

KARUK TRIBE
ANNUAL HEALTH BOARD MEETING AGENDA
Thursday, June 13, 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 (May 9, 2013)

F) GUESTS (Ten Minutes Each)

- 1.
- 2.

H) OLD BUSINESS (Five Minutes Each)

- 1.

I) DIRECTOR REPORTS (Ten Minutes Each)

1. Annie Smith, Director of Community Services (written report)
2. Lester Alford, TANF Program (written report)
3. Rondi Johnson, Deputy Director (written report)
4. Eric Cutright, IT Director (written report)
5. Lessie Aubrey, Executive Director of Health & Human Services (written report)
6. Patricia White, RPMS Site Manager (written report)
7. April Attebury, Children and Family Services
8. Carolyn Ash, Dental Director (written report)
9. Vickie Walden, Dental Office Manager
10. Laura Mayton, CFO (written report)

II) REQUESTS (Five Minutes Each)

- 1.

K) INFORMATIONAL (Five Minutes Each)

1.

M) CLOSED SESSION (*Five Minutes Each*)

1. CHS (dinner break)
2. April Attebury
3. Amber
4. China Ariza
5. Barbara Snider
6. Tribal Council Members

N) SET DATE FOR NEXT MEETING (*Thursday, July 11, 2013 at 3 PM in Happy Camp*)

OO) ADJOURN

**Karuk Tribe – Health Board Meeting
May 9, 2013 – Meeting Minutes**

Meeting called to order by Russell “Buster” Attebery, Chairman

Present:

Russell “Buster” Attebery, Chairman
Charron “Sonny” Davis, Member at Large
Elsa Goodwin, Member at Large
Crispen McAllister, Member at Large
Alvis “Bud” Johnson, Member at Large
Amos Tripp, Member at Large

Absent:

Michael Thom, Vice-Chairman (travel – excused)
Joseph “Jody” Waddell, Secretary / Treasurer (sick – excused)
Dora Bernal, Member at Large (travel – excused)

Crispen McAllister read the Health Mission Statement and Sonny Davis completed the prayer.

Agenda:

Amos moved and Elsa seconded to approve the agenda with changes, 5 haa, 0 puuhara, 0 pupitihara.

Minutes of April 11, 2013:

Sonny Davis moved and Amos Tripp seconded to approve the minutes of April 11, 2013, 5 haa, 0 puuhara, 0 pupitihara.

Guests:

None at this time.

Old Business:

None at this time.

Director Reports:

1.) Carolyn Ash, Dental Director:

Carolyn is not present, on travel, written report provided.

Discussion on the CHS line item for dental being 146.13% used and it is only half way through the fiscal year. This will need to be reviewed.

Buster inquired about the revision of intake forms. Patti commented that those are reviewed and approved internally prior to assign a number and sent to ACQI Committee before presentation to the Health Board.

Within review of the dental staff meeting minutes, there was discussion of the changes that are being discussed.

Further discussion of the staff completing dental chart reviews. Lessie confirmed that this is a requirement to have periodic record reviews, and a performance improvement project. It was

determined that there was a lack of audit controls and they fixed that by informing Cheryl on how to complete accurate audits for the health program records.

Amos Tripp moved and Sonny Davis seconded to approve Carolyn's report, 5 haa, 0 puuhara, 0 pupitihara.

2.) Annie Smith, Director of Community Services:

Annie is present to seek approval of a credit card for Carol Thom. She is already completing transportations

Amos moved and Crispen seconded to approve a credit card for Carol Thom in that amount of \$1,000 dollars, 5 haa, 0 puuhara, 0 pupitihara.

There are a number of car issues and for instance the Happy Camp Elders car has fully blown. Annie will be working on this to purchase a new vehicle for that program. Carol Thom is already working. Annie provided a special thank you to Melodee quite significantly with a hospice case in Orleans. She is doing excellent and irreplaceable. The workload has increased a lot and the staff is really hitting the ground running on home visits.

There is one last meeting with HENC and she has finalized the continuity of operations plan is moving forward.

The pregnancy prevention courses are going great. The youth are stepping up and the groups make her proud of the responsibility that is shown by the young teenagers. The program is running great.

The diabetes program is going to be focused on by Annie and Carol. Clarence assists with the teen pregnancy prevention and Carol will assist in diabetes.

Annie asked for clarification on the safety regulations for the Tribe and she is required to have drills to meet the accreditation. Annie would like the Council to consider how far her scope goes and if she is to provide information to the Administration staff as well. The Council may have to discuss further the items that are needed.

Barbara commented that the tribe has different regulations and entities that have needs and different policies for all of them. This discussion should be with Tom Fielden. Annie re-affirmed that for the Administration complex, they will participate in the drill.

Amos Tripp moved and Crispen McAllister seconded to approve Annie's report, 5 haa, 0 puuhara, 0 pupitihara.

3.) Lester Alford, TANF Director:

Lester is present to review his report. He highlighted his report for the Health Board.

Lester noted that there is a request to sponsor a team in which he can do if it meets the TANF guidelines.

There are other programs that are operating and they are working very well including the NEW program.

April commented that the Fatherhood Conference was the same as the opening day for the community's baseball season, so this may have contributed to the low attendance. Currently, timing is the biggest issue because there are several different events beginning.

Buster congratulated Lester on the Karuk Tribe's TANF Program work rate for 2009 under the TANF program. The target was 20% and the Karuk Tribe was at a rate of 54% which was noted in his report.

Crispen McAllister moved and Amos Tripp seconded to approve TANF's report, 5 haa, 0 puuhara, 0 pupitihara.

4.) Rondi Johnson, Deputy Director of the Health Program:

Rondi is present to review her report. This is her first report in person, due to her travel. She attached the ACQI Meeting Agenda is attached. Her budget is way under budget currently.

Amos would like to have a budget for percent of time used for the percentage of the budget. Amos asked that that information be provided to the Council moving forward.

Buster asked about the performance improvement reports. Rondi asked for Lessie's assistance. She noted that there are GPRA measures that are in place and that are need. The scores are on track to be meeting the goals set forth.

Amos Tripp moved and Sonny Davis seconded to approve Rondi's report, 5 haa, 0 puuhara, 0 pupitihara.

5.) Eric Cutright, IT Director:

Eric is present to review his report with the Health Board.

He provided a question to the Council. He noted that three years ago he asked that there be tracking software on all the laptops. He purchased a three year agreement for this service and the subscription has run out. There haven't been any instances since there has been software on them. Lessie commented that if there is a violation of a person's private information and its stolen then it may have to be reported to the patients. Eric commented that if the laptops don't have encryption then, yes it would require notification if it was compromised. However, the Tribe has encryption.

Amos asked what Eric's recommendation was. Barbara suggested that they purchase some subscriptions and not all of them. Elsa would like to have a list of who is actually covered. He can order the subscription.

Amos Tripp moved and Sonny Davis seconded to allow the \$4,600 in coverage for tracking software on the Tribes equipment, 5 haa, 0 puuhara, 0 pupitihara.

April asked to know which laptops do not have it. Elsa would like a list of equipment that has the software or which items will need the tracking software. Eric will provide that to her at a later time.

Eric then presented an action item. He analyzed the phones at the Yreka clinic. There is another option for phone service for Yreka now, and it is half the cost from AT&T. He would like to seek permission to switch phone service provider. The service is comparable.

Amos Tripp moved and Elsa Goodwin seconded to approve agreement 13-A-033, in the amount of \$14,400, 5 haa, 0 puuhara, 0 pupitihara.

Elsa Goodwin moved and Bud Johnson seconded to approve Eric's report, 5 haa, 0 puuhara, 0 pupitihara.

6.) Lessie Aubrey, EDHHS:

Lessie is present to review her report. She provided information on the FTTC mal-practice insurance.

The Strategic Planning Session was held in Yreka and went well. Lessie met a doctor in Napa and seemed interested in working at the Tribe but she has not heard back from him to date. Another doctor is interested but he is hoping to work only part time. She will continue to work on finding a physician for Happy Camp.

Lessie thanked the Council for approving the contract and the attorney's office. Lessie would like to seek permission to provide Amos a draft copy to ensure information was provided that is understood. Amos asked for the attorney's number and Lessie will email it to him so he has it electronically.

Elsa inquired about the Orleans clinic being under-staffed. Lessie noted that this is a closed session issue, which she is not on the schedule for. There is currently review of the staffing of the Orleans clinic.

Sonny Davis moved and Amos Tripp seconded to approve Lessie's report, 5 haa, 0 puuhara, 0 pupitihara.

7.) Patricia White, RPMS Site Manager:

Patty is present to provide her report. In December the dental program began using the Dentrix Program and since then tried to get fixes in place, but it was determined that they needed further assistance. They have evaluated the equipment needed and the only company that can provide it is the company in which originally was installed. This was determined to be sole source, no matter the cost, which Laura and Tiffany signed off on.

Amos Tripp moved and Bud Johnson seconded to approve procurement and allow the purchase of equipment from Henry Schien-Dentrix Enterprise, 5 haa, 0 puuhara, 0 pupitihara.

The remaining portions of Patti's report are informational.

Patti then provided that the HIPAA training that was sent at the end of March. 171 staff has access to internet and 102 have completed the training. She is still attempting to get the staff to complete this.

Amos Tripp moved and Sonny Davis seconded to approve Patti's report, 5 haa, 0 puuhara, 0 pupitihara.

8.) April Attebury, Children and Family Services:

April is present to provide a summary update to the Health Board on the last 60 days of her work and oversight of the Children and Family Services program.

April reviewed her staffing. She has an action item with his an agreement with HSU for Social Services Intern Program. There have been interviews for a part-time, on call transporter and she is working on them getting cleared for reporting to work.

The attorney contract with Barbara Norman ended at the end of April. There has been assistance received from CILS and also by Siskiyou County fee waiver to complete tele-communicating for cases. There are programs that provide transportation services that they can be reimbursed for.

The policies and procedures have been gathered for all the programs and they are working on updating them. The budgets are attached and the notes from the staff meeting in April that was held with the staff. They are looking at purchasing another vehicle for Happy Camp.

The staff wants to work on PR and Marketing. There will be brochures and cards provided at a Health Fair for obtaining services.

There is discussion on the wait list issues that the programs are experiencing. There are waiting lists for services up to 60 days out.

They have been working on trying to enter into an agreement with HSU to provide internship for agencies to enter into the Social Services Program.

The contract includes information and assurances that the interns will follow all the policies and procedures of the Tribe. Also, the work comp information is that HSU will provide a certificate of insurance for the staff member. The space is provided and the first agreement will be for primarily one student but open for use until June 30, 2018. The Tribe does not pay for this service.

Amos Tripp moved and Sonny Davis seconded to approve agreement 13-A-035, 5 haa, 0 puuhara, 0 pupitihara.

Kristen Aubrey also has an agreement coming from COS to also assist in services.

Amos inquired about an instance he encountered about Facebook and some recent comments he received. April noted that the person sent an email directly to the Children and Family Services Director and she sought legal advice; with that she provided a letter from the attorney. April's concern was the threatening manner toward the agency and staff, which she contacted attorney advice for. Amos asked for a mini report on the court system. April noted that she has provided her monthly report to the Council and then the policies and procedures, which they have all received. Amos would still request that a summary be provided at least annually on the court process.

Buster inquired about the waiting lists. April confirmed that it is a reduction in services by the County and other agencies causing a strain on the Tribes services.

Amos Tripp moved and Sonny Davis seconded to approve April's report, 5 haa, 0 puuhara, 0 pupitihara.

Non-Health Employees:

1. Tiffany Ashworth:

Tiffany is present to seek approval to an amendment to May 31, 2013 to the Council cooking contract.

Amos Tripp moved and Crispen McAllister seconded to approve the extension deadline to May 31, 2013, 3 haa, 1 puuhara (Elsa), 1 pupitihara (Sonny).

Tiffany then presented a contract for the printing of the Newsletter which is contract 13-C-050 in the amount of \$18,112.75.

Amos asked who prepares the Newsletter and it was confirmed that it was Allie Hostler.

Amos clarified what the “not to exceed” amount of the printing contract would be. Amos noted that this is to clarify why it’s done that way to ensure there is adequate options for printing.

Crispen McAllister moved and Amos Tripp seconded to approve contract 13-C-050, 5 haa, 0 puuhara, 0 pupitihara.

2. Bob Rhode, DNR:

Bob is present to seek approval from the Council of a contract with Dr. Kari Narrgard. It is to review how to preserve the Tribes sovereignty and knowledge. The agreement started in October and it has taken some time to get it done. The contract is 13-C-044.

Amos Tripp moved and Crispen McAllister seconded to approve contract 13-C-044, 5 haa, 0 puuhara, 0 pupitihara.

Amos noted that there was a KRAB Meeting Tuesday and someone was going to provide an update and attend regularly, which could incorporate the food security issues.

3. Laura Olivas, Bookkeeper:

Laura is seeking approval of resolution 13-R-050 clarifying the Tribes name change from Karuk Tribe of California to Karuk Tribe.

Amos Tripp moved and Crispen McAllister seconded to approve resolution 13-R-050, 5 haa, 0 puuhara, 0 pupitihara.

4. Dr. Shearer, Dentist at the Yreka Clinic:

Dr. Shearer is present to thank the Council for their approval to change his employment status. Buster thanked him for traveling to Happy Camp to see them and working for the Karuk Tribe, providing services to the Membership.

Closed Session:

Amos Tripp moved and Crispen McAllister seconded to approve \$1,000 toward Tribal Member #658 burial assistance, 5 haa, 0 puuhara, 0 pupitihara.

Youth Advisors: Amos moved and Bud seconded to allow the TANF van to be used May 29-30, 2013 for the youth council to use it for the Klamath Dam discussions, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: to enforce policy and be respectful when Directors or the Membership is reporting to them. Being late and distracted during reporting time is discouraged and not allowable. Accountability, requirements and actions when following decisions is important to remember.

Consensus: to make a final determination on the Council stipends at Thursday's Planning Meeting

Consensus: to allow the staff to conduct the clearing at the Ranch to allow for the stick games to be held during the reunion.

Crispen McAllister and Amos Tripp seconded to approve travel for Buster and Dora to the NCAI Conference in Reno NV, June 24-27, 2013, 5 haa, 0 puuhara, 0 pupitihara.

Amos Tripp and Bud Johnson seconded to approve a loan to Tribal Member #2724 in the amount of \$3,000 with \$250 a month payments, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: to view the video clip "War Of The Croy's" prior to deciding to support the video.

Consensus: to allow the Karuk Tribe to host a NCTCA meeting in HC.

Next Meeting Date: June 13, 2013 at 3PM in Happy Camp, CA.

Crispen McAllister moved and Bud Johnson seconded to adjourn at 7:24pm, 5 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider

#1

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



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

Requestor: Annie Smith

Date: May 28, 2013

Dept/Program: Community Health Outreach

Funding Source: Ishpook Leasing

Check One:
 Small Purchase (less than \$5,000) Large Purchase (more than \$5,000)**
 Construction Contract Other:
 Independent Contractor Under \$2,000
 Independent Contractor Over \$2,000**

***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
Ellis Brooks Honda	5/6/13	\$ 28,044.35	530-842-2755	n
Lithia Honda Medford	5/6/13	\$ 28,083.35	541-621-4014	n
Crown Motors Redding	5/6/13	\$ 28,050.74	530-232-1234	n

Name of Selected Vendor: ELLIS BROOKS HONDA

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

Comments: _____

**** REQUIRED SIGNATURES ****

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

Requestor

5/28/13
Date

Laura Mayton
****Chief Financial Officer**

5-30-2013
Date

****Director, Administrative Programs & Compliance**

5/30/2013
Date

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

Date

Other

Date

VEHICLE #1
FEO-

Annie L. Smith

From: Jason Truttman <jtruttman@ellisbrookshonda.com>
Sent: Monday, May 06, 2013 11:31 AM
To: Annie L. Smith
Subject: 2013 Honda CRV EX-L Quote

MAY 6, 2013

ELLIS BROOKS HONDA
1113 SOUTH MAIN STREET
YREKA, CA 96038

KARUK TRIBE
POST OFFICE BOX 1016
64236 SECOND AVENUE
HAPPY CAMP, CA 96039

DEAR ANNIE,

WE APPRECIATE THE OPPORTUNITY TO BID A 2013 HONDA CRV EX-L. VEHICLE IS SUBJECT TO AVAILABILITY.
YOUR BID IS AS FOLLOWS:

SALE PRICE	\$27,860.00
DOCUMENTARY FEE	\$80.00
CVR FEE	\$18.60
LICENSE FEE	\$62.00
TITLE FEE	\$15.00
CALIFORNIA TIRE FEE	\$8.75
TOTAL PRICE	\$28,044.35

Sincerely,

Jason Truttman
Ellis Brooks Honda
(800)498-1500
(530)842-2755
(530)643-0478
www.ellisbrookshonda.com
jtruttman@ellisbrookshonda.com

Annie L. Smith

From: noreply@salesforce.com on behalf of Travis Vicklund
<travis@crownmotorsredding.com>
Sent: Monday, May 06, 2013 10:16 AM
To: Annie L. Smith
Subject: RE: Honda Cr-v



Ford Honda Lincoln Dodge Nissan Over 150 Used

Hello Annie,

Thank you for your inquiry!

My name is Travis Vicklund. I want to welcome you to the Crown Motors Internet Department.

I have received your request for information regarding the Honda Cr-v. This vehicle is a 2013 exl Twilight Blue. STK#-13H512

MSRP for this vehicle is: \$29625

The Internet price, including available rebates, is: \$ 27866.39

Additionally, the manufacturer may offer special APR's

+ DMV fees \$184.35

TOTAL ~~2800~~.74 \$ 28050.74

Print this page, and any other attachments, and bring them with you. Be sure to ask for me (Travis) when you come in.

***Voted by our customers Best In The
North State. Sales and Service.***

Hours of Operation Mon-Sat 8:00 AM to 8:00 PM Sun 10:00 to 6:00

Directions

Internet Sales Price is good for 72 hours. Subject to vehicle availability. Price not including government tax, license or documentation fees.

[Click here to search our online inventory](#)

[Get Pre-Approved](#)

Thank you!

Travis Vicklund

travis@crownmotorsredding.com

(530)-232-1234

(800)-545-1919

(530) 949-3528 Cell

Crown Motors, 555 Cypress Avenue, Redding, CA



Annie L. Smith

From: Mark Thalman <ormedhon_ism@lithia-direct.com>
Sent: Monday, May 06, 2013 10:46 AM
To: Annie L. Smith
Subject: Honda CRV's

Hi Annie,

Thanks again for the opportunity to work with you and the Karuk Tribe on your Honda CRV purchase. I understand from our phone call that you're interested in two EXL AWD 2013 CRV's in any color. I do have several here and more on the way. We can sell you any EXL AWD 2013 CRV, without any accessories, for \$27,899 plus DMV fees. This is predicated on a cash purchase.

Please contact me any time with questions, or to set up a time to come by and test drive any CRV on the lot. If you choose to drop by for any reason, be sure to ask for me to ensure this discount. As always, I promise an excellent purchasing experience here at Lithia Honda.

Best Regards,

Mark Thalman
Internet Sales
Lithia Honda
Medford,OR
541-621-4014

Lithia Honda of Medford | 700 North Central Ave | Medford, OR 97501 | (866) 378-5578

If you wish to no longer receive any future emails from Lithia Motors please click here: [Unsubscribe](#)

This email was delivered to you by Lithia Motors. [Click here to view our privacy policy.](#) Thank you.

DMV fees - \$184.35

27,899.00
184.35

28,083.35

#2

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: Annie Smith

Date: May 28, 2013

Dept/Program: Community Health Outreach

Funding Source: Ishpook Leasing

Check One: Small Purchase (less than \$5,000) Large Purchase (more than \$5,000)**
 Construction Contract Other: _____
 Independent Contractor Under \$2,000
 Independent Contractor Over \$2,000**

****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
Ellis Brooks Honda	5/6/13	\$ 28,044.35	530-842-2755	n
Lithia Honda Medford	5/6/13	\$ 28,083.35	541-621-4014	n
Crown Motors Redding	5/4/13	\$ 28,050.74	530-232-1234	n

Name of Selected Vendor: ELLIS BROOKS HONDA

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

Comments: _____

**** REQUIRED SIGNATURES ****

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

[Signature]
Requestor

5/28/13
Date

Laura Mayton
****Chief Financial Officer**

5-30-2013
Date

[Signature]
****Director, Administrative Programs & Compliance**

5/30/2013
Date

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

Date

Other

Date

*VEHICLE #2
PUN, OHR*

Annie L. Smith

From: Jason Truttman <jtruttman@ellisbrookshonda.com>
Sent: Monday, May 06, 2013 11:31 AM
To: Annie L. Smith
Subject: 2013 Honda CRV EX-L Quote

MAY 6, 2013

ELLIS BROOKS HONDA
1113 SOUTH MAIN STREET
YREKA, CA 96038

KARUK TRIBE
POST OFFICE BOX 1016
64236 SECOND AVENUE
HAPPY CAMP, CA 96039

DEAR ANNIE,

WE APPRECIATE THE OPPORTUNITY TO BID A 2013 HONDA CRV EX-L. VEHICLE IS SUBJECT TO AVAILABILITY.
YOUR BID IS AS FOLLOWS:

SALE PRICE	\$27,860.00
DOCUMENTARY FEE	\$80.00
CVR FEE	\$18.60
LICENSE FEE	\$62.00
TITLE FEE	\$15.00
CALIFORNIA TIRE FEE	\$8.75
TOTAL PRICE	\$28,044.35

Sincerely,

Jason Truttman
Ellis Brooks Honda
(800)498-1500
(530)842-2755
(530)643-0478
www.ellisbrookshonda.com
jtruttman@ellisbrookshonda.com

Annie L. Smith

From: noreply@salesforce.com on behalf of Travis Vicklund
<travis@crownmotorsredding.com>
Sent: Monday, May 06, 2013 10:16 AM
To: Annie L. Smith
Subject: RE: Honda Cr-v



**Ford Honda Lincoln Dodge Nissan
Over 150 Used**

Hello Annie,

Thank you for your inquiry!

My name is Travis Vicklund. I want to welcome you to the Crown Motors Internet Department.

I have received your request for information regarding the Honda Cr-v. This vehicle is a 2013 exl Twilight Blue. STK#-13H512

MSRP for this vehicle is: \$29625

The Internet price, including available rebates, is: \$ 27866.39

Additionally, the manufacturer may offer special APR's

+ DMV fees \$184.35

TOTAL ~~28050.74~~ \$ 28050.74

Print this page, and any other attachments, and bring them with you. Be sure to ask for me (Travis) when you come in.

**Voted by our customers Best In The
North State. Sales and Service.**

Hours of Operation Mon-Sat 8:00 AM to 8:00 PM Sun 10:00 to 6:00

Directions

Internet Sales Price is good for 72 hours. Subject to vehicle availability. Price not including government tax, license or documentation fees.

[Click here to search our online inventory](#)

[Get Pre-Approved](#)

Thank you!

Travis Vicklund

travis@crownmotorsredding.com

(530)-232-1234

(800)-545-1919

(530) 949-3528 Cell

Crown Motors, 555 Cypress Avenue, Redding, CA



Annie L. Smith

From: Mark Thalman <ormedhon_ism@lithia-direct.com>
Sent: Monday, May 06, 2013 10:46 AM
To: Annie L. Smith
Subject: Honda CRV's

Hi Annie,

Thanks again for the opportunity to work with you and the Karuk Tribe on your Honda CRV purchase. I understand from our phone call that you're interested in two EXL AWD 2013 CRV's in any color. I do have several here and more on the way. We can sell you any EXL AWD 2013 CRV, without any accessories, for \$27,899 plus DMV fees. This is predicated on a cash purchase.

Please contact me any time with questions, or to set up a time to come by and test drive any CRV on the lot. If you choose to drop by for any reason, be sure to ask for me to ensure this discount. As always, I promise an excellent purchasing experience here at Lithia Honda.

Best Regards,

Mark Thalman
Internet Sales
Lithia Honda
Medford,OR
541-621-4014

Lithia Honda of Medford | 700 North Central Ave | Medford, OR 97501 | (866) 378-5578

If you wish to no longer receive any future emails from Lithia Motors please click here: [Unsubscribe](#)

This email was delivered to you by Lithia Motors. [Click here to view our privacy policy.](#) Thank you.

DMV fees - \$184.35

27,899.00
184.35

28,083.35



Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

Health Board Report: June 13, 2013

Annie Smith PHN

Action Items:

- Request for a new car #1 to replace Flo Lopez's car that had the transmission go out. Enclosed is the Procurement Document Dated May 28, 2013 and signed by Laura Mayton and Tiffany Ashworth. The quotes are close and I would like to choose Ellis Brooks because they are lowest and local. I am requesting Ishpook financing for this car.
- I am also requesting a new car #2 for my Outreach Team that I will be assigned. I plan to have the older Subaru available for in town transports and visit and the new car for longer transports for Carol and I. I request Ishpook financing for this car as well. Again the quotes are 'close but Ellis Brooks is both lowest and local.

May Items:

- Carol Thom CHR has been easy to train and is staying very active. She assists me with our Diabetes Team and also has all the other Outreach responsibilities. In calling and visiting the Elders she is learning all the names and needs.
- I would like to ask permission to access the enrollment records to insure we are contacting all of the Elders in the Karuk Tribe. The access I have now is only through

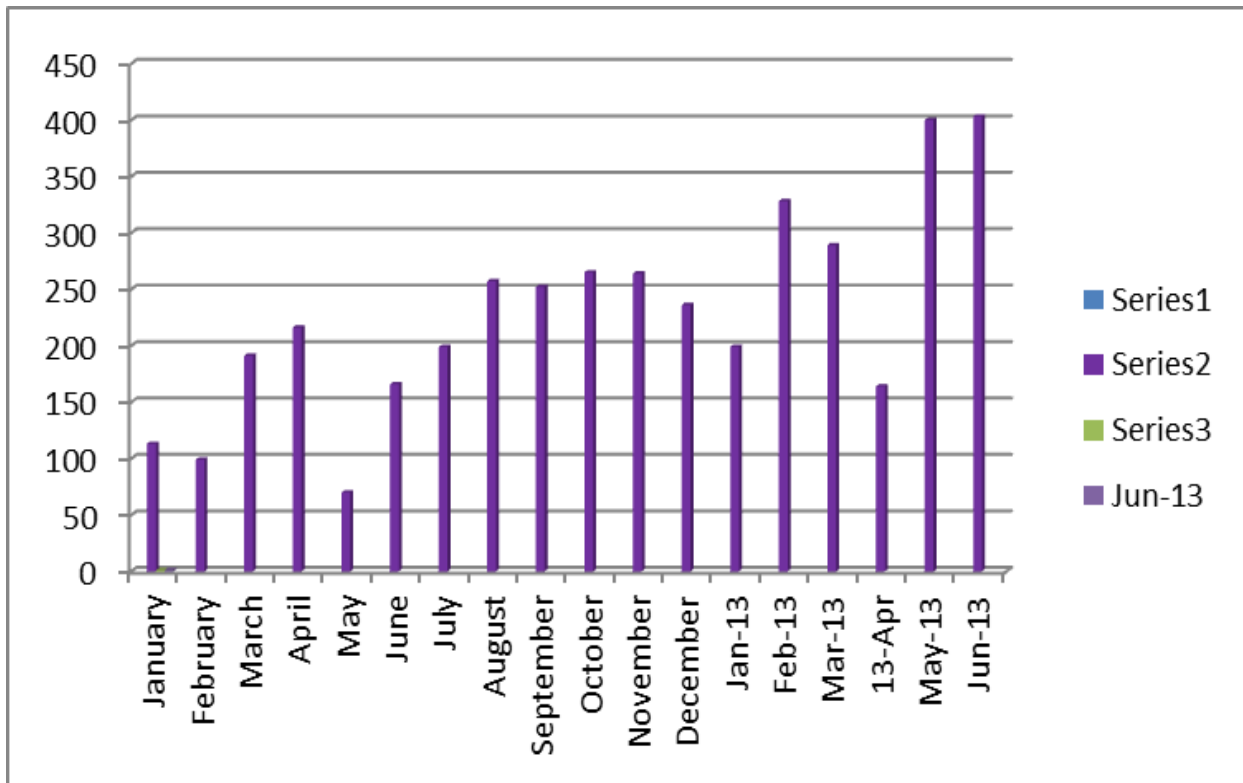
those that are seen by our Clinics through RPMS and EHR. I will be the only one to see the enrollment and would personally check the names against the list of Elders I have and then call Elders not on my current list to ask if they would mind being contacted by our Team. Once permission is granted then we will regularly contact them.

- Our Pregnancy Prevention grant classes are almost finished for the year. These teens are filled with the latest and the most advanced knowledge base for spreading the word among their peers of Pregnancy Prevention, STD treatment prevention and most of all, relationship respect and life skills. The Becoming a Responsible Teen (BART) program is promoting knowledge and responsibility to family, friends, Tribe, community, and the world. This grant project has taken a lot of time for little money, but the rewards we reap will be great. At this point I do not know where this grant is going. I hope we can start another round and focus on Happy Camp teens. I will inform the Council as soon as I have that knowledge.
- The Diabetes grant application FY 2014 is 99% done, but there is a hold-up on the part of the Federal Government. I received a notice back in January that we were carried over to the next grant year automatically but at this time we are the only California Tribe that received that notice. I have been in daily contact with the California Area IHS and am poised to finalize the 2014 grant application the minute it becomes available from the Fed. As Vickie presented, the IHS Diabetes audit shows a steady improvement in our ability provide services and to address chronic needs of the Tribe. I would like to thank our whole Team as their hard work is showing.
- I have begun to schedule full days to do Retinal Eye Exams in each clinic. I continue to be the only certified camera operator, but am working with staff to help them become certified.
- Our Outreach Team has been very busy with our Elders. We have had quite a few hospitalizations and working with the Elders to stay in their homes. We help them apply for In Home Support Services (IHSS) with the county and then with LIHEAP and Robert Attebury. . So far this seems to really help our Elders when they are very limited in their abilities to do their own activities of daily living.
- Clarence has been out on vacation for the past 2 weeks and we sure do miss him. He returns Monday, June 10.
- I am continuing to work on the Continuity of Operations Plans (COOP) for each clinic. I will be traveling down to Sacramento in two weeks for the Emergency Operations Class that Tom Fielden recommends for all the Operations staff for the main plan.

Trainings:

- Best Practice and Diabetes Conference, California IHS Division of Diabetes Treatment and prevention (DDTP), Sacramento, Ca. May 20 – 24.
- COOP Meeting, Redding, CA May 10.
- Biannual Meeting of Health and Human Services in Happy Camp, May 15.
- Strategic Planning meeting of Health and Human Services Yreka., May 1-3.

Workload Report:



Clarence was on vacation for 2 weeks.

Financial Report:

	<i>Unencumbered Balance</i>	<i>Percent Used</i>
IHS Diabetes Grant 2012:	\$ 99,485.46	36.86%
Public Health Nurse:	\$ 43,071.47	48.74%
CHR:	\$ 99,052.58	59.94%

I am below budget for all accounts.

KARUK TRIBE
Karuk Tribal TANF Program
May 2013 Monthly Report

Program Report Summary

May 6, 2013

Active Clients (Program Totals) Report:

Currently serving **68** clients (See attachment (A)) – KTCP-Active Cases as of 6/5/2013)

Served by Site

Currently serving **8** Clients at the Orleans Office

Currently serving **13** Clients at the Happy Camp Office

Currently serving **49** Clients at the Yreka Office

Families Served

Currently serving **36** 1-parent families

Currently serving **13** 2-parent families

Currently serving **21** Child only families

Work Participation Rate Report (WPR):

WPR = **65.91%** - (See attachment (B)) – KTCP – WPR – Monthly Summary for 04/2013)

WPR = **00.00%** - (See attachment (B)) – KTCP – WPR – Orleans - Monthly Summary for 04/2013)

WPR = **44.44%** - (See attachment (B)) – KTCP – WPR – Happy Camp - Monthly Summary for 04/2013)

WPR = **78.13%** - (See attachment (B)) – KTCP – WPR – Yreka - Monthly Summary for 04/2013)

Work Participation Rate for April 2013 was **65.91%**.

