%		NOT MET
Comp. CVD-related Assessment	27.6%	25.0%	27.3%	32.3%		NOT MET
Prenatal HIV Screening	28.6%	6.3%	37.5%	82.3%		NOT MET
Childhood Weight Control	23.1%	24.3%	22.0%	24.0%		
						Measures Met = 3 *Measures Not Met = 9* *Unknown = 8*

vms - 071012

Karuk Tribal Health and Human Services Program
Hypertension Project 2012-13
April 10, 2012

2012 Analysis and Recommendations

1. Purpose of the Study: To determine the proportion of adult hypertensive patients, 18 to 85 years of age, that had an adequately controlled blood pressure (less than 140/90) at the time of the last reading. If improvement is needed, recommendations will be made. These baseline data will be used to evaluate the effectiveness of quality improvement measures instituted.

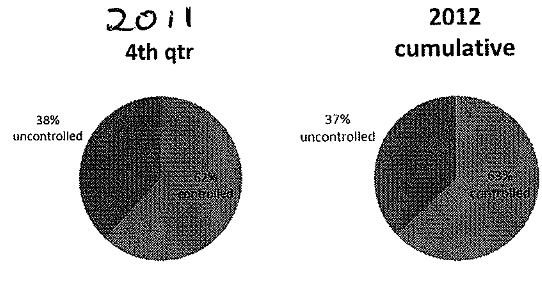
2. Goal of this Performance Improvement Study: The goal is to have the blood pressure (BP) of all adult hypertensive patients adequately controlled. Short of that, our target will be to improve over the previous year by at least 10%.

3. Description Data: Proportion of adult patients, 18 to 85, diagnosed with hypertension (HTN) whose BP was less than 140/90 at the time of last reading. (Although we may use different measures for quality assurance process for diabetic and other patient groups, for the purpose of Uniform Data Systems (UDS) reporting, the 140/90 measure must be used.)

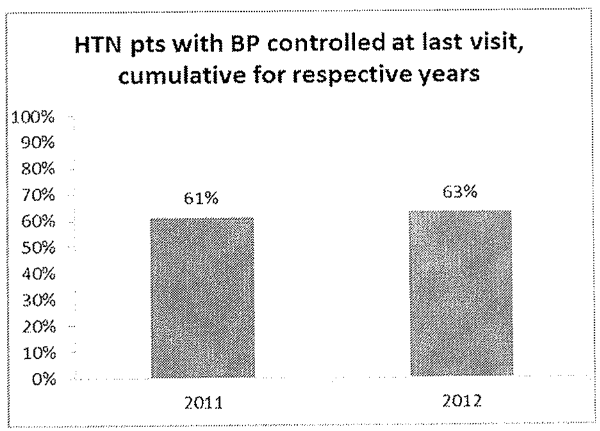
   a. Numerator: Number of patients with last systolic blood pressure measurement <140 mm Hg and diastolic blood pressure <90 mm Hg during the measurement year among those patients included in the denominator

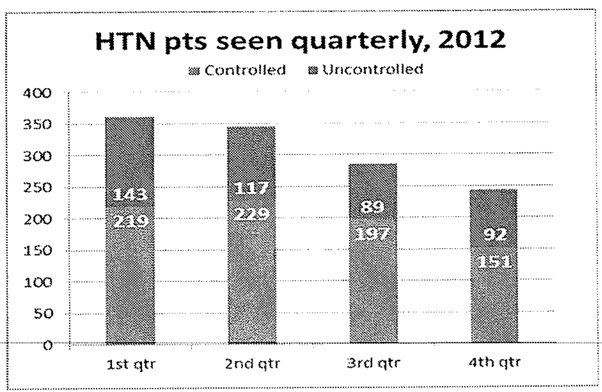
   b. All patient 18 to 85 years of age as of December 31 of measurement year with a diagnosis of HTN, who have been *seen for medical services at least twice during the reporting year, and who had a diagnosis of hypertension before June 30 of the measurement year.*

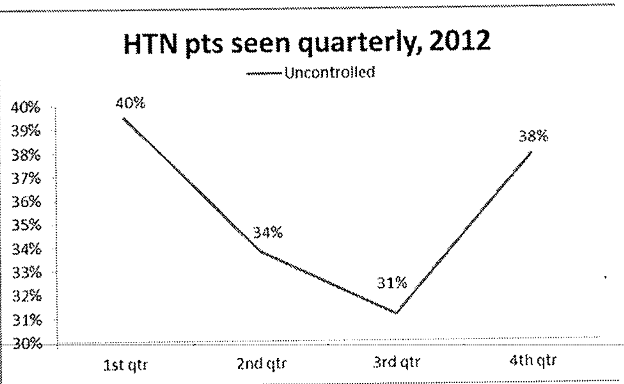
4. Data Analysis: For the fourth quarter 2012, of **243** patients seen for medical services at least twice in 2012, and who had a diagnosis of hypertension before June 30, 2012, **62%** had a last systolic blood pressure measurement <140 mm Hg and diastolic blood pressure <90 mm Hg. Similarly, of **794** patients seen for medical services at least twice in 2012, and who had a diagnosis of hypertension before June 30, 2012, **63%** had a last systolic blood pressure measurement <140 mm Hg and diastolic blood pressure <90 mm Hg.



5. Comparison: Data show an improvement of 2% since the first quarter of this year. Lower rates of BP control were seen during the first and fourth quarters than in the second and third quarters. There was a negligible 2% improvement cumulatively for 2012 when compared to the UDS report for 2011.







6. Discussion: BP control for hypertensive patients was better from April through September than in the winter months. This would support the notion that many of our high BP measurements (data are taken from the patient's last visit only) are a reflection of transiently elevated BP related to acute respiratory and flu-like illnesses which are most common in the winter months.

   Previous recommendations have suggested that we address high BP measurements on the same day. This is not likely to produce significant results for several reasons. First, if the BP is only transiently elevated, addressing it is pointless and could potentially harm the patient by putting them at risk for excessively low BP. Second, most of these visits were scheduled for another reason and often there is not enough time to address secondary concerns in the same visit. Third, if the patient is acutely ill, they are less likely to be receptive to discussing their blood pressure at the same visit. Lastly, our providers are probably already addressing secondary concerns ad infinitum at every visit to the extent possible.

   In order to improve long term outcomes for our hypertensive patients, we need to (1) distinguish between transiently elevated BP measurements and actual uncontrolled hypertension. Next, we need a process by which we can (2) effectively address uncontrolled hypertension in those patients that are more than just transiently elevated due to acute illness.

7. Recommendations: Every time a patient with a prior diagnosis of hypertension has a BP over 140/90, the MAs should automatically schedule those patients for a BP recheck nursing visit 2 weeks later. If the subsequent BP is within normal limits the previous high BP can be dismissed as transient and the data will show a normal BP at the last visit. On the other hand, if the patient's BP is still elevated, the MA should then schedule the patient for a follow-up hypertension visit. At the follow-up visit another BP would be taken which, if still elevated, would provide additional evidence that the patient's hypertension is, in fact, not well controlled.

8. Re-measure: We will continue to audit our patient records quarterly for the remainder of 2013. Ideally we would be able to query data showing which of the patients identified as uncontrolled had a high BP at the last *two* visits. I have discussed this with Patty White and she is unaware of a way to query this. There is another set of data that would be useful if the above recommendations are implemented. Tracking how many of the follow-up BP checks and/or appointments are kept by the patients would provide a way to evaluate the practicality of and interest in the above recommendations from the patients' perspective.

9. Communication to Governing Body: This information is being shared with the Karuk Tribal Health Board each quarter in (Clinical Operations Administrators) Report.

DEPUTY DIRECTOR

Submitted by Fabian Alvarado

KARUK TRIBAL HEALTH CLINIC
HAPPY CAMP
(CHARTS PULLED- October, November, December 2012)

PURPOSE:

Identify areas for improvement in the Electronic Health Records Management and documentation processes.

GOALS:

Identify problems and find ways make changes to improve them.

DATA:

A collection of 5 females and 5 males, and 5 pediatric patient chosen randomly to review data from Chelsea Chamber, PA.

It was agreeed on in a staff meeting that it would be waste of time to do a report on the temporary doctors due to many of them being gone before a report was due. This would not help us in making improvements on our data because we are currently changing providers. Until we are able to find a permanent provider we are always going to find things that need improved by new temporary staff.

We did agree on working with the temporary doctors and showing them what we would like for them to do and make sure they did it when at all possible.

PROBLEMS:

Things are looking better with documentation being completed more at the time of visit. I still believe that having Data Entry working closer to staff has been a benefit to not only the patients at registration but to the visit over all.

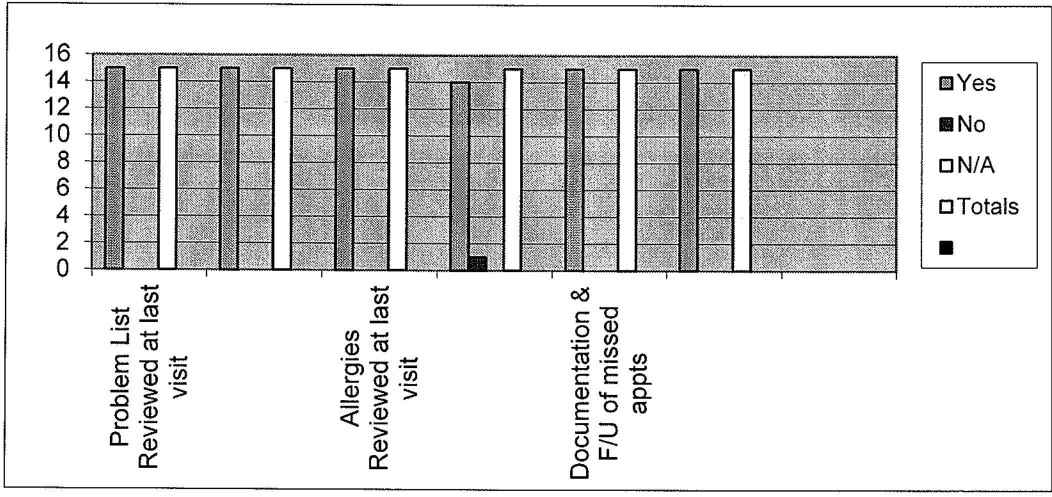
The one HQ that was not completed was because it was an elderly man who has been here multiple times over the years. We let him take it home and did not make an issue of it when it did not come back at his next visit.

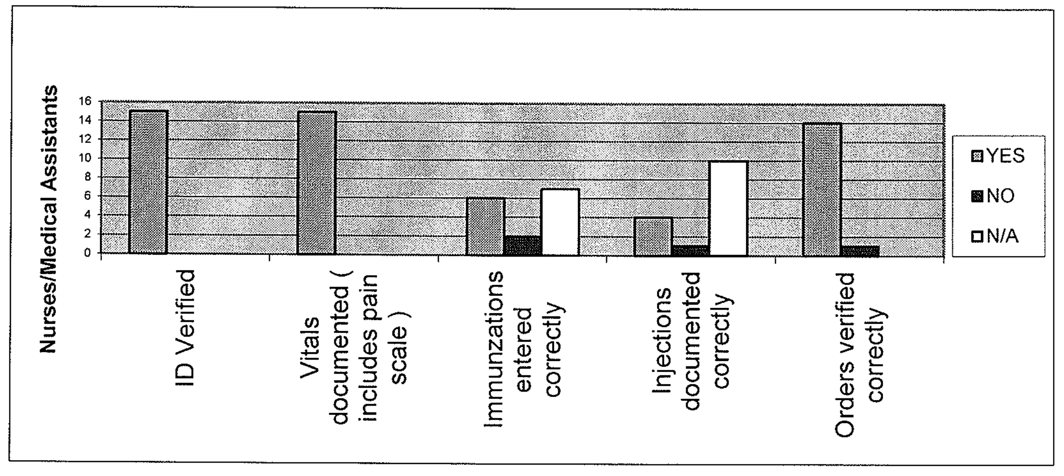
Carrie L Davis
Medical Records Clerk
February 2013

CHELSEA CHAMBERS PA
Record

	Yes	No	N/A	Totals
Problem List Reviewed at last visit	15	0	0	15
Medication List Reviewed at last visit	15	0	0	15
Allergies Reviewed at last visit	15	0	0	15
Health Questionnaire Reviewed	14	1	0	15
Documentation & F/U of missed appts	15	0	0	15
ID Verification documented by provider	15	0	0	15

Nurses/Medical Assistants	Yes	No	N/A	Totals
ID Verified documented	15	0	0	15
Vitals documented (includes pain scale)	15	0	0	15
Immunizations entered correctly	3	0	12	15
Injections documented correctly	3	0	12	15
Orders verified correctly	6	0	9	15





Policy and Procedure for post-exposure needle stick or blood or body fluid contamination

Purpose:

Interventions to prevent infection of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV)

Objectives:

An occupational exposure to HBV, HCV and/or HIV, Blood Borne Virus Infection (BBPVI), follows contact with blood or potentially infectious body fluids of another person (e.g. patient) in the workplace by:

• The percutaneous route (e.g. skin puncture, needle stick, bite or laceration)

• Human bites may represent a risk to the person bitten, and the person who inflicted the bite, although the transmission of HIV and hepatitis B has been rarely reported

• Mucous membrane contact (e.g. splash or spray in the eye, mouth and/or nose)

• Contact with non-intact skin (e.g. chapped skin, dermatitis, or eczema)

Definitions

1. Exposure
a. a percutaneous injury (e.g. needle stick or cut with a sharp object) involving blood, tissue or other body fluids (see definitions below) or
b. contact of a mucous membrane or nonintact skin (e.g., the skin is chapped, abraded, or afflicted with dermatitis) with blood, tissue or other body fluids or
c. contact of blood, tissue or other body fluids with intact skin when the duration of contact is prolonged (i.e., several minutes or more) or involves an extensive area, or
d. direct contact (i.e., without or with ineffective barrier protection) to concentrated HIV in a research or production facility

2. Body Fluids Associated with HIV
a. blood, semen, vaginal secretions, or other body fluids contaminated with visible blood that have been implicated in the transmission of HIV infection (including saliva with visible blood but excluding tears, sweat, nonbloody urine or feces, and human breast milk in occupational settings)
b. cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluids, which have an undetermined risk for transmitting HIV

3. Body Fluids Associated with HBV or HCV
a. see HIV Body Fluids above
b. saliva, sputum, or vomitus

4. HIV PEP – post exposure prophylaxis which usually includes a 28-day regimen of AZT (associated with a 79% decrease in HIV transmission), 3TC, and a protease inhibitor if indicated.

5. HBV PEP – may include HBIG (hepatitis B immune globulin) for short term, immediate protection when titer is unknown and risk is high; and HBV vaccine (if unvaccinated or negative titer)

6. HCV PEP – no current recommendations – do not give IG (old recommendation)

7. HIV High Risk Sources
a. infected patient with initial acute infection
b. infected patient with terminal illness
c. infected patient with high viral load
d. injection drug user
e. hemophiliac (receipt of blood or blood products before 1985)
f. homosexual/bisexual
g. unprotected sexual contact with multiple partners
h. sexual partner of any of the above

Immediate Post Exposure Actions

Procedure:

1. Clean exposed areas immediately

2. Notify supervisor for the respective clinic

3. Report incident to the Public Health Nurse, 530-643-2565. Complete an Incident Report form with the assistance of your clinic's supervisor and sign as directed to verify accuracy of information

4. Complete the **Workmen's Compensation form,** with the assistance of the supervisor and sign as directed to verify accuracy of information.
5. Employee must be seen by a Provider in the respective clinic as soon as possible after exposure.