Council Approval Request(s)

Action Items:

Credit Card – Request and approval of a credit card (\$2,500.00 limit) to be issued to the Yreka Family Services Specialist.

Approve CHHS MOU Renewal 07/01/2013 – 06/30/2016

Approve NEW Plan Renewal 07/01/2013 – 06/30/2016

Council Information

- (1) (See attachment (C)) TANF ACF preliminary Work Participant Rates for the Karuk Tribe for Year 2012
- (2) (See attachment (D)) The HUB Communities Family Resource Center Certificate of Support
- (3) (See attachment (D)) California DHHS MOU for the period July 1, 2013 through June 30,2013
- (4) (See attachment (E)) Administration for Children and Families has reported our Work Participation Rate for Fiscal Year 2010 – **49.9%**.
- (5) (See Attachment (F)) Karuk Cultural Event Schedule for June 2013
- (6) (See Attachment (G))ACF Tribal TANF Summit (August 1-14, 2013) Denver Colorado
- (7) (See Attachment (H))DHHS ACF Notice of Meeting for Administration for Native Americans Tribal Consultation in Washington, D.C. (July 9-10, 2013)

KARUK TRIBE
Karuk Tribal TANF Program
May 2013 Monthly Report

- (8) (See Attachment (I)) Department of Labor – Update letter for use of ARRA funds and Outcomes.
- (9) (See Attachment (J)) NCAI Mid-Year Conference Committee Meeting in Reno, NV. (June 24-27, 2013)
- (10)(See Attachment (K)) NEW Program Renewal – for July 1, 2013 through June 30, 2016
- (11)(See Attachment (L)) AOD Schedule for June 2013.
- (12)(See Attachment (M)) Summer Food Program
- (13) (See Attachment (N)) Klamath-Siskiyou Outdoor School Project Proposal
- (14)(See Attachment (O)) MKWC Stewart Internship

KARUK TRIBE
Karuk Tribal TANF Program
May 2013 Monthly Report

Program Report

Executive Director's Comments:

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.

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.

June TANF Event

Karuk Cultural Meeting (Phil Albers)

We have classes for the month of June 2013 (See Attachment (F))

Youth Activities

The following youth are currently running:

- a. Yreka Charger Youth Football and Cheerleading (4 youth)
- b. Rush Athletics – Cheerleading (9 Youth)
- c. Montague Baseball (7 Youth)
- d. BART Program (3 Youth)
- e. HeadStart Graduation (Happy Camp Youth) (25 Yreka youth)

KARUK TRIBE
Karuk Tribal TANF Program
May 2013 Monthly Report

- f. Summer Food Program (Yreka and Happy Camp), youth participation to be determined at the end of the program. The cost of the project is budgeted for \$25,000.00 (See Attachment (O))
- g. MKWC Stewart Internship-Orleans (6 Youth) – The cost of the project is budgeted for \$20,784.86. (See Attachment (O))
- h. Klamath-Siskiyou Outdoor School Project-Orleans (12 Youth), the cost of the project is budgeted for \$5,000.00. (See Attachment (N))

TANF Father/Motherhood Training

TANF Father/Motherhood successfully started on April 3, 2013, with 8 adults in attendance. Clients are upbeat and enthusiastic. After the 8th week we provided Karuk T-Shirts and Karuk baseball hats. 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. 3 clients have dropped due to employment.

Submitted By:



Lester Lee Alford, Jr.
TANF Executive Director

Karuk Tribal TANF Program
Active Cases as of
06/05/2013

Orleans TANF Office

Total number of Child Only/Non-Needy families	5
Total number of One Parent families	3
Total number of Two Parent families	0
Total number of cases is	8

Happy Camp TANF Office

Total number of Child Only/Non-Needy families	5
Total number of One Parent families	7
Total number of Two Parent families	1
Total number of cases is	13

Yreka TANF Office

Total number of Child Only/Non-Needy families	11
Total number of One Parent families	26
Total number of Two Parent families	12
Total number of cases is	49

Total number of Child only cases program wide is	21
Total number of 1-Parent cases program wide is	36
Total number of 2-Parent cases program wide is	13

Total number of cases program wide is **70**

Karuk Tribal TANF Program

WPR - Monthly Summary for 4 / 2013

06/05/2013

Type of Family for Work Participation

One parent families	37
Two parent families	9
Child Only Family	18
Total Cases Reported for this Period	64

Current Case Load by Site

Humboldt	3
Siskiyou	61
*Total Cases: 64	

Work Participation for All Families

Cases that did the hours required	29
Cases required to work	44
Work Participation Rate	65.91 %
2012 Work Participation Rate is 25%	

Current Case Load by Staff

CHOSTLER	3
IMIRANDA	16
KKING	3
LAUBREY	12
MCHARLES	19
RBAILEY	8

Client TANF Payments

Total Payments	\$43,373.00
-----------------------	--------------------

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	4
055 - Community Service Programs	5
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	23

Karuk Tribal TANF Program
WPR - Monthly Summary for 4 / 2013
Orleans TANF Office

06/05/2013

Type of Family for Work Participation

One parent families	2
Two parent families	0
Child Only Family	4
Total Cases Reported for this Period	6

Current Case Load by Site

Humboldt	3
Siskiyou	61
*Total Cases: 64	

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%	

Current Case Load by Staff

CHOSTLER	3
IMIRANDA	16
KKING	3
LAUBREY	12
MCHARLES	19
RBAILEY	8

Client TANF Payments

Total Payments	\$4,036.00
-----------------------	-------------------

Number of Clients Participating by Activity Type

049 - Unsubsidized employment	1
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

Karuk Tribal TANF Program
WPR - Monthly Summary for 4 / 2013
Happy Camp TANF Office

06/05/2013

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

Work Participation for All Families

Cases that did the hours required	4
Cases required to work	9
Work Participation Rate	44.44 %
2012 Work Participation Rate is 25%	

Client TANF Payments

Total Payments	\$9,423.00
-----------------------	-------------------

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	1
053 - On-the-Job-Training	0
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

Current Case Load by Site

Humboldt	3
Siskiyou	61
*Total Cases: 64	

Current Case Load by Staff

CHOSTLER	3
IMIRANDA	16
KKING	3
LAUBREY	12
MCHARLES	19
RBAILEY	8

Karuk Tribal TANF Program
WPR - Monthly Summary for 4 / 2013
Yreka TANF Office

06/05/2013

Type of Family for Work Participation

One parent families	25
Two parent families	8
Child Only Family	10
Total Cases Reported for this Period	43

Current Case Load by Site

Humboldt	3
Siskiyou	61
*Total Cases: 64	

Work Participation for All Families

Cases that did the hours required	25
Cases required to work	32
Work Participation Rate	78.13 %
2012 Work Participation Rate is 25%	

Current Case Load by Staff

CHOSTLER	3
IMIRANDA	16
KKING	3
LAUBREY	12
MCHARLES	19
RBAILEY	8

Client TANF Payments

Total Payments	\$28,470.00
-----------------------	--------------------

Number of Clients Participating by Activity Type

049 - Unsubsidized employment	18
050 - Subsidized Private Sector Employment	0
051 - Subsidized Public Sector Employment	0
052 - Work Experience	0
053 - On-the-Job-Training	1
054 - Job Search - Job Readiness	4
055 - Community Service Programs	4
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	21

Tribal TANF Program

Work Participation Rates
For All Families (both one & two parent)
Fiscal Year 2012 Report

Karuk Tribe of California

MONTH	RATE		MET REQUIRED RATE	WORK HOURS REQUIRED		FAMILIES WORKED REQUIRED HOURS	FAMILIES WITH PARENTS	NUMBER OF MONTHS
	RATE NEGOTI ATED	CALCUL ATED		SINGLE PARENT FAMILIES	TWO PARENT FAMILIES			
Average	25	43	YES	20	20	21	48	12
October	25	62	YES	20	20	31	50	1
November	25	59.6	YES	20	20	31	52	1
December	25	64.8	YES	20	20	35	54	1
January	25	59.2	YES	20	20	29	49	1
February	25	44.6	YES	20	20	25	56	1
March	25	29.6	YES	20	20	16	54	1
April	25	23.9	NO	20	20	11	46	1
May	25	25.9	YES	20	20	14	54	1
June	25	29.5	YES	20	20	13	44	1
July	25	31.4	YES	20	20	11	35	1
August	25	36.1	YES	20	20	13	36	1
September	25	48.8	YES	20	20	20	41	1

4-Apr-13



May 21, 2013

1517 "A" South Oregon St.
Yreka, CA 96097

Dear Karuk Tribal TANF Program,

We at the Hub Communities Family Resource Center wish to extend our heartiest thanks for your generous contribution of \$1,000 dollars to our 2013 Fatherhood Conference. With your help, we impacted the lives of fathers and mentors in our community, and the futures of their children.

The conference was a great success. Fathers and other role models received motivation and tools to become fully engaged in the development of their children and empowered to affect that development in a positive way.

The day started off with inspiring stories by Karuk storyteller Phil Albers, and a talk on gun safety by Sgt. Christopher Rees of the Siskiyou County Sheriff's Dept. Kermith Walters presented interesting facts about the real-life impact a father's presence has on the future of his children.

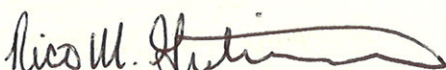
There were breakout sessions on topics such as bullying, gardening, hiking, finances, and becoming a Legacy Dad. There was music by Folk Musician and Teaching Artist David Nigel Lloyd who discussed the value of singing in a child's life.

The day wound up with a great talk by Scott Eastman, Executive Director of the Yreka YMCA, about engaging with sons and daughters to help them do their best.

In between, our attendees were served a full, delicious breakfast and lunch, and they were sent home with prizes, useful materials, and even T-shirts to commemorate a memorable day.

Thank you many times over for giving so much to strengthen and support the families of Siskiyou County.

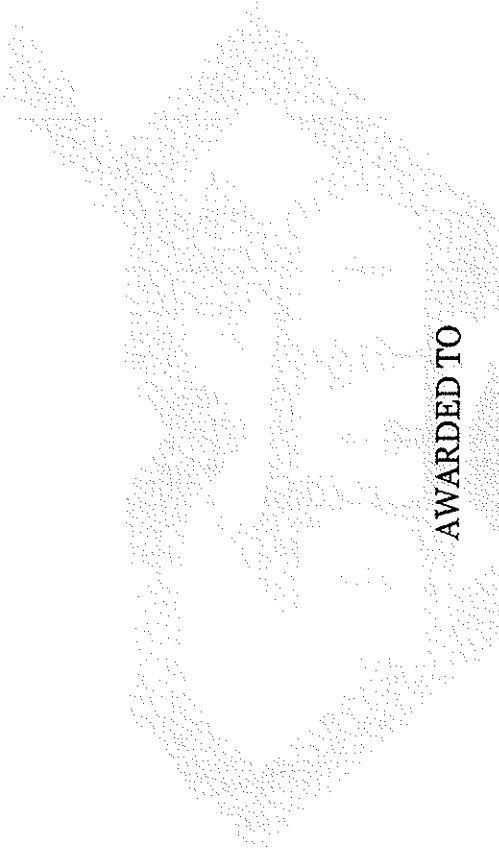
Sincerely,



Rico Gutierrez

Program Manager
Hub Communities Family Resource Center

CERTIFICATE OF SUPPORT
FATHERHOOD CONFERENCE 2013

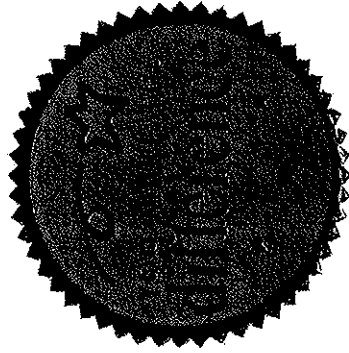


AWARDED TO

Karuk TANF

We couldn't do it without you!

THANK YOU!



facebook.com/SiskiyouSuperDads





WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

May 15, 2013

Karuk Tribe of California
P.O. Box 1016
Happy Camp, CA 96039

Attention: Russell Attebery
SUBJECT: AGREEMENT 13-6005

Dear Tribal Administrator:

Please complete the following checked item(s) and return by June 17, 2013 to the above-stated address:

Please note in the enclosed Agreement that the General Terms and Conditions are available on the Internet site www.ols.dgs.ca.gov/standard+language and may be downloaded and printed for your files. If you do not have Internet capabilities, please call me for a hard copy of the document.

- Memorandum of Understanding (MOU) with attached Exhibits. **Print and sign two copies of the MOU.**
Please use blue ink if available.
- Std. 204, Payee Data Record. No payment can be made unless this form is completed and returned.
- Voluntary Statistical Data Reporting Form. The completion of this form is strictly voluntary.
- Std. CCC, Contractor Certification Clauses. It is available on the above referenced Internet site. Please sign and return page one. Failure to do so will prohibit the State of California from doing business with your company. CDSS will be keeping the signed Std. CCC on file for three (3) years.
- Resolution from the Board of Supervisors (or appropriate governing body) authorizing the designated official to enter into and sign this Agreement.
- Certification Regarding Lobbying and/or Debarment Certification.
- Initial the marked changes on the enclosed copies. Must be initialed by an individual authorized to sign the Agreement.
- A copy of your insurance certification which states coverage will not be canceled without 30 days written notice to the State of California, and which also includes the State of California, its officers, agents, and employees as additionally insured.
- The enclosed Agreement is signed on behalf of CDSS and is being returned to you for further processing. When approved, send one original to the CDSS Contracts Bureau at the above address.
- The enclosed fully executed Agreement is for your records.
- Other: Per our recent telephone conversations, I know that you are working on submitting the required insurance certifications.

This Agreement cannot be considered binding on either party until approved by appropriate authorized State agencies. No services should be provided prior to approval, as the State is not obligated to make any payments on any agreement prior to final approval. Expedious handling of this Agreement is appreciated. *No alteration of these documents will be accepted without prior State approval.* If you need further information, please call me at (916) 654-1923.

Sharon D. Whitted
Sharon D. Whitted, Contracts Analyst
Contracts Bureau

Attachment (D)

Enclosure(s)

Attachment (D)

MEMORANDUM OF UNDERSTANDING BETWEEN
THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)
AND KARUK TRIBE

I. PURPOSE

This Memorandum of Understanding (MOU) is entered into between the California Department of Social Services, hereinafter referred to as CDSS, and Karuk Tribe, hereinafter referred to as the Tribal TANF provider, in compliance with federal law (42 USC, Section 612, Temporary Assistance for Needy Families [TANF]), and state law (Welfare and Institutions Code Section 10553.25), and any subsequent federal and/or state regulations. This MOU provides for the transfer or continued transfer of responsibility for TANF services for Karuk Tribal members residing in that portion of northeastern Humboldt County from State Highway 96, milepost HUM28.61 north to the Siskiyou County line and for all eligible American Indian families in Siskiyou County, including federally-recognized American Indian and Alaskan Native families residing on the Quartz Valley Indian Reservation and All Quartz Valley Indian Tribal members residing in the off-reservation areas of Siskiyou County, hereinafter referred to as Service Delivery Area.

II. PARTIES

Parties shall mean the Tribal TANF provider and CDSS.

III. POLICY

- A. The Tribal TANF provider has been approved by the Administration for Children and Families to administer a Tribal Family Assistance Grant in accordance with 42 USC, Section 612.
1. The Tribal TANF provider shall determine the income and resource standards to be used to determine eligibility, and shall inform CDSS of those standards prior to receiving the state allocation.
 - a. The Tribal TANF provider shall provide federally approved documents of Tribal Family Assistance Plan elements including details of the service delivery area, population to be served, income and resource eligibility standards, and a detailed listing of TANF services that will be provided; or
 - b. The Tribal TANF provider shall provide a copy of their approved Tribal Family Assistance Plan to CDSS.
- B. All expenditures must comply with the Single Audit Act of 1984, including but not limited to 42 USC Section 609(a)(7), 45 CFR Section 263.2, 45 CFR Section 286, 2 CFR Part 225 and any other applicable regulations or regulatory provisions.
- C. The Tribal TANF provider agrees to spend State General Funds only for purposes that are countable towards the state Maintenance of Effort (MOE) requirement.

1. MOE spending guidelines include, but are not limited to:
 - a. Cash assistance;
 - b. Child care assistance;
 - c. Educational activities designed to increase self-sufficiency, job training, or work;
 - d. Non-medical treatment services for alcohol and drug abuse; and
 - e. Some pro-family healthy marriage and responsible fatherhood activities enumerated in part IV-A of the Social Security Act, Sections 403(a)(2)(A)(iii) and 403(a)(2)(C)(ii).

D. If State General Funds are not spent according to MOE guidelines:

1. CDSS is obligated to suspend funding and make full recovery of funds that are not spent in compliance with MOE guidelines from the Tribal TANF provider regardless of fiscal year; and
- 2.. Failure by the Tribal TANF provider to meet the MOE expenditure requirement may also result in, but is not limited to, termination of this MOU according to Section VIII, Termination.

IV. RESPONSIBILITIES

A. Data Reporting

1. In accordance with Welfare and Institutions Code Section 10553.25, the Tribal TANF provider shall report to CDSS on a quarterly basis aggregated Tribal TANF family data as reported by Tribal TANF programs to the Department of Health and Human Services pursuant to 45 CFR Section 286.255 (b)(2) and any additional federal data required to meet state MOE reporting requirements.
 - a. For data collection and federal reporting purposes only, "Tribal TANF family" means:
 - 1) All individuals receiving assistance as part of a family under the Tribes' TANF program; and
 - 2) The following additional persons living in the household if not included under paragraph (a)(1) of this section:
 - i. Parent(s) or caretaker relative(s) of any minor child receiving assistance;
 - ii. Minor sibling(s) of any child receiving assistance; and
 - iii. Any person whose income or resources would be counted in determining the family's eligibility for or amount of assistance.

- b. For data collection and state MOE reporting purposes, the Tribal TANF provider shall report the total number of families served with MOE funds. This includes both assistance and non-assistance families.

B. Duplication of TANF Services

1. The Tribal TANF provider shall establish/continue agreements with each county welfare department in the Service Delivery Area to ensure that there will be no duplication of TANF services and that all eligible families will be served.
 - a. The above provision shall be met through an MOU or similar agreement between the Tribal TANF provider and each county welfare department in the Service Delivery Area; and
 - b. State General Funds will be available when CDSS receives a copy of: 1) the MOU between the Tribal TANF provider and each county welfare department in the Service Delivery Area and 2) procedures for the transfer of cases from the county(ies).
 - c. If a county refuses to enter into an MOU with the Tribal TANF provider, or does not comply with the MOU, and CDSS determines that the Tribal TANF provider shows reasonable efforts were made to negotiate with the county and has adopted procedures to avoid duplication of aid, the CDSS shall consider the requirements of paragraph IV (B)(1)(b) to be met, subject to verification by CDSS that the county has also adopted procedures to avoid duplication of aid.
 - d. Access to information systems with data regarding duplicate aid is addressed in separate agreements by the Tribal TANF provider and the Department of Health Care Services (DHCS).
2. The Tribal TANF provider will refer all families not eligible for TANF services from the Tribal TANF provider to the appropriate county program.

C. Consultation

1. CDSS and the Tribal TANF provider will follow the Tribal TANF Consultation Guidelines to promote cooperation, communication and coordination. See Exhibit C.

V. FISCAL PROVISIONS

Refer to the attached Fiscal Addendum.

VI. DISPUTES

If a dispute arises in connection with this MOU involving the interpretation, implementation, or conflicts of laws, policies and regulations, the Tribal TANF provider and CDSS will meet and attempt to resolve the problem in a manner that is allowable under Tribal, federal, and state laws. Both parties will strive to ensure that the dispute will not result in a disruption of TANF services using the CDSS Tribal TANF Consultation Guidelines.

VII. TERM

- A. This MOU will become effective on July 1, 2013.
- B. This MOU shall remain in effect until June 30, 2016, unless terminated or amended.
- C. CDSS is subject to any additional restrictions, limitations, or conditions enacted by the federal government, California Legislature, initiative process, or a State Executive Order that may affect any provision(s), or term(s) of this MOU in any manner.
- D. CDSS and the Tribal TANF provider agree to notify each other in writing of changes in their respective statutes, codes, regulations or ordinances that impact the provisions of this MOU. This notification shall occur within 30 calendar days from the time the parties become aware of the change.

VIII. TERMINATION

- A. Either party may terminate this MOU by providing the other party with 120 calendar days advance written notice. Receipt of such notice by either party shall begin the 120-day period required for termination. The Tribal TANF provider shall be entitled to appeal upon receipt of the termination notice.
- B. The termination notice from CDSS shall be a letter from the Director of the California Department of Social Services and shall be delivered by registered mail to:

Karuk Tribe
P.O. Box 1016
Happy Camp, CA 96039
ATTN: Tribal TANF Director

- C. For purposes of this section, a termination notice from the Tribal TANF provider shall be a resolution and shall be delivered by registered mail to:

Director
California Department of Social Services
744 P Street, MS 8-17-11
Sacramento, CA 95814

and a copy simultaneously sent to:

California Department of Social Services
CalWORKs Eligibility Bureau
744 P Street, MS 8-8-31
Sacramento, CA 95814
ATTN: Tribal Coordinator

- D. Upon termination of this MOU, any outstanding advances not reconciled to actual expenditures by the Tribal TANF provider shall be returned to CDSS within 45 calendar days.
- E. Upon termination of this MOU, any outstanding invoices for actual expenditures prior to termination shall be submitted to CDSS within 45 calendar days. Upon receipt of the Schedule of Functional Expenses (Exhibit B), CDSS will remit funds owed to the Tribal TANF provider within 45 calendar days.
- F. If the Tribal TANF provider retrocedes the Tribal TANF Program back to CDSS, the Tribal TANF provider agrees to work with CDSS and counties to transition those clients receiving services under this MOU back to the appropriate county for TANF services.

IX. AMENDMENTS

This MOU may be amended only by written mutual consent signed by both parties.

AGREED:

CALIFORNIA DEPARTMENT
OF SOCIAL SERVICES

KARUK TRIBE

By: _____
FRAN MUELLER

By: _____
(Authorized Signature)

TITLE: DEPUTY DIRECTOR,
ADMINISTRATION DIVISION

TITLE: _____

DATE: _____

DATE: _____

FISCAL ADDENDUM

A. Invoicing and Payment

1. The maximum amount payable shall not exceed the amount allocated, as specified in Welfare and Institutions Code Section 10553.25, to the Tribal TANF provider in accordance with an annual allocation letter issued by CDSS. The Tribal TANF provider shall be notified of the amount of its allocation at the beginning of each state fiscal year, subsequent to the passage of the Annual Budget Act. The Tribal TANF provider agrees to spend the funds issued by CDSS only during the fiscal year they are issued. No more than 15% of the allocated amount can be spent towards administration costs.
2. Upon execution of this MOU, the Tribal TANF provider may request, no more than five times annually, an advance payment per Government Code Section 11019, not to exceed 25 percent (25%) of the annual fiscal year amount, contingent upon CDSS approval. The Tribal TANF provider must initiate a request for advance payment by submitting a written request (Exhibit A).
3. Schedules of Functional Expenses are due quarterly within forty-five (45) calendar days after the end of the quarter in which the expenses were incurred, in the format as prescribed in the attached sample (Exhibit B), which is consistent with TANF-ACF-PI-2003-2 or any other applicable federal requirements.
4. Both the request for advance and the Schedule of Functional Expenses shall include MOU Number 13-6005, and shall be remitted to:

California Department of Social Services
CalWORKs Eligibility Bureau
744 P Street, MS 8-8-31
Sacramento, CA 95814
ATTN: Tribal Coordinator

5. Any Schedules of Functional Expenses submitted without the above referenced information may be returned to the Tribal TANF provider for further processing.
6. Advances for a State Fiscal Year (SFY) can be issued when all advances for prior SFY(s) have been reconciled, and an allocation letter is received by the Tribal TANF provider. Subsequent advance payment requests are subject to the timely submission of actual expenditures. CDSS shall apply the amount of the actual expenditures against the outstanding advance amount. Any difference will be included as an adjustment to the next advance issued, not to exceed the 25% advance threshold limitation.
7. No advances for a State Fiscal Year (SFY) will be issued until all advances paid to the Tribal TANF provider for prior SFY(s) are cleared.
8. If no advance payment is requested, CDSS will reimburse the Tribal TANF provider quarterly for actual expenditures incurred upon receipt and approval of the Tribal TANF provider's Schedule of Functional Expenses (Exhibit B).
9. CDSS shall remit payments, inclusive of any adjustments, to:

Karuk Tribe
P.O. Box 1016
Happy Camp, CA 96039
ATTN: Fiscal Officer

B. State Budget Contingency Clause

1. It is mutually agreed that if the Annual Budget Act of the current year and/or any subsequent years covered under this MOU does not appropriate sufficient funds for the

program, this MOU shall be of no further force and effect. In this event, CDSS shall have no liability to pay any funds whatsoever to the Tribal TANF provider or to furnish any other considerations under this MOU and the Tribal TANF provider shall not be obligated to perform any provisions of this MOU.

2. If funding for any State fiscal year is reduced or deleted by the Annual Budget Act for purposes of this program, CDSS shall have the option to either cancel this MOU with no liability occurring to CDSS, or offer a revised allocation based on the actual appropriation.
3. If federal changes alter the budget for CDSS, modifications may be enacted with the Tribal TANF provider. Furthermore, this MOU is subject to any additional restrictions, limitations, or conditions enacted by the Legislature, State or federal, which may affect the provisions, terms or funding of this MOU in any manner.

C. Financial Audit Provisions

1. The Tribal TANF provider agrees to provide CDSS with a copy of their Single Audit report required by the federal government (45 CFR Section 287.60(b) and .65) on an annual basis. Financial records and related case documentation and support for all costs claimed in accordance with this MOU shall be retained for a period of not less than three years. The allocated funds are associated with Maintenance of Effort (MOE) claims, therefore, the three years commences after the final claim for the period has been submitted for federal reimbursement (42 CFR Section 92.42(c)(1)). Any records that are pertinent to a criminal or civil litigation or to open audits must be retained beyond three years until such litigation or audits are completely resolved/closed. If a state or Tribal TANF provider is subject to audit or litigation that involves state funds, CDSS shall have access to any of the records which are directly pertinent to this MOU. CDSS' public assistance records and documents are subject to strict confidentiality requirements imposed by state and federal law including Welfare and Institutions Code Sections 827 and 10850, California Penal Code Section 11167.5 and 45 CFR Section 205.50.
2. CDSS shall provide the Tribal TANF provider with written notice if any records are subject to the provisions of this section (i.e., Section C). Such notice shall require written verification of delivery and shall identify the records that shall be retained and made available with sufficient specificity.
3. The Tribal TANF provider's Annual Single Audit (A-133) report, submitted to the Administration for Children and Families (federal), is due to CDSS ten (10) calendar days from the federal due date or the actual submission date, whichever is later, to ensure compliance with the State's federal data collection and reporting requirements at 45 CFR Sections 265.1-265.10. Audit reports shall be submitted to:

California Department of Social Services
CalWORKs Eligibility Bureau
744 P Street, MS 8-8-31
Sacramento, CA 95814
ATTN: Tribal Coordinator

Subsequent payment(s) or advance(s) of State General Funds shall be paid to the Tribal TANF provider only when the Tribal TANF provider is in compliance with these Financial Audit Provisions.

EXHIBIT A

TRIBAL TANF LETTERHEAD

Date

TO: California Department of Social Services
CalWORKs Eligibility Bureau
744 P Street M.S. 8-8-31
Sacramento CA 95814
ATTN: Tribal TANF Coordinator

RE: Request for Tribal TANF Funding Advance
MOU #
Invoice #
Index Code 1262

This is to hereby request \$ _____ for the quarter ending _____, 201_,
for [Name of Tribal TANF provider].

Please remit payment to:

Tribal TANF provider
Address
City, State, Zip

Signature _____ Title

Print Name _____ Date

Email Address _____ Telephone Number

Schedule of Functional Expenses

To: California Department of Social Services
 CalWORKs Eligibility Bureau
 744 P Street, M.S. 8-8-31
 Sacramento, CA 95814
 ATTN: Tribal TANF Coordinator

As of Date:
 Invoice #:
 Index Code: 1262

TANF Services Data	Applications			Cases Transferred from County	Total # of Families Cash Aid	Cases			Total Recipients	Adults	Children	Closed Cases	Total Families Served
	Applied	Approved	Denied			# 2P	# 1P	# CO					

Report data monthly for the period being claimed.
 The total number of families served should include all assistance and non-assistance (services only) families.

Expenditure Categories	Total State General Fund Expenditures For the Quarter Ending _____, 201__
Functional Expense Category - Assistance	
Basic Assistance	
Child Care	
Transportation & Other Supportive Services	
Subtotal - Assistance:	\$0.00
Functional Expense Category - Non-Assistance	
Work Subsidies	
Education & Training	
Other Work Activities/Expenses	
Child Care	
Transportation - Job Access	
Transportation - Other	
Non-Recurrent Short Term Benefits	
Prevention of Out of Wedlock Pregnancies	
Two-Parent Family Formation & Maintenance	
Administration	
Systems	
Other Economic Self-Sufficiency- IDA's	
Other Economic Self-Sufficiency- Earned income tax credits	
Other Expenditures	
Subtotal - Non-Assistance:	\$0.00
Total Expenditures Reported For This Quarter	\$0.00
<i>Transitional Services for Employed</i>	

I, the undersigned, do hereby certify that the expenditures incurred during the quarter ending _____, met the income and resource requirements for the same period. I further certify that these expenditures have not been reimbursed through any other funding source.

Signature _____

Title _____

Telephone Number _____

Date _____

Exhibit C
Tribal TANF Consultation Guidelines

Preamble:

- The California Tribal Temporary Assistance for Needy Families programs (TANF) Administrators and the California Department of Social Services (CDSS) affirm and establish these Consultation Guidelines to promote understanding and cooperation between the Tribes, Tribal TANF programs, and CDSS.

Purpose:

- To provide a framework for effective working relationships between the CDSS, the Tribes, and the Tribal TANF Programs.

Principles:

- CDSS recognizes and respects the sovereignty of Indian Tribes and the Tribes and Tribal TANF programs recognize and respect CDSS' role in the administration of social services programs in California.
- CDSS recognizes and respects the unique character of each Tribal government, the Tribal TANF programs they administer, and the diverse Native American population they serve.
- CDSS, the Tribes, and Tribal TANF programs recognize that cooperation, communication, and coordination are crucial to providing the highest quality service to all of California's needy citizens.

Consultation Guidelines:

- CDSS and Tribal TANF programs will regularly meet and consult to ensure that Tribal and State concerns are considered and that equitable and collaborative solutions are of the highest priority when taking actions, making decisions, or implementing policies that affect Tribal TANF programs and resources.
- CDSS and individual Tribal TANF programs will continue to discuss items specific to that particular Tribal TANF program while items affecting all Tribal TANF programs may be discussed with the Tribal TANF Administrators.
- CDSS and Tribal TANF programs will continue to practice open communications with each other, will continue to be receptive to other's comments, ideas, and concerns and pledge timely, responsive, and accurate communications.
- CDSS and Tribal TANF programs will work to promote collaboration and consensus on Tribal TANF matters at all levels.

CDSS and Tribal TANF programs will continue to work together to promote understanding and cooperation and to strengthen our positive working relationship.



ADMINISTRATION FOR
CHILDREN & FAMILIES

370 L'Enfant Promenade, S.W., Washington, DC 20447 www.acf.hhs.gov

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

RECEIVED MAY 28 2013

MAY 23 2013

Dear Mr. Alford:

I am pleased to inform you that the Karuk Tribe of California successfully met its all families work participation rate for fiscal year 2010 under the Tribal Temporary Assistance for Needy Families (TANF) Program. As stated in your plan, the target rate was 25 percent. The Karuk TANF Program achieved an all families work participation rate of 49.9 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 IX – San Francisco, at (415) 437-7579.