Post Exposure Policy & Procedure

6. Pre-HIV test counseling of the exposed employee will be provided once it is established that a significant body substance exposure has occurred.

7. Karuk Tribe employees must make the decision regarding post-exposure medical evaluation and testing, e.g., consent to test for Human Immunodeficiency Virus and consent for Chemoprophylaxis for Prevention of HIV Infection After Potential Occupational/Educational Exposure to HIV.

8. In the event that the individual decides not to proceed with the post-exposure evaluation, or Chemoprophylaxis for Prevention of HIV Infection, he or she shall sign the Employee Waiver of Post-Exposure Evaluation form.

9. Employees are responsible for following-up on related exposure laboratory tests and immunizations as directed and counseled by the Karuk Tribe Provider.

10. Employees receive copies of Karuk Tribe post exposure protocol and counseling and education informational handouts.

In the event that you receive bills related to this incident, please contact the clinic supervisor, the Public Health Nurse or the worker's compensation adjuster assigned to your claim.

Source/Patient

1. The source (patient) will be asked to report to the Karuk Tribal Clinic for pre-HIV counseling and exposure protocol testing.

2. The source will be provided an HIV consent form. If the source is incapacitated, the family must be approached in order to obtain consent.

3. The cost of the exposure laboratory tests for the source/patient shall be billed to the Karuk Tribe.

4. The source/patient's refusal to consent to an HIV test, and all information concerning the performance of an HIV test and its result, shall be documented only in the medical record of the exposed employee, unless the source/patient gives consent to entering this information on their medical record.

Public Health/Infection Control Nurse:

1. Responsible for on-going surveillance and monitoring of exposures for identification of trends and patterns and compliance with established policy.

2. Will establish corrective action plans and consult with the Director of Health and Human Services for Karuk Tribe or the Assistant Director or Compliance Office.

3. Maintain copies of all exposure incidents for the appropriate time as determined by the Director of Health and Human Services.

Immediate actions after exposure to blood or potentially infectious body fluids include:

• removing any contaminated clothing

• allowing the exposure site to bleed freely

• cleansing the site (e.g. needle stick or cut) by washing with soap and water. A skin antiseptic can be applied, when available, as a first aid measure.

• flushing splashes or sprays to skin, nose, or mouth with water or saline

• irrigating splashes to the eyes with clean water, saline or sterile irrigates

Cleansing with skin antiseptics or bleach is not advised and "squeezing" the wound will not reduce the potential for acquiring BBVI.

Treatment after Exposure

Treatment after exposure depends on the susceptibility of the recipient (person exposed) and the infectivity of the blood/body fluid from the source of the exposure (positive for BBV or not).

Where can health care providers get help with the medical management of a worker who has been exposed to bloodborne pathogens?

Call the *Needlestick Pepline*, at (888) 448-4911. This helpline provides assistance for health care providers who are managing work-related exposures to bloodborne pathogens. The Pepline calls are answered by UCSF (University of California, San Francisco) faculty physicians, clinical pharmacists, and nurse practitioners who provide around-the-clock advice on providing treatment for workers who have been exposed to HIV and hepatitis B or C on the job. Exposure to HIV, hepatitis, or other bloodborne Pathogens requires a prompt, individualized response.

Decreasing Occupational Exposure Risk

- Follow recommended infection prevention control practices, including safe handling of sharps, e.g. avoid needle recapping or overfilling of sharps containers.
- Use recommended protective barriers, e.g. gloves and eye protection.
- Follow occupational health and safety policies and guidelines for the prevention of BBVI, e.g. hepatitis B immunization.
- Assume responsibility for awareness of, and compliance with, occupational post-exposure follow-up.
- Use safety-engineered sharps.

• Support organizational strategies, e.g. employee educational sessions, about the surveillance, evaluation and prevention of occupational exposures to blood-borne viruses in the workplace.

• When given the opportunity, participate in the evaluation of equipment with improved design for the prevention of exposures.

Related Resources (current at the time project was completed)

• NIOSH topics page - Bloodborne Infectious Diseases
[www.cdc.gov/niosh/topics/bbp/]
• OSHA Safety and Health Topics - Bloodborne Pathogens and Needlestick Prevention [www.osha.gov/SLTC/bloodbornepathogens/index.html]
• CDC – Protecting Healthcare Workers from Blood borne Pathogens
[www.cdc.gov/ncidod/dhqp/wrkrProtect_bp.html]
• Safety-Engineered Sharp Device List - International Healthcare Worker Safety Center, University of Virginia
[www.healthsystem.virginia.edu/internet/epinet/safetydevice.cfm]
• University of Virginia International Health Care Worker Safety Center
[www.

For HIV prophylaxis following occupational exposure, the Provider can access the most current data and information on the management of the Post-Exposure Prophylaxis. The following site is updated regularly.

http://guideline.gov/content.aspx?id=24037&search=post+exposure+needlestick

Sources and Citations:

1.↑ NIOSH, Preventing Needlestick Injuries in Health Care Settings, http://www.cdc.gov/niosh/docs/2000-108/
2.↑ CDC, Emergency Needlestick Information, http://www.cdc.gov/niosh/topics/bbp/emergnedl.html
3.↑ CDC, Emergency Needlestick Information, http://www.cdc.gov/niosh/topics/bbp/emergnedl.html
4.↑ CDC, Emergency Needlestick Information, http://www.cdc.gov/niosh/topics/bbp/emergnedl.html
5.↑ eMedicine, Needle-stick Guideline: Treatment & Medication, http://emedicine.medscape.com/article/784812-treatment
6. Department of Health and Human Services, Centers for Disease Control and Prevention. (2001). Updated U.S. Public Health Service guidelines for the management of occupational exposure to HBV, HCV, and HIV and recommendations for post exposure prophylaxis. MMWR, 50 (RR11), 1- 42.d
7. Department of Health and Human Services, Centers for Disease Control and Prevention. (2005). Updated U.S. Public Health Service guidelines for the management of occupational exposure to HIV and recommendations for post exposure prophylaxis. MMWR, 54 (RR09), 1-17.
8.↑ AIDS.org, Needlestick Exposure: CDC Recommends Three-Drug Regimen, http://www.aids.org/atn/a-249-06.html
9.↑ Avert.org, Post Exposure Prophylaxis, http://www.avert.org/needlestick.htm

10.↑ Inviromedical, What to do if you've had a needle stick injury,
http://www.inviromedical.com/SAFETYRESOURCES/WhattoDoifYouGetaNeedleStick/tabid/230/Default.aspx
11.↑ Inviromedical, What to do if you've had a needle stick injury,
http://www.inviromedical.com/SAFETYRESOURCES/WhattoDoifYouGetaNeedleStick/tabid/230/Default.aspx
12.↑ Inviromedical, What to do if you've had a needle stick injury,
http://www.inviromedical.com/SAFETYRESOURCES/WhattoDoifYouGetaNeedleStick/tabid/230/Default.aspx
13.↑ Avert.org, What are universal precautions?, http://www.avert.org/needlestick.htm

Bibliographic Source(s)

New York State Department of Health. HIV prophylaxis following occupational exposure. New York (NY): New York State Department of Health; 2010 May. 59 p. [19 references]

Informed Consent to Perform HIV Testing

My health care provider has answered any questions I have about HIV/AIDS. I have been provided information with the following details about HIV testing:

- HIV is the virus that causes AIDS and can be transmitted through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood as in sharing needles (piercing, tattooing, drug equipment including needles), by HIV-infected pregnant women to their infants during pregnancy or delivery, or while breast feeding.
- There are treatments for HIV/AIDS that can help an individual stay healthy.
- Individuals with HIV/AIDS can adopt safe practices to protect uninfected and infected people in their lives from becoming infected or being infected themselves with different strains of HIV. Testing is voluntary and can be done anonymously at a public testing center.
- The law protects the confidentiality of HIV test results and other related information.
- The law prohibits discrimination based on an individual's HIV status and services are available to help with such consequences.
- The law allows an individual's informed consent for HIV related testing to be valid for such testing until such consent is revoked by the subject of the HIV test or expires by its terms.

I agree to be tested for HIV infection. If the results show I have HIV, I agree to additional testing which may occur on the sample I provide today to determine the best treatment for me and to help guide HIV prevention programs. I also agree to future tests to guide my treatment. I understand that I can withdraw my consent for future tests at any time. If I test positive for HIV infection, I understand that my health care provider will talk with me about telling my sex or needle-sharing partners of possible exposure.

I may revoke my consent orally or in writing at any time. As long as this consent is in force, my provider may conduct additional tests without asking me to sign another consent form. In those cases, my provider will tell me if other HIV tests will be performed and will note this in my medical record.

Patient Name: ____Date______________________:

Signature:____

Patient or person authorized to consent

Medical Record #: ______________________________

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: **01 (X) 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20 ()**	**09() 10 () 11 () 12 ()** **21 () 22 ()**
Function: Right of Patients	**Policy #:** 01-001-010	**Policy Title:** Advance Directive Policy
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date:** **Signature:**	**Cross References:** 01-001-015 Do Not Resuscitate
Supersedes policy dated 05/11/2011 & 07/30/2009		

PURPOSE: To provide a mechanism for our patients, 18 years or older, to give directions about their future medical care or designate another person(s) to make medical decisions about accepting or refusing life sustaining treatment.

POLICY: The Karuk Tribal Health & Human Services Program (KTHHSP) shall provide staff to *assist* in the formulation of an advanced directive *utilizing an established form that meets California State requirements.*

Employees of the KTHHSP may not represent any client as a witness to an advanced directive unless they are related to the client.

The health care providers, the Community Health Representatives (CHR's) and the Elder's Workers shall receive training in the formulation of advanced directives.

KTHHSP shall honor all Durable Power of Attorneys or Living Wills if initiated in California and completed appropriately.

When indicated, transfer (referral) information will state that an advanced directive is on file and may be obtained upon request.

PROCEDURES:

1. Notify health care provider, CHR or Elder's Worker when a request for assistance to formulate an advanced directive has been made.
2. The health care provider, CHR or Elder's Worker shall schedule an appointment with the patient and provide the following instructions:

    a. Discuss plan with attending physician. Tell them they have the right to be told:

- The nature of the illness in words they can understand
- The pros and cons of the proposed treatment
- The risk of not taking recommended treatments
- Alternative treatments available

b. Bring name, address, and telephone number of person(s) you wish to name as your agent and/or alternative agent.

c. Discuss desires or wishes for future health care.

d. Ask patient to return with witnesses or to contact a California Notary Public. Witnesses must not be a patient's agent, health care provider or facility or employer of such. At least one witness must not be related by blood, marriage, or adoption, or entitled to any part of the estate upon the death of the patient.

e. Ask patient to bring a California Driver's License or DMV Identification Card or current/issued within the last five years, U.S. Passport.

3. **Completion of the Legal Advanced Directive Form:**

- Review all material on the legal form with the patient during formulation of the directive.
- Patient signs his/her name appointing an agent. Write or type name, address and telephone number of agent.
- Patient initials box or circles if statement reflects desires.
- Add other statements of medical treatment desires or limitations in space provided.
- List names, addresses, and telephone numbers of alternate agents.
- Patient signs.
- Witnesses are shown patient identification and then are asked to sign in space provided for first and second witness.
- If patient is in a skilled nursing facility, a patient advocate or Ombudsman must sign.
- If witnesses are not used, then complete the certificate of acknowledgment of Notary Public.
- Make six copies of the original and place one in the patient health record. Give the other copies to the patient and ask him/her to give them to their agent and/or family members.

4. **Receipt of Patient's Advanced Directive formulated elsewhere:**

- A staff formulator (health care provider, CHR, Elder's Worker) will review all incoming advanced directives for appropriateness. If not completed appropriately, return form to patient.
- If completed appropriately, send to medical records.

5. **Receipt of Advanced Directives:**

- All completed advanced directives will be submitted to medical records, but will be reviewed by the patient's health care provider prior to becoming a permanent part of the medical record.

- Advanced Directives will be filed in the miscellaneous section of the medical record.
- The medical record clerk will enter that an advanced directive is located in the medical record by entering ~~"Adv.Dir." on page 8~~ entering the information on page 9, item 4 of the RPMS patient registration document. On page 8, entering M1 Adv. Dir. M2 Adv. Dir., or M3 Adv. Dir. will inform the providers or medical records personnel that the advanced directive is located in the medical record at the Yreka, Happy Camp, or Orleans Medical Clinic.

Information and Considerations

Eligibility: Must be a California resident, at least 18 years, of sound mind, and acting of own free will.

Implementation: Only become effective when patient is no longer able to make his/her own health care decisions.

Exceptions to Implementation: While patient is able to give informed consent; when Durable Power of Attorney has expired; if divorced from spouse acting as your agent; or if not completed as required by California law.

Reasons:

- Avoiding prolonged pain and suffering
- Being treated with respect
- Remaining at home as long as possible
- Believing life is sacred
- Becoming a burden to your family
- Being comfortable when you're dying
- Being treated in accordance to your religious beliefs and traditions.

Rights: By California and Federal law you have a right to make the following decisions about your healthcare.

- To decide what medical care or treatment to accept, reject or discontinue.
- To name someone to make healthcare decisions for you.
- To make your decisions known to your doctor or hospital.
- To have your rights respected.

Why: You never know what can happen during an injury or illness.

If you suffered irreversible brain damage, permanent coma or a terminal illness causing unconsciousness, your opportunity to communicate your wishes is gone.

More:

- You are not required to have an advanced directive and you will still receive medical care.
- You may cancel or change your advanced directive by destroying the original document, writing and dating a new one, and providing copies to your appropriate parties.
- A lawyer is not required to assist you in making out your advanced directive, but may be helpful to you.
- Store your advanced directive in a safe place where family members or representative can find them.
- Post DNR order where EMT personnel or ambulance can easily locate it (in signed envelope on refrigerator).

Consider:

- Life Support
- Tube Feeding
- Kidney Dialysis
- Respirator
- CPR
- IV's
- Antibiotics
- Cancer Therapy
- Transfusion
- Diagnostic Test
- Uniform Gift Act

Karuk Tribal Health and Human Service Policy Manual

Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 (X) 15 () 16 ()	05 () 06 () 07 () 08 () 17 () 18 () 19() 20()	09() 10 () 11 () 12 () 21() 22() 23()
Function: Dental	Policy #: 14-001-001	Policy Title: Karuk Dental Financial Policy
Tribal Chairman: Date: 04/12/2012 Signature:	Dental Director: Date: 03/21/2012 Signature:	Cross References:
Supersedes Policy DD-10-032-001 dated 09/10/2009		

PURPOSE: Is to define what billing information is to be collected from patients; clarify all dental services billing criteria for: Native American/Alaskan Native patients; Non-Native patients; Insured patients; Under-insured patients, and the billing criteria for dental services offered by Karuk Tribal Dental and as defined in their scope of dental services and/or fee schedule fee schedule.

POLICY:
The Karuk Tribal Health and Human Services Program (KTHHSP) will appropriately bill for dental services rendered, by utilizing the following billing criteria and procedures.

PROCEDURES:
1) KTHHSP will use current dental and/or medical codes to bill for dental services.
2) The KTHHSP Sliding Fee Scale discount application will be available to all patients. Because the sliding fee discount program is based on the Federal Poverty Levels, patients will be required to reapply each year after that year's Federal Poverty Levels have been published.
   a) Income Verification or Perjury Statement must on file in the patients' Health record as proof of income before a patient can qualify for the income based Karuk Sliding Fee Discount Program.
   b) KTHHSP staff will inform patients on the sliding fee discount program that:
      i) That they must bring in the $30 nominal fee at each dental treatment visit and if they do not have the $30 to pay at each visit they may be asked to re-scheduled their routine treatment.
      ii) The discount program is for in-house procedures only i.e. exams, x-rays, fillings, root canals, cleanings, deep cleanings (S/RP), the only exception to this would be: When grant funds are available, the KTHHSP would offer a special discount, for some in-house dental procedures. These procedures are listed below and have to be ordered by the dentist. (The lab fees for these dental procedures are usually included in the Dental "global" fee service and the dental lab bill is paid by the ordering dentist or clinic (This is considered to be part of the dentist or clinic's business overhead expenses).
         (1) Lab Processed restorative single PFM or cast metal crown for teeth without a furcation or class 2 0 3 mobility, for same operative site are a benefit once every 5 years.
         (2) Full dentures once every 5 years, per arch.

(3) Acrylic Partial Dentures are a benefit once every 5 years per arch. (This includes Flippers/Interim Acrylic dentures).
(4) Dental Lab repairs to full and acrylic partial dentures same repair for same arch/op site are a benefit two times per grant year (December 1 to November 31).
(5) Dental Lab partial and full denture relines or rebases are a benefit for the same arch once per grant year (December 1 to November 31).
(6) Occlusal Guards – "AKA" night guards, bite guards, or night guards are only a benefit once per arch, per grant year (December 1 to November 31).

iii) Before sending any orders Rx's to a dental lab, the staff must complete a Karuk In-house Purchase Requisition Request form; include the specific grant fund line item number; the patient information; what is being ordered; and the estimated cost. Upon completion the request it's to be sent it to the Karuk Fiscal Department and they will issue a Purchase Requisition (PO). A copy of the PO must be sent to the lab along with the Doctors Lab Rx and a copy of the Rx and the PO will be placed in the patient's record. As soon as the grant line item funds have been spent these services would no longer be offered to patients under the KTHHSP Sliding Fee Discount Program.

3) Request for customized payment plans can be presented in writing, to the Dental and/or Billing Departments, processed and presented to the Karuk Health Board for review and approval prior to starting dental treatment.
4) As an employee benefit, Non-Native Karuk Tribal employees are not required to pay for dental services provided by KTHHSP, however we will bill their insurance(s).
5) Native Americans and Alaskan Natives that have proof of their Native American/Alaskan eligibility i.e. BIA Certification of Blood Degree, verification of Tribal membership or affiliation with a Federally recognized tribe, on file by their second visit at a KTHHSP Clinic, will not be billed for dental services rendered by the Karuk Tribal Dental Clinics.
6) As payer of last resort, the Karuk Tribal Health and Human Services are allowed to and will bill alternate resources (i.e., private insurances and state Medicaid Programs) for dental services rendered to Native Americans and Alaskan Natives.
7) Non-Native Patient Services:
   a) ~~All patient's that do not have an alternate resource to cover the dental services rendered at visit, will be charged a nominal fee of $30 which is to be paid at each office visit, unless prior financial arrangements have been made.~~
   b) KTHHSP will accept a completed written Promise to Pay Agreement/Contract only **for Emergency evaluations w/x-rays and/or emergency treatment, and** emergency treatment can be done as soon as it has been signed and dated by the attending dentist and patient.

   c) ~~When available KTHHSP will offer the un-insured and under-insured patient an opportunity to apply for an income based discount program i.e. Sliding Fee or other KTHHSP Grant Program. If eligible; the Karuk Tribal Health Staff will explain to the patient:~~

   i) ~~The per visit nominal fee of $30.00~~
   ii) That the patient will responsible for any fee amounts in excess of the nominal fee or discounted amounts.
   iii) ~~It's the patient's responsibility to pay 100% of their pre-payment to the clinic for outsourced services prior to starting the dental procedure. Required pre-payments are:~~
      ~~(1) $350 per denture~~
      ~~(2) $200 per crown~~
      ~~(3) $80 per denture reline~~

~~(4) $85 per night guard~~

~~(5) Pre-payment for all other dental services, i.e. partial dentures and denture repairs that include an outsourced service will be estimated on a per case basis.~~

iv) Non-Native patient's with private insurance:

(1) Insurance will be verified for yearly maximum and the amount of coverage that remains for the year before any restorative service is rendered. Any remaining balance after the insurance pays will become the responsibility of the patient. (The Karuk Trial Health and Human Services General Consent Form which is signed by the patient/guardian/caregiver, contains an assignment of benefits section and when signed allows us to bill for and collect insurances benefits). We will bill the Non-Native patients for remaining balances.

d) Dental Billing Process:

~~i) For patients that are unable to pay 100% of their pre-payment, arrangements can be made for payments. When the pre-payment is paid in full the procedure can be done.~~

~~ii) The pre-payments will be handled by the fiscal department. All other billing for services will be handled by the billing department.~~

iii) The $30 nominal fee will be deducted from the local portion of the patient's bill.

~~**Sample**~~

~~**Process for Karuk Sliding Fee for Dental Prosthodontics**~~

~~**This Dental Prosthesis has a:**~~

~~**1. Global Fee of -**~~		~~**$ 1,000.00**~~	~~and it includes a:~~
	~~a. **Pre-Payment Portion** -~~	~~**$ 300.00**~~	~~Patient is to pay 100% of this amount before starting the prosthetic procedure.~~
	~~b. **Local Portion** -~~	~~**$ 700.00** -~~	~~The sliding fee discount may be applied to this local portion of lab services. The $30 nominal fee will also be applied to this local portion, if applicable.~~

8) **Outstanding Account Balance Notification Process**:

a) Procedures for dental staff and patient notification are:

i) Patient and clinic notification for an outstanding balance in excess of $100.00 will be processed by the KTHHSP Billing Accounts Receivable Clerk.

(1) The KTHHSP Billing Accounts Receivable Clerk will notify the patient and the appropriate clinic when a patient needs to make arrangements to pay their outstanding balance...

(i) IF ACCOUNTS RECEIVABLE WAS UNABLE TO CONTACT THE PATIENT PRIOR TO THEIR APPOINTMENT, the patient will be asked BY THE DENTAL DEPARTMENT to contact the Billing Accounts Receivable Clerk ASAP

(ii) If he/she does not call or contact the Billing Accounts Receivable Clerk and make arrangements to pay off their outstanding bill(s), within 30 days of notification,

their dental services may be limited to emergency care, which would include but is not limited to, limited exams, x-rays, sedative fillings, denture repair, pupal debridement, extractions and Rx orders. Once the patient has paid in full they can come back to the dental clinic for additional services.

Karuk Tribal Health and Human Service Policy Manual

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Karuk Tribal Health Program
Dental Program Overview & Scope of Dental Services

Oral diseases is a significant health problem in our communities, access to care, health promotion, prevention, and treatment have a key role in our goal to improve oral health in our communities. This oral health guide and scope of services describes a comprehensive schedule of oral health services available in the Karuk Dental Clinics. The Karuk Clinics provide care under the direct supervision of the Health and Human Services Director and the direction of the Karuk Tribal Health Board.

The Karuk Tribal Health Program has organizational wide guidelines, protocols, criteria, policies, and set process for all services i.e. patient services, travel and training, ordering supplies and conducting other routine business. The program works ***within and strives to maintain*** the approved fiscal year budget, which is based on I.H.S funding, other available resources, along with their projected revenue.

Professional care is to be provided by qualified staff working together within; the scope of their licenses', which governed by The California Dental Practice Act; the programs current budget; and by adhering to the Karuk Tribes current program policies.

The Karuk Dental Employees will do their best to provide equal access to: emergency evaluations; preventive care; primary oral health care and basic restorative. The Clinics will maintain adequate flexibility in their appointment scheduling systems for evaluation of emergency problems, walk-in patients, patients with special problems, and new patients. It being understood that should demand for care exceed a clinic's capability to provide such care, measures to place limitations on the availability and type care, may be necessary and appropriate.

Our current scope of services includes:
Treatment Modifiers - To enhance the appropriateness and effectiveness of oral health care for our patients we have included a list of treatment modifiers that the dental providers must consider when doing patient treatment plans.

- Arch Integrity
- Patients behavior or motivation
- Treatment Longevity >3 years
- Diabetes
- Patients Oral Hygiene
- Periodontal Status
- Patients dependability
- Disease Activity

Level I – Acute Emergency Services:
Includes those dental services which are necessary to relieve pain or control acute oral conditions, such as serious bleeding, a potentially life-threatening difficulty, maxillo-facial fractures, and swelling, severe pain, or signs of infection.

- Diagnosis
- Tooth Extractions
- Temporary Restorations
- Periodontal Therapy
- Endodontic Access
- Pulp Therapy
- Palliative Treatment
- Fillings
- Prescriptions of Medications

Other conditions that require urgent attention e.g. prosthodontic repairs, denture adjustments, and etc

Level II – Primary Care - Prevention and Diagnosis:

The procedures classified as primary care are those that prevent the onset of oral disease. Clinical Services to individual patients and community health activities are included.

- Patient & Community Education on Self Maintenance and Disease Prevention
- Dental Sealants
- Topical Fluorides
- Supplemental prescriptions
- Prophylaxis (Cleaning)
- Periodontal Maintenance
- Pediatric Screenings to access need
- Group Education
- Tobacco Education & Cessation
- Nutrition Education
- Sports Mouth Guards
- Occlusal Guards for Bruxism
- Periodontal Debridement to enable Comp. Exam and Diagnosis

Level III – Secondary Dental Care

The procedures deemed necessary for routine diagnosis and treatment to control the early stages of disease. The procedures are generally not complicated in nature, and one or more of these services can usually be completed in one appointment.

- Comprehensive Exam
- Periodic Exams
- X-rays
- Periodontal Scaling and Root Planing
- Amalgam fillings
- Composite Fillings
- Stainless Steel Crowns
- Space Maintainers
- Therapeutic Pulpotomy (primary teeth only)
- Biopsy, excision of lesion
- Endodontic Therapy on Anterior teeth
- Diagnostic casts

Level IV – Limited Rehabilitation

Rehabilitative care is that which restores oral structures in an improved condition and form. Limited rehabilitation is defined by the Karuk Tribe as those dental procedures which are more complex and costly to provide then Level III care in controlling disease and restoring function.

- 1 to 6 Single Cast onlays or crowns with or without porcelain, per treatment plan
- Non cosmetic 1 -3 Labial Veneers
- Post and core restoration
- Crown Build-ups
- Gingivalplasty / Gingivectomy
- Acid Etch Bridge (Maryland)
- Bicuspid Endodontic Tx. (two canals)

Level V – Rehabilitation

The dental services classified in this level are rehabilitative procedures which require more clinical chairtime, additional knowledge and skill of care provider, and usually greater expense then the limited rehabilitative services listed in Level IV care. Level V services usually require multiple appointments to complete, are usually associated with a rehabilitative plan for the entire mouth and could require a substantial patient copayment to cover professional fees in dental insurance and other third party programs.

- Surgical Extractions
- Molar Endodontic treatment
- Endodontic re-treatment
- Removable Complete Dentures (including Immediate)
- Removable Acrylic Partial Dentures
- Removable Cast Partial Dentures (Not included in the tribal discount program)

Fixed Partial Dentures (3-6 Unit Bridges) (Not included in the tribal discount program)

Level VI – Complex Rehabilitation

The dental services classified in this level are rehabilitative procedures which require more clinical chairtime, additional knowledge and skill of care provider, and usually greater expense then the limited rehabilitative services listed in Levels VI and V care. A substantial portion of the patients may require referral to a specialist for complex rehabilitative treatment.

Cephalometric X-Rays
Overdentures
Complete Occlusal Adjustment
Bony Impaction Surgical Extractions

Level VII - Program Exclusions – Dental Treatment Procedures not being done in Karuk Dental Clinic's

Most Cosmetic Procedures, including external bleaching
Endodontic Apicoectomy / Periradicular Procedures
Limited, Interceptive and Comprehensive Orthodontic Treatment Procedures
Any treatment plan that calls for 7 or more single crowns, inlays, veneers, and onlays per-plan (requires special permission)
Bridges that includes 7 or more unit's per-plan (requires special permission)
Full Mouth Rehabilitation
TMJ Treatment Procedures other than occlusal adjustments or occlusal guards
Bone Grafts
Tissue Grafts
Osseous Surgical Procedures
Implants

Subject to Change as Needed - Reviewed & Revised 2012

ACQI Report Schedule January-December 2013

January 10, 2013	February 13, 2013	~~March 13,2013~~ February 27, 2013
PI Reports 1. Increase Number of Patients Seen-Lessie Aubrey 2. HIV/Aids-Lisa Rugg 3. Dental Project 2012- Based on 2nd Half 2012 (Jul to Dec, 2012) - Vickie Walden 4. Flu Vaccine-Jodi Henderson **GPRA:** 5. GPRA Report and Clinical Benchmarking-Vickie Simmons **Reports based on 4th Qtr 2012** **Oct Nov Dec 2012**	**PI Reports** 1. HTN Project-Fabian Alvarado 2. KCHC Medical Records Audit-Carrie Davis 3. Orleans Medical Records Audit-Isha Goodwin 4. ~~Yreka Medical Records Audit-~~ Charleen Deala **GPRA:** 5. Increase Pap Smears Project-Vickie Simmons **Reports based on 4th Qtr 2012** **Oct Nov Dec 2012**	**PI Reports** 1. Happy Camp/Orleans Eligibility Report-Nadine McElyea 2. Yreka Eligibility Report-Sharon Denz **GPRA:** 3. Improve Childhood Immunization Rates project-Vickie Simmons 4. **Reports based on 4th Qtr 2012** **Oct Nov Dec 2012**
April 10, 2013	**May 8, 2013**	**June 12, 2013**
PI Reports 1. BMI Project-Patti White/Dr.Milton 2. HIV/Aids-Mike Lynch 3. YR Dental Records -Susan Beatty 4. HC Dental Records-Cheryl Tims 5. HTN-(Required by HRSA)-Fabian Alvarado **GPRA:** 6. GPRA Report and Clinical Benchmarking-Vickie Simmons **Reports based on 1st Qtr 2013** **Jan Feb March 2013**	**PI Reports** 1. KCHC Medical Records Audit-Carrie Davis 2. Orleans Medical Records Audit-Isha Goodwin 3. Yreka Medical Records Audit-Charleen Deala 4. EHR Reminders-Mike Lynch **GPRA:** 5. Increase Pap Smears Project-Vickie Simmons **Reports based on 1st Qtr 2013** **Jan Feb March 2013**	1. Happy Camp/Orleans Eligibility Report-Nadine McElyea 2. Yreka Eligibility Report-Sharon Denz 3. HC CHDP Callback-Chelsea Chambers 4. Diabetes-(Required by HRSA) - **GPRA:** 5. Improve Childhood Immunization Rates project-Vickie Simmons **Reports based on 1st Qtr 2013** **Jan Feb March 2013**
July 10, 2013	**August 14, 2013**	**September 11, 2013**
PI Reports 1. BMI Project-Patti White/Dr.Milton 2. HIV/Aids-Mike Lynch 3. YR Dental Records -Susan Beatty 4. HC Dental Records-Cheryl Tims 5. HTN-(Required by HRSA)-Fabian Alvarado **GPRA:** 6. GPRA Report and Clinical Benchmarking-Vickie Simmons **Reports based on 2nd Qtr 2013** **April-May-June 2013**	**PI Reports** 1. KCHC Medical Records Audit-Carrie Davis 2. OR Medical Records Audit- Isha Goodwin 3. YR Medical Records Audit-Charleen Deala 4. EHR Reminders-Mike Lynch **GPRA:** 5. Increase Pap Smears Project-Vickie Simmons **Reports based on 2nd Qtr 2013** **April-May-June 2013**	1. HC/OR Eligibility Report-Nadine McElyea 2. YR Eligibility Report-Sharon Denz 3. HC CHDP Callback-Chelsea Chambers 4. Diabetes-(Required by HRSA) 5. Flu Vaccine Report-Jodi Henderson **GPRA:** 6. Improve Childhood Immunization Rates project-Vickie Simmons **Reports based on 2nd Qtr 2013** **April-May-June 2013**

October 9, 2013	November 6, 2013	December 11, 2013
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Please note reports are for previous quarter unless otherwise noted. For example reports due in January, February, and March are for 4th quarter of previous year ending 12/31. Reports due in 2nd Quarter (April, May, and June) will be for 1st quarter ending 3/31 and so on.