Sincerely,

Earl S. Johnson
Director
Office of Family Assistance

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



Karuk Cultural Activities Day

June 2nd 2013

10 AM—2 PM

Yreka Karuk Housing Authority Office: 1836 Apsuun St

- **Acorn Processing**
- **Stories**
- **Art Projects**
- **Lunch Provided**
- **Establish Community Unity**
- **Meet TANF Hours**

Contact Yreka TANF Office for more info:
(530) 842-4775—Transportation available (TANF Clients only)



Karuk Cultural Activities Day

June 8th 2013

10 AM—2 PM

Karuk Tribal Multipurpose Room

- Model Plank Houses
- Model Plank House Village
- Stories
- Art Projects
- Lunch Provided
- Establish Community Unity
- Meet TANF Hours

Contact Happy Camp TANF Office for more info:
(530) 493-1440—Transportation available (TANF Clients only)



Karuk Cultural Activities Day

June 9th 2013

10 AM—2 PM

Karuk Cultural Room: Next to Elem School

- Acorn Paddles
- Decorative Bows
- Stories
- Art Projects
- Lunch Provided
- Establish Community Unity
- Meet TANF Hours

Contact Orleans TANF Office for more info:
(530) 627-3680—Transportation available (TANF Clients only)



ADMINISTRATION FOR
CHILDREN & FAMILIES

370 L'Enfant Promenade, S.W., Washington, DC 20447 www.acf.hhs.gov

May 14, 2013

Dear Colleague:

We invite you to attend the *Tribal TANF Summit to Improve Program Performance and Strengthen Native Families Meeting* in Denver, Colorado. The Tribal TANF Summit is sponsored by the Administration for Children and Families, Office of Family Assistance, Division of Tribal TANF Management. Our Central and Regional Offices have partnered to plan this nationwide Summit in order to better respond to technical assistance needs and bring together all Tribal TANF programs in a forum for sharing and learning. The meeting will take place August 12-14, 2013 at the Grand Hyatt Hotel located at 1750 Welton Street, Denver, Colorado 80202. Participants should plan to arrive in Denver on Sunday, August 11th.

This meeting is for Tribes currently operating a Tribal TANF program, Tribes that have submitted an official Letter of Intent (and the Letter of Intent is still active) and their leadership. This meeting will provide technical assistance, guidance and program related information to Tribal TANF administrators and staff aimed to enhance and improve program performance. This meeting will provide a number of opportunities for you and your colleagues administering Tribal TANF programs to learn from each other by sharing promising practices and strategies for removing and addressing barriers for the individuals served by your programs.

Workshop topics for this meeting include but are not limited to:

- Listening Session with Administration for Children and Families Leadership
- Focus Groups/Peer to Peer Sharing
- Overview of TANF Administration
- Audits and Reporting
- Ensuring Program Integrity
- Child Welfare TANF Collaboration
- Creating Work Opportunities/ Subsidized Employment
- Economic Development

Logistics are being handled by our contractor, The Fain Group. All Tribal participants are expected to pay expenses associated with attending this meeting, including transportation and lodging. Due to limited resources and meeting room space we can only accommodate participation of three people from each Tribe. We ask that all participants register through the meeting website at the link below no later than July 12, 2013.

<http://www.faingroup.com/ICF/2013/TribalTANFSummit/>

Attachment (G)

Hotel information can be found on the registration website as well as instructions for reserving your hotel room. Early registration is recommended as hotel space is limited. Federal government rates will apply.

If you have any questions about this meeting, please contact your respective TANF Regional Office program manager. On behalf of the Division of Tribal TANF Management, we look forward to your participation in this event.

Sincerely,

A handwritten signature in cursive script that reads "Felicia Gaither".

Felicia Gaither
Director,
Tribal TANF Management

factors, such as environmental and occupational, that might be associated with the disease; (3) better outline key demographic factors (such as age, race or ethnicity, gender, and family history of individuals who are diagnosed with the disease) associated with the disease; and (4) better examine the connection between ALS and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, and in some cases progress to ALS. The registry will collect personal health information that may provide a basis for further scientific studies of potentially risks for developing ALS.

After piloting methodology, on October 18, 2010 the Agency for Toxic Substances and Disease Registry (ATSDR) launched the registration component of the National ALS Registry.

The registration portion of the data collection will be limited to information that can be used to identify an individual to assure that there are not duplicate records for an individual. Avoiding duplication of registrants due to obtaining records from multiple sources is imperative to get accurate estimates of incidence and prevalence, as well as accurate information on demographic characteristics of the cases of ALS.

In addition to questions required for registration, there will be a series of short surveys to collect information on such things as military history, occupations, residential history, and family history that would not likely be available from other sources.

This project proposes to add 10 additional risk factor surveys while continuing to collect information on

individuals with ALS which can be combined with information obtained from existing sources of information. This combined data will become the National ALS Registry and will be used to provide more accurate estimates of the incidence and prevalence of disease as well as the demographic characteristics of the cases. Information obtained from the surveys will be used to better characterize potential risk factors for ALS which will lead to further in-depth studies.

The existence of the Web site (<http://www.n.cdc.gov/als>) is being advertised by ATSDR and advocacy groups such as the Amyotrophic Lateral Sclerosis Association (ALSA) and the Muscular Dystrophy Association (MDA). There are no costs to the respondents other than their time. The estimated annualized burden hours are 1,375.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Person with ALS	Validation questions (Screener) for suspected ALS cases ...	1,670	1	2/60
	Registration Form of ALS cases	1,500	1	7/60
	Cases of ALS completing 1-time surveys	750	16	5/60
	Cases of ALS completing twice yearly surveys	750	2.3	5/60

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013-10853 Filed 5-7-13; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Administration for Native Americans Tribal Consultation; Notice of Meeting

AGENCY: Administration for Children and Families, Department of Health and Human Services.

ACTION: Notice of tribal consultation.

SUMMARY: The Department of Health and Human Services (HHS), Administration for Children and Families (ACF) will host a tribal consultation to consult on ACF programs and tribal priorities.

DATES: July 9-10, 2013.

ADDRESSES: 901 D Street SW., 7th Floor Multipurpose Room, Washington, DC 20024.

FOR FURTHER INFORMATION CONTACT: Lillian A. Sparks, Commissioner,

Administration for Native Americans at 202-401-5590, by email at Lillian.sparks@acf.hhs.gov or by mail at 370 L'Enfant Promenade SW., 2 West, Washington, DC 20447.

SUPPLEMENTARY INFORMATION: On November 5, 2009, President Obama signed the "Memorandum for the Heads of Executive Departments and Agencies on Tribal Consultation." The President stated that his Administration is committed to regular and meaningful consultation and collaboration with tribal officials in policy decisions that have tribal implications, including, as an initial step, through complete and consistent implementation of Executive Order 13175.

The United States has a unique legal and political relationship with Indian tribal governments, established through and confirmed by the Constitution of the United States, treaties, statutes, executive orders, and judicial decisions. In recognition of that special relationship, pursuant to Executive Order 13175 of November 6, 2000, executive departments and agencies are charged with engaging in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that have tribal implications, and are

responsible for strengthening the government-to-government relationship between the United States and Indian tribes.

HHS has taken its responsibility to comply with Executive Order 13175 very seriously over the past decade, including the initial implementation of a department-wide policy on tribal consultation and coordination in 1997, and through multiple evaluations and revisions of that policy, most recently in 2010. ACF has also developed its own agency-specific consultation policy that complements the department-wide efforts.

ACF's Administration for Native Americans (ANA) will hold a tribal consultation on the morning of July 9, 2013, to discuss the reauthorization of ANA's authorizing legislation, the Native American Programs Act, and the development of data collection elements to collect information on the impact of ACF funding on the members of a tribal community.

A tribal resource day will begin the afternoon of July 9 and the ACF Tribal Consultation Session will begin the morning of July 10 and continue throughout the day until all discussions have been completed. Other ACF

Program Offices that will participate in the consultation include:

- Office of Head Start
- Office of Child Care
- Office of Community Services
- Office of Family Assistance
- Office of Child Support

Enforcement

• Administration on Children, Youth and Families:

- Children's Bureau
- Family and Youth Services Bureau

To help both you and the ACF

principals prepare for this consultation, planning teleconference calls will be held on:

Wednesday, June 5, 2013, 3:00 p.m.—
4:00 p.m. (EST).

Wednesday, June 12, 2013, 3:00 p.m.—
4:00 p.m. (EST).

Wednesday, June 19, 2013, 3:00 p.m.—
4:00 p.m. (EST).

The call-in number and passcode are:
866-763-4038, 354503#.

Testimonies are to be submitted no later than July 2, 2013, to: Lillian Sparks, Commissioner, Administration for Native Americans, 370 L'Enfant Promenade SW., Washington, DC 20447, anacommissioner@acf.hhs.gov.

ACF will provide audio and video conferencing of this session for those tribal leaders unable to attend in person. To register for the consultation and obtain information about the audio/video conference, please follow this link: <http://www.regonline.com/tribalconsult2013>.

Dated: April 30, 2013.

George H. Sheldon,

Acting Assistant Secretary for Children and Families.

[FR Doc. 2013-10860 Filed 5-7-13; 8:45 am]

BILLING CODE 4184-34-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Submission for OMB Review; Comment Request; State Program Report

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by June 7, 2013.

ADDRESSES: Submit written comments on the collection of information by fax 202.395.5806 or by email to OIRA_submission@omb.eop.gov. Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT: Elena Fazio at 202-357-3583 or email: elena.fazio@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, ACL has submitted the following proposed collection of information to OMB for review and clearance.

The Older Americans Act (OAA) requires annual program performance reports from States. In compliance with this OAA provision, ACL developed a State Program Report (SPR) in 1996 as part of its National Aging Program Information System (NAPIS).

The SPR collects information about how State Units on Aging expend their OAA funds as well as funding from other sources for OAA authorized supportive services. The SPR also collects information on the demographic and functional status of the recipients, and is a key source for AoA performance measurement. This collection includes minor revisions of the format from the 2010 approved version. The proposed revised version will be in effect for the FY 2014 reporting year and thereafter, while the current reporting, OMB Approval Number 0985-0008, will be extended to the end of the FY 2013 reporting cycle. The proposed FY 2014 version may be found on the ACL Web site link entitled Proposed SPR for Review available at http://www.aoa.gov/AoARoot/Program_Results/OAA_Performance.aspx#national ACL estimates the burden of this collection of information as follows: 2,600 hours.

Dated: May 3, 2013.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

[FR Doc. 2013-10921 Filed 5-7-13; 8:45 am]

BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA-2013-N-0093]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request: Evaluation of the Program for Enhanced Review Transparency and Communication for New Molecular Entity New Drug Applications and Original Biologics License Applications in Prescription Drug User Fee Act

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Fax written comments on the collection of information by June 7, 2013.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202-395-7285, or emailed to oira_submission@omb.eop.gov. All comments should be identified with the OMB control number 0910-New and title Evaluation of the Program for Enhanced Review Transparency and Communication for New Molecular Entity New Drug Applications and Original Biologics License Applications in Prescription Drug User Fee Act. Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Ila S. Mizrachi, Office of Information Management, Food and Drug Administration, 1350 Piccard Dr., PI50-400B, Rockville, MD 20850, 301-796-7726, Ila.Mizrachi@fda.hhs.gov.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.



May 9, 2013

Dear Colleague:

Once again, as we look forward to the summer, we know many young people will be searching for summer employment. On April 11, 2013, the President issued a call-to-action for mayors, businesses, and non-profit leaders to work together to promote summer and year-round youth jobs initiatives at the local level. Known as the *Youth Jobs+* initiative, this effort will build on the success of last year's *Summer Jobs+* initiative, and include a focus on learn and earn opportunities, life skills, and work skills. Such programming should aim to both increase youth employment and decrease juvenile violence. You can learn more about *Youth Jobs+* at: <http://www.whitehouse.gov/youthjobs>.

The Department of Labor and the Department of Health and Human Services want to encourage human services agencies to partner with Workforce Investment Boards (WIBs) to develop summer jobs programs that provide employment opportunities and valuable work experience for needy and at-risk youth. State human services agencies have the potential to expand the job opportunities for low-income youth by allocating Temporary Assistance for Needy Families (TANF) resources to summer youth employment programs and supportive services such as job shadowing and mentoring. Coordination with Community Action Agencies funded under the Community Services Block Grant (CSBG) can strengthen local summer jobs efforts. Coordination with State and local child welfare agencies can ensure that the benefits of such programs are extended to young people in foster care.

With the availability of the TANF emergency funds during fiscal years 2009 and 2010, we saw State and local TANF agencies throughout America play a crucial role in creating or expanding subsidized youth employment programs that operated during the summer months. TANF agencies entered into key partnerships with State and local WIBs and organizations in their communities, allowing for the combination of resources and effective execution of large jobs programs in a short period of time. By September 2010, 24 States and the District of Columbia created partnerships between their TANF and workforce development agencies to create youth employment programs, and

Where appropriate, based on identified community needs, CSBG eligible entities may support employment opportunities directly or may offer additional supports for youth in the TANF and applicable WIA programs. For example, CSBG participants also in TANF-funded subsidized employment opportunities can benefit from other relevant services such as financial education, mentorship, and linkage to other supportive services.

Equally as important, we encourage strong partnerships with State and local child welfare agencies. These agencies administer the John H. Chafee Foster Care Independence Program (CFCIP) which is a source of dedicated child welfare funding to help current and former foster care youth obtain education, employment, financial management, and other skills. The program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption, and young adults ages 18-21 who have "aged out" of the foster care system. In fiscal year 2011, 26, 286 youth left foster care without a permanent home.⁴ Youth who leave care under such circumstances are more likely to have difficulty making a successful transition to adulthood which is demonstrated in research that shows of youth who age out of foster care, 24.4% at age 24 have not graduated or obtained an equivalency and 48% have not found steady work.⁵ Leveraging cross-agency partnerships to intervene earlier and more effectively can mitigate poor outcomes for these youth. An example of a mutually beneficial partnership would be linking CFCIP programs with educational and employment focused programs that have been shown to produce improved outcomes for at-risk youth such as Job Corps or JOBSTART.⁶

Please see the Information Memorandum No. TANF-ACF-IM-2012-01, available on the Office of Family Assistance Web site at: <http://www.acf.hhs.gov/programs/ofa/resource/policy/im-ofa/2012/im201201/im201201>, for additional guidance on how to target and structure your programming to include subsidized employment and related services.

Additionally, for guidance on how to partner with the CSBG State offices and local CSBG eligible entities, the CSBG Information Memorandum No. 129, can be found on

⁴Preliminary estimates for FY 2011: *The Adoption and Foster Care Analysis and Reporting System (AFCARS) Report #19*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau.

<http://www.acf.hhs.gov/programs/cb/resource/afcars-report-19>

⁵Courtney, M., Dworsky, A., Lee, J., & Raap, M. (2009) *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at age 23 and 24*. Chicago: Chapin Hall at the University of Chicago.

⁶Koball, H., et al. (2011). *Synthesis of Research and Resources to Support At-Risk Youth*, OPRE Report # OPRE 2011-22, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

138,050 youth had been placed in subsidized jobs funded in whole or in part by the TANF Emergency Fund.¹

Over these two summers, we witnessed the benefits that summer youth employment programs can bring to a community: youth were connected to the labor force; community members earned needed income, and in turn, supported local economies; and businesses and non-profit organizations were provided with the resources needed to hire employees. Research shows that summer employment programs help youth build new and valuable skills.² One study of summer jobs programs funded by Workforce Investment Act (WIA) and TANF found that nearly 75 percent of youth participants improved their work readiness skills.³

While emergency funds are no longer available, States continue to have the opportunity to use Federal TANF and State maintenance-of-effort (MOE) funds for the creation and expansion of subsidized summer employment programs and additional activities such as job shadowing and mentoring for low-income youth. During the Emergency Fund, we provided additional guidance on allowable expenditures associated with summer employment programs including employer supervision and training costs that can be claimed as third-party MOE. That guidance can be found at:
<http://www.acf.hhs.gov/programs/ofa/resource/recovery/tanf-faq>.

To reiterate, it is critically important for State and local TANF agencies to work with WIBs to explore ways to combine resources in developing or expanding subsidized employment programs and related supportive services. Where appropriate, programs may co-enroll youth in the TANF and applicable WIA programs so that participants in TANF-funded subsidized employment opportunities can benefit from additional WIA services such as occupational skills training and other relevant services.

In addition, we encourage partnership efforts with State CSBG offices and local CSBG eligible entities to identify opportunities that may exist at the State and local levels for supporting and integrating subsidized employment efforts with life and work skills programs provided by local nonprofit agencies, such as Community Action Agencies.

¹Pavetti, L., Schott, L., and Lower-Basch, E., *Creating Subsidized Employment Opportunities for Low-Income Parents: The Legacy of the TANF Emergency Fund*, CBPP and CLASP, 2011.
<http://www.cbpp.org/files/2-16-11tanf.pdf>

²Rosenberg, L., Angus, M., Pickens, C., and Derr, M., *Using TANF Funds to Support Subsidized Youth Employment: The 2010 Summer Youth Employment Initiative*, Mathematica Policy Research, 2011.
http://wdr.doleta.gov/research/FullText_Documents/ETAOP_2012_02.pdf

³Bellotti, J., Rosenberg, L., Sattar, S., Mraz Esposito, A., and Ziegler, J., *Reinvesting in America's Youth: Lessons from the 2009 Recovery Act Summer Youth Employment Initiative*, Mathematica Policy Research, 2010.
<http://www.dol.gov/summerjobs/pdf/AmericasYouth.pdf>

the Office of Community Services Web site at:

<http://www.acf.hhs.gov/programs/ocs/resource/csbg-information-memoranda-no-129>.

We appreciate all that you do to help the vulnerable children and families in your States. If you have any questions, please feel free to contact the TANF program manager in your region.

Sincerely,



George H. Sheldon
Acting Assistant Secretary
for Children and Families
Administration
U.S. Department of Health and Human Services



Jane Oates
Assistant Secretary
Employment and Training
U.S. Department of Labor

2013 NCAI Mid Year Conference
Reno, NV
June 24-27, 2013

WORKING DRAFT Updated 4/18/2013 3:20 PM

Sunday, June 23

9:00-3:00 **NCAI Executive Committee Meeting**

Monday, June 24

1:00-5:00 **Registration/Rules & Credentials Open**

Pre- Meetings:

9:00-Noon **Large Land Base Tribal Nations Task Force**
The purpose of the Large Land Base Tribal Nations Task Force is to strengthen the ability of NCAI to advocate for the unique issues of the large land base tribes and to foster unity and cooperation among all tribes to preserve tribal sovereignty, lands, culture, and quality of life for all.

9:00-Noon **Temporary Assistance for Needy Families (TANF) Task Force**
The TANF Task Force was established to develop national tribal priorities for the reauthorization of TANF. The Task Force will also be developing recommendations on effective implementation strategies, administrative fixes, and programmatic changes that will assist tribes and tribal TANF participants. This session will focus on generating consensus to finalize the national tribal TANF priorities.

9:00-Noon **ONR/ Natural Resources**

9:00-5:00 **Youth Training**
9:00-Noon **Resiliency Training**
1:00-3:00 **Policy Training**
3:00-5:00 **Technology Pilot Program**

9:00-5:00 **Tax Working Group**

9:00-Noon **VAWA Implementation and on the Continuing Implementation of TLOA**

9:00-5:00 **NIHOE Training**

9:00-Noon **Policy Research Center Partner's Meeting**

1:30-5:00 **Native Women's Caucus**
The Native Women's Caucus was established to support the interests of women throughout Indian Country. The Caucus supports key women's issues that have significant impact in our communities, such as welfare, economic, education, and health issues. The Caucus is open to all.

1:30-5:00 **Federal Recognition Task Force**

2013 NCAI Mid Year Conference

Reno, NV

June 24-27, 2013

WORKING DRAFT Updated 4/18/2013 3:20 PM

The Federal Recognition Task Force was established to address the interests of all tribes, both federally and non-federally recognized, on any recommended changes to policies, procedures, or strategic plans in the federal recognition process. This session will continue work on the development of realistic, actionable recommendations to Congress and the Administration on revising the federal recognition process.

1:30-5:00 **Cultural Protections Roundtable**

5:00-10:00 **Welcome Reception**

Tuesday, June 25

7:30-5:00 **Resolutions Office Open**
Registration/ Rules & Credentials Open
Elder's Lounge

8:30-12:30 **Youth Commission**

9:00-5:00 **Marketplace Open**
Booths displaying a variety of crafts, information, and services will open.

8:30 - Noon **First General Assembly**

8:30 **Call to Order**
Jefferson Keel, President, NCAI

Color Guard

Invocation

Welcome from Host

9:00 **Local Official Welcome**

9:20 **Rules of the Convention**
Yvonne Oberly, Chair, NCAI Rules & Credentials Committee

Resolutions Process Report
Juanita Ahtone, Chair, NCAI Resolutions Committee

9:30 **President's Report President's Report**
Jefferson Keel, President, NCAI

9:45 **Executive Director's Report**
Jacqueline Johnson Pata, Executive Director, NCAI

10:00 **White House Update**

2013 NCAI Mid Year Conference

Reno, NV

June 24-27, 2013

WORKING DRAFT Updated 4/18/2013 3:20 PM

10:20 **Department of the Interior Update**

10:40 **Keynote Address**
Mark Trahan

11:40 **Tribal Leaders Discussion**

12:00 Lunch Recess

12:00-1:00 **Regional Intertribal Session**

1:30-4:00 **Concurrent Breakout Sessions**

Streamlining Energy Production in Indian Country

Taxation in Indian Country

Managing Social Media Campaigns

Tribal Operations & Business during Tight Times

The Trust Commission and the Trust Triangle: Land, Transactions and the Distribution of Trust Funds

International Trade & Commerce

Technology

Emergency Preparedness

4:30 – 6:00 **Youth Commission Re-Cap Session**
Re-cap on the day
Jacqueline Johnson Pata, Executive Director, NCAI

4:30-6:00 **SUB COMMITTEE MEETINGS**
Subcommittees can meet as full committees if they so choose.

Disabilities/Elders
Economic Development, Finance,
Employment
Education
Energy & Mineral Policy
Environmental Protection & Land Use
Health
Housing
Human, Religious & Cultural
Concerns

Indian Child & Family Welfare
Jurisdiction & Tribal Government
Taxation
Telecommunications
Transportation & Infrastructure
Tribal Gaming
Trust Lands, Natural Resources,
Agriculture
Veterans

2013 NCAI Mid Year Conference

Reno, NV

June 24-27, 2013

WORKING DRAFT Updated 4/18/2013 3:20 PM

- 6:30-8:00 **United League of Indigenous Nations Evening Event**
The United League of Indigenous Nations Treaty was developed and proposed by NCAI's Special Committee on Indigenous Nation Relationships in 2007. The Treaty establishes an international political and economic alliance to advance the common interests of Indigenous Nations regarding the impacts of climate change on their homelands, to promote trade and commerce among Indigenous Nations, to bring their cultural properties under the protection of the laws of Indigenous Nations, to protect the human rights of Indigenous Peoples and to assert traditional rights to cross international borders.
- 6:30-8:00 **Native Financial Education Coalition**

Wednesday, June 26

- 7:30-8:30 **Regional Caucus Meetings**
- | | |
|-----------------------|----------------------|
| Alaska Area | Pacific Area |
| Eastern Oklahoma Area | Rocky Mountain Area |
| Great Plains Area | Southeast Area |
| Midwest Area | Southern Plains Area |
| Northeast Area | Southwest Area |
| Northwest Area | Western Area |

- 7:30-5:00 **Resolutions/ Rules & Credentials Open**
Registration Open
Elder's Lounge

- 8:30-Noon **Youth Commission**
9:00-5:00 **Exhibits Open**

- 8:30-Noon **Second General Assembly**

- 8:30 **Call to Order**
Juana Majel Dixon, First Vice-President, NCAI

Invocation
Announcements

NCAI's 8th Annual Tribal Leader/Scholar Forum

- 8:45 **Eighth Annual Tribal Leader/Scholar Forum**
Malia Villegas, Director, Policy Research Center, NCAI

2013 NCAI Mid Year Conference

Reno, NV

June 24-27, 2013

WORKING DRAFT Updated 4/18/2013 3:20 PM

Planning for Change in Native Communities: Using Research to Understand Economic, Civic, and Cultural Transformation

This morning's general assembly features a framing presentation about the role of data in planning for change, followed by three dynamic presentations illustrating how tribal communities are embracing change and growing their economies through culturally-driven and culturally-based approaches. Panelists will provide insights for other tribal communities working to develop economic initiatives in innovative and community-based ways.

Power of Data

Native Economies: Planning for Growth

11:30 **Tribal Leader Discussion**

12:00 Lunch Recess

12:00-1:00 **Merging Research – Effecting Future Policy Poster Session**

12:00-1:00 **Native Vote 2014 and Beyond**

1:30-4:00pm **Concurrent Breakout Sessions:**

Agriculture, Timber, & Water: Sustaining our Natural Resources

Measuring Success in Native Education

Advancing Health from Within

Homeland Security

Education: Gates Grant

NAHSDA

Land to Trust Acquisition: Streamlining the Process and a New Potential in Alaska

4:15-5:15 **SUBCOMMITTEE MEETINGS**

Subcommittees can meet as full committees if they so choose.

Disabilities/Elders

Economic Development, Finance,

Employment

Education

Energy & Mineral Policy

Environmental Protection & Land Use

Health

Housing

2013 NCAI Mid Year Conference
Reno, NV
June 24-27, 2013

WORKING DRAFT Updated 4/18/2013 3:20 PM

Human, Religious & Cultural Concerns Indian Child & Family Welfare Jurisdiction & Tribal Government Taxation Telecommunications	Transportation & Infrastructure Tribal Gaming Trust Lands, Natural Resources, Agriculture Veterans
--	--

5:30 – 6:30 **Youth Commission Re-Cap Session**

5:30-6:30 **FULL COMMITTEE MEETINGS**
Economic, Finance, & Community Development Committee
Human Resources Committee
Land & Natural Resources Committee
Litigation & Governance Committee
Veterans Committee

6:30-9:30 Cultural Night

Thursday, June 27

7:30-8:30	Regional Caucus Meetings **Optional** Alaska Area Eastern Oklahoma Area Great Plains Area Midwest Area Northeast Area Northwest Area	Pacific Area Rocky Mountain Area Southeast Area Southern Plains Area Southwest Area Western Area
-----------	---	---

7:30-Noon **Elder's Lounge**
8:30-10:20 **Youth Commission**

9:00-Noon **Indian Arts and Crafts Open**

8:30-12:30 **Third General Assembly**

8:30 **Call to Order**
Edward Thomas, Secretary, NCAI

Invocation

8:40 **Native Youth Moving Forward with Technology**

8:50 **Technology Task Force**

2013 NCAI Mid Year Conference

Reno, NV

June 24-27, 2013

WORKING DRAFT Updated 4/18/2013 3:20 PM

- 9:00 **Supreme Court Project Update**
John Echohawk, Executive Director, NARF
John Dossett, General Counsel, NCAI
- 10:35 **Committee Reports**
Economic, Finance & Community Development Committee
Human Resources Committee
Litigation & Governance Committee
Land & Natural Resources Committee
Veterans Committee
- 12:15 **Retire Colors/Closing Prayer**
- 12:30 **Adjourn 2013 Mid Year Conference**
-

Other Meetings and Events

Monday, June 24

Tribal Education Departments National Assembly (TEDNA) Forum

Time

Room

**NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE
KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016**

**KARUK TRIBE
NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN
For The Period July 12, 2013 ~ June 30, 2016
Administered by Karuk Tribal TANF Program**

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

PART 1 – PROGRAM ADMINISTRATION

The Tribe submitting this plan is the Karuk Tribe

The department, within the applicant tribe that is responsible for administering the NEW program, is the Karuk Tribal TANF Program (TANF)

The time period covered by this plan is July 1, 2013 – June 30, 2016

The contact person for the grantee's NEW program and plan is:

Lester Alford, TANF Executive Director
Karuk Tribe
P.O. Box 1016
64236 Second Avenue
Happy Camp, CA 96039
530 493-1440 extension 4
530 493-1441 (fax)
lalford@karuk.us

PART 2 – SERVICE AREA AND SERVICE POPULATION/ELIGIBILITY

The geographic area to be served by the NEW program is the BIA designated service area of Siskiyou County and northeast Humboldt County. Additional service area includes the remaining areas of Humboldt County due to the California Indian Manpower Consortium, Inc. relinquishing service to Karuk tribal members within the entire county.

The population eligible for services under the NEW program is unemployed members and their lineal descendants of the Karuk Tribe. We anticipate that the demand for services may exceed available resources, so we will set priority for services in the following order:

1. Unemployed single mothers
2. Unemployed single fathers
3. Unemployed persons participating in the Karuk Tribe's General Assistance program
4. At-risk unemployed youth ages 16 – 24 ("at-risk" is defined as youth who are exposed to the chances of delinquency; high school graduates without aspirations; potential drop-outs from college; youth without direction due to socio-economic status)
5. All other eligible persons

PART 3 – ACTIVITIES AND SERVICES TO BE PROVIDED BY THE NEW PROGRAM

NEW clients will be assessed for employability based on their skills and needs. NEW participants will receive job counseling, career counseling and will assist in the development of their case plan.

The below listed work activities will be provided under the NEW program are:

These are the educational activities, training and job readiness activities, and employment activities that will be provided by/through the NEW program to help clients prepare for and obtain employment.

Work activities made available to NEW program participants will depend on their need and available NEW funds. Activities include, but limited to:

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

Educational Training

- GED pre/post testing fees, tutoring
- Remedial education including costs for tutoring, costs for mentoring
- To supplement the adult vocational training program that is funded by the BIA, which pays up to \$1000 in tuition costs only. NEW funds will be the secondary resource for needed supplies and/or basic living allowance for rent or dorm fee costs specifically related to the adult vocational training program. (up to \$500.00 lifetime)

Jobs Skills & Readiness Training Activities

- job skills training (Certificate programs)
- Job Readiness/Search Training (workshops addressing job interviewing, resume writing building, proper work attire and behavior)
- On-the-Job training with entities of the Tribe and arranged with local employers that is intended to lead to permanent employment

Employment activities

- job search, physical and internet
- job development and placement, including working with the Tribe and local businesses to create and fill job positions
- work exposure activities including field trips or on-site visits for orientation of skills required for career choice of NEW participants
- subsidized and unsubsidized public and private sector work experience

The supportive and job retention services that will be provided/available under the NEW program and funded by the NEW grant are described below – these are the supportive and job retention services that will be provided to NEW clients using NEW funds and/or by persons supported by NEW funds.

Depending on the needs of the participant and availability of funds, supportive and job retention services are employment related services necessary to enable participants to participate in the NEW program and to prepare to obtain and/or retain employment.

- transportation assistance such as bus passes, payments for gasoline purchase, car repair (up to \$200 per lifetime)
- clothing, uniforms, shoes/boots, and tools/gear needed for training or employment
- medical/optical/dental services (for example, eye exams and purchase of eyeglasses)
- career/job/life counseling
- supplies needed for education, training, work activities or for employment, including books
- fees: driver's license fees, professional occupational license or permit fees specifically necessary for the participant to obtain work

PART 4 – PROGRAM COORDINATION

The Temporary Assistance to Needy Families (TANF) will coordinate NEW services by utilizing the existing programs and entities of the Karuk Tribe. Other agencies, educational institutions, organizations, and entities will be coordinated as is determined by the needs of the NEW participant. Through the initial orientation and intake process, NEW participants will undergo an assessment of their skills and needs. They will be assessed for employability and will participate in the development of their case plan.

The NEW program administrator will take each case plan to the Ya Pa' Anav committee meetings that are held on a regular basis to gain an integrated service plan and to coordinate NEW participant case plans with other tribal programs to ensure a holistic approach in addressing the needs of the NEW participant.