IT Department Health Board Report **May 3, 2013**
Eric Cutright, IT Director

Pending Action Items:

- Agreement 13-A-033 with Cal-Ore Communications for phone service in Yreka

Question for the council:

- In 2010, the council requested that all laptops have tracking software installed so that they could be recovered in case of theft. Our 3 year agreement with Absolute Software, the company that does the tracking, has expired. Does the council want me to renew the software? The cost to renew the license for 3 more years is roughly $4,600.00

Current Activities:

- The Verizon phone lines in Orleans for the Medical Clinic and DNR failed only once in the month of April.
- I have submitted a request to Verizon California to meet with their executives. The meeting has been postponed and has not yet been rescheduled.
- The Orleans Broadband Project is proceeding well. The remaining permits needed to begin construction are from Humboldt County and Verizon California. The Humboldt County Building Permit application has been submitted. The Verizon California Pole Attachment has been completed, and Verizon is waiting for a letter of credit from us in order to execute that agreement. The letter of credit has been approved, and is currently being processed by Scott Valley Bank.
- A problem was discovered in the backup server software that might cause a false positive result when checking whether a backup succeeded. IT is carefully monitoring backups to ensure our data is protected.
- The new server for the Amkuuf store has been installed in Yreka and is working properly.
- After reviewing the phone bill for the Yreka clinic, I have discovered that AT&T has increased the cost of our bill when our agreement expired last year. I have requested 2 new quotes, one from AT&T and one from the other phone company in Yreka, Cal-Ore Telephone. Cal-Ore came back with a much less expensive quote for comparable services. I ask that agreement 13-A-033 be approved to reduce the cost of phone service in Yreka.

Current project priorities for the IT department:

1) Dealing with real-time outages and emergencies
2) Making sure all systems are backed up and all backups work
3) Improving the connection to Head Start in Yreka to save them costs
4) Deploying a server for the Amkuuf Store Point-of-Sale System
5) Repair or replace the tape backup unit in the Admin building
6) Orleans Broadband Project, getting ready for deployment in summer of 2013
7) Setting up remote monitoring of all IT Systems
8) New phone system linking all the Karuk Yreka offices
9) Fiber optic deployment on the HC Admin Campus
10) Closeout of the Fiber Project in Happy Camp

Budget Report for 1020-15 for April, 2013

- Total annual budget: $308,001.59
- Expenses to date: $175,493.86
- Balance: $132507.73
- Percent Used: 56.98%

Budget Report for USDA RUS Community Connect Grant 2061-00 for April, 2013

- Total budget: $1,141,870.00
- FY 2012 expenses: $ 102,405.30
- FY 2013 expenses to date: $ 166,897.65
- Balance: $ 872,567.05
- Percent Used: 23.58%

Attachments:

Agreement 13-A-033 with Cal-Ore Communications
Cell phone usage log (confidential)

Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe

Administrative Office
Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: ☐ **Contract** ☐ **MOU** ☑ **Agreement** ☐ **Amendment**

Karuk Tribe Number Assigned: 13-A-033

Funder/Agency Assigned: ~~Multiple~~

Prior Amendment:

REQUIRED → ***Procurement Attached** ☑ ***Budget Attached** ☐
***Excluded Parties List System Attached (CONTRACTS ONLY)** ☐
***KCDC/ KTHA Notification/ review required** ☑ **Yes** ☐ **No**

Requestor: **Eric Cutright** **Date: April 17, 2013**

Department/Program: **Yreka Phone Systems**

Name of Contractor or Parties: **Cal-Ore Communications, Inc.**

Effective Dates (From/To): **May 2013** **To** **May 2016**

Amount of Original: **$14400.00** ~~total. $4800 per year, $400 per month~~
Amount of Modification:
Total Amount:

Funding Source: **Multiple**

Special Conditions/Terms:

With a 3 year agreement, all non recurring charges for this circuit are waived. $4800 per year, $400 per month

Brief Description of Purpose:

This is for a new phone trunk for the Yreka Tribal Offices. This will replace the AT&T PRI phone trunk, which costs us three times as much per month. This agreement will replace agreement 09-A-018.

**** REQUIRED SIGNATURES ****

Eric Cutright
Requestor — Date 4/19/13

Laura Mayton
**Chief Financial Officer — Date 4-24-2013
Rec'd on 4/22/2013 @815 AM

[signature]
**Director, Administrative Programs & Compliance — Date 4/24/2013

**Director of Self Governance(MOU/MOA) or TERO (Contracts) — Date

Other — Date

IHS phone system:

Every few years Edgar would upgrade the system to provide his customers with as up-to-date a phone system as possible. The company continued to grow through the 60s and 70s. Then in 1984 a neighboring phone company, the Oregon-based United Telephone of the Northwest, was battling the California Public Utilities commission about rate increases.

"California only allowed them to make a 12 percent return, but Oregon allowed them to make 14 percent. They decided that with 1,100 customers in Tulelake and Newell, why spend money in California when they can spend in Oregon and get better profit on it?" notes Edgar.

So Edgar purchased the California-Oregon Telephone Company (which later changed its name to Cal-Ore) for about $1 million. In 1984, by the time the sale was finally approved by various regulatory agencies, the newly christened Cal-Ore was ready to embark on a $3.5 million upgrade to the phone system through the U.S. Department of Agriculture's Rural Electrification Administration and Rural Telephone Bank.

Today Cal-Ore has 25 employees, 2,700 customers and covers an 850-square mile area. Cal-Ore has gotten very involved with the local community. "We've donated land for a library. If organizations need room to build a parade float they can come to us," says Ormsbee. "We try to be a good neighbor."

"We help out where we can," says Edgar. "I remember one time I went down to the city council for a meeting, next thing I knew I was on the council. Then next thing I knew I was mayor!"

"But we've enjoyed it very much here. We've had a good life," says Edgar. "We raised four kids here (Brian, Scott, Sue and Robert W. Edgar.)

"When Marion and I first came to Dorris it was one of these towns where you'd say 'My God, why would anyone want to live here?'" says Edgar. "Now when we leave, we can't get back soon enough."

"We could not have made such a success out of the telephone company if it hadn't been for all of the cooperation we got from the good people of the Butte Valley and Tulelake areas. They all knew we were trying to give them better service and they appreciated it."

commented by Robert H. Edgar on April 27, 2007

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36 mos? yes which allows the installation fees to be waved.

out of contract? automatically transitions to a month-to-month – no guarantee of rate.

reputable? see above.

09-A-018? rates are increasing due to month-to-month status

- Telephone Service
- Long Distance
- Calling Features

- Refer a friend
- FAQ
- Direct Payment
- Important Information
- Personal Websites
- Terms of Use
- Red Condor Spam Filter
- Conferencing Services

- History
- Traffic Cams
- E-News

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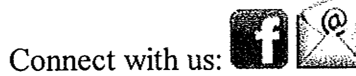


- Home
- Explore
- Customer Service
- About Us
- News
- My EMail
- CommPortal
- Upcoming

Home > About Us > History

How it all began

The following excerpt is from an article written by Don Lipper for the California Contact Magazine. A few corrections and additions have been made at the request of Robert H. Edgar and can be found in italics.

By age 12, he was stringing wire all over his boyhood Home of Sutter and in Villa Grande where he spent summers on the Russian River. He'd wire phones to his friends, neighbors, to the beach where the kids hung out.

"My dad couldn't keep me off the poles," remembers Edgar. "He was afraid I'd fall, so on my 12th birthday he gave me brand new climbers."

Soon the teenage Edgar became the area's go-to guy for telephones. There was a one-wire telephone system that ran over country areas. During the Depression, the company folded but Edgar's friends bought the wire and he ran it and kept it going to ranches 12 miles apart.

Wherever he went, Edgar was stringing wire. "I just grew up into it," says Edgar. "My dad wanted me to be in his business — ball and roller bearings-but I didn't care for it. I liked the

telephone business."

"I had two passions, one was railroad and the other telephones."

In 1942 he knew he was going to get drafted into the armed forces. "I wanted to make sure that I got into the signal corps" remembers Edgar. "I enlisted and found out never to believe what a recruitment officer tells you. I ended up cleaning kitchens."

Edgar finally got into the signal corps and went to signal corp training at Camp Crowder Missouri just south of Neosho. Edgar was eventually shipped off to the Pacific.

When he finally made it back home he went to work for Pacific telephone company again just as he had done before going into the service. He did freelance installations in Davis and Old Sacramento. Then one day he read in the Sacramento Bee that there was a meeting in the city hall of Dorris (in Siskiyou County near the Oregon border). Residents were complaining about the poor quality of their phone system. The system's owner, Mrs. Billie Starr, did not even bother to show up for the meeting.

"Mrs. Starr bought the company for one dollar in 1934, but it turns out that wasn't a bargain," says Edgar. "In the fall of that year, the saw mill burned down half the town to the ground."

Edgar put chains on his car and drove up to check out the phone company. It had 65 customers, including 14 farms that shared a single line. "In the local newspaper there was an old gal who wrote the news and she got 90 percent of the story by listening on that multiparty line," says Edgar.

When Edgar brought his wife Marion up to check out the community, she wasn't too impressed. "Although Dorris was a busy, good payroll town with five bars, seven filling stations and lots of saw mill work, I told my wife that we'd try it for two years and if it didn't work out we'd move back to Sacramento," explains Edgar. "That was 1950. It's been a long two years."

"This is what I wanted to do. I wanted my own telephone company for as long as I can remember."

The town wanted 24-hour service, so the Edgars had the switchboard installed in their home. After the operators left for the evening, Edgar was the late night operator. "Every time someone wanted to make a call in the middle of the night, a bell would go off and I would place the call," remembers Edgar.

Bob & Marion Edgar
Edgar started building up the company by buying surplus equipment from other phone companies, even the Army. He became famous for stretching a dollar while he was stretching wire. For example, with a small one-ton truck, he could load small telephone poles on it, dig a hole and then use the truck to back the pole into the hole by himself.

When he got a used electrical switchboard from a Washington telephone company, he converted the areas phones from the hand crank magneto-phones to conventional phones. The company went from 65 customers to 265 in the first year.

Service Agreement

This CAL-ORE Communications, Inc. Service Agreement ("**Service Agreement**") in addition to the CAL-ORE Terms and Conditions ("**Terms & Conditions**") posted at comm.cot.net and any Exhibits attached hereto, constitute the **Master Agreement** by and between the customer identified below ("Customer") and CAL-ORE Communications, Inc.("CAL-ORE" or "Operator") and is effective as of the date last signed below.

CAL-ORE Information

CAL-ORE Communications, Inc.

201 Riverside Drive	Contact: George Ormsbee
Klamath Falls, OR 97601	Email: george@cot.net
	Telephone: 541-887-8211 ext.:
	Facsimile: 541-887-8212

Customer Information

Customer Name (Exact Legal Name): Karuk Tribe		Federal ID No.: 94-2576572		
Billing Address PO Box 1016		City: Happy Camp	State: CA	Zip Code: 96039
Billing Contact Name: Eric Cutright	Phone: 530-493-1604	Email: ecutright@karuk.us		
Authorized Contact Name: Eric Cutright	Phone: 530-493-1604	Email: ecutright@karuk.us		

Agreement

THIS SERVICE AGREEMENT HEREBY INCORPORATES BY REFERENCE THE TERMS & CONDITIONS POSTED AT comm.cot.net, THE EXHIBIT[S] ATTACHED HERETO AND MADE A PART HEREOF AND THE TERMS AND CONDITIONS SET FORTH BELOW. BY EXECUTING THIS SERVICE AGREEMENT, CUSTOMER ACKNOWLEDGES THAT CUSTOMER ACCEPTS AND AGREES TO BE BOUND BY SUCH TERMS & CONDITIONS, ATTACHED EXHIBIT[S] AND THE TERMS AND CONDITIONS SET FORTH BELOW:

1. Confidentiality/CPNI: The parties agree that they shall not publish, communicate, disclose or cause to be published, communicated, or disclosed in any manner whatsoever or to any person whatsoever, this Service Agreement , with the exception that the parties may disclose this Service Agreement and any related Master Agreement as necessary to fulfill the terms and obligations set forth herein and to their respective attorneys, accountants, auditors, regulators or to comply with law. In addition, under federal law Customer has the right to, and CAL-ORE has the obligation to protect, the confidentiality of certain Customer Proprietary Network Information ("CPNI") such as the Services Customer is using, how Customer uses them and related billing information. In order to ensure that Customer is able to benefit from additional telecommunications services provided by CAL-ORE and its affiliates Customer authorizes CAL-ORE and its affiliates to utilize Customer's CPNI for the purpose of providing the Customer with information on such additional

telecommunications services. Customer understands that they may withhold such consent or withdraw this authorization at any time by notifying CAL-ORE in writing at the address set forth above, and that such withholding or withdrawal of consent will not affect the provision of any services to which the Customer already subscribes but may result in Customer no longer being able to benefit from additional telecommunications services provided by CAL-ORE or its affiliates. Customer represents, warrants and covenants that the party identified above under the caption "Customer Information" is authorized to receive Customer invoices and other CPNI.

2. Publicity: Customer grants to CAL-ORE at CAL-ORE's discretion: the right to publically identify the Customer as a Customer of CAL-ORE.

3. NOTICES AND MAINTENANCE CONTACT

Notices: All notices and communications concerning the Master Agreement shall be in writing and addressed as follows:

If to CAL-ORE:

CAL-ORE COMMUNICATIONS, INC.
201 Riverside Drive
Klamath Falls, OR 97601
Attention: Service Delivery Coordinator

(A) If to Customer:

Customer Name: Karuk Tribe	
Address 1: PO Box 1016	
Address 2:	
City, State: Happy Camp, CA	Zip Code: 96039
Attention: Title: IT Director	
Attention Name: Eric Cutright	
Phone: 530-493-1604	
Fax: 530-493-1635	
E-Mail Address: ecutright@karuk.us	

Or at such other address as may be designated in writing to the other party. Customer agrees to notify the CAL-ORE Billing Department in a timely manner at (541) 887-8100 of any changes to the above Customer Information, and shall be solely responsible for any delivery delay or release of confidential information or CPNI resulting from Customer's failure to notify CAL-ORE of such change.

Maintenance Contact: As specified in Section 3A of the Terms & Conditions, to facilitate CAL-ORE's access to Customer facilities on a 24X7X365 basis Customer has designated the following individual as its point of contact for all communications relating to scheduled and emergency maintenance:

Contact Name: Eric Cutright
Phone Number: 530-493-1604
Cell Phone Number: 530-598-8006
E-Mail Address: ecutright@karuk.us

4. Authority to Bind: Each party represents to the other that it has full corporate power and authority to execute and deliver this Service Agreement and the Master Agreement and to consummate the transactions contemplated thereby. The execution and delivery of this Service Agreement and the Master Agreement and the consummation of the transactions contemplated thereby have been duly and validly authorized by all necessary corporate action.

5. Amendments: This Service Agreement and /or the Master Agreement may be amended only by a written instrument executed by the parties.

6. Counterparts: This Service Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. This Service

Agreement and the Master Agreement are the joint work product of both parties and, in the event of ambiguity no presumption shall be imposed against any party by reason of document preparation.

7. **Facsimile Signatures:** This Service Agreement may be executed and delivered by facsimile or other electronic means and upon such delivery the signature will be deemed to have the same effect as if the original signature had been delivered to both parties.

8. **Special Terms:** The services, products, prices and terms identified on this Service Agreement constitute CAL-ORE's offer to provide such services on such terms. Until Customer has accepted this offer by signing as appropriate below, CAL-ORE reserves the right to rescind this offer at any time, at its sole discretion.

9. **Pricing:** See attached Exhibit[s].

By signing and accepting below you are acknowledging that you have read and agree to the Terms & Conditions, any attached Exhibit[s] and the other terms and conditions outlined in this document.

Electronic Signature Disclosure

Authorized Signature for CAL-ORE Communications, Inc.	**Authorized Signature for Customer**
By:	By:
Name (printed):	Name (printed):
Title:	Title:
Date:	Date:

Doc # 02-305794.4

201 Riverside Drive
Klamath Falls, Oregon 97601
(541) 887-8100 • Fax (541) 887-8212

Letter of Authorization

The Federal Communications Commission (FCC) require a customer's Permission or letter of authorization (LOA), to access their existing customer service records.

__________ (Initial) I authorize CAL - Ore Communications, Inc. To access Customer service databases containing my customer service records and Other information about my account(s).

__________ (Initial) I hereby designate Cal - Ore Communications, Inc. To act as my agent and have authority to change my communications service in my Behalf.

Name:____

Address:____

Telephone Number(s):____

Date:____

Signature:____

Printed Name:____

Cal - Ore Communications, Inc. Representative:_____________________________

Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe

Administrative Office
Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Requestor: Eric Cutright **Date:** April 19, 2013

Dept/Program: Yreka Offices **Funding Source:** Multiple

Check One:
- ☐ Small Purchase (less than $5,000)
- ☐ Construction Contract
- ☐ Independent Contractor Under $2,000
- ☐ Independent Contractor Over $2,000**
- ☐ Large Purchase (more than $5,000)**
- ☑ Other: Telephone Services in Yreka 3 year Agreement

***Tribal Council approval is required for: all purchases exceeding $5,000, all Agreements and all Contracts exceeding $2,000.*

Procurement ______ ☐ Three quotes ☐ Sealed Bid ☐ Competitive Proposal

COMPARATIVE SUMMARY *(Minimum of Three Required)*

Company Name	Date	Price	Contact/Phone	Indian Y/N
Cal-Ore Communications, Inc.	4/17/2013	$ 14,400.00	George 541-887-8100	N
AT&T	4/17/2013	$ 36,349.56	Ryan 916-972-6490	N

Name of Selected Vendor: Cal-Ore Communications, Inc.

Basis:
- ☑ Lowest Price
- ☐ Superior Product/Service
- ☐ Based on Annual Price Comparisons
- ☐ Sole Source Provider *(MUST Attach Detailed Justification)*
- ☑ Only Qualified Local Provider Due to Geographic Disadvantage
- ☐ Best Qualified Vendor
- ☐ Delivery Service Provided

Comments: There are only 2 phone companies in Yreka, so there are only 2 qualified bidders. Our current spending is around $1,500 a month. The Cal-Ore solution is around $400 a month.

**** REQUIRED SIGNATURES ****

*** By affixing your signature, you acknowledge that you have reviewed the attached documentation for presentation to Tribal Council.*

Eric Cutright
Requestor Date 4/19/13

Laura Mayton
**Chief Financial Officer Date 4-24-2013

**Director, Administrative Programs & Compliance Date 4/24/2013

**Director of Self Governance(MOU/MOA) or TERO (Contracts) Date

Other Date

Account Manager: Ryan Close
Month Term: 36
Budgetary Quote Number: 1
Date: 4/18/2013
Quote Expiration Date:
Estimated Delivery Date:

Budgetary Spending Analysis for
Karuk Tribe

Current Monthly Spending

Service Type	Quantity	Cost
1836 Apsuun		
Local Line Acct # 5308429227248	1	$38.00
Local Line Acct # 5308421646039	1	$38.00
BAN # 857241340	31	$8.00
Centrex Acct # 5308421644994	6	$219.00
BAN # 857241288	134	$37.00
1320 Yellowhammer		
Centrex Acct # 5308429225122	4	$199.12
BAN # 857598726	302	$14.00
Local Line Acct # 5308427296091	1	$38.00
Local Line Acct # 5308425674336	1	$38.00
1306 Yellowhammer		
Local Line Acct # 5308427078231	5	$112.40
1519 S Oregon		
Local Line Acct # 5308424085279	3	$114.00
PRI Acct # 5308429200160	1	$175.00
Local Line Acct # 5308429200160	1	$37.50
DS1 Acct # 2343439225161	1	$258.00
All In One Account # 02095452030010	612	$208.00

Monthly Total	$1,534.02

Proposed 36 Month Spend

Service Type	Quantity	Cost
1836 Apsuun		
Local Line Acct # 5308429227248	1	$20.00
Local Line Acct # 5308421646039	1	$20.00
BAN # 857241340	31	$1.33
Centrex Acct # 5308421644994	6	$139.68
BAN # 857241288	134	$5.78
1320 Yellowhammer		
Centrex Acct # 5308429225122	4	$93.12
BAN # 857598726	302	$12.98
Local Line Acct # 5308427296091	1	$20.00
Local Line Acct # 5308425674336	1	$20.00
		$20.00
1306 Yellowhammer		
Local Line Acct # 5308427078231	5	$100.00
1519 S Oregon		
Local Line Acct # 5308424085279	3	$60.00
PRI Acct # 5308429200160	1	$175.00
Local Line Acct # 5308429200160	1	$37.50
DS1 Acct # 2343439225161	1	$258.00
Long Distance HVCP	612	$26.32

Monthly Total	$1,009.71

Cost Difference **-$524.31**

Big Easy 22 Level*
**CompleteLink

This pricing is for budgetary purposes only and does not include applicable taxes or additional installation charges. LAN assessment is required to finalize pricing. Actual charges will vary and may increase or decrease depending on individual circumstances

BUDGETARY QUOTE

Date Printed: 04/19/13

AT&T Proprietary (Internal Use Only)
Not for use or disclosure outside the AT&T companies
except under written agreement

201 Riverside Drive Klamath Falls, OR 97601 (541) 887-8100 / Fax (541)-887-8212

Exhibit A-2

Business Class Fiber Phone Service

Karuk Tribe
P.O Box 1016
Happy Camp, CA 96039
530-493-1604
Eric Cutright

April 17, 2013

Cal-Ore Communications, Inc. Services	Quantity	Price each	MRC	NRC / Installation
Main Location: Yreka Medical Clinic 1519 South Oregon Street				
Sip Trunk Terminations 20 Concurrent Calls	20	$ 20.00	$ 400.00	
Long Distance 3 cents per min. Dependant Upon Usage				
30 Non-Sequential Existing Numbers Ported Porting Non Recurring Charge Waived With Three Year Term Commitment	30	$ 25.00		$ 750.00 $ (750.00)
TOTAL			$ 400.00	$ -

Above pricing does not include applicable taxes and fees.

X____________________ Date: __________
Authorized Signature - Cal-Ore Communications

X____________________ Date: __________
Customer Acceptance of Services and Installation as outlined above.

X____________________
Print Customers Name

X__________ 3 year term commitment / *NRC Waived in consideration of three year term agreement.

Customer Initial

Executive Director of Health and Human Services

Board Report May 9, 2013 Lessie Aubrey, EDHHS

****

Training/Travel Reports

Ontario, CA Quality Management Training April 10-13, 2013. I attended this training for a refresher and to see Rondi get orientation in Quality Management. Sadly, I learned that Janet Brown the author of this training and my previous instructor had passed away. However, they found a very good speaker to take Janet's place. In this training a quick review of what we do in the health program was given and I also received updated manuals to use as a reference. This program helped me get KTHP accredited back in 1997.

Telehealth Conference, NAPA, CA April 14-16, 2013. This was an excellent conference and I learned much I didn't know. It used to be called telemedicine but it has expanded so much the term is now "Telehealth". One of the problems we had with telemedicine was finding a specialist to work on the other side of the camera. Now they have agencies that have these specialties that we can contract with. We heard several of them speak. We saw a dermatologist treating a patient with skin problems. It was just like being face to face with the doctor. The image was clear and very good. They had many uses for this and it has come a long way since its beginning.

****

Partnership Health Plan a COHS Model

Thank you for approving the contract with Mossman Attorneys. We have been having conference calls with them to go over the Partnership Contract for MediCal Managed Care. We expect the attorney's final on May 20, 2013 and then we must hurry to get it approved and back to Partnership. I will try to get copies to you shortly after receiving the final so you will be ready with your questions and decision at the June HB meeting. This has been a big project and I have had too use several staff members to stay on top of it. They are Suzanna Hardenburger, Rondi Johnson, and Michael Lynch, and Anna Myers.

****

FTCA Application

The FTCA Malpractice Insurance Application was renewed today April 30, 2013. It's quite an application to complete and must be done through HRSA's Electronic Handbook and we usually receive short notice.

****

HRSA Quarterly Call

This call was made on April 22, 2013. We have several items that we must get into place or else provide HRSA with a corrective action plan. The CFO has several items that she must attend to as well. So you will be hearing more about this as we proceed.

****

Strategic Planning is being held on May 1 and 2. I was sorry to hear that none of the Council could attend.

The Biannual Health Staff meeting will be held on May 15, 2013 in Happy Camp. We have a speaker coming to talk on HIPPA and the new laws.

The ED Advisory Committee was canceled this month due to medical appointments.

Malinda Bennett, LVN is working at the HC Clinic for several months. The Orleans clinic is understaffed because the on call person resigned and moved away.

I met a doctor in NAPA who said she would contact me, but she hasn't. Dr. Milton said he has a friend who would like to look at us in June.

Rondi is advertising in Medical magazines.

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting
May 9, 2013
Patricia White, RPMS Site Manager

User Assistance and Requests

- 35 for requests for end-user support (passwords, access, etc)
- 5 Report Requests (patient data and numbers)
- 1 Request for meeting set-up (P.O. for Food services)

Workload reports

Attached is the March 2013 *Operations Summary* along with Tribal Statistics. During March we had 1,895 visits at all locations. 1,035 of these visits were for Native American patients. Graphs are also included with this report.

Meeting / Conference Calls and Activities – March 2013

04/04/2013	RPMS/EHR Office Hours-Weekly Call-Lab Interface (1 hour)
04/05/2013	Bi-Directional Lab Conference call (1 hour)
04/11/2013	Health Board Meeting
04/11/2014	Annual HIPAA Security Training Completed
04/17/2013	Meaningful Use Stage 2 Conference Call (1 hour)
04/22/2013	HRSA Conference call (2 hours)
04/23/2013	Partnership HealthPlan of California Conference Call (45 minutes)
04/25/2013	RPMS/EHR Office Hours-Weekly Call- (2 hours)

RPMS

- Dale and I continue to work on a web server for the *Practice Management Application* known as BMW. This program, when operational will replace the Patient Registration in RPMS and the Scheduling GUI program we currently use. All data will be linked back to RPMS as the end repository for health information.

Blue Shield of California

I completed the Impact Report for The Blue Shield of California Core Support Grant for the 2012 to 2013 grant year. The report was due on May 1, 2013. Attached is a copy of this report for your perusal.

We have received the Blue Shield Core Support Grant each year since 2007. This past year the KTHHSP received $20,000. The use of funds this year was used to purchase computer and IT equipment for the new Orleans Health Clinic. The grant has been used to cover expenses that we often do not have enough funding for.

Budget: Period ending March 31, 2013 (1/2 way through the fiscal year)

Program	RPMS
Budget Code	3000-75
Program Year	2012-2013
Appropriation	$235,220.84
Expenses to Date	96,581.06
Balance	138,564,19
Percent used	41.09%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR MAR 2013
Prepared for the May 9, Health Board Meeting

(Note: In parentheses following each statistic is the percent increase or decrease from the same time period in the previous year. '**' indicates no data is present for one of the two time periods.)

PATIENT REGISTRATION

There are 17,528 (+4.6) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 76 (+38.2) new patients, 0 (**) births, and 4 (-20.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,646 (+0.2) patients enrolled in Medicare Part A and 2,530 (+0.2) patients enrolled in Part B at the end of this time period.

There were 80 (+14.3) patients enrolled in Medicare Part D.

There were also 5,863 (+0.9) patients enrolled in Medicaid and 4,327 (+2.3) patients with an active private insurance policy as of that date.

CONTRACT HEALTH SERVICES

Total CHS expenditures (obligations adjusted by payments) for this period were 66,146.24 (-10.5). The number and dollar amount of authorizations by type were:

57 - DENTAL	1	1040
64 - NON-HOSPITAL SERVICE	1044	65106.24

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,895 ambulatory visits (-5.9) during the period for all visit types except CHS.

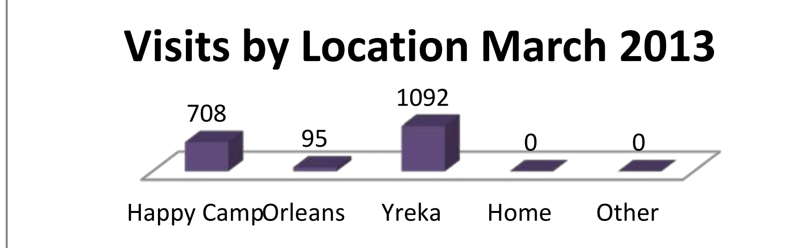
They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses. These do not equate to 'official' APC Visits which are identified in other PCC Reports.