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

The NEW participants will participate in appropriate NEW services and will be referred to other programs as necessary and begin their journey to self-sufficiency and unsubsidized employment. NEW participants will be tracked for progress with their plan and will meet with the NEW program administrator to ensure follow up and implementation of their case plan. Below are the programs and entities represented in the Karuk Tribe's Ya Pa'Anav Committee Meetings:

- Karuk Tribe Tribal Employment Rights Office (TERO) – funded through a fee imposed on all tribal contracts
- Karuk Tribe Temporary Assistance for Needy Families (TANF) – State and Federal funded
- Karuk Tribe Child Care Program – Federal funded (CCDF)
- Karuk Tribe Head Start – Federal funded
- Karuk Community Computer Center- funded through Administration for Native Americans (ANA) and private organizations
- College of the Siskiyou – a partner with the Karuk Community Computer Center
- Karuk Tribe General Assistance program - Federal funds
- Siskiyou Training Employment Program (STEP) –State funded
- Northern California Indian Development Corporation – Private and Federal grant funded
- Karuk Community Development Corporation- State, Federal and privately funded

The coordination between the NEW program and these programs and entities is described below:

Coordinating Entity	Coordination Activities, and Activities/Services Provided by Coordinating Entity
Karuk Tribe TERO -	Jointly exchange/ refer clients; advertise information on available activities, services and job opportunities. Convene workforce development meetings to ensure coordination; provide trainings, job readiness activities, job supportive and job retention services; exchange information
Karuk Tribe TANF - administration and coordination of NEW funding.	Jointly exchange / refer clients; provide trainings, job readiness activities, job retention activities, job placement activities, job supportive activities; exchange information
Karuk Tribe Child Care Program	Jointly exchange / refer clients; provide child care subsidy; exchange information
Karuk Tribe Head Start	Jointly exchange / refer clients; provide job placements, training; exchange information
Karuk Community Computer Center	Jointly exchange /refer clients; provide training; provide distance education services, job search, job readiness, GED services, adult tutoring; exchange information
College of the Siskiyou	Provide education and training as needed
Karuk General Assistance Program	Jointly exchange / refer clients; provide job readiness and job search; exchange information
Siskiyou Training Employment Program	Jointly exchange / refer clients; provide job readiness and job search; provide training
Northern California Indian Development Corp.	Jointly exchange / refer clients; provide job readiness and job search; provide training; exchange information

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

Karuk Community Development Corporation	Jointly exchange / refer clients; provide training, job creation and placement; exchange information
Adult Vocational Training Program - BIA	Tuition assistance

PART 5 – PROGRAM OUTCOMES

The overall goals of the NEW program are:

The NEW program will assist unemployed persons to become self-sufficient and to gain and retain employment.

The NEW program will provide training, education and work experience activities that prepare clients for work.

The NEW program will provide workshop activities to engage clients to become job ready.

The NEW program will provide supportive and job retention services and activities that enable clients to prepare for and obtain employment.

The planned outcomes that will be used to determine the extent to which the NEW program goals have been achieved each year are:

100% of NEW clients will be assessed for employability based on their skill and needs. NEW participants will receive job counseling, career counseling and will assist in the development of their case plan.

10% of NEW clients will successfully complete job readiness workshops, vocational training, on-the-job training and/or work experience.

10% of NEW clients will obtain unsubsidized employment.

PART 6 – SIGNATURE AND STANDARD ASSURANCES/CERTIFICATIONS

See Attachments

Date Approved:

Submitted as Authorized:

Russell Attebery, Chairman

Date

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:
 - Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);
 - Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;
 - Criminal drug statute* means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;
 - Employee* means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).
Certification Regarding Drug-Free Workplace Requirements

Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about –
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted –
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

- (h) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

Happy Camp TANF Office - 64101 Second Avenue, Happy Camp, CA 96039
Orleans TANF Office - 39051 Highway 96, Orleans, CA 95556
Yreka TANF Office – 1517-A South Oregon Street, Yreka, CA 96097

Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

- (a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;
- (b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

DATE: **June 6, 2013**

SIGNATURE: _____ Title: **Chairman**
Russell Attebery

ORGANIZATION: **Karuk Tribe – Karuk Tribal TANF Program**

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal 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 contract 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;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility an Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

DATE: **June 6, 2013**

SIGNATURE: _____ Title: **Chairman**
Russell Attebery

ORGANIZATION: **Karuk Tribe – Karuk Tribal TANF Program**

NATIVE EMPLOYMENT WORKS (NEW) PROGRAM PLAN FOR THE KARUK TRIBE FOR THE PERIOD OF JULY 1, 2013 ~ JUNE 30, 2016

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

DATE: June 6, 2013

SIGNATURE: _____ Title: Chairman
Russell Attebery

ORGANIZATION: Karuk Tribe – Karuk Tribal TANF Program

June 2013

June 2013							July 2013						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
2	3	4	5	6	7	1	7	1	2	3	4	5	6
9	10	11	12	13	14	8	8	9	10	11	12	13	14
16	17	18	19	20	21	15	14	15	16	17	18	19	20
23	24	25	26	27	28	22	21	22	23	24	25	26	27
						29	28	29	30	31			

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
May 26	27	28	29	30	31	Jun 1
2	3	4	5	6	7	8
			1:00pm 3:00pm Father-Mother is Sacred (Yreka)			
9	10	11	12	13	14	15
	10:30am 12:00pm Yreka Group (TANF)		10:30am 12:00pm Red Road (Yreka) 1:00pm 3:00pm Father-Mother is Sacred (Yreka)	10:30am 12:00pm Happy Camp Group 1:00pm 2:30pm Relapse Prevention (Yreka)	10:30am 12:00pm Anger Mngmt-Men (Yreka) 2:30pm 4:00pm Anger Mngmt-Women (Yre	
16	17	18	19	20	21	22
	10:30am 12:00pm Yreka Group (TANF)		10:30am 12:00pm Red Road (Yreka) 1:00pm 3:00pm Father-Mother is Sacred (Yreka)	1:00pm 2:30pm Relapse Prevention (Yreka)	10:30am 12:00pm Anger Mngmt-Men (Yreka) 2:30pm 4:00pm Anger Mngmt-Women (Yre	
23	24	25	26	27	28	29
	10:30am 12:00pm Yreka Group (TANF)		10:30am 12:00pm Red Road (Yreka)	1:00pm 2:30pm Relapse Prevention (Yreka)	10:30am 12:00pm Anger Mngmt-Men (Yreka) 2:30pm 4:00pm Anger Mngmt-Women (Yre	
30	Jul 1	2	3	4	5	6

Attachment (L)

2013 Summer Food Program Concept Paper

Happy Camp – Estimate 50 participants max on any given day.

Sponsored by Head Start- MOA with the TANF program – Lunches to be served at the Head Start facility

- 1 Administrator \$20 per hour x 4 hours per day x 50 days = \$4000.00
- 1 Cook \$15 per hour x 5 hours per day x 50 days = \$3750.00
- 2 youth workers \$10 per hour x 4 hours per day x 50 days = \$4000.00 (\$2000.00 each)
- 2 slots for Work Experience

Yreka – Estimate 60 – 70 participants max on any given day.

Sponsored by Head Start – MOA with the TANF program – Lunches to be served at the Head Start facility

- 1 Cook \$15 per hour x 5 hours per day x 50 days = 3750.00
- 1 Assistant Cook/Youth Supervisor (work experience?)
 \$12 per hour x 4 hours per day x 50 days = \$3000.00
- 2 Youth workers \$10 per hour x 4 hours per day x 50 days = \$4000.00 (\$2000.00 each)

TOTAL STAFFING ESTIMATE	\$22,500
SUPPLIES	\$2,500
FOOD ESTIMATE	\$10,000 (High estimate)

Start date: June 10

End date: August 16 (Closed for July 4th holiday)

Total Lunches/days: 49 – Free lunch to all school age children in community 5 – 18 years old, younger must be accompanied by older child or adult (Tribal and non-tribal)

NEXT STEPS

Donna – Complete required trainings for staff. Begin Admin paperwork for program under instruction from Marsha Duncan. Advertising

Nell - Work on menus for 50 days/lunches. Begin preparation of shopping list. Advertising

Tiffany – Communicate with Lester of TANF with preliminary concept, gain input for TANF concerns/needs. Draft MOA , PAN notices, work on position descriptions if needed. Advertising

Dion – Organize notes, meetings, keep running supplies/equipment needs list. Work with Tiffany to draw up MOA, work on position descriptions if needed. Communicate with Patty Brown. Advertising

THE KARUK TRIBE
IS SPONSORING THE
SUMMER FOOD PROGRAM

AT THE
YREKA KARUK HEAD START BUILDING
1320 YELLOWHAMMER ROAD

11:30 AM TO 12:30 PM DAILY (MONDAY – FRIDAY)

June 10 through August 16

(Closed July 4th)



FREE LUNCH FOR
SCHOOL AGE KIDS ALL
SUMMER!!!

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, DC 20250-9410 or call (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish)
Attachment (M)

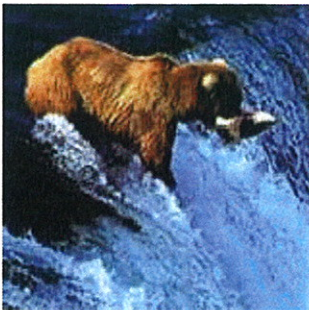
THE KARUK TRIBE
IS SPONSORING THE
SUMMER FOOD PROGRAM

AT THE
HAPPY CAMP KARUK HEAD START BUILDING
632 JACOBS WAY

11:30 AM TO 12:30 PM DAILY (MONDAY – FRIDAY)

June 10 through August 16

(Closed July 4th)



FREE LUNCH FOR
SCHOOL AGE KIDS ALL
SUMMER!!!

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, DC 20250-9410 or call (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish)

Attachment (M)



Mid Klamath Watershed Council

P.O. Box 409, Orleans, Ca 95556

Tel: (530) 627-3202

Fax: (866) 323-5561

www.mkwc.org

Klamath-Siskiyou Outdoor School Project Proposal

Project Lead:

Mid Klamath Watershed Council (MKWC)

Project Description:

The Klamath-Siskiyou Outdoor School is a cost free camp for youth in the Mid Klamath area. The project involves 20 underserved youth, ages 11-14, in hands-on natural resource restoration and monitoring activities during project rafting and backpacking trips. Students will gain first-hand knowledge and experience of Klamath River restoration projects and the projects will benefit from the volunteer contributions of the students. Activities will incorporate riparian and upslope restoration projects, including manual fish passage improvement, invasive weed removal, river clean-up, riparian planting, erosion and sedimentation prevention, and native plant propagation. Students will learn about the natural history and the ecology of the Klamath area from camp counselors and special presenters from Karuk Tribe Fisheries, the Klamath National Forest, the Mid Klamath Watershed Council, and the Salmon River Restoration Council. Lessons may include local wildlife, fire ecology, outdoor survival skills, first aid, fisheries identification, backcountry cooking, and mapping and orienteering. Junior counselors who were campers in previous years will also be hired to learn leadership skills. In addition, students will learn about and participate in outdoor recreational opportunities unique to there area such as kayaking, stand-up paddle boarding, rafting, gold panning, and backpacking in wilderness areas. These activities will help to instill a passion in local youth to appreciate their natural environment and participate in the stewardship of their watershed.

Project Dates:

June 23rd-June 28th, 2013

Project Location(s):

This project will occur on the Klamath and Salmon Rivers, associated upslope habitats, and in the Trinity Alps Wilderness Area.

Project Contact(s):

Jillienne Bishop, Director of Watershed Education

PO Box 409 Orleans, CA 95556

(530) 627 3202

jillienne@mkwc.org

Will Harling, Executive Director

PO Box 409 Orleans, CA 95556

(530) 627 3202

will@mkwc.org

Funding Needs:

See attached budget for details.

2013 Requested Funds from Karuk TANF				
Klamath Siskiyou Outdoor School Camp Budget				
				Amount Requested
PERSONNEL SERVICES				
<u>Level of Staff</u>	Number of Hours	Hourly Rate		
Program Coordinator	50	\$22.00		\$1,100.00
Subtotal				\$1,100.00
Staff Benefits @ 30 %				\$330.00
TOTAL PERSONAL SERVICES				\$1,430.00
				Amount Requested
Description	Number of Units	Units	Unit Price	Amount Requested
<u>Subcontractors</u>				
Junior Counselor Stipends	4	stipends	\$100	\$400.00
Camp Counselor Stipends	3	Stipends	\$500	\$1,500.00
Subtotal Subcontractors				\$1,900.00
<u>Materials and Supplies</u>				
Snorkeling Gear and Dry Bags				\$250.00
Curriculum Materials				\$142.84
Art and Craft Supplies				\$150.00
Vehicle Use Fees				\$200.00
Mileage	500	Miles	0.55	\$275.00
Subtotal Materials and Supplies				\$1,017.84
SUBTOTAL				\$4,347.84
ADMINISTRATIVE OVERHEAD @ 15 %				\$652.16
GRAND TOTAL				\$5,000.00



Mid Klamath Watershed Council

P.O. Box 409, Orleans, Ca 95556

Tel: (530) 627-3202

Fax: (866) 323-5561

www.mkwc.org

Mid Klamath Watershed Council Stewardship Intern Crew Project

Project Lead:

Mid Klamath Watershed Council (MKWC)

Project Description:

This project would provide five Karuk tribal youth to participate in MKWC's stewardship intern crew. MKWC's stewardship interns work for a seven week period, four days per week, and eight hours per day. Stewardship Interns work on a broad range of fisheries and upslope habitat restoration projects being implemented by the Mid Klamath Watershed Council (MKWC). Projects will include manual fish passage improvement, coho habitat enhancement, invasive species removal, native plant revegetation, and invasive weed monitoring in wilderness areas. This project involves tribal youth in ongoing, hands-on restoration projects occurring within their watershed. MKWC will provide funding for an additional three interns and pay for half the hours for the program director(s)/co-crew leader(s). Karuk tribal TANF will provide a twelve passenger van, and an employee who serves as both a driver and a co-crew leader. In total, there will be an eight person youth crew. At times these crews will be split to work on multiple projects. MKWC will provide all other transportation costs not associated with the TANF van in-kind. This crew will be based out of Orleans, CA. Students will learn valuable natural resource career skills including:

- Juvenile and adult fish identification, fish life history and ecology, and fish sampling techniques.
- Techniques for creating and maintaining manual fish passage at tributary mouths.
- Coho salmon habitat requirements and methods for coho habitat enhancement.
- Noxious weed identification and methods for removal.
- Native plant identification, propagation, and re-vegetation techniques.
- Riparian habitat restoration and management.
- Backpacking and hiking skills.
- Leadership skills.
- Introduction to whitewater safety, tool safety, and job hazard analysis.

Project Location(s):

This project will occur on key tributaries in the Klamath and Salmon Rivers, associated upslope habitats, and in Wilderness Areas (Siskiyou, Trinity Alps, Red Buttes).

Funding Needs:

See attached budget for details.

2013 Karuk Tribal TANF				
MKWC Stewardship Intern Project				
				Amount Requested
PERSONNEL SERVICES				
Level of Staff	Number of Hours	Hourly Rate		
MKWC Program Director(s)	150	\$22.00		\$3,300.00
Stewardship Interns (224 hours per Intern)	1,120	\$8.00		\$8,960.00
Subtotal				\$12,260.00
Staff Benefits @ 30 %				\$3,678.00
TOTAL PERSONAL SERVICES				\$15,938.00
Description	Number of Units	Units	Unit Price	Amount Requested
<u>Materials and Supplies</u>				
Stream Waders and Boots	6	Pairs	150	\$900.00
Work Gloves	6	Pairs	10	\$60.00
Pruners and Hand Saws	6	Pairs	20	\$120.00
Dive Gear				\$600.00
Backpacking Equipment				\$300.00
Subtotal Materials and Supplies				\$1,980.00
SUBTOTAL				\$17,918.00
ADMINISTRATIVE OVERHEAD @ 16 %				\$2,866.86
GRAND TOTAL				\$20,784.86

Project Contact(s):

Jillienne Bishop, Director of Watershed Education
 PO Box 409 Orleans, CA 95556
 (530) 627 3202
jillienne@mkwc.org

Will Harling, Executive Director
 PO Box 409 Orleans, CA 95556
 (530) 627 3202
will@mkwc.org

Attachment (O)

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

June 13, 2013

Rondi Johnson

May Report



ACTION ITEMS: None

APRIL ACTIVITIES:

1. Yreka Clinic visit May 6th , P&T/CHS Meeting May 8th , Orleans Clinic visit May 10th, Bi-Annual Staff Meeting May 15th, ED Meeting May 28th , Native American Mental Health Meeting May 29th , Planning Board Meeting May 30th

APRIL TRAININGS/CONFERENCES & WEBINARS:

Strategic Planning May 1st & 2nd, HANC Phone Conf May 3rd , Partnership Phone Conf May 3rd , AAAHC Webinar May 7th , Partnership Meeting May 17th , IHS Tribal Consultation Phone Conf May 28th

ACQI COMMITTEE MEETING:

The May 9th, ACQI meeting agenda, performance improvement projects, and reports are attached. The Meeting Minutes for April and May are attached.

BUDGETS:

See below. Budget through 5/31/13. At this time I'm well under budget.

Program	CQI
Budget Code	300002
Program Year	2012-2013
Expenses to Date	\$69,417.10
Balance	\$144,097.97
Percent Used	32.55%
Period Usage	8 months

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

Karuk Tribe

ACQI Meeting Minutes for April 10, 2013

1. Meeting to Order by Vickie Simmons on April 10, 2013 @8:30 AM
2. Roll Call by Vickie Walden- Attending in Happy Camp was; Vickie Simmons, Chelsea Chambers, Susanna Greeno, Vickie Walden and Dr. Brassea- attending in Yreka was, Mike Lynch, Susan Beatty, Annie Smith, Carol Thom (the new CHR) and Amy- and in Orleans was Fabian Alvarado
3. No Additions or changes to the agenda approved by consensus of the attending committee members.
4. Meeting minutes for December 12, 2012, January 9, 2013, and February 27, 2013 approved with a motion made by Mike Lurch, 2nd by Chelsea Chambers, Vickie Walden abstained and no there were objections. Vickie Simmons abstains for the vote on February 27, 2013 meeting
5. Performance Improvement and Activities Reports
 - 5.1. Patti White's BMI performance improvement written report was attached to this meeting packet. Patti White is out on leave today. Her report was presented by Vickie Simmons.
 - 5.1.1. Vickie S read the highlights of Patti White's report, which included the Purpose Study; the Problem- Epidemic of Obesity is present, serious and increasing; the importance of the problem, the PI goals, how the data will be collected and analyzed. There was discussion on provider documentation, are we correctly capturing the data; and if the data entry clerks are checking for patients education items and entering it into our patient records. Since there were no data entry staff present in this meeting to answer what their process is. There was more discussion on how providers can document patient education so that it can be captured within our current system. In conclusion it was decided that we can ask the data entry staff what they look when entering visit entries. We do want to make sure we are not duplicating the data entry but still are capturing usable data. Baseline Data was collected from the 2012 UDS Data and included in Patti's written report.
 - 5.1.2. Vickie Simmons asked that we make a note for someone to contact Suzanna Hardenburger and request that she or one of the medical data entry staff attend the next ACQI Meeting in May.
 - 5.2. Mike Lynch's HIV written report was attached to the meeting packet.

5.2.1. Mike presented it to the committee. 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 ten of the fifteen 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.

5.2.2. Changes have been made to the reporting criteria for this project. He said that they are currently screening for tobacco abuse, substance abuse, soon they will screen for Osteoporosis, and for Pneumococcal vaccine. Starting in the second quarter they will begin vaccinating the HIV clients as CDC recommends.

5.2.3. The 2013 first quarter findings and project improvement plan is included in the written report.

5.3. Susan Beatty's did a verbal report for the Yreka Dental Records Audit

5.3.1. Susan said that her report was not in the meeting packet, but she was prepared to give a verbal report. Vickie S asked that the report be tabled and done at the next meeting.

5.4. Cheryl Tims Happy Camp Dental Records Report was tabled per Cheryl's request.

6. Vickie Simmons written report on GPRA Bench Marks

6.1. Vickie reviewed her unofficial 2013 3rd Quarter GPRA Report. The report showed there were 3 measures met; 9 measured not met; and 8 measures unknown. The report is due to be finalized and turned in next week. Some of the targets are baseline years but we still have some areas that need improvement i.e. the LDL Assessed, Nephropathy Assessed, Retinopathy Exam, Mammogram Rates, FAS Prevention, IPV and DV Screen, Depression Screening, Comp. CVD-related Assessment, Pre-Natal HIV Screening and Child Weight Control. There was some discussion on how we can improve our numbers for Immunizations; Tobacco Cession; and other patient education by adding to the provider's quick list, Amy said that there is a wellness pick list, that she made for Dr. North, she may be able to add to that list so providers have a quick way to document more patient education. Amy said that the staff rooming patients are very careful about doing and entering depression screening information, our numbers seem low. Maybe we need to check on how the data is being picked up in the system, there may be something wrong with the taxonomy being used to collect the data. The Karuk GPRA

Dashboard report was attached to this meeting packet. Mike Lynch suggested that we may need to focus on collecting data from patients that see outside providers for some of their care. Vickie S. pointed out that we have improved in Prenatal HIV screening. There was discussion on what our current process was for Prenatal HIV testing

7. New Business

7.1. Tabled - Complaints/ Incidents/Suggestions

7.2. Tabled - ACQI Agenda – Patti White

8. Old Business

8.1. Fabian Alvarado's HTN Performance Report

8.1.1. Fabian said that they changed the goals for this project, for the first year we on a fact finding mission to see where we at compared to previous years with the idea that providers would do better. Fabian said 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%.

8.1.2. The written report contained description of data collected, data analysis, and comparisons for the 4 Quarter 2012. Plus some discussion items, previous recommendations, project recommendations, and project plan for re-measurement.

8.1.3. Chelsea Chambers said that she feels this was a good project and that we should go ahead and to the project. The committee agreed that we should go ahead and do this project.

8.2. Carrie Davis -Happy Camp Medical Records Audit Report

8.2.1. The report Carrie submitted was on data collected on provider Chelsea Chambers. The data showed improvement in completion of the visit documentation at the time of the visit.

8.2.2. At a staff meeting, staff concluded it would be waste of time to report on the temporary doctors. That any data collected on the temporary providers would not help improvements their data entry. So until we are able to find a permanent provider they will only be doing reports on Chelsea's data.

9. Policies review and approvals

9.1. Needle Stick – Presented by Annie Smith

9.1.1. Annie went over her revised Needle Stick Policy. It was the consensus of the group that the information Annie presented was great. Vickie Simmons suggested that Annie work with Patti White on the formatting for this revised policy and resubmit it to the committee for review and approval.

9.2. Tabled - Advanced Directive – Presented by Patti White

9.3. Revised Dental Financial Arrangements #14-001-001 (Plus deletion of Dental policy #14-001-002 & #14-001-005) – Presented by Vickie Walden

9.3.1. Vickie Walden went over her process in revising the procedures within this policy i.e. that she took the procedure information from dental policy #14-001-002 and Dental Policy #14-001-005, added some of them to dental policy #14-001-001. That the proposed procedure revisions had been reviewed and approved by Dr. Ash before being submitted to the committee. Vickie went on to say, the major procedure change would be the elimination of the dental pre-payment for Non-Native patients on the Sliding Fee Discount Program. After some discussion Annie Smith made a motion, to approve the procedural changes in policy #14-001-001, motion seconded by Mike Lynch, motion carries with no objections and one abstentions by Vickie Walden. Vickie Simmons asked if we need to review the other attached dental policies. Vickie Walden said no that upon date of signature the procedure revisions will be effective and this revised policy and procedures will replace dental policies #14-001-002 and #14-001-005.

10. Announcements-

10.1. Next Meeting is scheduled for May 8, 2013 at 9 AM

Meeting Minutes recorded and respectfully submitted by
Vickie Walden on June 3, 2013



ACQI Meeting Minutes for May 8 2013 Meeting

1. Meeting called to order by Rondi Johnson at 9:10 AM
2. Roll Call/Sign In – In Happy Camp was Rondi Johnson, Lessie Aubrey, Patti White, Vickie Simmons, Susanna Greeno, and Carrie Davis- in Yreka was Mike Lynch, Annie Smith and in Orleans was Fabian Alvarado.
3. Agenda approved with a motion made by Patti White, 2nd by Mike Lynch, with changes, abstentions or objections. Motion carries agenda approved.
4. Tabled -Approve Minutes of April 10, 2013
5. Performance Improvement Reports Due
 - 5.1. Medical Records Audit – Happy Camp – Carrie Davis
 - 5.1.1. Carrie said that from January through March she found one PPD Reading results was not entered on the same day it was read. There was discussion on why this happened; that it may be because some of the medical staff was not entering visit data at the time it was being done. Carrie said that in this reporting quarter they show a large improvement in the number of completed and provider reviewed Health Questionnaire /Summaries. That having the front office staff and April pay close attention to insure patient health summaries are reviewed for completion and signed by the providers has helped bring the numbers up.
 - 5.2. Medical Records Audit – Orleans – Isha Goodwin
 - 5.2.1. Isha submitted a written report and it will be attached to this meeting packet.
 - 5.3. Medical Records Audit – Yreka – Charleen Deala
 - 5.3.1. Charleen reported that for January through March. She said they had done better this quarter compared to the last quarter, but they continue to find their biggest problem areas were: completion of the patients Health Questionnaire; Heights, weights, and head circumference in pediatrics. Charleen emailed her written report and it will be attached to the meeting minutes. Annie asked why staff is having such a hard time with the vitals, there was discussion on this and the conclusion by the committee was that staff may not be entering visit data into the E.H.R in real time or that these things are just not being done. Mike will talk with the medical staff about the need to resolve these issues.
 - 5.4. EHR Reminders – Mike Lynch
 - 5.4.1. Project Purpose: The project is to improve performance regarding provider completion of reminders as they appear on patient EHRs
 - 5.4.2. Amy selected the following measures for this project:
 - 5.4.2.1. Height (BMI calculation)
 - 5.4.2.2. Lipid profile – female (CVA screen)
 - 5.4.2.3. Lipid profile – male (CVA screen)
 - 5.4.2.4. Pap smear (cancer screen)
 - 5.4.2.5. Mammogram (cancer screen)
 - 5.4.2.6. Colon cancer (cancer screen)
 - 5.4.2.7. DM foot exam (DM screen)
 - 5.4.2.8. DM eye exam (DM screen)
 - 5.4.2.9. DM HgbA1c (DM screen)
 - 5.4.3. Measures selected were those which are related to the greatest health risk of our clients, and are current grant-related performance standards. Mike said the data was collected by Amy from the RPMs Database. The data in first project report dated 2/27/2013 is going to be the baseline for this project. There was questions and

discussion on how the data was collected and if the numbers were for Yreka or organizational wide, Mike said this was an Yreka only project. Vickie S. asked if immunizations could be included in the measures, Mike said they may be able to pick one or two immunizations but any more than that would be too difficult to monitor.

5.4.4. There was a lot of group discussion on collection on vitals and the process for calculating BMI. Annie followed-up with Amy on how BMI is calculated; Amy says you do not have to enter a height at each visit, once per year with the weight taken, will calculate the BMI, that if you do not get the BMI upon entering the weight, the patient is due to have their height taken. When taking and recording vitals staff needs to record vitals taken and if patient refusals.

5.4.5. Mike's written project summary/report for first quarter, January through March 2013, (Including a data analysis chart that shows activities for each Yreka provider) will be attached to this meeting packet.

6. GPRA Reports

6.1. PAP SMEARS – Vickie Simmons

6.1.1. Vickie said that GPRA has changed its reporting parameters and it no longer matches the HRSA reporting criteria for Pap Smears. Because of the changes in GPRA Vickie is asking for committee's approval to discontinue using the GPRA data for this project. The committee agreed that from now on the data for this project will be collected from the UDS Report.

6.1.2. Patti White pulled a 5/3/13 UDS report. It showed that our Pap smear rate at 38.8% for all patients. This project report will look a little different for the next reporting period. The project goal is to increase Pap smear rates by 10% per year.

6.1.3. Susanna Greeno asked if this report can be broken down by provider and Patti White but she can print patient list from the UDS report. Carrie Davis said has been making sure the Pap information gets to data entry for processing. Vickie Simmons said that what Carrie's doing is good but we also we need to make sure the pap results are given to the providers and the patients.

6.1.4. Vickie's written report is attached to this meeting packet.

7. New Business

7.1. Complaints/Incidents/Suggestions –Rondi Johnson

7.2. HRSA required ACQI PI project for Diabetic patients– Vickie S. asked if we could go to 7.2 on the agenda. This agenda item was to look at doing a new PI project for the diabetics. Vickie S went on to review the problem areas found in the 2013 yearly Diabetic Report, done for Native American Patients in the year 2012. Vickie S. said that the report shows we are doing a fine job in most areas. Patti White asked if anyone remembers what it was that HRSA wanted us to report on. No one wanted really remembered what HRSA said at the site visit. After a long group discussion was to have Annie Smith, working with Vickie Simmons will do a Diabetic Performance Improvement Project. Patti White commented that this report must include all populations because it was a HRSA required report.

8. Old Business

8.1. Yreka Dental – Susan Beatty's written report was attached to this meeting packet.

8.2. Tabled - Happy Camp Dental – Cheryl Tims

9. Policy Approvals:

9.1. Rondi presented the Health Program Personnel Policy 02-002-065 for review and revision. Rondi will be asking for a change in section 7.3.0 Standards of Dress. She is thinking having the following changes be added to the Standard of dress policy i.e.

9.1.1. The front office and back office clinic staff be required to wear full scrubs (Navy Blue is being considered for the standard color of scrubs).

9.1.2. No perfumes or scented lotions to be worn by clinic staff

9.1.3. All tattoos are to be covered while working

- 9.1.4. That Acrylic Nails are not to be worn by staff doing hands on patient care.
- 9.1.5. Dress Code Policies will be enforced.
- 9.1.6. Staff must be clean and wear professional attire.
- 9.1.7. Comments from the committee members present were: very good idea; should have been done a long time ago; and

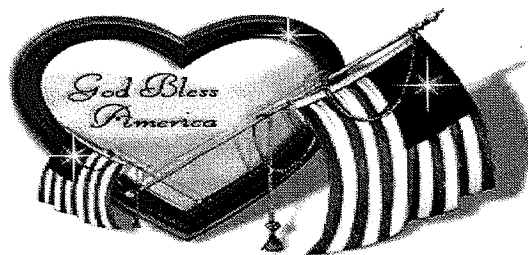
10. Reminders from Rondi were:

- 10.1. The Biannual Staff Meeting/Training is scheduled for Wednesday May 15th.
- 10.2. Next Meeting June 12, 2013 at 8:15 am

11. All the committee members present agreed to adjourn this meeting.

Meeting minutes respectfully submitted by Vickie Walden RDA on June 4, 2013

**Karuk Tribal Health &
Human Services Program
ACQI Committee
Meeting/Conference Call
KCHC Teleconference Room
May 8, 2013
9:00 am-10:00 am**



*For those who have fallen
and for those who have stood to fight
May God bless and keep you safe
throughout each day and night*

Happy Memorial Day

1. Call Meeting to Order – Rondi Johnson
2. Roll Call/Sign In – Vickie Walden
3. Approve Agenda – Rondi Johnson
4. Approve Minutes of April 10, 2013. – Rondi Johnson
5. Performance Improvement Reports Due
 - 5.1 Medical Records Audit – Happy Camp – Carrie Davis
 - 5.2 Medical Records Audit – Orleans – Isha Goodwin
 - 5.3 Medical Records Audit – Yreka – Charleen Deala
 - 5.4 EHR Reminders – Mike Lynch
6. GPRA Reports
 - 6.1 PAP SMEARS – Vickie Simmons
7. New Business
 - 7.1 Complaints/Incidents/Suggestions – Rondi Johnson
 - 7.2 ACQI PI Report (Diabetes Report?) – Rondi Johnson
8. Old Business
 - 8.1 Happy Camp – Carrie Davis
 - 8.2 Yreka Dental – Susan Beatty
 - 8.3 Happy Camp Dental – Cheryl Tims
9. Policy Approvals: Health Program Personnel Policy 02-002-065
10. Next Meeting June 12, 2013 at 8:15 am
11. Adjourn

KARUK TRIBAL HEALTH CLINIC
HAPPY CAMP
(CHARTS PULLED-January, February, March 2013)

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 agreed 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:

During this quarter there was only one thing found. One immunization was not entered at the time I randomly picked chart numbers & visits, but was entered only one working day later when I did my review so that I can let the MA know that a correction was needed.