By Type:

TRIBE-638 PROGRAM	1,895	(-5.9)

By Location:

YREKA	1,092	(-0.7)
KARUK COMM HEALTH CLINIC	708	(-7.1)
ORLEANS	95	(-37.1)

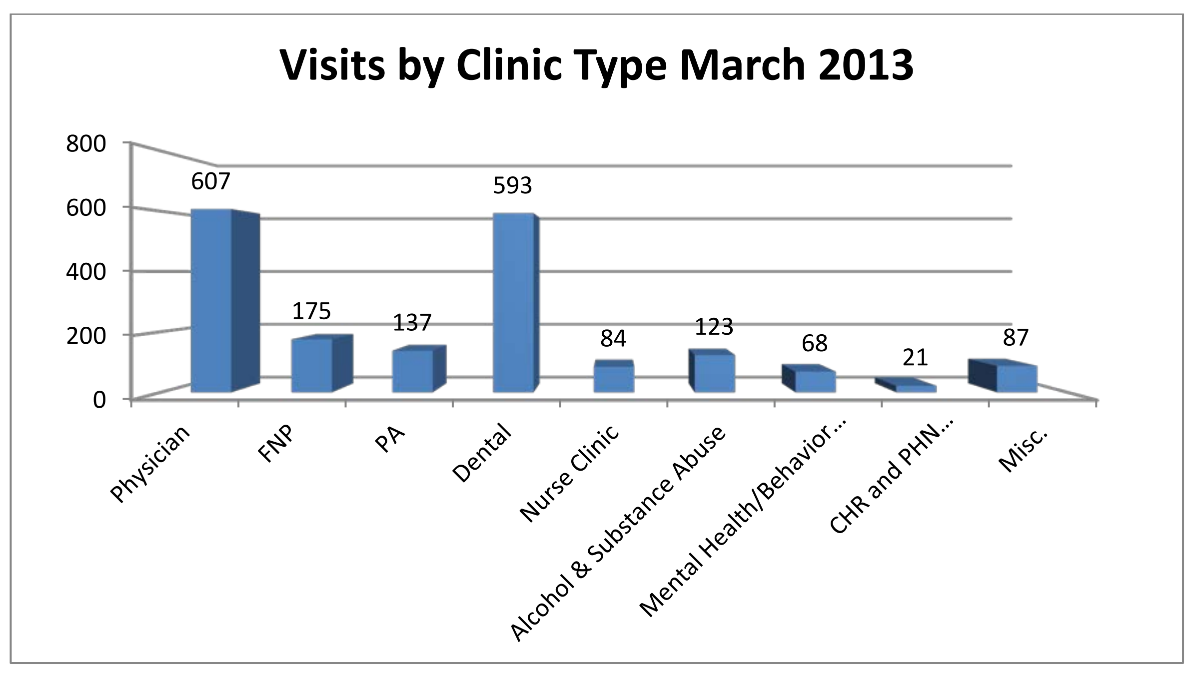


By Service Category:

AMBULATORY	1,865	(-5.2)
TELECOMMUNICATIONS	29	(-37.0)
NOT FOUND	1	(**)

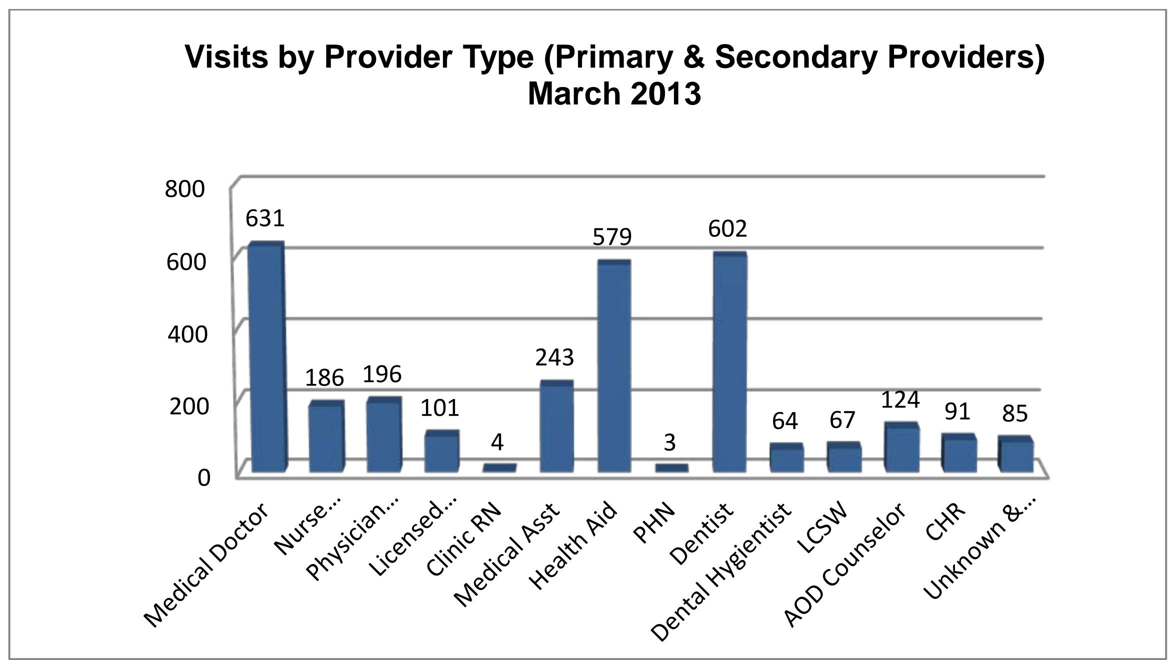
By Clinic Type:

PHYSICIAN	607	(+29.4)
DENTAL	593	(+0.2)
FAMILY NURSE PRACTITIONER	175	(-53.0)
PHYSICIAN ASSITANT	137	(-16.5)
ALCOHOL AND SUBSTANCE	123	(-36.9)
NURSE CLINIC	84	(-2.3)
TRANSPORT	76	(+171.4)
MENTAL HEALTH	67	(+28.8)
CHR	15	(-28.6)
TELEPHONE CALL	10	(-52.4)
HOME VISIT	4	(**)
PHN CLINIC VISIT	2	(+100.0)
BEHAVIORAL HEALTH	1	(**)
CHART REV/REC MOD	1	(-85.7)



By Provider Type (Primary and Secondary Providers):

MD	631	(+19.1)
DENTIST	602	(+1.0)
HEALTH AIDE	579	(+44.8)
MEDICAL ASSISTANT	243	(+150.5)
PHYSICIAN ASSISTANT	196	(+3.7)
NURSE PRACTITIONER	186	(-51.4)
ALCOHOLISM/SUB ABUSE COUNSELOR	124	(-37.1)
LICENSED PRACTICAL NURSE	101	(-71.5)
COMMUNITY HEALTH REP	91	(+85.7)
HEALTH RECORDS	85	(+1,316.7)
LICENSED CLINICAL SOCIAL WORK	67	(+34.0)
DENTAL HYGIENIST	64	(-59.2)
CLINIC RN	4	(+300.0)
PUBLIC HEALTH NURSE	3	(-25.0)



The ten leading purposes of ambulatory visits by individual ICD Code are listed below. Both primary and secondary diagnoses are included in the counts.

By ICD Diagnosis

1).	DENTAL EXAMINATION	593	(+0.2)
2).	HYPERTENSION NOS	114	(-27.4)
3).	HYPERLIPIDEMIA NEC/NOS	76	(+2.7)
4).	DMII WO CMP NT ST UNCNTR	76	(-9.5)
5).	ALCOHOL ABUSE-UNSPEC	66	(-46.3)
6).	OTHER SPECFD COUNSELING	66	(+2,100.0)
7).	OBESITY NOS	66	(+187.0)
8).	TOBACCO USE DISORDER	58	(+11.5)
9).	ACUTE URI NOS	57	(+171.4)
10).	THERAPEUTIC DRUG MONITOR	55	(+61.8)

CHART REVIEWS

There were 1,148 (-9.0) chart reviews performed during this time period.

INJURIES

There were 108 visits for injuries (+45.9) reported during this period. Of these, 18 were new injuries (-5.3). The five leading causes were:

1). BURN ACC IN PRIVAT DWELL	3	(**)
2). DOG BITE	2	(+100.0)
3). ACC-CUTTING INSTRUM NEC	2	(+100.0)
4). OVERXRT-SUDN STREN MVMT	2	(+0.0)
5). ACCID-OTHER HAND TOOLS	1	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 468 patients (-1.5) seen for Dental Care. They accounted for 593 visits (+0.2). The seven leading service categories were:

1). PATIENT REVISIT	440	(+4.5)
2). HYPERTENSION SCREENING	213	(-4.1)
3). FIRST VISIT OF FISCAL YEAR	158	(-8.7)
4). LOCAL ANESTHESIA IN CONJUNCTION WIT	150	(+10.3)
5). INTRAORAL - PERIAPICAL FIRST RADIOG	143	(-21.4)
6). PREVENTIVE PLAN AND INSTRUCTION	88	(-40.5)
7). SEALANT - PER TOOTH	87	(-24.3)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,919 new prescriptions (+38.7) and 0 refills (**) during this period.

KTHHSP Tribal Statistics for March 2013

	Registered Indian Patients	Indian Patients Receiving Services March 2013	APC Visits by Indian Patients March 2013
Karuk	2041	440	571
Descendants residing in CA	1856	239	291
All other Tribes	2113	125	173
Total	6010	804	1035

blue of california
foundation

contact

Logout

Confirmation of Application Receipt:

* indicates required field

Your impact report was successfully submitted to the Blue Shield of California Foundation. Thank you for providing this information, no further action on your part is required at this time. To print a copy of this completed impact report go to 'File', then 'Print' on your browser toolbar. Click here to return to the homepage when you are finished.

Contact Information

*** Contact Type** Other Grant Contact

*** Salutation**

*** First Name** Tiffany

*** Last Name** Ashworth

Title Director of Administrative Programs & Compliance

*** E-mail Address** tashworth@karuk.us

*** Telephone** (530) 493-1600 ext 2017

Contact Information

*** Contact Type** Other Grant Contact

*** Salutation** Mr.

*** First Name** Russell

*** Last Name** Attebery

Title Tribal Chairman

*** E-mail Address** battebery@karuk.us

*** Telephone** (530) 493-1600

Contact Information

*** Contact Type** Other Grant Contact

*** Salutation** Ms.

*** First Name** Lessie

*** Last Name** Aubrey

Title Executive Director, HHS

*** E-mail Address** lessieaubrey@karuk.us

*** Telephone** (530) 493-1600

Contact Information

*** Contact Type** Grantseeker

*** Salutation** Ms.

*** First Name** Lisa

*** Last Name** Morehead

Title Grantwriter

*** E-mail Address** lmorehead@karuk.us

*** Telephone** (530) 493-1600

Contact Information

*** Contact Type** Other Grant Contact

*** Salutation** Mr.

*** First Name** Michael

*** Last Name** Thom

Title Vice-Chairman

*** E-mail Address** mthom@karuk.us

*** Telephone** 530-493-1600

Contact Information

*** Contact Type** Grantseeker

*** Salutation** Mrs

*** First Name** Patricia

*** Last Name** White

Title Quality and HRSA Coordinator

*** E-mail Address** pwhite@karuk.us

*** Telephone** (530) 493-1600

Organization Information

*** Legal Name** Karuk Tribe

*** Address** P.O. Box 1016

*** City** Happy Camp

*** State** California

*** Zip** 96039

*** Telephone** (530) 493-1600

*** Fax** (530) 493-5322

email pwhite@karuk.us

*** website** http://www.karuk.us

CEO Contact Information

*** CEO Salutation** Mr.

*** CEO First Name** Russell

*** CEO Last Name** Attebery

CEO Suffix

*** CEO Title** Karuk Tribal Chairman

*** CEO email** battebery@karuk.us

*** CEO Phone** (530) 493-1600

Medical Director Contact Information

*** Medical Director First Name** Robert

*** Medical Director Last Name** Milton

*** Medical Director email** rmilton@karuk.us

*** Medical Director Phone** (530) 842-9200

Request Information

*** Project Title** 2012 Community Health Center Core Support

Project Start Date 09/01/12

Project End Date 08/31/13

Impact Information

* indicates required field

*** Clinic Category** Indian Health Service

*** Hours per week** 39

Organizational Changes

*** Organization Name Change** No

*** Change to executive leadership or board composition acquisition** Yes, change to both

*** Merger/Acquisiton** No, did not complete or expect to complete either one

*** Staffing changes** Maintain(ed) the staffing level

*** Changes to service level**	Maintained the level of programs and services

Additional Services

Expand operating hours	
Open new location(s)	
Expand existing facilities	X
Add a mobile unit to reach more patients	
Institute new/alternative visit types	
Add other new services	X
Add other new services (narrative)	Expanding of existing facilities-We are in the construction phase of a new clinic building to house our Orleans, California Medical Clinic. Other New services include: "BART" Becoming a responsible Teen. This is a teen education program to help prevent teen pregnancy. We have added another Community Health Worker to our staff in Yreka. This will expand our services to elders and others needing outreach in that community.

New/Alternative Visit Types Detail

Phone visits	
E-mail visits	
Texting outreach	
Group appointments	
Other new/alternative visit	
Other new/alternative visit narrative	

New/Enhanced Collaborative Relationships

New/Enhanced Collaborative Relationships	Yes
County Health System	X
LIHP	

Public Hospital(s)	X
Private Hospital(s)	
Domestic Violence/ Sexual Assault service providers	
Other Community Health Centers	
Other community-based healthcare providers (e.g. physician offices)	
Community-based human service organizations	
Behavioral health providers	
Other organizations	X
Other organizations (narrative)	-A Collaboration with HANC and Siskiyou County for a COHS with Partnership HealthPlan of California- for Medicaid Managed Care. -MOU with Siskiyou County Public Health Department Hospital Preparedness Program to assure the mutual participation of all the medical entities in case of a disaster or an emergency for the sharing of resources beyond the authorized mutual aid agreements. -Transfer agreement with Fairchild Medical Center, Yreka, California in order to streamline patient transfer and admittance in to hospital care. -Collaborating with other Northern Tribal Leaders Group on rulings from CMS/DHCS with emphasis on a "government to government" relationship. -Collaboration with the California Rural Indian Health Board for the CRIHB Options, a demonstration programs entitled the California Bridge to Reform Demonstration.

Use of Grant Funds

Organization development and capacity building (e.g. staff training, board development)	
Collaboration or partnership development	
Patient education/engagement	
Maintain existing programs and services	
Expand existing programs or services	
Performance measurement and improvement	

Facilities repair/renovation/expansion	
Fund development or fundraising	
Health Information Technology adoption	
Marketing/outreach (includes community education)	
New equipment purchase	100
Innovating (e.g. developing new approaches, programs, services)	
Operating expenses (e.g. rent, utilities, etc.)	
Patient Centered Medical Home Implementation	
Policy or advocacy	
Maintain adequate clinical staffing levels (e.g. staff salaries)	
Maintain adequate administrative/operations staffing levels	
Strategic planning or needs assessment	
Uncompensated care reimbursement	
Other	
*** Use of Funds Narrative**	We have spent approximately 95% of this grant. We are in the construction phase of a new clinic building in Orleans, California. The Blue Shield money has been used for the IT infrastructure of the new facility. We have thus far purchased an IBM Server, a phone server, routers, an equipment rack, wiring, and other related wiring items for the new building. This building will replace the current facility and give this clinic much needed room and move them out of their cramped quarters at their current location. The construction is predominantly being paid for with an ICDBG award from HUD that we were awarded in 2011. The Blue Shield Core support has allowed us to purchase items for the information technology infrastructure in the building that is not covered by the HUD award. We expect to move the clinic to the new building in June 2013.