Carrie L Davis
Medical Records Clerk
May 8, 2013

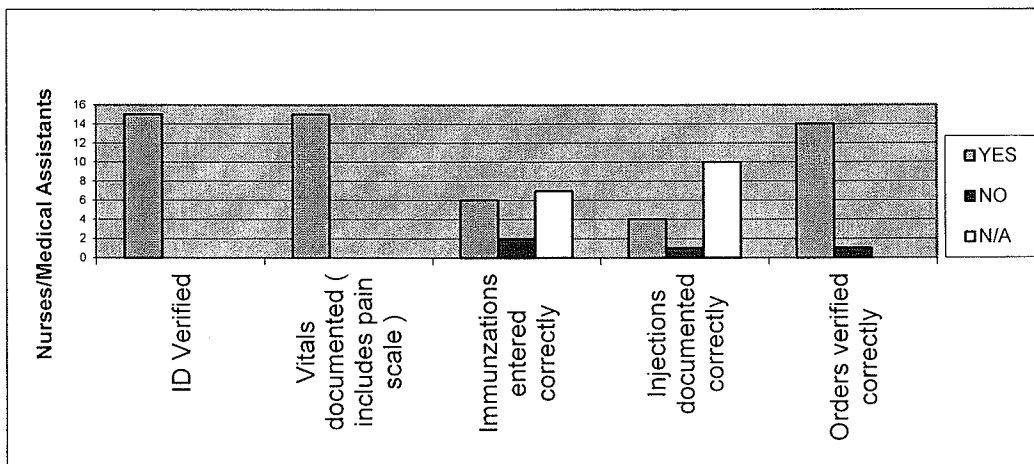
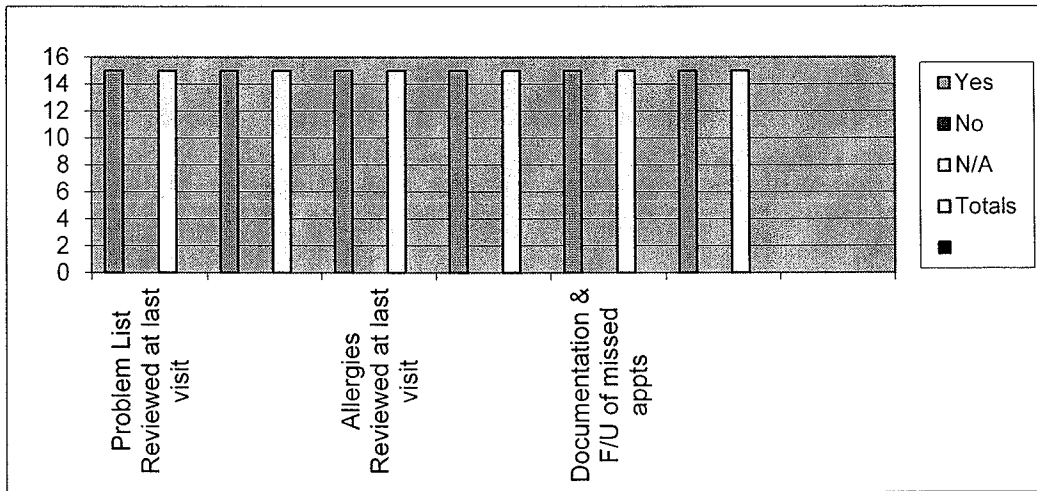
CHELSEA CHAMBERS PA

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	15	0	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	1	11	15
Injections documented correctly	3	0	12	15
Orders verified correctly	6	0	9	15



**Karuk Tribal Health and Human Services
Orleans Medical Clinic
Medical Records Audit
January, February, March 2013**

**HEALTH RECORDS-
2013**

Purpose:

To ensure and identify potential areas for improvement in the electronic health records management and documentation processes at the Orleans Medical Clinic in Orleans CA. Record maintenance and proper documentation is crucial for risk management, billing and quality care for our patients.

Goals:

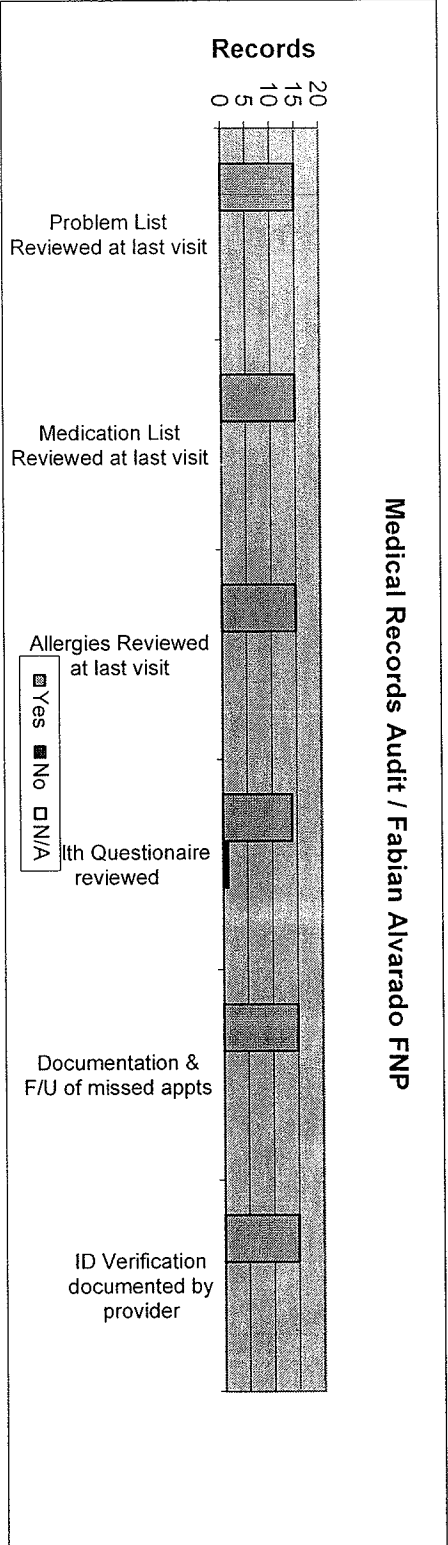
To identify problem areas in the electronic health records management and team. To increase the quality of the electronic health records in the Orleans Clinic area to 100% by August 2013.

Data:

A review tool will be used to collect specific data from the electronic health records review of 5 males, 5 females and 5 pediatric patients on each provider. A total of 15 patients. Data will be extracted from electronic health records reviews of randomly selected patients on a quarterly basis. The data either has been documented (Yes) or hasn't been documented (no), or non-applicable (N/A). This data will become the baseline and will be compared to following reports to determine if improvements were being made.

Records:

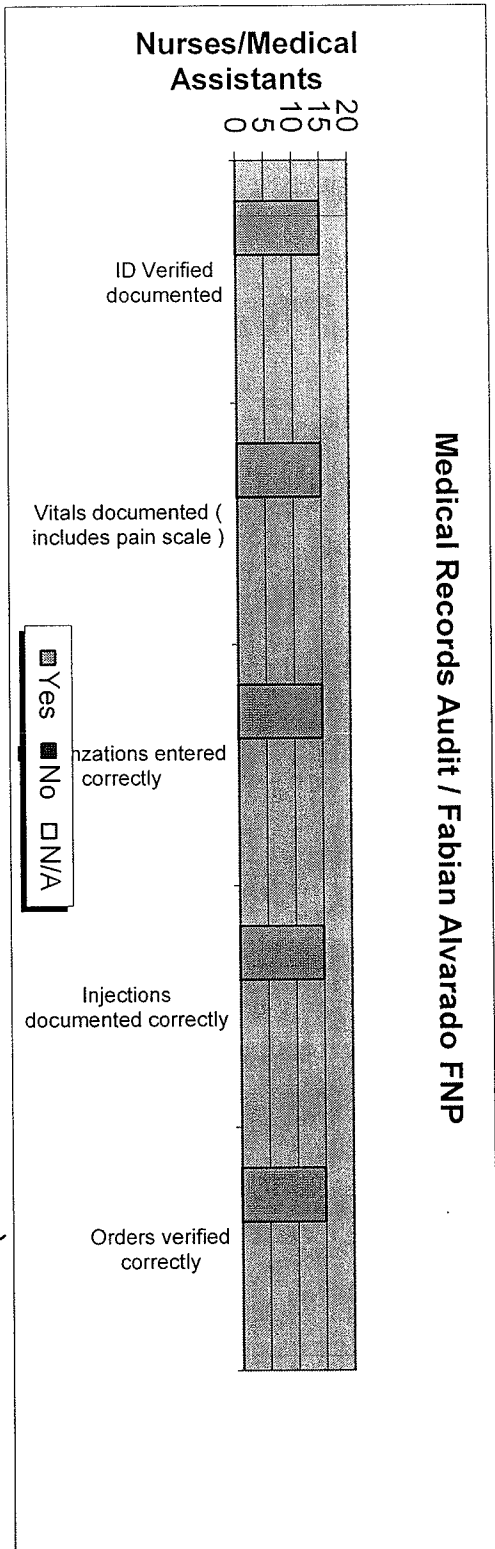
The first graph shows the Records. The health questionnaire situation has been resolved and right on track.



Nurse/Medical Assistant:

This graph shows the Nurse/Medical Assistant. N/A comes up on the injections documented correctly, this is due to past history. Also Orders verified correctly, there were no orders needed.

Medical Records Audit / Fabian Alvarado FNP



Problems / Comparison:

There was only one finding in this report and that was one health record was not reviewed at time of visit. Most likely due to pt. not having it filled out before visit. Spoke with Fabian about it.

Implementation of Corrective Actions to Resolve:

The Orleans Clinic will work very hard as a team to help remind our provider to go over all Health Questionnaires, We will continue to work as a team to make our Audits at 100%

Communicated:

Reported findings to supervisor, ACQI committee and to the Health Board.

should

t

KARUK TRIBAL HEALTH CLINIC YREKA
CHARTS PULLED – JAN-MAR 2013

PURPOSE :

IDENTIFY AREAS FOR IMPROVEMENT IN TH ELECTRONIC HEALTH
RECORDS MANAGEMENT AND DOCUMENTATION PROCESSES.

GOALS :

IDENTIFY PROBLEMS IN THE ELECTRONIC HEALTH RECORDS
MANAGEMENT

DATA: A COLLECTION OF 5 FEMALES AND 5 MALE 5 PEDIATRIC PATIENTS
WERE CHOSEN RANDOMLY TO REVIEW DATA IN ELECTRONIC HEALTH
INFORMATION .

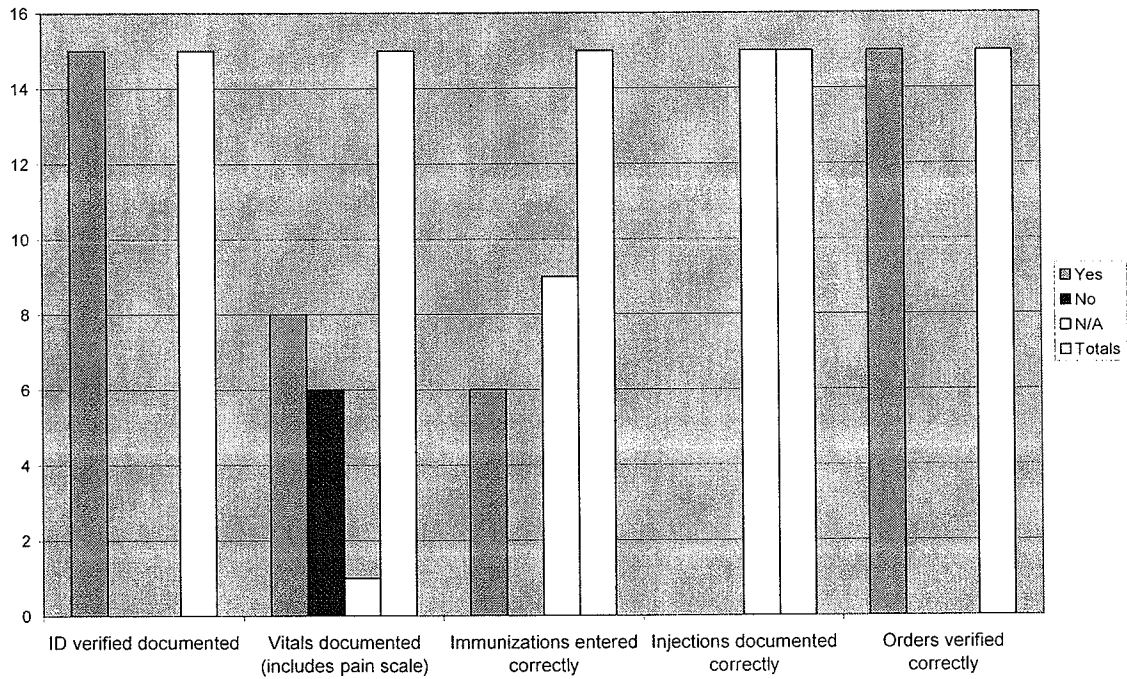
PROBLEMS: THE BIGGEST PROBLEM FOUND WAS HEALTH QUESTIONAIRES
HEIGHTS,WEIGHTS,HEAD CIRCUMFERENCE IN PEDIATRICS.

CHARLEEN DEALA
MEDICAL RECORDS
YREKA CLINIC

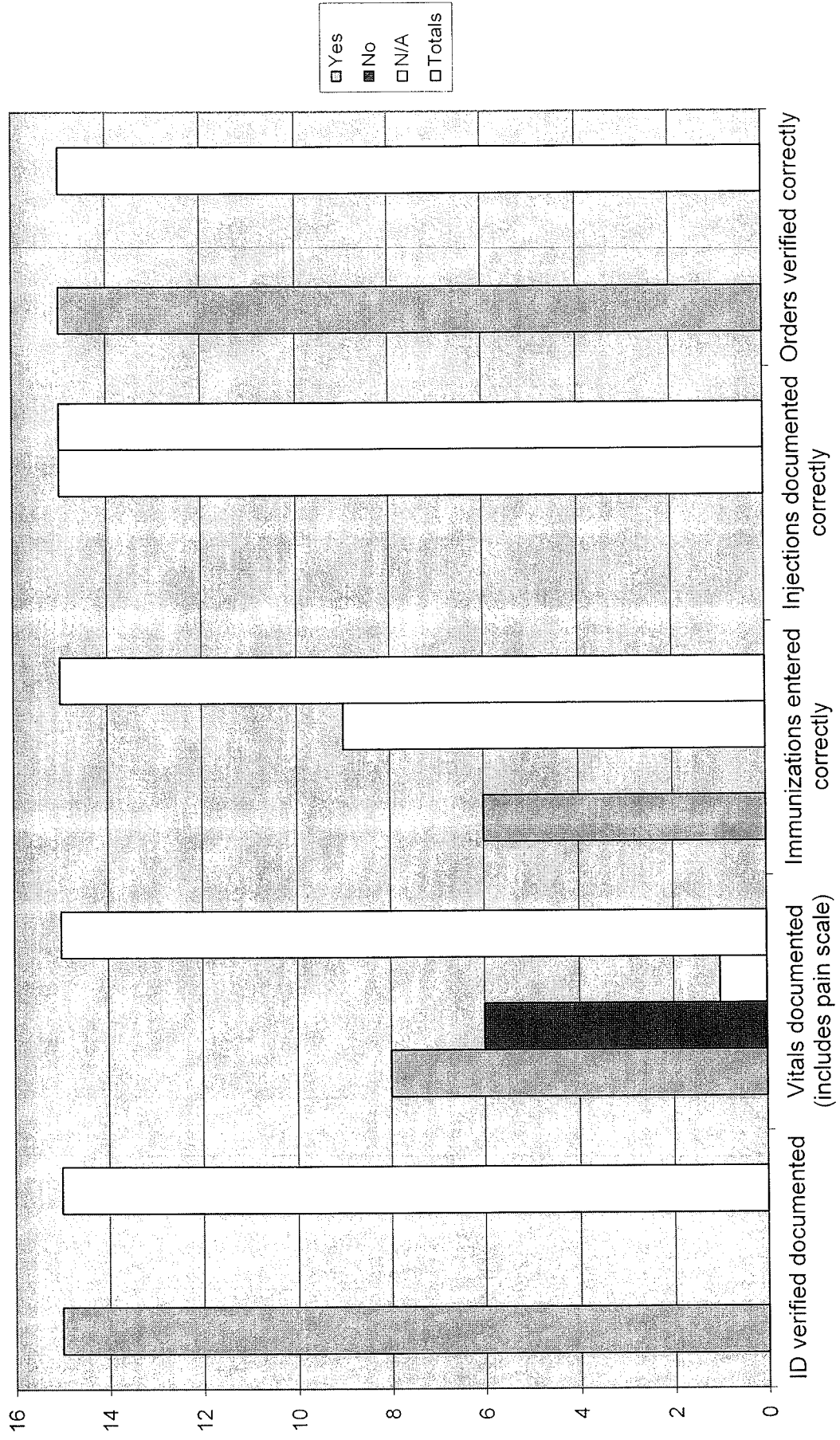
Lisa Rugg's LVN/MAs

	Yes	No	N/A	Totals
ID verified documented	15	0	0	15
Vitals documented (includes pain scale)	8	6	1	15
Immunizations entered correctly	6	0	9	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15

Lisa Rugg's LVN/MAs



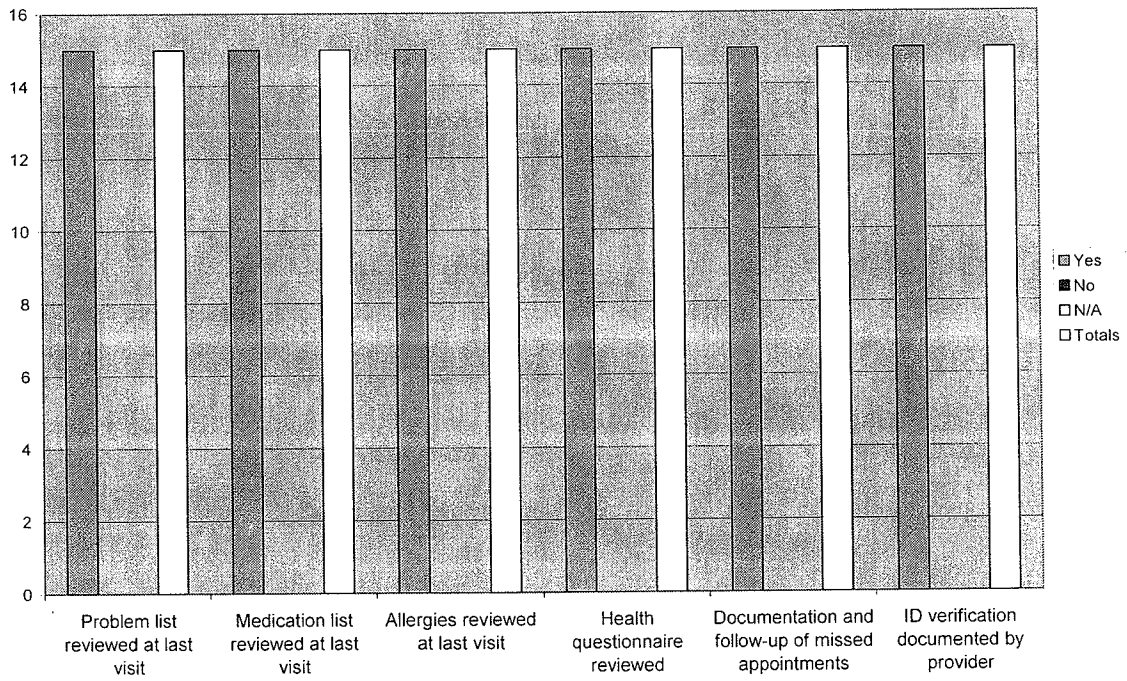
Lisa Rugg's LVN/MAS



Medical Records Audit
 1st Quarter 2013
 Lisa Rugg

	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	15	0	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID verification documented by provider	15	0	0	15

Lisa Rugg



Dr. Hess
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	12	3	0	15
Documentation and follow-up of missed appoin	15	0	0	15
ID verification documented by provider	15	0	0	15

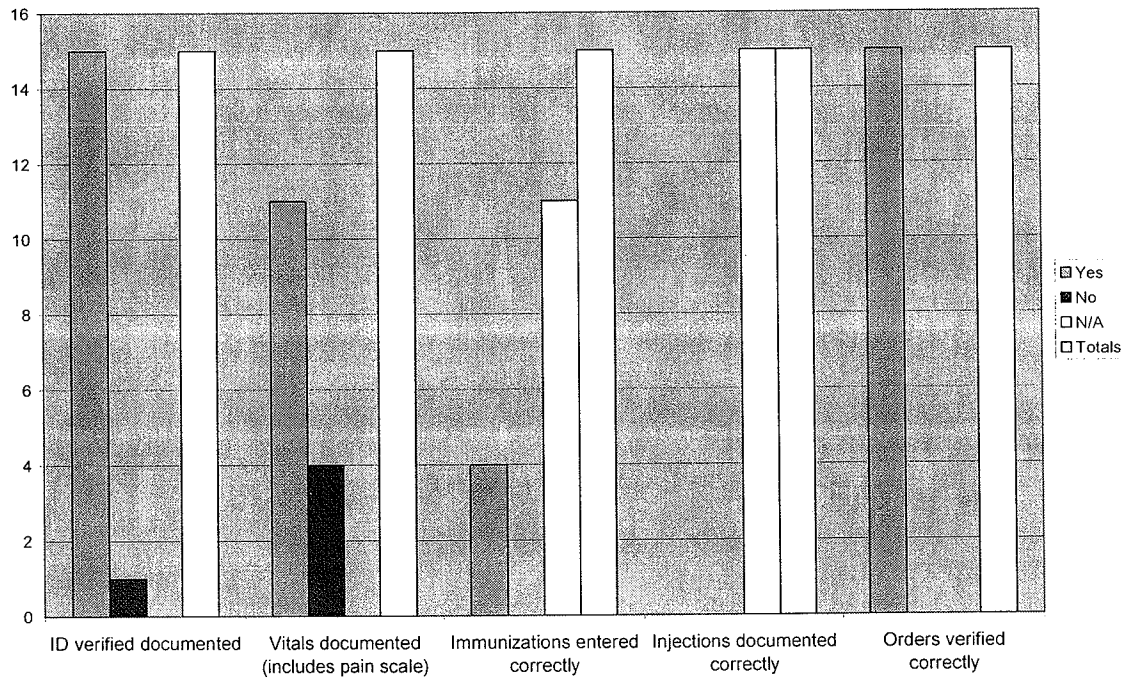
Nurses/Medical Assistants

	Yes	No	N/A	Totals
ID verified documented	15	1	0	15
Vitals documented (includes pain scale)	11	4	0	15
Immunizations entered correctly	4	0	11	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15

Dr. Hess' LVN/MAs

	Yes	No	N/A	Totals
ID verified documented	15	1	0	15
Vitals documented (includes pain scale)	11	4	0	15
Immunizations entered correctly	4	0	11	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15

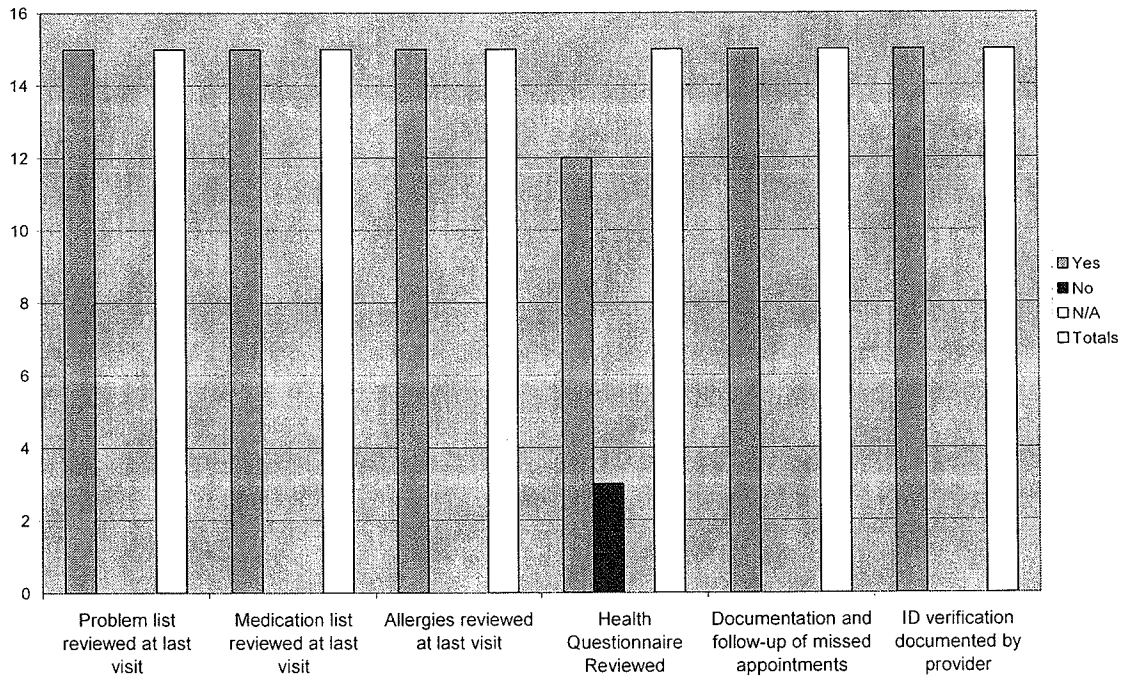
Dr. Hess LVN/MAs



Medical Records Audit
1st Quarter 2013
Dr. Hess

	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	12	3	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID verification documented by provider	15	0	0	15

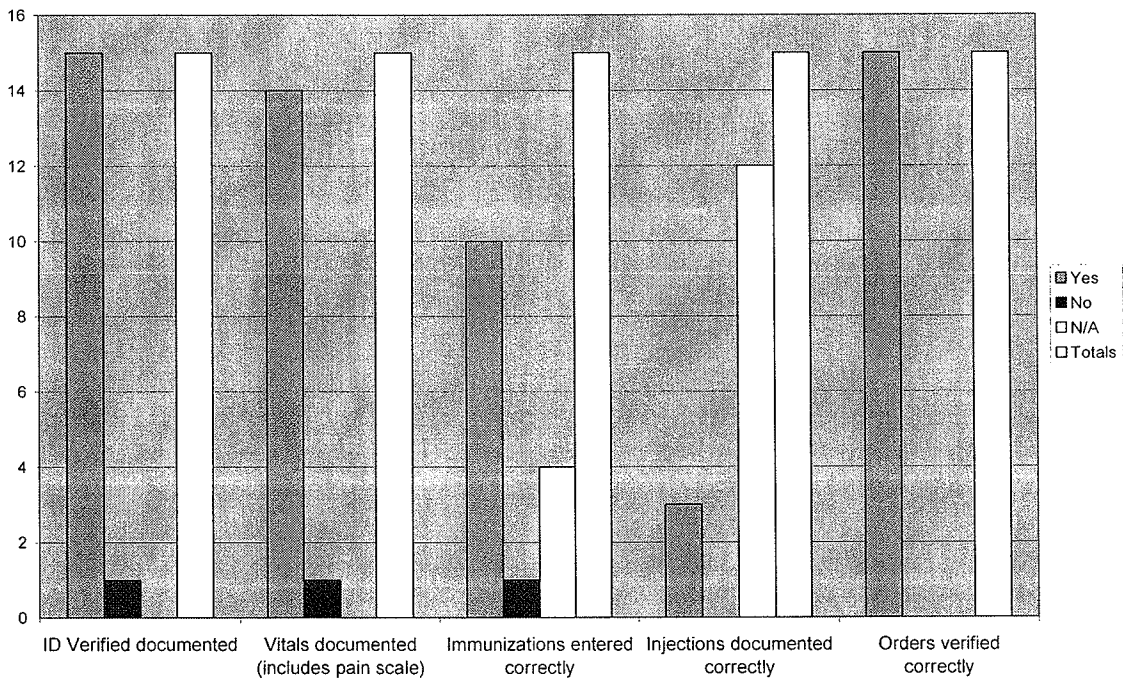
Dr. Hess



Dr. Milton's LVN/MAs

	Yes	No	N/A	Totals
ID Verified documented	15	1	0	15
Vitals documented (includes pain scale)	14	1	0	15
Immunizations entered correctly	10	1	4	15
Injections documented correctly	3	0	12	15
Orders verified correctly	15	0	0	15

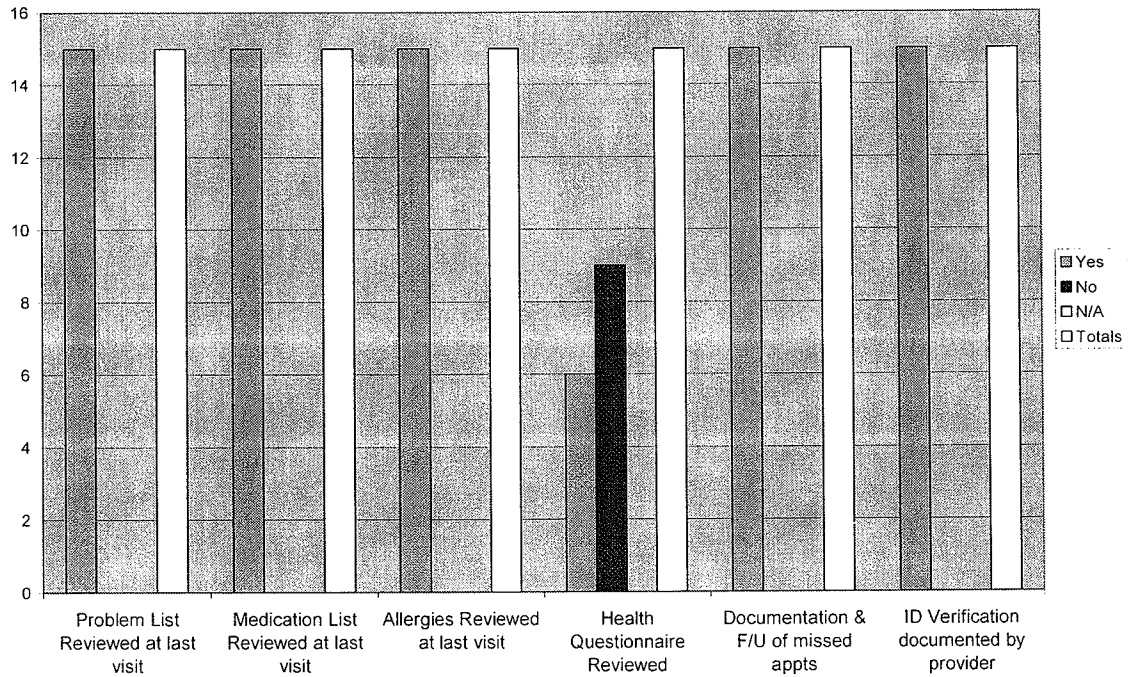
Dr. Milton's LVN/MAs



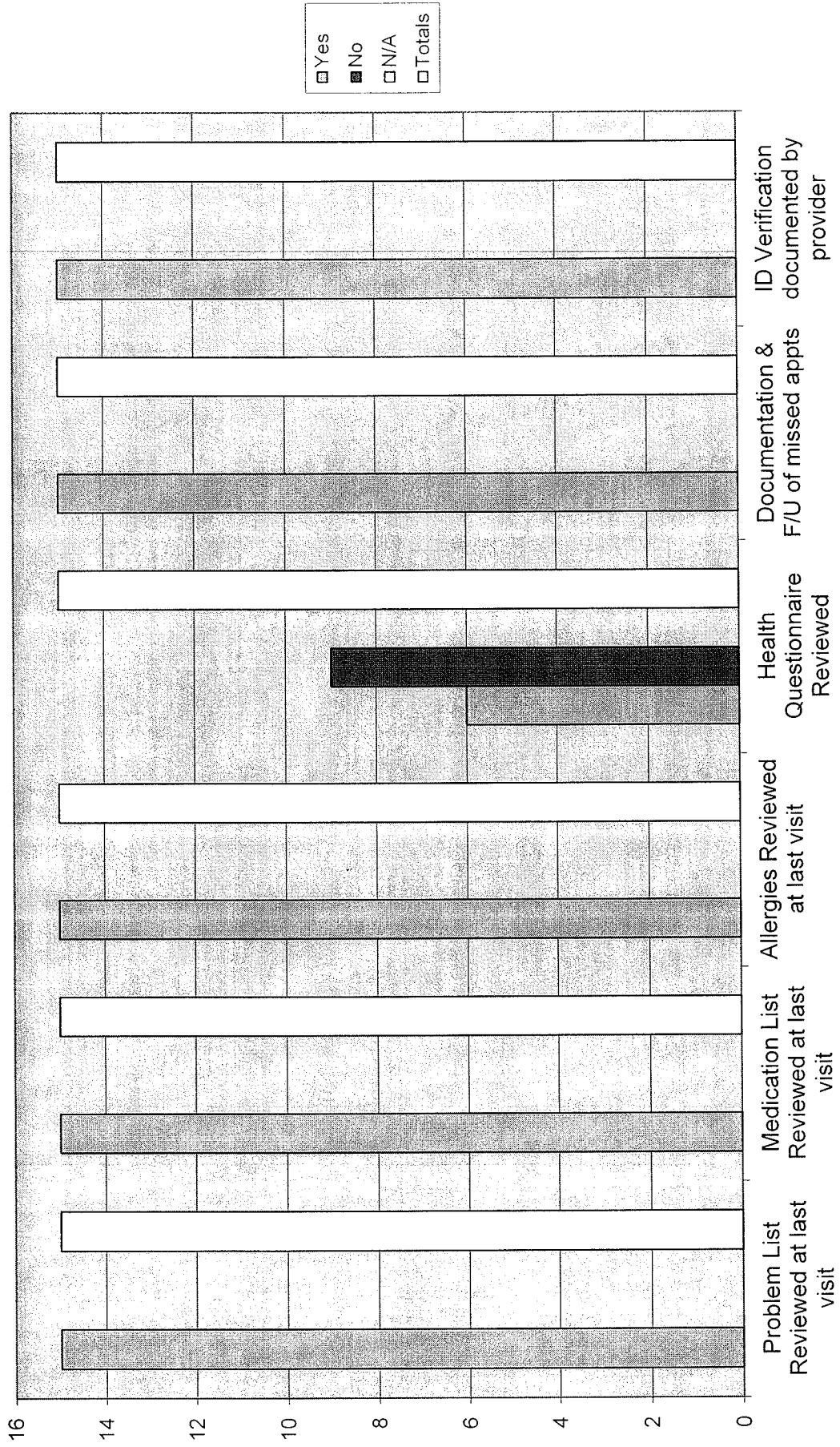
Medical Records Audit
1st Quarter 2013
Dr. Milton

	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	6	9	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID Verification documented by provider	15	0	0	15

Dr. Milton



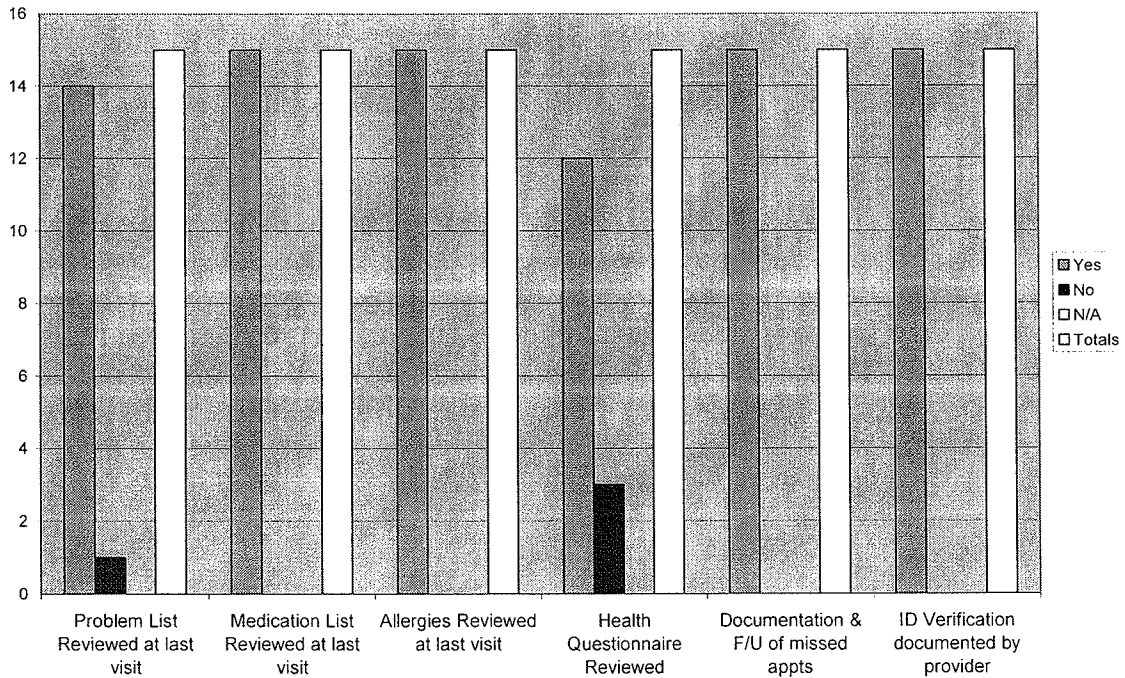
Dr. Milton



Medical Records Audit
1st Quarter 2013
Dr. North

	Yes	No	N/A	Totals
Problem list reviewed at last visit	14	1	0	15
Medication list reviewed at last visit	15		0	15
Allergies reviewed at last visit	15	0	0	15
Health questionnaire reviewed	12	3	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID Verification documented by provider	15	0	0	15

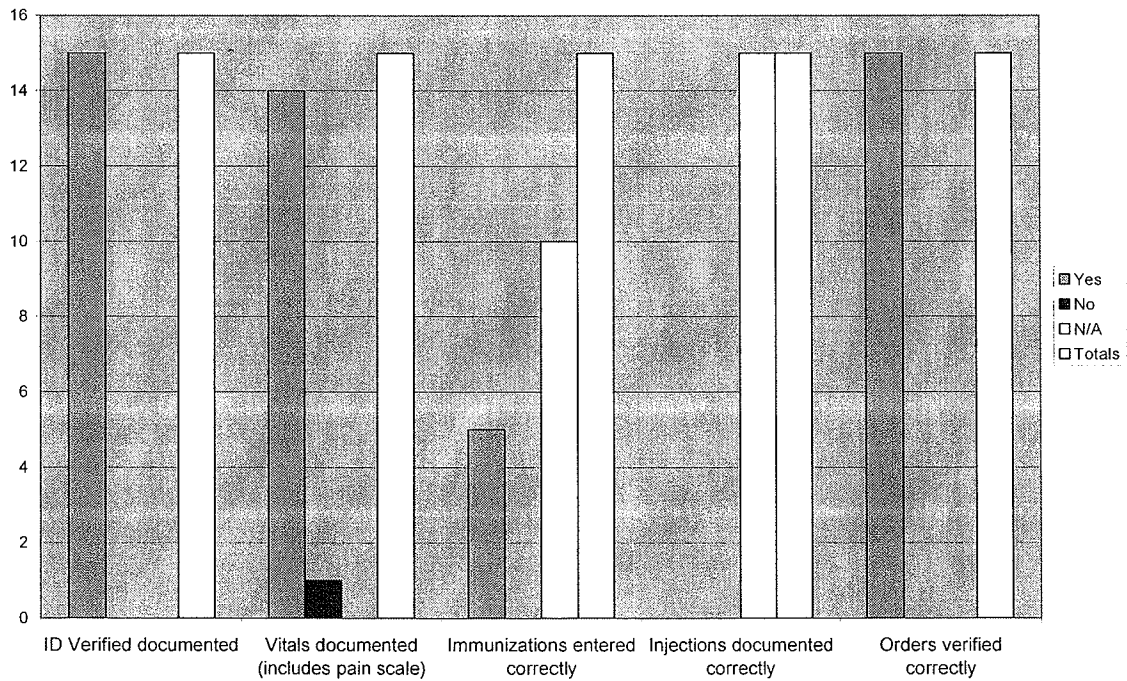
Dr. North



Dr. North's LVN/MAs

	Yes	No	N/A	Totals
ID verified documented	15	0	0	15
Vitals documented (includes pain scale)	14	1	0	15
Immunizations entered correctly	5	0	10	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15

Dr. North's LVN/MAs



DR. NORTH
Record

	Yes	No	N/A	Totals
Problem List Reviewed at last visit	14	1	0	15
Medication List Reviewed at last visit	15		0	15
Allergies Reviewed at last visit	15	0	0	15
Health Questionnaire Reviewed	12	3	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)	14	1	0	15
Immunizations entered correctly	5	0	10	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15



Performance Improvement Project
Yreka Medical Clinic
1st Quarter 2013

Project Purpose: The project is to improve performance regarding provider completion of reminders as they appear on patient EHRs.

Rationale:

- Reminders are designed to assure that the key health issues, specific to each patient, are addressed during the course of the current examination. Unresolved reminders can pose a medical risk to the client, and can place the Tribe in legal jeopardy.
- Reminders are also directly tied to our performance on federal grants. Certain unresolved reminders reduce our grant-related performance rates, potentially placing future funding in jeopardy.

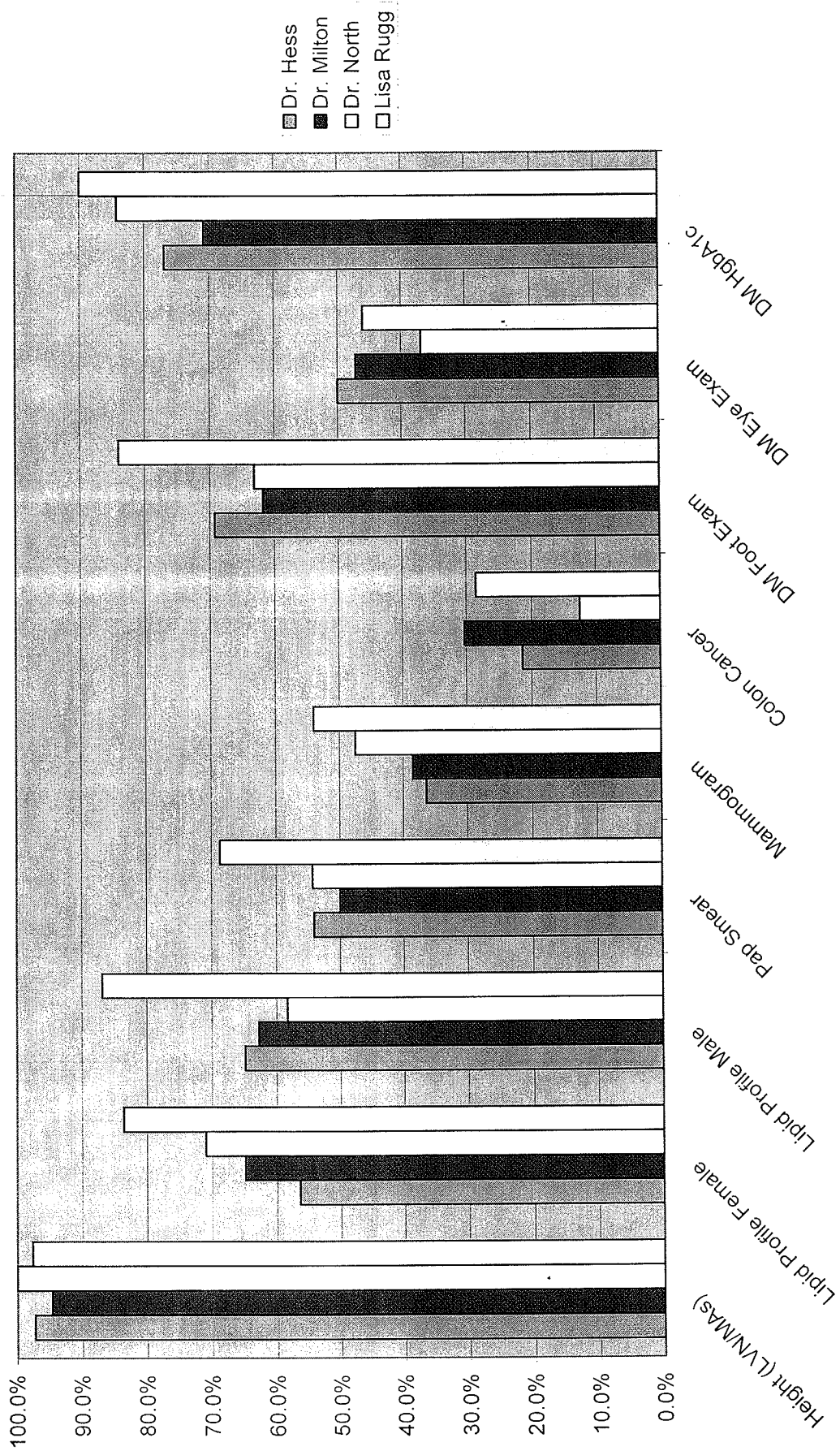
Measures Selected for Performance Improvement:

- Height (BMI calculation)
- Lipid profile – female (CVA screen)
- Lipid profile – male (CVA screen)
- Pap smear (cancer screen)
- Mammogram (cancer screen)
- Colon cancer (cancer screen)
- DM foot exam (DM screen)
- DM eye exam (DM screen)
- DM HgbA1c (DM screen)

Measures selected were those which are related to the greatest health risk of our clients, and are current grant-related performance standards. The data was collected by Amy Coapman, through query of the RPMS database. The first report generated for the 2/27/2013 ACQI meeting was for demonstration purposes. This report should be considered baseline performance data. Subsequent periods will be compared to determine the relative improvement or decline of reminder completion performance.

The chart on the following page presents performance by provider on the nine reminder types listed above. It presents the percentage of reminders that were resolved during applicable examinations for the period. The data was compiled by Amy Coapman regarding performance during the period 1/1/2013 through 3/31/2013.

**Selected Reminder Completion Rate
1/1/2013 - 3/31/2013**



KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM

May 8, 2013

Pap Smear Rates: Will increase by 10% per year for women 24 to 64 years of age

I. Purpose of Study

The purpose of this performance improvement project is to increase by 10% per year the number of women who receive a Pap smear once every three (GPRA is now 4) years. This goal is a HRSA goal (for all women ages 24 to 64) and a GPRA goal (for Native American women ages 21 to 64, changed to 25 to 64 in 2013 within the last 4 years). The National GPRA 2013 target for pap smears is a baseline for now since the parameters changed.

II. Identification of the Performance Goal

Our GPRA pap smear rate in 2008 was 45% (Native American females only), **(55.0% in 2009, 56.2% in 2010, 55.4% in 2011 and 54.4% in 2012)** and the UDS report for 2008 indicated that 36% **(41.5% in 2009, 45.2% in 2010, 53.2% in 2011 and 48.6% through December 31, 2012)** of our female population received a pap smear. The Karuk Tribal Health and Human Services (KTHHSP) program serviced 935 **(853 in 2009, 757 in 2010, 767 in 2011, 760 through December 31st, 2012)** female patients between the ages of 24 and 64 in 2008. A Pap test can save a woman's life. Pap tests can find the earliest signs of cervical cancer. If caught early, the chance of curing cervical cancer is very high. Pap tests also can find infections and abnormal cervical cells that can turn into cancer cells. Treatment can prevent most cases of cervical cancer from developing.

Getting regular Pap tests is one service KTHHSP providers can do for our female patients to prevent cervical cancer. In fact, regular Pap tests have led to a major decline in the number of cervical cancer cases and deaths.

III. Description of the Data

The baseline data for this performance improvement project was taken from the 2008 UDS report which revealed that the KTHHSP had a Pap test rate of only 36%.

IV. Evidence of Data Collection

Our 2008 baseline from the UDS report indicates that 36% of our female clients in the age range received a Pap test. The KTHHSP computer system has the capability of monitoring Pap test data. The program will use both the GPRA report data and the UDS report data to track our Pap smear rates.

V. Data Analysis

At this point we have our baseline 2008 GPRA and UDS data. Further analysis will ensue over the next year.

VI. Comparison of Current Performance Against Performance Goal

Patti White pulled a 5/3/13 UDS report. Our Pap rate was **38.8%**. A GPRA Report for 3rd quarter 2013 shows that our Native American patient pap rate is higher at **60.3%**. It is higher because 2013's GPRA requirement for Paps has changed. Instead of ages 21-64 in last 3 years it has been changed to ages 25-64 in the last 4 years. The UDS requirement is ages 24-64 years in the last 3 years.

VII. Implementation of Corrective Actions to Resolve Identified Problem

The following key steps will be instituted with the intended result that our Pap smear rates will increase by 10% per year (this now seems to have been an unrealistic goal):

- Define when pap smears are due (i.e. every three years) and define parameters for providers. **(Completed)**

The next two corrective actions have not had the 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.

- Select biannual days for Women's Clinics in each medical facility. **(Cancelled)**
- Promote Women's Clinic at front desk, throughout clinics, and communities. **(Cancelled)**
- Identify women needing Paps. **(EHR reminders, lists, WH package)**
- Contact patients needing Paps by phone/letter to schedule appointment during Pap clinic. **(In process for 2013)**
- Utilize low-cost incentives **(In process for 2013)**.

VIII. Re-Measurement

At the designated re-measurement time, repeat steps IV and V. Compare the results of the second round of data collection and analysis to the performance goal identified in step II, and determine whether the corrective actions have achieved the desired performance goal.

IX. Implementation of Additional Corrective Actions if Performance Goals Not Met

If the initial corrective actions did not achieve and/or sustain the desired improvement in performance, implementation of additional corrective actions and continued re-measurement will be instituted until the problem is resolved.

X. Communication to Governing Body

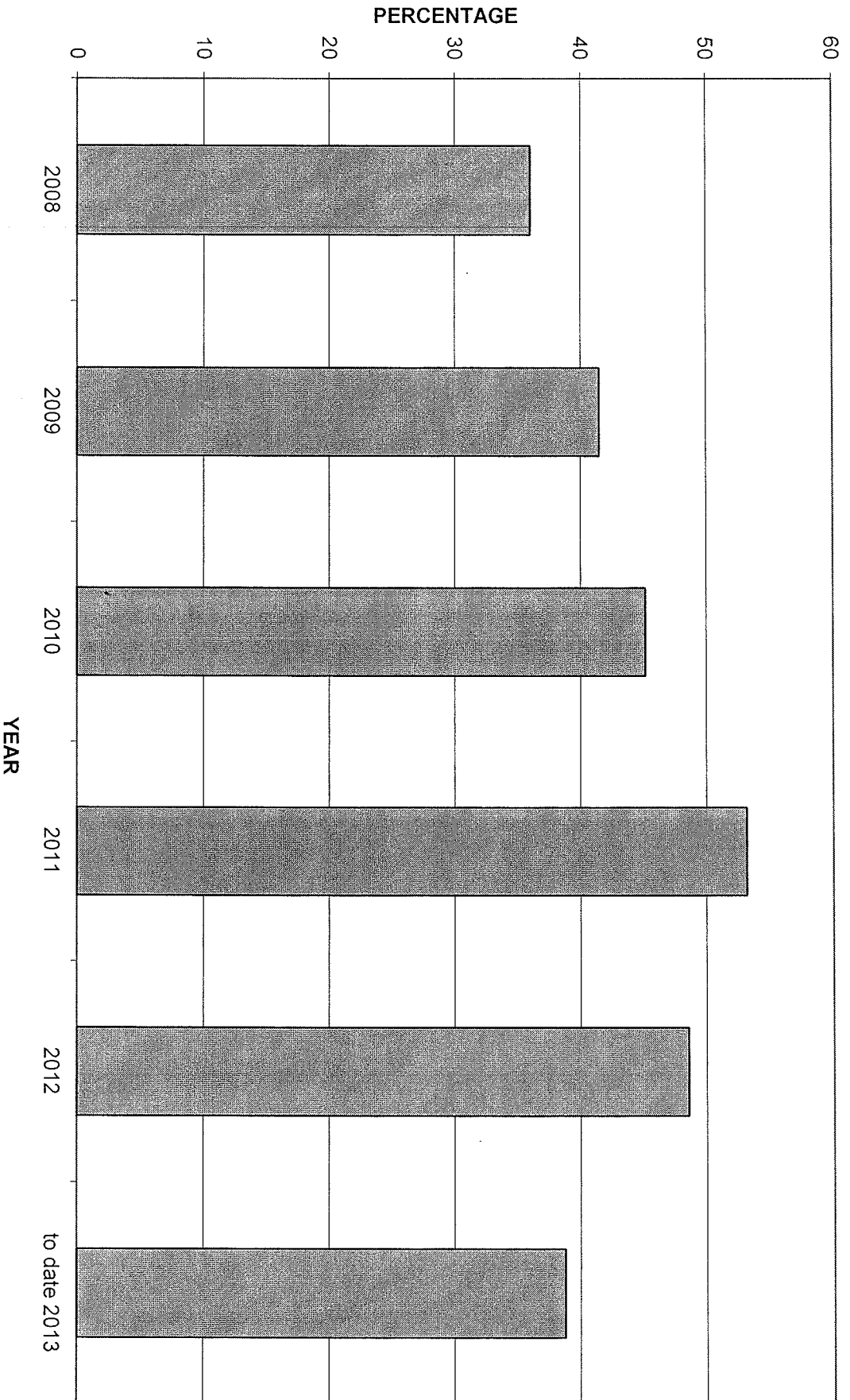
All performance improvement projects are reported on a regular basis to the Tribal Council and posted in each clinic on an employee information bulletin board.

Suggestion: Since the GPRA pap smear parameter has changed and is now not similar to UDS, I propose removing GPRA numbers from this report. In fact, I think a rewrite of the entire QI project is needed.

Respectfully Submitted,

Vickie Simmons

JDS: KARUK PAP SMEAR RATES



Performance Improvement Project
BLOOD PRESSURES
4th Qtr 2012 and 1st Qtr 2013
Yreka Dental Dept

PURPOSE:

Our policy states that we are to take blood pressures on every hypertensive patient that we see and we are falling behind in this area. The purpose of our review is to see how we are doing and to improve on the taking of blood pressures on hypertensive patients.

GOAL:

To ensure that our patients have their blood pressure taken at every visit and to raise our percentage up to 90%.

DATA:

Twenty charts were randomly pulled for each quarter to collect the data for this report. Looks like we made our goal in the first quarter of 2013! Congradulations!

FINDINGS:

1st Qtr 2013: 19/20 or 95% were correct.

2nd Qtr 2012: 19/20 or 95% were correct.

3rd Qtr 2012: 17/20 or 85% were correct.

4th Qtr 2012: 17/20 or 85% were correct.

Out of the twenty charts for each quarter reviewed either the blood pressure was not taken or they didn't have one taken at every visit within that quarter. Since Dr Ash has been our director our blood pressure scores have been higher and I am confident that they will stay high for us to achieve our goal consistantly.

CORRECEITIVE ACTIONS:

To communicate the problem with our staff so they are aware of the problem and can try to correct the problem. We will also communicate with our governing body and throughout the organization.

Respectively Submitted,
Susan Beatty, RDA

MEDICAL RECORDS ANALYSIS REPORT
4th Qtr 2012 and 1st Qtr 2013
YREKA DENTAL DEPT

PURPOSE:

With the overload of patients and the hurry to get everyone seen as soon as possible, it is very easy to overlook the details of charting. The purpose for the review is to improve the thoroughness of charting and look for accuracy and care of our patient's charts.

GOAL:

To have our charts in order and correct in the paper charts as well as EDR so our reports show our goal of 90%.

DATA:

Twenty charts are randomly pulled to collect information in the following areas.

1. Full Name, Chart Number on the outside of chart.
2. Current Face Sheet
3. Medical History Updated and Signed
4. Patient Health History in Chart
5. Medical Alerts – see chart attached
6. Dental Exam Complete
7. Treatment Plans Signed/Dated
8. Chart Entries Initialed by Staff
9. Clinical Notes Signed by Provider
10. Local Anesthesia Noted
11. X-ray Label Complete
12. Informed Consents Endo/Extraction

FINDINGS:

1. Current Face Sheet – two charts did not have a current one.
2. Medical History Form – half of our charts didn't have the provider's signature showing that it was looked at.
3. Patient Health History in Chart – 0% none of the charts didn't have the health summary in it.
4. Dental Exam Record complete – comparing the two quarters from 4th quarter to 1st we went down one chart complete making it 3 charts incomplete.
5. Treatment Plans Signed/Dated – we really dropped from 95% to 65%.
6. Chart Entries Initialed by Staff – we stayed the same at 90%.
7. Clinical Notes signed by Provider – 95%. One note was not signed.
8. Local Anesthesia noted – 100%
9. X-rays – one chart didn't have the x-ray label marked with name, hrn number, provider or date. 95%
10. Informed Consents – one chart didn't have the RCT consent form filled out in the 4th quarter and the other didn't have the dentist signature in the 1st quarter. 95%.

With our new system, it will take awhile to get adjusted to all the places the staff need to sign/date or chart especially having the use the paper charts and the EDR.

MEDICAL ALERT LABELS Since we have EDR we have changed and added some of our Alter Labels to look for. The chart shows that I audited then starting at the 4th quarter and then also did the 1st quarters audit since it was that time to compare it with. See Chart Attached.

CORRECTIVE ACTIONS:

1. Goal is to be at 90%-100% in all areas by our 4th quarter report in 2013.

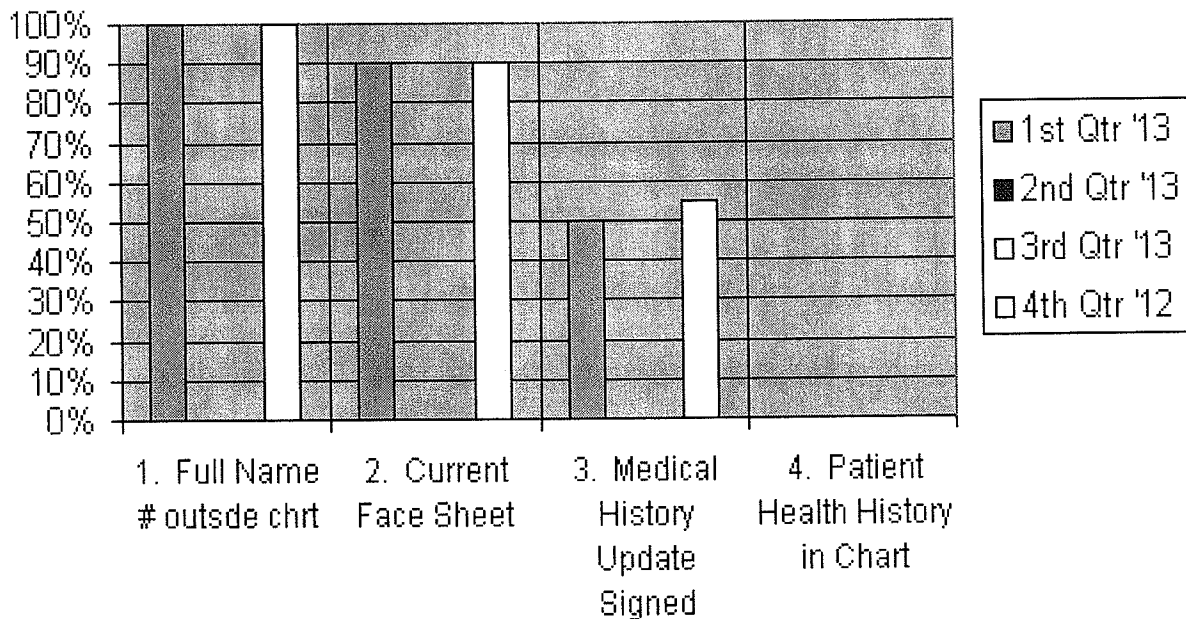
We will also communicate the problem with our staff, governing body and throughout the organization. This way everyone is aware of the areas of concern and to show them we are striving to improve in those areas. This will also raise out level of thoroughness.