Core Support Impact

Core Support essential for	
*** Increase ability to leverage other funding**	Not essential at all

*** Provide essential core services and sustain existing programs**	Absolutely essential
*** Cover operating expenses and administration not covered by other funders**	Absolutely essential
*** Cover unanticipated expenses or critical needs**	Absolutely essential
*** Respond positively and creatively to challenges and opportunities**	Absolutely essential
*** Think differently about how to operate and flourish in these difficult times**	Absolutely essential
*** Core Support: First Top Advantage**	Fills the gap - covers unanticipated expenses or critical needs
First Top Advantage Other	
*** Core Support: Second Top Advantage**	Flexibility - can be allocated toward what our organization sees as greatest needs
Second Top Advantage Other	

Performance Measures

*** Clinic Days Cash on Hand**	More than 90 days
*** Current Ratio of assets to liabilities**	1.7
*** Provider Productivity**	.78
*** Access - TNAA**	1.5
*** Cycle Time in Minutes**	63
*** Unfilled Appointment Rate**	Unfilled appointment rate is at 15% This was based on a one month period for all of our Medical Providers. (February 2013)

Patient Experience Feedback

CAPHS Clinician & Group Surveys with Patient-Centered Medical Home (PCMH) Items	
CAPHS Clinician & Group Survey	
Net Promoter Score	
Bureau of Primary Health Care Survey	
Another Patient Satisfaction	X

Survey	
Complaint forms	X
Suggestion/ comment box in waiting room	X
Other patient feedback	X
Other patient feedback (narrative)	Along with suggestion boxes and complaint forms, we have a "Rave Review" form that patients and peers can comment positively on any employee and send out a Rave Review. This helps us recognize staff that are doing a good job or exceptional work at our clinics.
* Patient surveys percentage	1% to 25%
* Patient feedback use of information	Yes

Staffing

* Chief Financial Officer	Yes - on staff and full-time
* Chief Medical Officer or Chief Medical Director	Yes - on staff and full-time
* Chief Quality Officer	Yes - on staff and full-time
* Chief Information Officer	Yes - on staff and full-time

Leverage New Funds

* Leverage Funds	No
Covered development/fundraising expenses	
Development/Fundraising description	
Provided private funding match	
Private funding match description	
Providing credibility of an established funder	
Established funder description	
State funding match	
State funding match	

description	
Federal funding match	
Federal funding match description	
County or city funding match	
City/county funding match description	
Other support	
Other (please describe)	

External Factors

*** Demand in the community**	Remained stable
*** Environmental Changes Narrative**	The "sequester" has impacted our organization with Federal funding being cut 5% plus possibly an additional 2% cut for Medicare. With funding cuts and cuts in reimbursement we are facing a challenge on budgeting monies and doing business. Demand for services has not changed possibly due to our location for two of our locations. In Happy Camp and Orleans we have the only medical facilities for these areas and are located in rural areas. Also staff turnover has affected our clinics and providing consistent services. In September we lost a MD and that position has not been filled yet. We are using locum tenens until a new provider is hired, and that affects productivity with each change. We have had 4 locum tenens since October 2012 filling in that position. We have also had turnover in our Dental program this past year. 3 dentists and 1 hygienist have left. We have 2 new dentists, 2 new part-time dentists, and a new hygienist starting soon.

Innovation and New Strategies

*** Serve newly insured**	Yes
Serve newly insured (narrative)	We are entering into an agreement with HANC and Siskiyou County for the Partnership HealthPlan of California. This is a managed care program for Medicaid. This is a plan in Northern California that uninsured will be able sign up for.
*** Market to newly insured**	Yes
Market to newly insured (narrative)	We are having discussions on how to market our program as the ACA moves forward. This has been discussed at our Executive Directors Advisory Meeting held monthly and also has been discussed at the Quality Improvement meeting also held monthly. We have researched companies that do market assessments, but have found these very expensive to use. It is one of the topics in our Strategic Planning this year. We have signage in all of our facilities to indicate we are open to all regardless of ability to pay.

Quality Improvement (QI)

Patient registry	X
Outreach to specific patient populations	X
Data reports about patient populations shared with providers regularly	X
Dedicated QI staff to lead QI initiatives	X
Pay for performance with a health plan	
None of the above	

Population Health

New/enhanced screening or risk assessment processes	X
Tracking incidence of major chronic conditions to identify targets for improvement	X
New/enhanced clinical protocols for specific conditions	X
Patient education and engagement (e.g., PCMH, patient portal, support groups, outreach via email)	X
Other innovation to improve health	
None of the above	

Population health (narrative)

-We are starting a performance improvement project on CHDP Well Child Exam follow-up reminders. One of our clinics does not have an effective system for these follow-ups. It was determined to be a high risk, high volume, problem prone, and high cost.

-We track incidence of major chronic conditions to identify target for improvement by use of the Government Performance Rate Act (GPRA) as required for Indian Health Services. We collect data on hypertension, diabetes, dental screenings, immunizations, cancer screenings (pap screenings, mammogram rates, colorectal screening etal), HIV screening, FAS, depression, and obesity.

-For Patient Education we are doing the teen pregnancy prevention project (BART) as mentioned elsewhere in this report.

Patient Experience

New/enhanced patient feedback processes (e.g. surveys, comment boxes)	X
New/enhanced safety measures	
New/enhanced hours or locations to improve convenience	
New/enhanced onsite ancillary services (X-ray, bone scan, lab)	
New/enhanced scheduling processes to reduce wait/cycle times	X
Other innovation to improve patient experience	X
None of the above	
Patent experience (narrative)	-A new patient satisfaction survey is in process at this time. We should have results of this survey by June 2013. -We are working on a new web server that will house a program developed by Indian Health services for patient scheduling and patient registration. This program will have more functionality than the current program that we are using. This should be easier for our users to register patients, update current patients, and handle patient appointments in a timely manner and reduce wait times. -We address all complaints and issue presented by the patients. We have policies for patient rights that allows for the patient to make decisions about their health care. -We have forms for complaints in all of our waiting rooms along with forms that patients can report on how we are doing.

Per capita cost

Use of lowest cost "providers" that can provide needed service	X
Use of electronic records to reduce duplication	X
Use of technology to make care more efficient or simplify process	X

New/ enhanced approaches to streamlining specialty care	
New/enhanced management of pharmacy costs	
Hospital partnership to reduce readmissions	
Other innovation to reduce costs	X
None of the above	
Per capita cost narrative	We are part of the CTN which is paving the way to expand our telehealth capabilities for our patients/clients. -We have used telehealth for BH but are looking into new models of care. The CTN is providing internet services to our rural clinics. Telehealth provides services to patients who do not have the means to travel to appointments out of our area. We are in a rural part of Siskiyou county and two of our medical clinics are at least 1 ½ hours from the nearest hospital by car. -We implemented e-prescribing this past year, which has streamlined the medication ordering process. We developed a formulary to find the low cost alternatives for medications we pay for, such as for medications for Tribal patients, and certain other low income patients as resources allow. We use 340B pricing and are part of capture RX. -As mentioned in another section of this report, we are part of the Partnership HealthPlan of California. This is a managed care program for Medi-Cal.

Patient Services and BSCF Program Interests

*** Number of clinic sites**	3
*** Number of school based health center sites**	0
*** Number of uninsured clients**	948
*** Total Patient Encounters**	11519
*** Primary Care Encounters Provided**	10319
*** Domestic Violence Screening**	Yes
*** Domestic Violence Administrative Staff Training**	25% are trained
*** Domestic Violence Screening**	All patients are screened for possible exposure to DV
*** Domestic Violence Intervention Checklist**	Yes
*** Track Domestic Violence**	Not sure

Referrals

*** Number of Domestic Violence Referrals** 0

*** Domestic Violence Resources** Yes

*** Clinic Consortia membership** Not sure

*** Successes** Our top three successes this past year are:

1) We went through the AAAHC Accreditation Process in June 2012 and were granted a three year accreditation on August 13, 2012. This is an ongoing process to meet the standards set forth by AAAHC. We strive to continually meet the AAAHC standards through policy, staff trainings, etc. as contained their Handbook for Ambulatory Health Care.

2) We had a successful HRSA Site Visit in September 2012. We were in our fifth year of the current grant award. Since the site visit we applied for and were awarded another 5 year grant in December 2012. In February 2013 we successfully submitted the 2012 Uniform Data Systems Report, which reports to HRSA on our program.

3) We went live with an Electronic Dental Record in September 2012. We purchased the Dentrix EDR and our Dental Staff is very pleased with it. We are currently building an interface between this program and our health database.

*** Challenges** 1) Our Karuk Community Health Clinic in Happy Camp has cramped quarters and is housed in the Karuk Tribal Administration Building. The space was once used for Health Administration and Council quarters. In 2012 we applied for ICDBG Grant to build a new clinic building in Happy Camp and although we scored high, we did not receive the funding. Having the Clinic in these close quarters continues to be a challenge for us. Staff is in tight quarters, lab is small, and space does not allow for much expansion.

2) Another challenge we face is staff turnover. As mentioned previously in this report, have had a lot of staff turnover since September. We have not been able to replace a physician that left employment in September. We are using locum tenens to fill the position, until the position is filled. This situation is a challenge as each new provider, needs training and orientation to our program. There have been four providers (locum tenens) in this position since September.

3) It is challenge to face the cuts in funding due to sequester. We are facing a 5% cut in Federal Funding for being a Indian Health program. We have been told there are also possible cuts in reimbursement for Medicare that could be 2%. We have to be diligent in what we spend money on and still be able to provide a high level of care to our patients. We see all that come to our clinics regardless of ability to pay. We are continually on the look for funding for our program.

Organizational Success Story (optional) As mentioned under successes we have received AAAHC accreditation and were again awarded with a HRSA grant /funding.

Both of these have happened because the organization providing high, quality care to patients. We continue to focus on the patients and their needs.

Client Success Story (optional)

In June 2012 a patient came to our Karuk Community Health Clinic for routine care. She was reminded by our Physician Assistant that she was due for her mammogram and was referred out for that screening. The results came back showing an abnormality and she was referred for additional testing. The diagnosis came back as Breast Cancer. She has since had mastectomy and she continued on into the fall with treatment. She is currently doing well as she had early diagnosis and prompt treatment.

Additional Comments (optional)

-We could not pull data on domestic violence referrals. We have 2 LCSWs on staff along with social workers. Any referrals for DV/IPDV will be done first to our own providers.

-We have a concise committee meeting schedule and structure which include two all staff meeting each year. Most committees meet quarterly with the exception of P &T/Contract Health that meets bimonthly, Quality Improvement that meets monthly, and Executive Directors Advisory which also meets monthly.

Some other activities for our organization include:

* Child and Family Services successfully submitted a Title IVB report.

*Medical Malpractice Training was given to staff by ECRI

*Tribal Consultation with California State on Waivers

*New ½ time physician at Yreka Clinic

*Zumba exercise program continues in 2 clinic locations at no cost to participants.

*A flu immunization policy for staff was developed & approved. 69 employees received the flu vaccine this year.

*HR sponsored excellent customer service training for staff.

* Electronic prescription (eRx) was implemented this year through our RPMS/EHR. All providers can now e-prescribe in the EHR.

*We had another successful Diabetes grant application.

*We hired a Deputy Director for the Health Program. She will handle all QI and work as a second under the Executive Director.

*We were challenged when a winter storm in December dumped over 36" snow in the Happy Camp area and left the town without power for 7 days. There were many unable to get out of their homes during this time but we continued to provide medical services as needed.

*ICD10 training has been provided to Business Office Staff.

-We have been part of the Blue Shield family since 2007. These funds are used to support this program where needed and help us meet the needs of our patients, clients, and communities during challenging times. We look forward to a continued relationship with Blue Shield.

Need Support?

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Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe

Administrative Office
Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

REQUEST FOR CONTRACT/MOU/AGREEMENT

Check One:

- ☑ Contract
- ☐ MOU
- ☐ Agreement
- ☐ Amendment

☐ **Karuk Tribe Number Assigned:** 13-C-044
☐
☐ **Funder/Agency Assigned:**
Prior Amendment:

REQUIRED → Procurement Attached ☑ Budget Attached ☑
System for Award Management (SAM) (CONTRACTS ONLY) ☑
KCDC/KTHA [illegible] ☐ [illegible] ☐

Requestor: **Bob Rohde** **Date:** **April 1, 2013**

Department/Program: **DNR - Traditional Knowledge**

Name of Contractor or Parties: **Dr. Kari Norgaard**

Effective Dates (from/to): **May 9, 2013** **September 30, 2014**

Amount of Original: $16,280
Amount of Modification:
Total Amount: $16,280

Funding Source: **2080-28**

Special Conditions/Terms:

Brief Description of Purpose:
Preserving Tribal Self-Determination and Knowledge Soveriegnty while Expanding the Use of Tribal Knowledge and Management.

REQUIRED SIGNATURES

[signature] — Date: 4-1-13
Requestor

[signature: Laura Mayton] — Date: 4-24-2013
Chief Financial Officer

[signature] — Date: 4/23/2013
Director, Administrative Programs & Compliance

Director of Self Governance (MOU/MOA) or TERO (Contracts) — Date:

Other — Date:

Karuk Department of Natural Resources
Please submit the following information:

PROJECT TITLE:	Tribal Knowledge and Climate Change
FUNDER:	US Fish and Wildlife Service
DATES OF WORK:	September 10, 2012 to September 30, 2014
TODAYS DATE:	13-Feb-13
YOUR NAME:	Bob Rohde

Position Title	Pay Rate	Hours to Work	WORKERS COMP RATE	# of months worked	Annual Leave Accrual	Base Hours	TOTAL Wages	FRINGE BENEFITS: Social Security (FICA) 6.2%	Medicare (MEDI) 1.45%	State Unemployment (SUTA)	Workers Comp	HEALTH	RETIREMENT	Total Fringe Benefits	Total Salaries & Fringe	Indirect % of wages	TOTAL	hourly rate
ADD	ADD	ADD	1 EMPLOYEE SPECIFIC YOU MUST ENTER	*(used to calculate health insurance costs)*	[illegible]					3 CAN NOT EXCEED [illegible]		4 EMPLOYEE SPECIFIC YOU MUST CHECK	5 EMPLOYEE SPECIFIC YOU MUST CHECK			50.00%		*includes all costs*
			8.260%	-	0	-	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00	#DIV/0!
Cultural Biologist	10.23	346	8.260%	2	0	345	6,634.35	411.33	96.20	434.00	548.59	840.97	331.72	2,662.81	9,297.16	3,317.18	12,614.33	36.5632875
			8.260%	-	0	-	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00	#DIV/0!
			8.260%	-	0	-	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00	#DIV/0!
			8.260%	-	0	-	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00	#DIV/0!
							$6,634.35	$411.33	$96.20	$434.00	$548.59	$840.97	$331.72	$2,662.81	$9,297.16	3,317.18	12,614.33	

☐ **Cells that may need manual adjustment.**

1. **Position specific, ask Tamara for current rate.**
2. **Only for permanent staff that DO NOT take any annual leave (ie. they cashout annual leave hours)**
3. **SUTA column can not exceed $434. If the cell turns blue, change by hand to $434.**
4. **Employees must work more than 6 months. $526.34 less 3% of wages. Includes employee costs. Automatically adjusts based on # of months**
5. **Employees must work more than 6 months. Seasonal/temp not eligible**

wages	**6634**
fringe benefits	**2663**
supplies/materials	**0**
equipment	**0**
travel	**3772**
contractual*	**18000**
subtotal	**31069**
Idc or admin*	**3317**
total	**34386**

***IF YOU HAVE AN ADMIN CAP, ENTER % IN BOX:**

Idc	3317
admin	3317
	0

Search Results

Current Search Terms: Dr.* Kari* norgaard*

No records found for current search.