Respectively Submitted, Susan Beatty, RDA

4TH Qtr 2012 + 1st Qtr 2013 CHART REVIEW / YREKA DENTAL

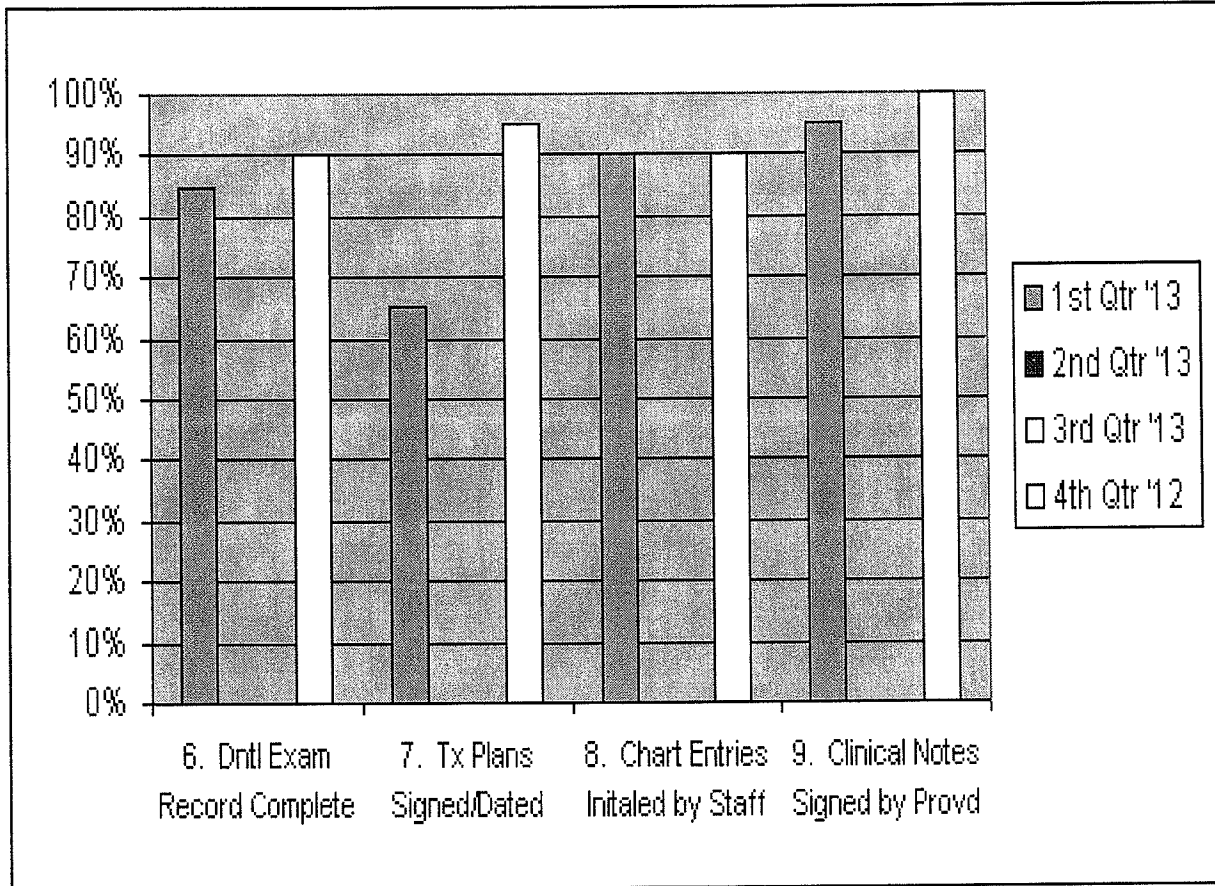
	1st Qtr '13	2nd Qtr '13	3rd Qtr '13	4th Qtr '12
1. Full Name # outside chart	100%			100%
2. Current Face Sheet	90%			90%
3. Medical History Update Signed	50%			55%
4. Patient Health History in Chart	0%			0%

4th Qtr 2012 + 1st Qtr 2013 Chart Review



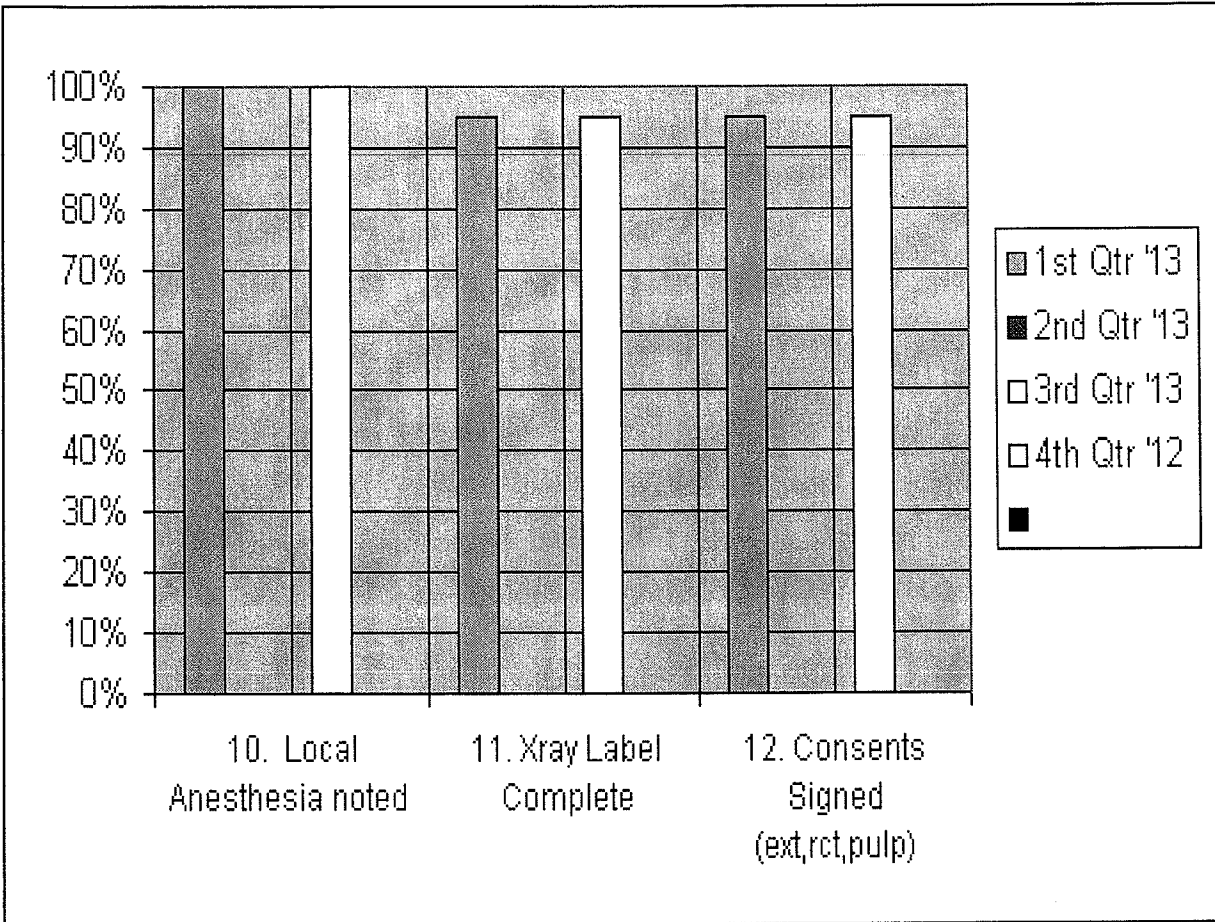
5. Medical Alerts - See Chart Attached

	1st Qtr '13	2nd Qtr '13	3rd Qtr '13	4th Qtr '12
6. Dntl Exam Record Complete	85%			90%
7. Tx Plans Signed/Dated	65%			95%
8. Chart Entries Initialed by Staff	90%			90%
9. Clinical Notes Signed by Provd	95%			100%



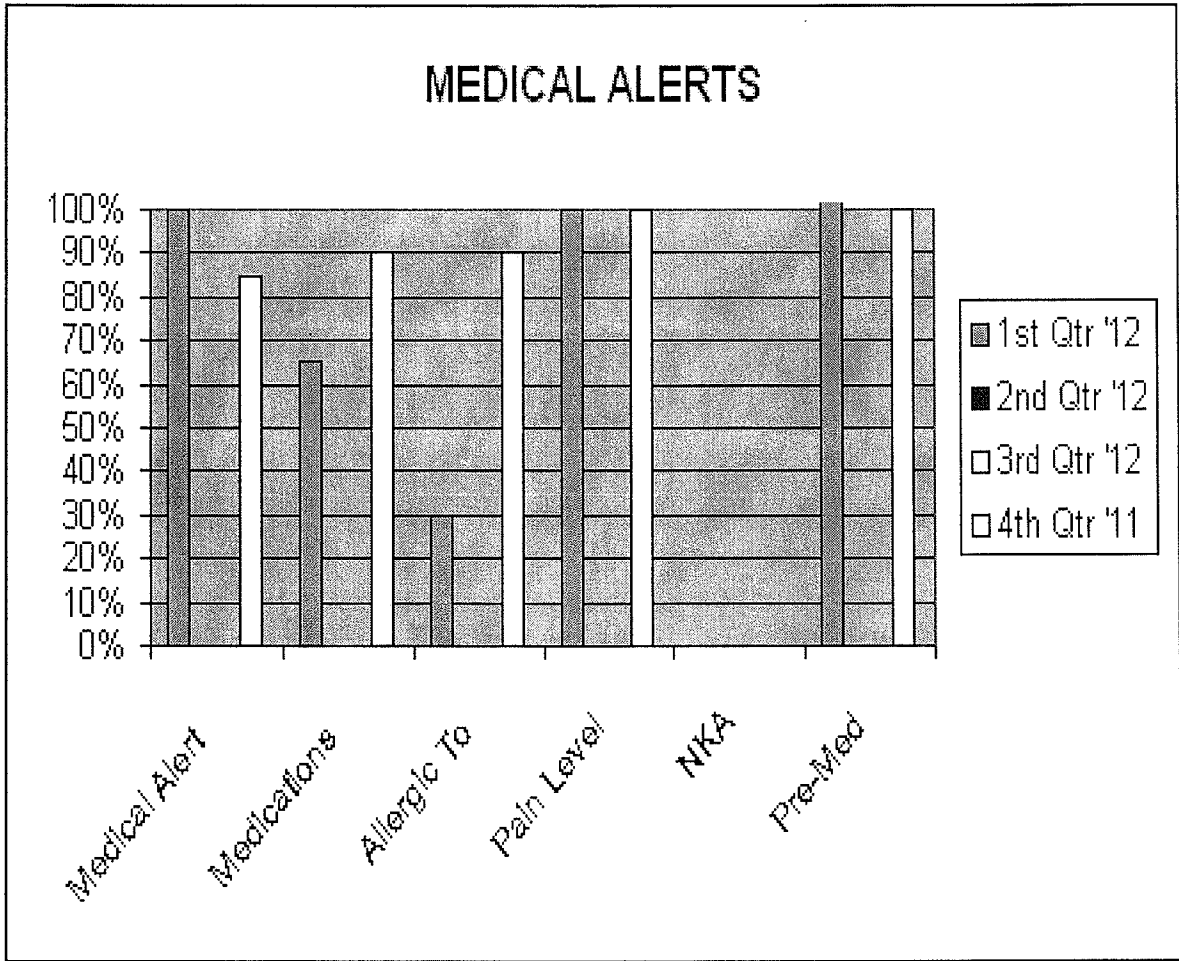
	1st Qtr '13	2nd Qtr '13	3rd Qtr '13	4th Qtr '12
--	-------------	-------------	-------------	-------------

10. Local Anesthesia noted	100%			100%
11. Xray Label Complete	95%			95%
12. Consents Signed (ext,rct,pulp)	95%			95%

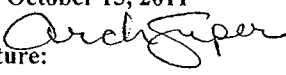
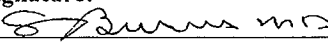


Medical Alert Labels

	1st Qtr '13	2nd Qtr '12	3rd Qtr '12	4th Qtr '12
Medical Alert	100%	0%	0%	85%
Medications	65%	0%	0%	90%
Allergic To	30%	0%	0%	90%
Pain Level	100%	0%	0%	100%
NKA	0%	0%	0%	0%
Pre-Med	100			100%



Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: 01 () 02 (X) 03 () 04 () 13 () 14 () 15 () 16 ()	05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 ()	09 () 10 () 11 () 12 ()
Function: Governance	Policy #: 02-002-065	Policy Title: Health Program Personnel Policies
Tribal Chairman: Date: October 13, 2011 Signature: 	Medical Director: Date: September 14, 2011 Signature: 	Cross References: -C & P Policy #02-000-045 -Karuk Tribe Personnel Policy HE 040.10
Supersedes Policy 02-002-065 dates 01.8.2009		

1. Staffing:

The Karuk Tribal Health & Human Services Program (KTHHSP) shall hire employees who have qualifications and experience commensurate with position description responsibility and authority.

2. OIG (Office of Inspector General) List of Excluded Individuals:

No employee shall be employed by the KTHHSP if their name is found to be listed on the OIG's List of Excluded Individuals.

3. Non-Retaliation / No Retribution:

This clause shall include Compliance, HIPAA, Confidentiality, and Incident Reporting. Any employee reporting a violation or incident in regards to Compliance, HIPAA, Confidentiality or Incident/Occurrence in no manner shall receive any form of punishment, or retaliation. Employees experiencing such activities shall be encouraged to report this immediately to their supervisor or next level of management.

4. Professional Licensors and/or Certifications:

Verification of all applicable licensors or certifications shall be required initially and upon renewal dates.

- 4.1. It shall be the responsibility of each individual to obtain and maintain his/her license.
- 4.2. Renewal fees shall be paid by KTHHSP upon request.
- 4.3. Licensed personnel must report to work with a current license on file.

- 4.4. Licensed personnel reporting to work with an expired license shall be sent home until a current license is obtained and/or on file.
- 4.5. All licensed or certified personnel shall certify and remain current in CPR.

5. Licensed Independent Practitioners:

Licensed Independent Practitioners, (LIP), shall be credentialed and privileged at time of initial appointment and every two years thereafter, (reappointment).

- 5.1. Core criteria for appointment/reappointment shall include:
 - 5.1.1. Current licensure and DEA, if applicable
 - 5.1.2. Relevant education, training and experience
 - 5.1.3. Current competence, and
 - 5.1.4. Ability to perform requested privileges
- 5.2. Licensed Independent Practitioners must be granted privileges to practice at KTHHSP clinics.
- 5.3. Licensed Independent Practitioners shall maintain privileges for fulfilling their scope of work.
- 5.4. Mid-level practitioners shall be credentialed, but will work according to a job description and protocols approved by their supervising physician. A mid-level practitioner shall receive supervision/consultation from a qualified physician.

6. Adverse Decisions/Appeals:

See Appeals, C and P Policy

7. National Practitioner Data Bank:

KTHHSP shall query the NPDB for adverse action or claims information on any practitioner applying for employment, and biannually thereafter.

- 7.1 It shall be the policy of the KTHHSP to report any adverse actions, settlements or claims made on a practitioner during his/her employment with the Tribe.

8. Physician Assistant:

A Physician Assistant shall have a primary sponsor and shall have access to a consultative physician at all times

The physician sponsor shall ensure that protocols are provided and followed.

9. Tele-consultation:

The practitioners who provide KTHHSP with Tele-consultation are not required to be credentialed by the Karuk Tribal Health Program.

10. Continuing Education Units, (CEU) and Continuing Medical Education, (CME):

The Karuk Tribal Health Program shall pay the expense for job related CEU/CME attendance for all licensed personnel, (see educational activities' policy), when educational request are approved by the employee's supervisor.

This shall include wages during travel and training, registration, travel, per diem, lodging and any other relevant expenses.

11. Committees and Taskforce:

All employees shall be assigned to one or more committees or taskforce and shall actively participate in their meetings and/or activities.

12. Orientation:

Prior to assuming work responsibilities, health personnel, which includes students, SWEEP, youth workers, volunteers, and outside placements (NCIDC, etc), shall be given two orientations.

- 12.1. A New Employee Orientation – Orientation will be given to all KTHHSP employees. It includes fiscal, insurance, personnel policy, cultural, citizenship, safety, and other organizational information. This orientation is presented to the new employee by the KT Human Resource Manager or designee.
- 12.2. A Health Orientation - is an additional orientation given to KTHHSP employees and includes mission, vision, and value statements, confidentiality of health records, blood borne pathogens, safety, requests to be excused, and other relevant information. This orientation is presented to the new employee by their immediate supervisor or designee.
- 12.3. A performance evaluation shall be conducted initially to assess competence and the need for training. This assessment begins when a new employee reports to work and must be completed within 30 days. This assessment must be completed by a peer.

13. Staff Request to be Excused:

At the time of orientation, a new employee must declare if there is any aspect of

care that conflicts with his/her personal cultural values, ethics or religion.

Employees must explain in writing why they must be excused from this care if not declared at time of orientation, (see Staff Request to be Excused Policy).

14. Contractors/Outside Services:

When hiring a contractor, KTHHSP must follow the guidelines of the Karuk Tribe Contract Compliance Specialist. This may include a three bid requirement, and approval by the Contract Compliance Specialist, the Chief Financial Officer and the Karuk Tribal Council.

In some instances, if not covered in the contract or MOA, a Business Associate Agreement will be required by the HIPAA Privacy Officer.

Contractors or consultants shall provide proof of competence relevant to their scope of practice and experience.

The KTHHSP shall define in writing the scope of care or services requested of outside contractors, which shall include that these services meet ambulatory care accreditation standards.

Contract staffs who provide direct patient care or support services shall receive a periodic performance evaluation based on their contract or MOA with emphasis placed on the quality and safety of their performance.

15. Housekeeping Services/Volunteers/Contractors:

Housekeeping/Janitorial, volunteers and/or contractors shall receive safety and infection control training prior to assuming work-related responsibilities.

16. Health Exams:

All employees, students, youth workers, SWEEP, and volunteers, who work in KTHHSP clinics, shall have a health history and physical evaluation completed within 15 days of employment and annually thereafter.

16.1. Hepatitis B immunizations and MMR will be required unless documentation of immunization or immunity is provided.

16.2. TB testing/evaluation will be done on all health employees and volunteers initially and annually thereafter.

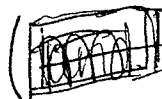
17.

7.3.0 Standards of Dress

All employees of the Tribe are expected to dress in a manner appropriate to their position and their scheduled tasks for that day (ex; Tribal Council Meetings, meetings with outside agencies, field work, travel, etc.). This policy includes any and all persons who do volunteer work for the Tribe.

Business casual attire shall be acceptable for all staff. This shall be construed to mean neatly dressed and professional looking. Attire shall be appropriate for office tasks, meetings, public interaction, and representing the Tribe. Denim, bearing no holes, is acceptable.

Scrubs and lab coats shall be acceptable for Health and Dental Program personnel. Casual dress will be allowed on Fridays. Shorts, spaghetti straps, and thong sandals will not be acceptable at any time in the offices.



7.3.0 Standards of Dress

All employees of the Tribe are expected to dress in a manner appropriate to their position and their scheduled tasks for that day (ex; Tribal Council Meetings, meetings with outside agencies, field work, travel, etc.). This policy includes any and all persons who do volunteer work for the Tribe.

Business casual attire shall be acceptable for all staff. This shall be construed to mean neatly dressed and professional looking. Attire shall be appropriate for office tasks, meetings, public interaction, and representing the Tribe. Denim, bearing no holes, is acceptable.

PATIENT CONTACT

******(Changes)Scrubs and lab coats shall be acceptable for Health and Dental Program personnel. *Casual dress will be allowed on Fridays for office personnel not in a clinical setting.* Shorts, spaghetti straps, and open toe shoes will not be acceptable at any time in the clinical offices. Cell phones will not be permitted in clinic areas, ~~and must be on mute.~~

Personal appearance and hygiene must be clean and professional at all times, no perfumes or scented lotions are permitted in the clinic. All clinic personnel will wear scrubs, no jeans.

↑ NO SMOKE

******Acrylic nails are not acceptable for anyone that has direct patient contact, according to policy #07-001-110:

Protocols for Artificial Nails and Jewelry:

Annie Cotten/

- a. Keep nails short enough that the direct care health worker can thoroughly clean under and around the nails and prevent glove tears.
- b. Artificial nails, artificial nail extenders and nail jewelry cannot be worn by a health care worker who does direct patient care.
- c. A direct care health care worker can wear fresh nail polish (no chips in polish) on natural short nails.
- d. Direct health care workers cannot wear hand of gloves more difficult or compromises the

07-001-110
Page 2 ch 7

Protocols for
Artificial Nails
& Jewelry

Current Activities:

- The Verizon phone lines in Orleans for the Medical Clinic and DNR failed 119 time in May. This increase matches the annual pattern in which warmer weather causes more outages.
- The Orleans Broadband Project is proceeding well. The remaining permits needed to begin construction are from Humboldt County and the Forest Service. The Humboldt County Building Permit application has been submitted. We expect to hear back from them in June. We are also waiting for an impact assessment from the Forest Service.
- Last month a problem was discovered in the backup server software that caused a false positive result when checking whether a backup succeeded. This means our backup software is not trustworthy. To fix the issue, our vendor requested that we wait and buy the new version. Instead of waiting, IT is testing a new backup software from a different vendor.
- The new phone service for the Yreka offices has been installed. On May 30 the Head Start Program, Amkuuf, and the Education Center were converted to the new system. On June 7, the KTHA office, TANF, and the Clinic will be moved to the new system. This new phone service will save the Tribe at least \$500 a month.
- IT has been working with the Project and Construction Managers for the new Orleans Health and Wellness Center. The wiring for the building has been installed, but still needs to be terminated for use. The new phone and computer servers are being configured in Happy Camp in preparation to take to the new facility.
- As part of the Orleans Health and Wellness Center, the internet and phones from the current Orleans clinic will be moved to the new facility. The orders to move the lines have been placed, and are expected to be completed in mid-July.
- When the internet service in Orleans moves to the Health and Wellness Center, DNR, TANF, and anyone using the older property will be left only with Satellite internet. Satellite internet is slower, and we will have to watch closely to make sure DNR and TANF's internet needs are met. This is a temporary situation, until the Orleans Broadband Project has been completed.
- The server that runs the Orleans Computer Center was becoming unstable and running unbearably slow. IT has removed the server and brought it to Happy Camp for Maintenance. In the meantime, the computer center still offers internet access, but cannot serve files like it used to. IT expects to have the server repaired and installed by the end of June.

Current project priorities for the IT department:

- 1) Dealing with real-time outages and emergencies
- 2) Implementing a new backup software that is more reliable than before
- 3) Implementing a new phone server in Yreka to reduce costs
- 4) Completing the IT infrastructure for the Orleans Health & Wellness Center
- 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 a database and GIS for the Disaster Preparedness Department
- 8) Setting up remote monitoring of all IT Systems
- 9) Fiber optic deployment on the HC Admin Campus
- 10) Closeout of the Fiber Project in Happy Camp

Budget Report for 1020-15 for May, 2013

- Total annual budget: \$308,001.59
- Expenses to date: \$198,553.21
- Balance: \$109,448.38
- Percent Used: 64.46%
- Percent of Fiscal Year: 66.67%

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

- Total budget: \$1,141,870.00
- FY 2012 expenses: \$ 102,405.30
- FY 2013 expenses to date: \$ 172,577.65
- Balance: \$ 866,887.05
- Percent Used: 23.58%
- Percent of Project Period: 55.55%

Attachments:

Cell phone usage log (confidential)

Action Items

- 1. Partnership Health Plan Contract
- 2. CRIHB / CRIHB Care/Options Compensation Agreement
- 3. CRIHB / Exhibit I

Strategic Planning

Strategic Planning was held May 1 and 2, 2013 at the Housing office in Yreka. The plan is in draft form and will be finalized this month.

Mike Lynch, our Yreka Clinic Manager, performed as our facilitator and did an excellent job. Rondi also did an excellent job of organizing and saving money on the strategic planning expenses. You will be receiving a finalized copy when completed.

Biannual Health Staff Meeting

The Biannual Health Staff meeting was very successful. It was held May 15, 2013. Thank you, Elsa, for attending.

Continuous Quality Improvement

a system that seeks to improve the provision of services with an emphasis on future results. Like total quality management, CQI uses a set of statistical tools to understand subsystems and uncover problems, but its emphasis is on maintaining quality in the future, not just controlling a process. Once a process that needs improvement is identified, a team of knowledgeable individuals is gathered to research and document each step of that process. Once specific expectations and the means to measure them have been established, implementation aims at preventing future failures and involves the setting of goals, education, and the measurement of results. If necessary, the plan may be

revised on the basis of the results, so that the improvement is ongoing.

Thus, the first version of the Tribal Management Grant was written.

Megan Rocha is a superb grant writer.

(Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier.)

MediCal Managed Care Meeting

I attended a meeting with the Social Workers at the behavioral health building in Yreka on May 23, 2013. Many people were invited but only Quartz Valley, and Fairchild representatives showed up. I thought the Partnership people were going to be there and I was very disappointed that they weren't. I surmise that they were trying to help us by sharing what they have learned, which was of no use for me since we were way ahead of them, currently.

MediCal Planning Meeting

Rondi, Suzanna, and I traveled to Redding to attend a Partnership HealthPlan meeting to update us on the changes and provide additional information on the program. Hopefully, we will gain much information and have questions answered before the September 1 start date. The next meeting is June 14, 2013.

Partnership HealthPlan

By the time of the meeting all paperwork will have been submitted and the contract approved at this meeting. Then we can begin focusing in on the particulars.

This has consumed a lot of mine and my staff's time so it will be good to have it completed.

Executive Director of Health and Human Services

Board Report

Jun3 13, 2013

Lessie Aubrey, EDHHS

**Karuk Tribe
Health Program
YTD Income Statement- April 2013**

REVENUE

Federal Sources	3,007,036
State/Other Grantor	60,852
Third Party Revenue	1,372,614
Other	35,129
Total Revenue	<u>4,475,631</u>

EXPENDITURES

Salaries	1,546,610
Stipends	15,340
Payroll Taxes & Fringe Benefits	423,283
Travel & Training	74,596
Vehicle Expense/Mileage	47,163
Supplies	90,219
Professional Fees & Licenses	22,301
Advertisement	8,466
Utilities / Phones	83,141
Contracted Physician Services	224,863
Dental Supplies	96,304
Medical Supplies	76,463
Dental Lab	81,342
Medical Lab/X-Ray	22,414
Prescriptions	47,133
After Hours Care	1,123
Incentives	491
Educational Materials	1,152
Eye Exams	2,532
Podiatry Exams	24
Medications	19,003
Lab Test	2,855
Activities	2,587
Janitorial	13,428
Rent	8,100
Credit Card Bank Fees	459
CRIHB Membership	22,000
Approved Third Party	14,625
Contract Health	318,827
Debt Service	
Capital Outlay	<u>522,983</u>
Total Direct Expenditures	<u>3,789,827</u>
Indirect Costs	673,921

Total Expenditures	<u>4,463,748</u>
EXCESS OF REVENUE OVER EXPENDITURES	11,883
Other Financing Sources (Uses)	
Interest Income	8,329
Transfers In/(Out)	<u>-</u>
EXCESS OF REVENUE AND OTHER FINANCING SOURCES OVER EXPENDITURES AND OTHER OTHER FINANCING USES	20,212
Beginning Fund Balance	1,380,365
Prior Period Adjustments	-
Ending Fund Balance	<u>1,400,577</u>

	MONTHLY REVENUE REPORT			BUSINESS OFFICE	
	May 2013	Happy Camp	Yreka	Orleans	KTHP
	Revenue Medical	\$ 53,307.41	\$ 78,182.40	\$ 24,356.99	\$ 155,846.80
	Revenue Dental	\$ 39,186.57	\$ 57,842.51	\$ -	\$ 97,029.08
	Revenue Mental Health	\$ 8,461.52	\$ 5,782.58	\$ 642.46	\$ 14,886.56
	Revenue Grand Total	\$ 100,955.50	\$ 141,807.49	\$ 24,999.45	\$ 267,762.44
		Happy Camp	Yreka	Orleans	KTHP
	Billing May Medical	\$ 89,935.16	\$ 43,927.38	\$ 15,889.97	\$ 149,752.51
	Billing May Dental	\$ 53,618.00	\$ 4,927.60	\$ 1,536.75	\$ 60,082.35
	Billing May Mental Health	\$ 14,159.70	\$ 10,133.00	\$ 90.00	\$ 24,382.70
	Billed Grand Total	\$ 157,712.86	\$ 58,987.98	\$ 17,516.72	\$ 234,217.56
	BILLING DEPARTMENT BUDGET	APRIL 2013			
					AVAILABLE %
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent
YEAR	BUDGET	DATE	BALANCE	% USED	at this date
FY 2013	\$460,955.78	\$231,389.70	\$229,566.08	50.20%	58.38%

CRIHB's Annual Billing & Compliance Conference
Reno May 7-9, 2013
Travel Report by Eileen Tiraterra

I'm not sure where to begin with this training since almost every day was extremely informative. In short the training was on ICD-10 coding, EHR coding, California Medi-Cal billing and coding, the new CRIHB Care & CRIHB Options package, Medicare claims issues, billing and coverage issues for Tribally owned facilities, and clinical documentation improvement.

The time we spent learning how to code with the new ICD-10 was one of the best parts of this training. The instructor they had was very knowledgeable and took us thru case scenarios where we had to look at the chart notes and then code it correctly. It taught me how to extract the correct information from a chart note and then how to look it up and code it correctly with the new ICD-10. There was a lot more to it than I had expected but luckily I was sitting with Sheila Super. I found out just how knowledgeable she, and or other two data entry people Sharon Meager and April Spence really are. This new ICD-10 coding has a lot more specificity then the current coding but I am confident that with some training, which should be coming up at the end of this year, we will all be able to transition to it with no problems.

The other highlight of the training was the discussion on the new CRIHB Care & CRIHB Options package that is coming in effect. This is going to help us recover some money for visits that would normally not be covered under Medi-Cal. There is a lot of initial set up for us to participate in this program but in the end we should be able to bring in some revenue that would otherwise be lost. Additionally, during our discussions I was able to bring to their attention some of the issues that they had not thought of in regard to billing.

The other great thing about this training was that I was able to spend 6 hours in a car with all of the data entry ladies and one of our billers. We were able to really get to know each other and at the same time discuss some of the issues that we are having in our offices. To have this time to discuss issues and come up with ways to resolve them as a group was worth the trip. Plus I believe that having this time to get to know each other has really strengthened our work relationships and has improved our ability to work together to resolve issues as a team.

I have been on several training but I am extremely grateful to the Tribe for allowing me to attend this conference. It not only was extremely informative but it allowed me the opportunity to really get to know my fellow employees and build a great working relationship with them.

Sincerely,

Eileen Tiraterra
Account Receivable/Billing Department

Medi-cal Training Seminar

May 8, 2013

I recently went to the medi-cal training in Redding Ca. I mainly went to learn more about Family Pact billing as we often see clients on Family Pact.

I had been having a few problems with modifiers and how to find them. I came away with the correct places to find any modifiers on the medi-cal web site.

I also learned much information that is pertinent to Family Pact billing. This is a small amount of the information that I didn't know: Although we can alter a super bill for only the procedures done in our offices, we should still keep the original one as a reference for the providers because they need to only refer covered services to other providers. If it's a non-covered service then we could technically be billed for that service. A blood specimen that is collected for a family pact client can be billed with the remarks "Blood specimen sent to unaffiliated lab". If there are more than 3 diagnosis codes we would have to split the bill and send two. For the implant procedure we need to write the providers information in the "remarks" section. There is much that is printed on our forms that is not needed when billing family pact and can be written neatly in all capitals by hand. There is a long process that I have been going through in order to print them with the S-codes that are needed without any white out. Interestingly, Family Pact plans to use normal V diagnosis codes very soon and I will be keeping an eye on the bulletins to find out when. Hopefully in November or December of 2013. During the class they talked about billing complications such as a UTI and said that could be billed to family pact as well. It would be billed under one of the maintenance codes.

As for medi-cal in general, I went to a class about provider enrollment as that was the only class available for that time slot. It was interesting and I did learn a bit about where to find enrollment form and when they are needed. It was a long class and the family pact eligibility started half way through this one so I went to it instead. This class covered presumptive eligibility for a pregnant woman and how to enroll her in medi-cal and what forms to use.

The last and most informative class was Family PACT billing. The instructor told me some very informative information. There was also several others that had the same problems that I had been having so it was a very good discussion although they were not the same type of clinic we are.

Thank you for this opportunity.

Respectfully,

Diana Poeschel

CRIHB Annual Billing and Compliance Conference
3800 s. Virginia st
Reno, Nevada 89502

May 6 Thru May 10th, 2013

This 3 day conference provided 9 speakers and 9 very timely topics, since we are moving into ICD-10 very quickly. On the first day of conference we were fortunate to have Mr John Hailes who addressed the group with a very in depth discussion on ICD-10 and Coding Diabetes Mellitus, included was a power point hand out for future reference, it also provided in-depth information on enhancing my coding accuracy in ICD-10.

Mr Hailes second presentation was entitled challenges in coding involving electronic health records, since usage may reach 80% in the US in 2014, CMS is concerned about the fraud potential of HER, in particular how it impacts E&M coding, Mr Hailes highlighted many problem areas to watch for such as cut & pasting, medical necessity, chronic problems and gray areas.

The group also gained knowledge of medicare enforcement initiatives, such as understanding the differences and impact of RACs/MACs/ZPICs on healthcare, we were told of Red Flag rules and how they apply to health care.

Theresa Cox was there to talk to the group about medi-cal and family planning along with a very helpful benefits grid. Joshua Standing and Rosario Arreola had a informative section about CHRIB care & CHRIB options, these are demonstration programs, operating under California's 1115 waiver amendment, which are designed to reimburse Tribal Health programs for uncompensated care for certain Primary care and Optional benefits services to HIS eligible individuals.

Jennifer Sipe, True Colors Facilitator provided a very interactive presentation called True Colors: improving communication with providers using personal traits as a tool for success. I really enjoyed this interactive and fun exercise, it helped me to know more about myself and coworkers, I would suggest that our organization use this activity at one of our Bi-annual health meetings. The last speaker of the conference was Charlene Sippio talked to attendees about the impact of ICD-10 how we can prepare now and how it will impact our clinics, helping us with clinical documentation improvement for preparing for ICD-10.

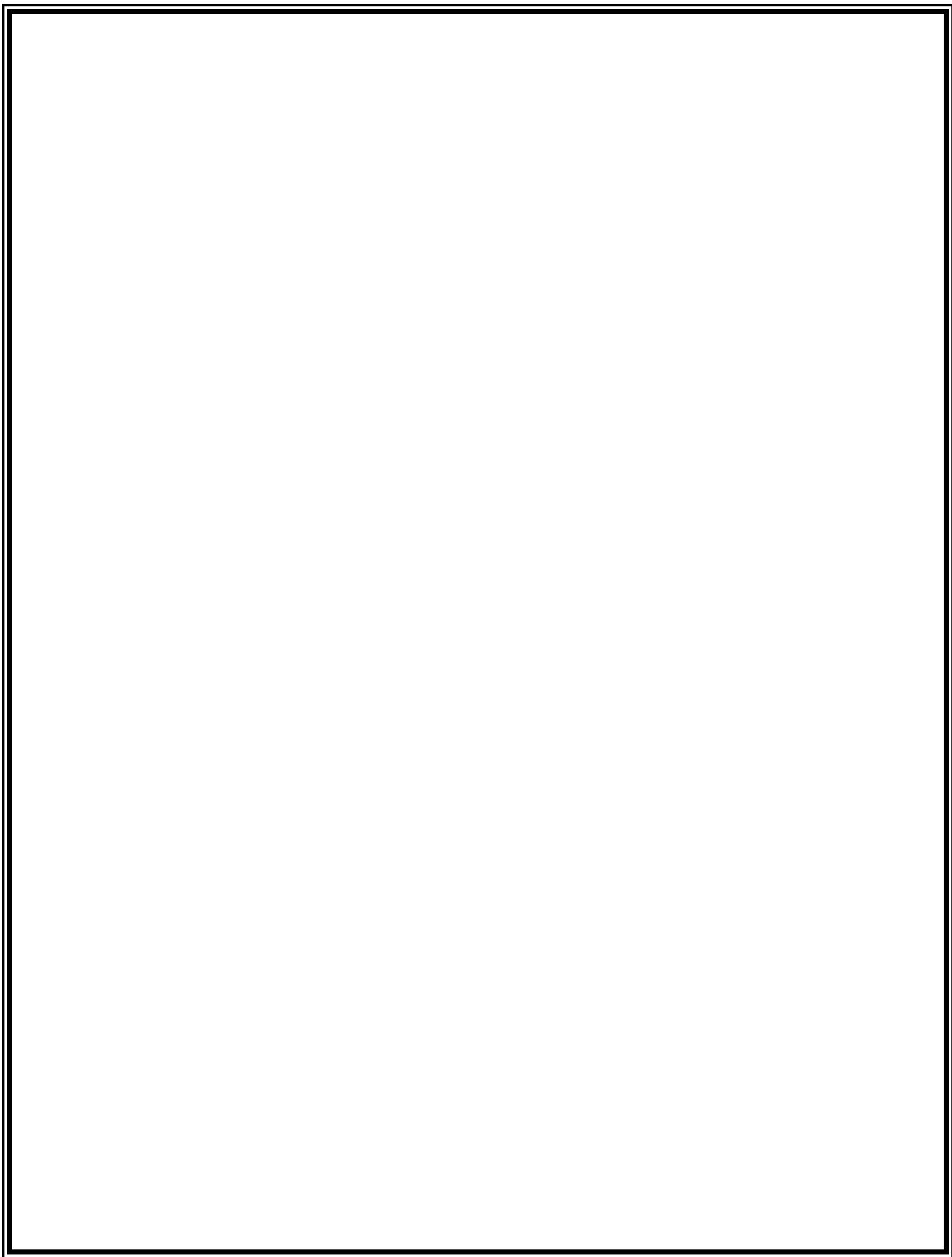
The final speaker of the 3 day conference was Anita Shumaker, her power point and demonstration was titled, "How to avoid an audit and what to do in the event of one in an electronic health record."

This was the first conference I attended where a CD of the entire program was provided to each participant, and if this becomes a normal thing for CHRIB to do, there would be no need to send several employees to a conference because it would be easy to share the information with other staff, of course those employees needing CEU's would still have to have priority in attending.

I earned 18 CEU which are needed in order to keep my coding credentials. I appreciate the opportunity to be able to attend these trainings/workshops and the support I received from the health board to attend such educational workshops. Thank you for the opportunity to attend the California Rural Indian Health Conference.

Respectfully submitted,

April L Spence CPC



OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR APR 2013
Prepared for June 13, 2013 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 17,574 (+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 48 (-4.0) new patients, 0 (**) births, and 2 (**) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,654 (+0.1) patients enrolled in Medicare Part A and 2,536 (+0.3) patients enrolled in Part B at the end of this time period.

There were 84 (+16.7) patients enrolled in Medicare Part D.

There were also 5,882 (+1.0) patients enrolled in Medicaid and 4,332 (+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 80,415.84 (+22.9). The number and dollar amount of authorizations by type were:

57 - DENTAL	1	2094
64 - NON-HOSPITAL SERVICE	993	78321.84

DIRECT INPATIENT

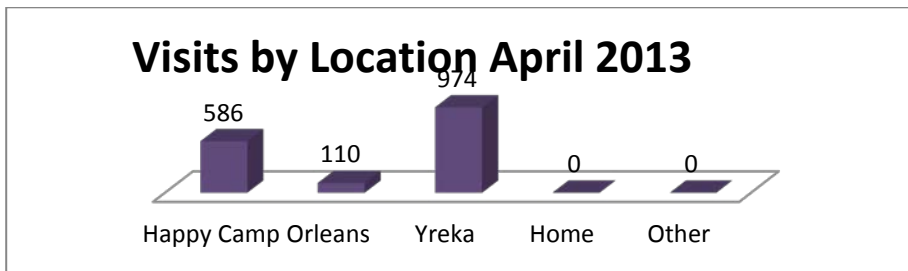
[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,670 ambulatory visits (-0.8) 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	1,670	(-0.8)
By Location:		
YREKA	974	(+12.0)
KARUK COMM HEALTH CLINIC	586	(-10.1)
ORLEANS	110	(-31.7)

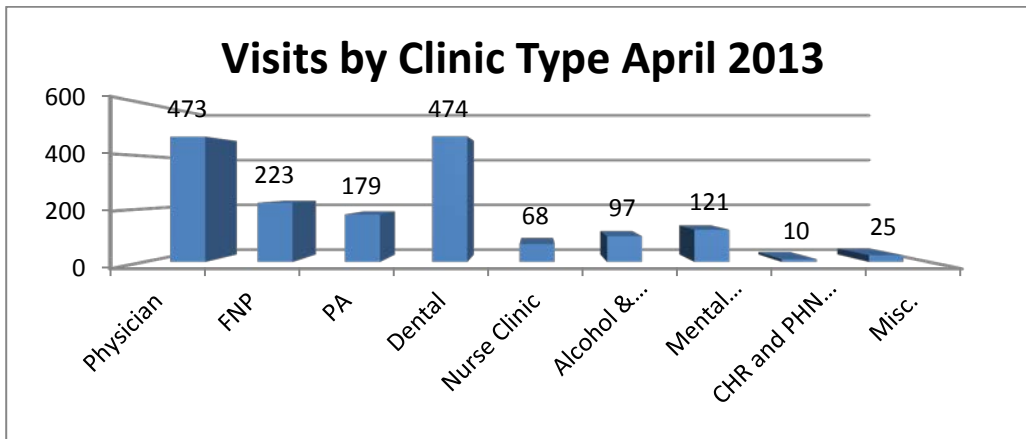


By Service Category:

AMBULATORY	1,646	(-0.1)
TELECOMMUNICATIONS	24	(-31.4)

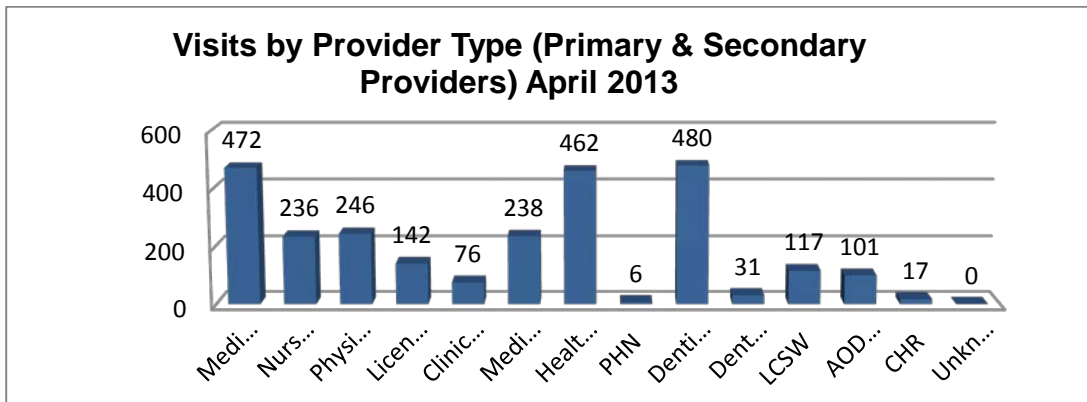
By Clinic Type:

DENTAL	474	(+43.6)
PHYSICIAN	473	(-13.7)
FAMILY NURSE PRACTITIONER	223	(-27.8)
PHYSICIAN ASSISTANT	179	(+13.3)
MENTAL HEALTH	117	(+112.7)
ALCOHOL AND SUBSTANCE	97	(-38.2)
NURSE CLINIC	68	(-6.8)
TELEPHONE CALL	9	(-50.0)
TRANSPORT	9	(+80.0)
CHR	8	(-42.9)
CHART REV/REC MOD	5	(-28.6)
BEHAVIORAL HEALTH	4	(**)
NO CLINIC	2	(+100.0)
PHN CLINIC VISIT	2	(**)



By Provider Type (Primary and Secondary Providers):

DENTIST	480	(+44.6)
MD	472	(-20.9)
HEALTH AIDE	462	(-6.7)
PHYSICIAN ASSISTANT	246	(+35.9)
MEDICAL ASSISTANT	238	(+2,280.0)
NURSE PRACTITIONER	236	(-26.9)
LICENSED PRACTICAL NURSE	142	(-63.4)
LICENSED CLINICAL SOCIAL WORK	117	(+120.8)
ALCOHOLISM/SUB ABUSE COUNSELOR	101	(-36.5)
HEALTH RECORDS	76	(+850.0)
DENTAL HYGIENIST	31	(-71.8)
COMMUNITY HEALTH REP	17	(-10.5)
PUBLIC HEALTH NURSE	6	(**)



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	473	(+43.3)
2). HYPERTENSION NOS	118	(-17.5)
3). OBESITY NOS	85	(+304.8)
4). TOBACCO USE DISORDER	66	(-21.4)
5). ALCOHOL ABUSE-UNSPEC	64	(-19.0)
6). HYPERLIPIDEMIA NEC/NOS	57	(-25.0)
7). DMII WO CMP NT ST UNCNTR	57	(-13.6)
8). LUMBAGO	56	(+9.8)
9). DEPRESSIVE DISORDER NEC	51	(-15.0)
10). LONG-TERM USE ANTICOAGUL	48	(+50.0)

CHART REVIEWS

There were 1,209 (-15.9) chart reviews performed during this time period.

INJURIES

There were 108 visits for injuries (+36.7) reported during this period. Of these, 24 were new injuries (+26.3). The five leading causes were:

1). NONVENOM ARTHROPOD BITE	3	(+50.0)
2). ANIMAL BITE NEC	2	(+0.0)
3). ACC-CUTTING INSTRUM NEC	2	(-33.3)
4). LOSS CONTROL MV-MOCYCL	1	(**)
5). POST-OP FOREIGN BODY NEC	1	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 381 patients (+41.1) seen for Dental Care. They accounted for 474 visits (+43.6). The seven leading service categories were:

1). PATIENT REVISIT	356	(+44.7)
2). HYPERTENSION SCREENING	187	(+96.8)
3). LOCAL ANESTHESIA IN CONJUNCTION WIT	159	(+127.1)
4). FIRST VISIT OF FISCAL YEAR	123	(+46.4)
5). INTRAORAL - PERIAPICAL FIRST RADIOG	112	(+6.7)
6). LIMITED ORAL EVALUATION - PROBLEM F	75	(+82.9)
7). BITEWING - SINGLE RADIOGRAPHIC IMAG	60	(+200.0)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,648 new prescriptions (+0.2) 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	2044	396	478
Descendants residing in CA	1854	204	259
All other Tribes	2111	117	126
Total	6009	717	1035

Report of Travel 4/14 – 4/16/13

Who: Amy Coapman, Clinical Applications Coordinator

Where: Napa, California

Purpose: California Telehealth Resource Center Conference

I was fortunate to be able to attend this remarkable conference which featured many experts in the emerging field of telehealth who spoke about new technologies, policy decisions influencing telehealth, different models of care, and how telehealth usage can expand access to specialty care while containing costs in rural and underserved communities.

I was particularly encouraged by the opportunity to network with leaders in the field of telehealth provider services because this is something that our patients can really benefit from. I will be moving forward with strengthening, expanding and improving our Tribal telehealth program at our three clinic sites. Thank you for the opportunity to participate in this most excellent conference.

Amy Coapman

Clinical Applications Coordinator

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting
June 13, 2013
Patricia White, RPMS Site Manager

User Assistance and Requests

There were a total of 57 tasks or requests for support for health users during May:

- 22 were assigned to Amy Coapman
- 35 were assigned to Patti White

All but 5 were completed during May. These are requests for reports, patient data, password, access issues etc.

Workload reports

Attached is the April 2013 *Operations Summary* along with Tribal Statistics. During April we had 1,670 visits at all locations. 863 of these visits were for Native American patients. Graphs are also included with this report.

Meeting / Conference Calls and Activities – May 2013

May 1-2, 2013	Strategic Planning Workshop-Yreka
May 7, 2013	Bi-Directional Lab Webinar-Go Live call Session I
May 8, 2012	Bi-Directional Lab Webinar-Go Live call Session II
May 9, 2013	Health Board Meeting
May 10, 2013	Reference Lab Weekly Conference Call
May 15, 2013	Lessie Aubrey/Dr. Cubie King - Risk Assessment Meeting
May 15, 2013	Bi-Annual Health Staff Meeting-Happy Camp
May 16, 2013	Blue Shield of California Core Support Grant Webinar
May 16, 2013	HHS Meeting with Lessie Aubrey-Modular Building
May 17, 2013	HRSA Health Information Technology & Quality Management Webinar
May 23, 2013	RPMS/EHR Office Hours- Conference Call/Webinar
May 28, 2013	Executive Directors Advisory Committee Meeting
May 28, 2013	Meaningful Use Webinar-Imaging and X-ray
May 28, 2013	Reference Lab Weekly Conference Call
May 29, 2013	Bi-Directional Lab-Conference call-troubleshooting
May 31, 2013	RPMS/EHR Office Hours Call/Webinar- Meaningful Use for Dental

RPMS

- We went live on May 7, 2013 with the Bi-Directional Lab interface with Quest labs. We are the first Tribe in Northern California to do so. We are still working out the bugs. But each day it gets better. The staff at the clinics can order the patients lab test through the RPMS. They print a shipping manifest that accompanies the actual samples that are shipped to Quest. When Quest receives the shipment they will look at the electronic order, run the tests, and send the results back to us electronically. Someone at the Clinic has to go into the lab package in RPMS and verify the results and then the information will pass back to the patients chart in

RPMS. The biggest issue has been that not all tests are being reported back to us from Quest. Amy has been in contact with the programmers for lab at IHS to resolve this. It has been mostly on Quests side.

- BMW-Dale is still working on configuring the Practice Management web server for scheduling and patient registration.

Travel and Training

Attached is a report for Amy Coapman for her travel to the California Telehealth Resource Conference back in April. I forgot to include with my May report.

Budget: Period ending May 31, 2013 (2/3 through the fiscal year). We are under budget for this time period.

Program	RPMS
Budget Code	3000-75
Program Year	2012-2013
Appropriation	\$235,220.84
Expenses to Date	120,449,18
Balance	114,771.66
Percent used	51.21

Respectfully Submitted,

Patricia C White, RPMS Site Manager



**Karuk Tribal Health Dental Program Report
To be presented at Health Board Meeting on June 13, 2013**

May 2013 Events and Activities

1. Training & Clinic Schedules for May 2013 –

- a. Most of the dental staff was 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 was only open for hygiene services.
 - ii. Dr. Shearer DDS worked at the Yreka Dental Clinic, which was open Monday through Friday from 8:00am -5:00pm and closed from 12-1pm.
- b. Some of the Yreka staff were scheduled to attend infection control training in Redding, CA on Saturday May 11, 2013.
- c. Annual Biannual Staff Training is scheduled to be held on May 15.
- d. Jessica Courts, our RDA in Yreka, is continuing her ongoing RDA Expanded Functions Training in Sacramento.
- e. Dr. Ash and Vickie Walden RDA attended the Karuk Health Program's Strategic Meeting, which is held May 1st and 2nd at Yreka Tribal Housing. This was a very informative and inspiring meeting between many personnel within the Karuk Health Program.

2. Staffing Changes –We hired Allison Ortiz to replace Donita Hill, RDA as the Yreka Dental Hygienist. Allison started working full time Monday through Thursday, ten hour days, starting May 13, 2013. We are enjoying her as an addition to 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 did the second Head Start Dental Screenings and Fluoride Varnish treatments, and will be reporting on that project.

Dental Electronic Health Records – We have been 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.. 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. We did have a software upgrade with no glitches, and the HL7 interface will be being deployed soon.

5. 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 May 31, 2013

1. ***I.H.S. Budget 3000-41- Yreka Dental - Appropriations – \$902,326.26 year to date Expenditures -\$545,461.20– Outstanding Encumbrances- \$ 3,239.32-Unencumbered Balance \$ 353,625.14 - used 60.81%***

2. ***I.H.S. Budget 3000-42–HC Dental– Appropriations - \$593,071.50 - year to date Expenditures \$346,876.86 - Outstanding Encumbrances- \$223.15- used – 58.53 %***

1. ***HRSA Dental Supplies 3400-11-7500.03 Appropriations \$14,534.92 - Year to date Expenditures \$9,707.21 – Outstanding Encumbrances \$1,195.36- Unencumbered Balance \$ 6,367.65- 143.81% used.***

2. ***HRSA budget 3400-11-7502.00 – Dental Lab/Pedodontist Referrals – Appropriations \$ 30,000.00 - year to date Expenditures \$ 396.16 – Outstanding E. \$350.00– Unencumbered Balance - \$29,253.84 – 2.49% used.***

1. ***Dental Lab Indian 3900-00-7600.00 – Appropriations \$ 85,000.00 –year to date Expenditures \$63,858.03– Outstanding E. \$33,524.82– Unencumbered Balance \$12,382.85 – 114.57% Used.***

2. ***Dental Lab Non-Indian 3900-00-7601.00 – Appropriations \$10,000.00 – year to date Expenditures \$7411.56– Outstanding encumbrances \$2267.52–Unencumbered Balance \$320.92– 96.79% used.***

3. ***Yreka Dental supplies 3900-00-76.06- Appropriations \$20,000.00 -year to date Expenditures \$75,006.54 - Outstanding encumbrances \$12,184.06 –Unencumbered Balance -~~\$68,867.62-~~ – 444.34% used***

4. ***HC Dental Supplies 3900-00-7600.07 – Appropriations \$10,000.00 – year to date Expenditures \$5,534.19 – Outstanding Encumbrances \$3,362.85 -Unencumbered Balance \$ 1,102.96-88.97 % used***

5. ***Totals for 390000 Dental Budget*** Appropriations – \$125,000.00

Year to date Expenditures \$ 151,810.32

Prior Year Outstanding Encumbrances \$ 338.50

Outstanding Encumbrances \$ 53,016.27

Unencumbered Balance **\$ 79,826.59-**

We have used **163.86 %** of the 39000 Dental budgeted line items.



Karuk Tribe



June 6, 2013

Esteemed Council Members,

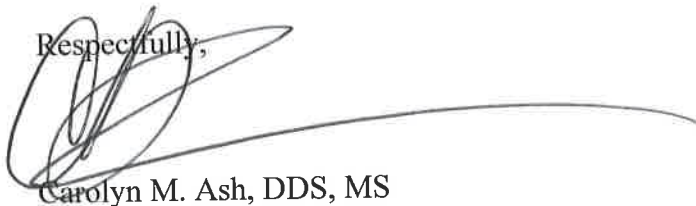
I would like to thank you for the opportunity of allowing me to attend the IHS Annual Dental Conference held in Sacramento, CA from May 6th through May 9, 2013.

Numerous classes were given during the course of the week and it was difficult to choose which one to attend! They were all so very informative and relevant to our development and practice.

One course in particular was given by a young Yurok woman who was inspirational in her lecture and informational as well. This is a difficult combination to achieve and I would very much like to invite her to our Biannual Health Board Meetings to give her presentation. She discussed many aspects of Native American culture and the affects that some mannerisms, patterns, familial origins are regarded and interpreted through their eyes. Her pride, intellect and compassion were compelling to me and I greatly appreciated her suggestions and comments for those of us that aren't Native Americans.

The information that I acquired while there has been utilized multiple times during the course of the days' function and management and I eagerly anticipate that I will use more information as the clinic grows and expands to further care for all of it's people.

Respectfully,



Carolyn M. Ash, DDS, MS



Vickie Walden's Travel and Training Report on the I.H.S. Annual Dental Conference held in Sacramento CA on May 6, through Thursday May 9, 2013.

- ❖ Monday 8 to 10 am Dental Billing and Coding presented by Dr. Thaddeus Archie, current Headquarter Dentist for California Department of Corrections and Rehabilitations in the Policy and Risk Management Section, Dental Program. Previously he proudly held the position of Dental consultant for CRIHB, becoming very familiar with the challenges faced by insurance billers in Tribal programs.
 - Dr. Thaddous presentation covered:**
 - How the Dental Insurers and Payers always change the rules to their benefit.
 - That we should always verify insurances and a patient's covered services at each visit.
 - Insurance Contract language is becoming more complicated.
 - That Dental Offices and Programs must stay compliant; make sure visit documentation is complete.
 - That we need to verify insurances at every visit.
 - CDT (Current Dental Terminology) -2013 Code Set has some new wrinkles and it's the Law.
 - Insurances carriers and Government Programs have changed clinical documentation requirements. The revised CMS-1500 claim implementation starts in June 2013 with mandatory implementation in October 2013. Revisions are necessary to accommodate recent HIPAA updates and ICD-10 implementation.
 - HITECH Act (Health Information Technology for Economic and Clinical Health Act) - This is part of the American Recovery and Reinvestment Act of 2009. It contains incentives related to health care information technology (e.g. creation of health care infrastructure) and contains specific incentives designed to accelerate the adoption of electronic health record (E.H.R) systems among providers. The HITECH Act also widens the scope of privacy and security protections available under HIPAA; it increases the potential legal liability for non-compliance; and it provides for more enforcement.
 - He covered the CDT code changes; that the 2012 had 498 procedure codes and CDT 2013 has 35 new procedures; 37 Code revisions and 12 deleted codes. That we will need a detailed visit narrative that includes- the patient's systemic needs, caries risk assessment, periodontal evaluation, periodontal diagnosis, Periodontal Maintenance and etc.
 - We did sample dental claims and discussed claims errors.
- ❖ Monday morning from 10:15 am to 12:pm. - I attended the class on Compliance Issues presented by Susan Dahl, Corporate Compliance Officer for CRIHB. I found this class very informative.
 - I.H.S/Privacy Act defers to California State Laws regarding minors and consent for treatment. Circumstances under which a minor can give consent (e.g. legally married, Emancipated Minor, or Self-Sufficient Minor) and the documentation we need to keep

on file in our patient's record. We also reviewed the guidelines for when a minor 12 years and older may give consent for medical treatment. That whoever gives the consent for a service must authorize its release.

- A Compliance Program provides a structural and operational framework for dealing with the onslaught of complex, risky regulatory matters in a proactive, cost-efficient way. Doing things the right way - Complying with all applicable laws and regulations.
- Roll of a corporate compliance is to prevent illegal acts, violations of Laws and regulations, minimize the impact when they occur.
- Civil liability of the directors; Criminal liability of the entity in the event of an illegal act by an employee or agent of the entity.
- Why is a compliance program needed:
 - Health care is one of the most regulated industries; rising health care costs result in increased governmental scrutiny; it is expected by government and funding agencies; risks of non-compliance are great; and risks are significant for health programs.
 - Why does government care? The 2010 National Health Expenditure Report showed that:
 - Americans spent nearly \$2.6 trillion on healthcare in 2010 (\$8,102/person).
 - 17.9% of GDP (Gross Domestic Product) in 2010
 - \$104,785 million for dental services.
 - Government is the biggest payer
 - 55.5% of the total expenditures in 2010 were from federal and state sources.
 - Between \$85 and \$250 billion is lost through Fraud & Abuse
 - Recoveries extend the life of Medicare Trust Fund. Over the past few years there have been changes in how claims are viewed, the regulations/laws, enforcement, and penalties. Also the increased efforts to recover the money lost through Fraud & Abuse continues to increase.
 - The class also covered the Office of Civil Rights (OCR), HIPAA Federal Penalties for violations. The OCR Criminal and Civil Investigation with samples of actual cases. It also covered the federal Stark Law (Civil), federal anti-kick back laws, the Federal and State False Claims Act, with actual case examples. Also we covered Grants and Contracts and that we must comply with rules related to grant funds, I.H.S Grants Policy Manual and the OMB Circulars. For example the potential issues- receipt of a Federal Grants, which require certification of drug free workplace. Federal law regarding marijuana vs. California State Law. Second example 2009 a former Tribal President and Tribal Council member was convicted of making false statements & records to obtain funds from the Community Oriented Policing Services Program. She asked for funds for 3 officers who were never hired, trained or employed. The tribe \$225,000 in grant funds from the COPS program and she also stole about \$300,000 in tribal funds, she was sentenced to 24 months in Federal prison and fined \$75, 000 for making false statements. Each grant or contract is different and has different

requirements. Know the grant Terms and Conditions; look for Fraud, Waste & Abuse provisions and understand and adhere to scope of work. We went on to review the elements of an effective compliance program.

- ❖ Monday from 1:30- pm to 2 pm I attended the CRIHB presentation on their CRIHB Care & CRHIB Options/Primary Care and Optional Benefits for I.H.S Eligible patients with California MediCal insurance. This is a program signup our Native American Medicaid (MediCal) eligible patients could sign up for and it will allow us to bill for reimbursed, for certain MediCal optional benefit services that were eliminated in 2009. Tentative start date for this project is May 15 and it would be retroactive to April 5, 2013.
- ❖ Monday from 2 pm to 4:00 pm I attended a class on National Health Care Reform and its Impact on Dentistry presented by Policy Analyst Nicette Short CDA. I found this class interesting but still not sure I understand how Health Care Reform is going to affect us. Sounds like we are going to have a learning curve and more paperwork to do real soon.
- ❖ Tuesday May 7- Attended the Forensics Class from 8 am to 10 am. This was an interesting class and the presenter was very good.
- ❖ Tuesday from 10:15 am to 12:15 pm I attended the Efficient Patients Scheduling Sharing What Works for US presented by a Panel of I.H.S Clinic Staff. It was interesting to see what other clinics were doing but most of the Panel was from larger Clinics and what they were doing did not really apply to how we need to manage our Karuk clinics, but I did leave the class with a few new ideas for efficient scheduling.
- ❖ Tuesday afternoon from 3:15 to 5:15, I attended the HIPAA/Records Class presented by Marilyn Freeman, RHIA. This Class did have a little bit of new information but most of it was a refresher for me.
- ❖ Wednesday 8 am to 10 pm I attended the OSHA Bloodborne Pathogens Class- Most of this as a refresher for me but still good information.
- ❖ Wednesday from 10:15 to 12:15 I attended, Improving Dental Efficiencies with Dentrix Enterprise. I was hoping that this training would cover how to use the Dentrix Office Management Soft Ware Program, bit is was not. I was a bit disappointed with the content of this class but I did get a little bit of new information on how Dentrix and I.H.S. work together.
- ❖ From 1:30 to 3:30 I attended, X-Ray Trouble Shooting. This was a refresher for me that contained some new information and tips for taking digital X-rays.
- ❖ Wednesday from 3:30 pm to 5:45 pm, I attended the Class: Sharing Successful Oral Health Outreach, presented by the Oklahoma Tribal Programs, Melissa Reece, CDA, RDH, BDDH. The information presented in this class was interesting, but did not really apply to small programs like us. They have a stronger focus on outreach services because the area they serve is greater than ours and it has a large Native American population.
- ❖ Thursday from 8am to 9:45 am, I attended the Cultural Humility-California Indians Class. What a fantastic class. The extraordinary presenter was Virginia Hedrick a Yurok from the Orleans area. Her presentation gave me a lot to thing about and gave me a better understanding of the California Native American history and the impact it had on our people then and now. The presentation went over the scheduled time but was well worth hearing. Virginia Hedrick works for the CRIHB in Sacramento CA.
- ❖ The next Class was Oral Health Literacy: The Basics and it started at 10:15 am and went to 11:45 am. This class was all new to me. I found the class information interesting and came back

with new ideas on what we can do to make our patients' oral health literature i.e. post-operative instructions, preventive home care instructions and dental treatment plans easy for patients to understand. I was surprised when the instructor said that our patient literature should be written at a fifth grade readable level. That there is a program in work that can evaluate the readable level of a work document and we should be using it for evaluating our patient literature.

- ❖ The conference ended with a class on Infection Control, starting at 12:45 pm and ending at 2:45 pm. The next class was on the California Dental Practice Act (the laws which govern the practice of dentistry). It started at 2:45 pm and ended at 5PM these last two classes were mostly a refresher for me. However but they did present some new information on the changes made in the laws, recommendations and regulations. Also they reviewed the proposed changes to the Dental Practice Act that are currently being review by Dental Board of California.
- ❖ The conference ended in Thursday and we traveled home on Friday.

This report was respectfully submitted to the Karuk Health Board on June 4, 2013 by Vickie Walden RDA

Thursday, June 06, 2013

Karuk Tribe of California Council members,

Thank you for allowing me to attend the 2013 I.H.S Dental Conference which is held in Sacramento. It is always a pleasure to learn and grown in the field and to participate in a function with other I.H.S Clinics, learning of the new state laws, OSHA requirements and other courses picked out for required CE units by CRIHB all with in the field I love and allows me to continue in my career to work with the native community and Tribal people. I highly recommend having speaker Virginia Hedrick, BA who gave a presentation about Cultural Humility to come and speak to our staff at a bi-annually meeting or training to open the eyes of some of our providers within our clinics. Thanks again for allowing me to attend.

Sincerely,

A handwritten signature in cursive script that reads "Jessica L. Courts, RDA". The signature is written in black ink and is positioned above the typed name.

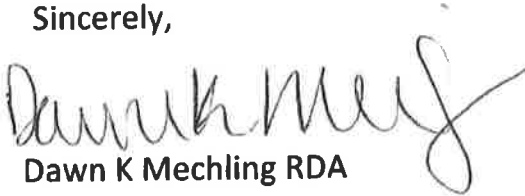
Jessica L. Courts, RDA

Dear Council Members,

I would like to take this opportunity to thank you for allowing me to attend the IHS conference. By attending the conference, I was able to attend several classes and receive the needed CE units to full fill my requirements to renew my RDA.

If I had to pick one class as my favorite, it would have to be "The State of Meth Mouth" presented by Dr. Ronni Brown. Dr. Brown gave a very informative & compelling view on the implications of methamphetamine abuse. I left the class with a better understanding of Meth abuse, and to care for those in our community affected by Meth.

Sincerely,

A handwritten signature in black ink, appearing to read "Dawn K Mechling". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Dawn K Mechling RDA

Dear Council Members,

I would like to thank you for allowing me to travel to Sacramento the week of May 6-10th to attend the IHS annual dental conference. I attended many helpful and informative classes. Several of these classes gave me the needed education for me to continue with my goal of attaining my RDA license, such as dental law and ethics.

I especially enjoyed attending the Provisional Restoration class where I was able to practice hands on a skill that will be needed for me to become an RDA.

On my way back from Sacramento I stopped in Redding to attend an 8 hour Infection Control Course that is also required to become an RDA.

I always enjoy expanding my knowledge and am very excited at the chance to become an RDA.

Sincerely,

Shannon Jones

Tri Sec 20 Training (Las Vegas, Nevada)

I attended this training from April 23rd to 25th. This training has thought me many things. The instructors talked about the importance of a Native American Tribe and how we have a different role in the communities. There was a class that I attended that was how to structure your day for productivity. In this class I learned that many people tend to do the easy things first in the day instead of the more important things. The reason why we do this is because in the morning we want to be able to move slow and not get over whelmed. They thought me that if you make a schedule of things that is needed to be done that it will make your day a lot more productive. I attended eight classes in the three day training. At the end of the third day I received a certificate saying that I completed the classes and it is attached with this. I would recommend this training to any one that is in a position that requires them to work with people or other co workers on a daily basis. I want to thank everyone that was involved in letting me go to this training I feel it has helped me with my job requirements.

Skyler McNeal
Dental Receptionist

Karuk Tribal Health

June 5, 2013

Attention Tribal Council:

I am writing to express my appreciation for allowing me to attend the Dental IHS conference held in Sacramento, in May. Numerous courses were provided, and they were taught with a high level of excellence and professionalism. The course that I found the most interesting was Pediatric Dentistry, as I have been seeing a number of pediatric patients here at the Yreka Dental Clinic. I also enjoyed, Cultural Humility and Caring for Patients with Cancer, as there were lessons from these lectures that I can directly apply to patient care here at the clinic. Thank you so much for the opportunity to attend these and many other courses. They were very helpful in continuing my learning in the practice of dentistry, and hopefully this will overflow into providing better care for our patients.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Walters". The signature is written in black ink and includes a long horizontal flourish at the end.

Kimberly Walters
Dentist