SAM | System for Award Management 1.0

IBM v1.817.20130323-2053

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

GSA USA.gov

Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

Karuk Tribe

Karuk Dental Clinic
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-2201
Fax: (530) 493-5364

Administrative Office
Phone: (530) 493-1600 • Fax: (530) 493-5322
64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

AGREEMENT FOR INDEPENDENT CONTRACTOR SERVICES
Contract Number: 13-C-044

This Agreement, dated as of May 9, 2013, is between the Karuk Tribe (hereinafter "the TRIBE") and Dr. Kari Norgaard (hereinafter "INDEPENDENT CONTRACTOR"), who agree as follows:

1. **Description of Services**: The Tribe hereby retains Independent Contractor to provide the services described in the attached *Description of Independent Contractor Services and Activities.*

2. **Duration**: The term of this Agreement shall be from May 9, 2013 to September 30, 2014.

3. **Compensation**: Independent Contractor will be compensated as provided in the attached *Description of Independent Contractor Services and Activities*, sixteen thousand two hundred and eighty dollars and zero cents ($16,280.00). All invoices must be submitted no later than thirty (30) days past the end date of this Agreement as stated in Clause 2 above. The Cultural Biologist and/or Authorized Designee shall be responsible for overseeing this Agreement and approving invoices for payment.

4. **Claims for Compensation**: Independent Contractor agrees that he/she shall not be entitled to and shall not claim compensation for services performed under this Agreement from another federally funded source of compensation for the same work performed, same working hour(s) or same working day(s). It is further agreed by the Independent Contractor that any claim for compensation submitted in violation of this clause shall, if paid, be recoverable by the Tribe.

5. **Warranty, Indemnity and Hold Harmless**: Independent Contractor warrants and represents that it has every legal right to enter into the Agreement and to perform in accordance with its terms and that it is not and will not become a party to any Agreement with anyone else which would be in violation of the rights granted to the Tribe hereunder. Independent Contractor will indemnify and hold the Tribe harmless from and against any losses, damages and liabilities, including reasonable attorney's fees for Independent Contractor's negligent performance or unexcused failure to perform services under this agreement. The Tribe makes no warranty, indemnity or hold harmless agreement.

6. **Independent Contractor Status**: It is understood and agreed between the parties that the Tribe shall not be obligated to withhold any federal, state or local taxes from fees paid to the Independent Contractor, nor shall the Tribe have any liability for such withholding. Further, any required public liability, public damage and/or Worker's Compensation Insurances shall be the sole responsibility of the Independent Contractor.

7. **Confidential Information**: Independent Contractor will not disclose directly or indirectly to or use for the benefit of any third party any secret or confidential information, knowledge or data acquired by virtue of its relationship with the Tribe without the prior written approval of the Tribe. It is understood and agreed by the parties that the obligations of this paragraph shall survive the expiration or termination of the Agreement.

8. **Non-Assignability**: This Agreement may not be assigned or transferred by either party without the prior written approval of the other party.

9. **Authority**: Independent Contractor's authority to act under this Agreement can be suspended upon written or verbal notice by the Tribal Chairman of the Tribe or his/her designee. If verbal notice is given, it shall be confirmed in writing within five (5) working days.

10. **Termination**: This Agreement may be terminated at any time, with or without cause, by either party, upon notice in writing. Any such termination shall be effective immediately. Independent Contractor shall invoice the Tribe within thirty (30) days of agreement termination for satisfactory work performed up to termination date.

11. **Complete Agreement**: This Agreement constitutes the entire agreement between the parties, and no amendment or modification hereof shall be effective unless reduced to writing and signed by both parties.

12. **Severability**: Should any provision of this Agreement be held invalid or unenforceable, such a holding shall not affect the validity or enforceability of any other provision thereof.

13. **Copyrights**: All original materials, written, photographed, recorded or otherwise collected or produced by the Independent Contractor pursuant to this Agreement are instruments of Professional Services, and shall be the sole property of Tribe.

14. **Expertise Certification**: The Independent Contractor assures the Tribe that they and all their approved sub-contractors possess the expertise, and resources necessary for satisfactory completion of the activities described in the *Description of Independent Contractor Services and Activities*.

15. **Certification Regarding Debarment, Suspension and Related Matters**: The Independent Contractor hereby certifies to the best of their knowledge that it or any of its officers or contractors or sub-contractors:

    1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any Federal department or agency;

    2. Have not within a three (3) year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or agreement under a public transaction; violation of federal or state

antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph 2 of this certification; and

4. Have not within a three (3) year period preceding this Agreement had one or more public (Federal, State or local) transactions terminated for cause or default.

16. **Applicable Law**: This Agreement shall be governed by the laws of the United States of America and by Karuk Tribal law. In the absence of Federal or Tribal law, relevant laws of the State of California shall be applicable. Independent Contractor is required to comply with Office of Management and Budget Circular A-102 and is responsible for understanding and compliance with applicable grant administration requirements as set forth in the Federal agency codifications of the grants management common rule. This provision is not intended to waive the Tribe's sovereign immunity status or submit the Tribe to any jurisdiction inconsistent with such status.

17. **Indian Preference:** This Contract shall be executed in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 47) and/or the Tribal Employment Rights Ordinance (TERO), based on funding source requirements.

18. **Tribal Employment Rights Ordinance (TERO):** Independent Contractor acknowledges that a two percent (2%) TERO fee will be imposed on the gross value of any contract initiated within the interior/exterior boundaries of the Karuk Ancestral Territory, provided that the total contract or annual gross revenues meet or exceed $2,500.00.

19. **Sovereign Immunity:** Nothing in this Agreement shall be construed or interpreted to relinquish the sovereign immunity of the Tribe.

In consideration of the mutual promises of the parties this Agreement is executed on the date first above written, in duplicate, intending each duplicate to be an original.

INDEPENDENT CONTRACTOR
Dr. Kari Norgaard
Environmental Studies
1291 University of Oregon
Eugene, OR 97403-1291
TIN: 561-49-7097

KARUK TRIBE
Russell Attebery, Chairman
64236 Second Avenue
Happy Camp, CA 96039
(530) 493-1600

Signature and Date

Signature and Date

Description of Independent Contractor Services and Activities (Scope of Work)

(Please see attached Dr. Norgaard Proposal received 1/07/2013)

Proposal: 13-RFP-005 for NPLCC Climate Change Tribal TEK Grant

From: Dr. Kari Marie Norgaard, Associate Professor
Sociology and Environmental Studies
University of Oregon
norgaard@uoregon.edu

Statement of Qualification

I have been working as a Consultant on behalf of the Karuk Tribe outlining social impacts of environmental decline and Federal and State policy for Karuk traditional foods and cultural use species since 2004. Research Reports completed on behalf of the Karuk Tribe include:

Preliminary Social Impact Assessment Report, Karuk Tribe of California 2007

Subsistence and Native American Beneficial Uses of the Klamath River 2006 Report to California Northwest Regional Water Quality Control Board on behalf of the Karuk Tribe of California.

The Effects of Altered Diet on the Health of the Karuk People Karuk Tribe of California, 2005. Filed November 2005 with Federal Energy Regulatory Commission on Behalf of the Karuk Tribe in the Klamath River Project re-licensing process.

The Effects of Altered Diet on the Health of the Karuk People: A Preliminary Report Karuk Tribe of California, 2004. Filed August 2004 with Federal Energy Regulatory Commission on Behalf of the Karuk Tribe in the Klamath River Project re-licensing process.

I have also done consulting on behalf of the Yurok Tribe:

Healthy River, Healthy People: The Relationship Between Riverine and Human Health on The Klamath River Written in conjunction with Yurok Tribe as part of testimony for the Klamath River Project re-licensing process. November 2006.

In addition I have written successful grants in collaboration with the Department of Natural Resources on behalf of the Karuk Tribe to the USFWS and California EPA, submitted written and oral testimony concerning the health effects of altered diet and loss of traditional foods due to faulty non-Native management practices on behalf of the Tribe to multiple agencies, and written scholarly articles together with Karuk Cultural Biologist Ron Reed. Together with Ron Reed I have co-supervised nearly 20 student research projects/senior and Master's Theses concerning the importance and status of, as well as threats to Karuk traditional foods from Whitman College and Humboldt State University and now University of Oregon (in progress).

Task One: Draft Preliminary Social Impact Assessment describing Tribal Sovereignty Needs.

To write up a Social Impact Assessment outlining the present limitations to off reservation management of tribal resources, and further understanding when, where and how Karuk TEK can be integrated into research and landscape level conservation I will first work with existing documents in consultation with members of the Karuk Department of Natural Resources including Ron Reed, Leaf Hillman, William Tripp and others to identify specific management activities to be emphasized (e.g. use of fire). RELATED WORK PREVIOUSLY COMPLETED: I completed a Social Impact Assessment for the Karuk Tribe in 2007. Benefits included positive media publicity, public education, recognition of Karuk perspective and concerns in policy processes. Est 100 hours at $50/hr = $5,000 plus one trip to the Klamath from Eugene, OR (600 miles @ $.55 mile = $330 plus 3 days per diem at $46/day = $468 in travel). Total $5,468.

Task Two: Identify Existing Institutional and Cultural Barriers

In order to evaluate existing institutional (and cultural) barriers that currently delay the effective sharing and deployment of Karuk TEK and Karuk management practices within the multiagency context (e.g. differences between U.S.F.S. in particular, but other agencies as well). This will be carried out through a process of formal and informal interviews with concerned parties, review of past event and projects and review of relevant literature on the general conditions faced by tribes seeking to extend traditional management and employ traditional knowledge in areas where they themselves are not the recognized land managers. I will draw upon contacts at UO (e.g. Kathy Lynn UO Tribal Climate Change Project) and UC Berkeley (Sibyl Diver, Daniel Sarna, others) to understand both general conditions faced by Tribes concerning knowledge sovereignty and specific examples of challenges faced by the Karuk Tribe. RELATED WORK PREVIOUSLY COMPLETED: Review of literature, formal and informal interviews, review of scholarly research as well as internet documents were all part of prior consulting projects completed on behalf of the Karuk Tribe above. Benefits include broader public understanding and acknowledgement of Karuk Tribal perspectives and concerns. Est 100 hours at $50/hr = $5,000 plus one trip to the Klamath from Eugene, OR (600 miles @ $.55 mile = $330 plus 3 days per diem at $46/day, total travel = $468). Total $5,468.

Task Three: Provide a summary of Proactive Tools

I will review possible proactive approaches to overcoming barriers through review of policies and procedures of other Tribes, legislative opportunities, brainstorming new ideas in consultation with Ron Reed, Bill Tripp and others in the Karuk DNR. RELATED WORK PREVIOUSLY COMPLETED: This type of research has been done in my capacity as a postdoc at UC Davis, as faculty at Whitman College and University of Oregon, as a consultant for the World Bank and for the Karuk Tribe (eg review of internet, scholarly research, formal and informal interviews, consultation, literature

review). Benefits included documentation and recognition of tribal concerns in multiple federal and state policy processes (FERC, water board, TMDL, etc).Est 40 hours at $50/hr = $2,000 plus one trip to the Klamath from Eugene, OR (600 miles @ $.55 mile = $330 plus 2 days per diem at $46/day = $422 in travel). Total $2422.

Task Four: Review New and Ongoing Planning or Legislative Efforts relevant for knowledge sovereignty.

Review existing and near future large-scale planning or legislative opportunities to create leverage for the expansion/enhancement of Karuk management of ancestral territory, maintenance of knowledge sovereignty. Again, I will do this in consultation with members of the Karuk DNR and draw upon contacts at UO (e.g. Kathy Lynn UO Tribal Climate Change Project, other faculty on campus) and UC Berkeley (Sibyl Diver, Daniel Sarna, others). RELATED WORK PREVIOUSLY COMPLETED: I have conducted this kind of work through my capacity as UO and Whitman faculty. Est 30 hours at $50/hr = $1,500 plus one trip to the Klamath from Eugene, OR (600 miles @ $.55 mile = $330 plus 2 days per diem at $46/day = $422). Total $1,422.

Task Five: Explore how Karuk TEK can be integrated/recommendations for resolution of barriers.

I will write up the above into a final report. An internal draft of report will be circulated for comment, (with in kind contributions by Sibyl Diver and Daniel Sarna). Draft of entire document released for external circulation and comment. Final draft will be completed and submitted to the Tribe. Findings will be incorporated back into ECRMP and other ongoing Tribal efforts. When Ron Reed and other relevant DNR staff feel the material is ready the preliminary report and findings to be distributed via webpost, email networks and the conference and workshop presentations, as opportunities arise (in kind contributions by Sibyl Diver and Daniel Sarna). RELATED WORK PREVIOUSLY COMPLETED: Writing of Altered Diet and other reports listed above required the above skills including writing, research, consultation, and oral presentations. Benefits included positive media publicity, public education, documentation and recognition of tribal concerns in various policy processes (FERC, water board, TMDL, etc). Est 30 hours at $50/hr = $1,500.

References:

Ron Reed, Karuk Cultural Biologist, 503-627-3446, rreed@karuk.us
Bill Tripp, Karuk Tribe Fire Ecologist, 503-627-3446 btipp@karuk.us
Leaf Hillman, Director Karuk Department of Natural Resources, 503-627-3446
Frank Lake, USFS Research Ecologist, 530-627-3276, frank.lake.fs.fed.us
Kathy Lynn UO Tribal Climate Change Project, (541) 346-5777, kathy@uoregon.edu

Price Page for 13-RFP-005:

Proposal Submitted by: DR. KARI MARIE NORGAARD

Name: KARI NORGAARD Phone Number: 509-540-9351

E-mail: norgaard@uoregon.edu Fax Number: 541-346-5026

Amount requested to be compensated for each task:

- Task 1: $5,468
- Task 2: $5,468
- Task 3: $2,422
- Task 4: $1,422
- Task 5: $1,500
- Total: $16,280

List previous experience providing services below:

see attached

List up to three references with phone numbers below:

1) RON REED 530-627-3446
2) BILL TRIPP 530-627-3446
3) LEAF HILLMAN 530-627-3446

Other Comments:

Indian Preference will apply in the selection process in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 47) and/or the Tribal Employment Rights Ordinance (TERO), based on funding source requirements.

All contracts that exceed $2,500.00 shall be subject to a two percent (2%) Tribal Employment Rights Fee in accordance with the TERO Ordinance.

If applicable, construction contracts in excess of $2,000, when required by Federal grant program legislation, are subject to compliance with the Davis-Bacon Act (40 USC 276a to a-7) as supplemented by Department of Labor regulations (29 CFR part 5).