

KARUK TRIBE
ANNUAL HEALTH BOARD MEETING AGENDA
Thursday, July 18, 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 (*June 13, 2013*)

F) GUESTS (*Ten Minutes Each*)

- 1.

H) OLD BUSINESS (*Five Minutes Each*)

- 1.

I) DIRECTOR REPORTS (*Ten Minutes Each*)

1. Annie Smith, Director of Community Services
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. 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. Tribal Council Members

N) SET DATE FOR NEXT MEETING (*Thursday, August 8, 2013 at 3 PM in Happy Camp*)

OO) ADJOURN

**Karuk Tribe – Health Board Meeting
June 13, 2013 – Meeting Minutes**

Meeting to order at 3:16pm, by Michael Thom, Vice-Chairman

Present:

Russell “Buster” Attebery, Chairman
Michael Thom, Vice-Chairman
Dora Bernal, Member at Large
Crispen McAllister, Member at Large (late)
Amos Tripp, Member at Large
Bud Johnson, Member at Large (late)
Sonny Davis, Member at Large

Absent:

Joseph Waddell, Secretary / Treasurer (travel/excused)
Elsa Goodwin, Member at Large (excused)

Agenda:

Sonny Davis moved and Amos Tripp seconded to approve the agenda, 5 haa, 0 puuhara, 0 pupitihara.

Minutes of May 9, 2013:

Amos Tripp moved and Sonny Davis seconded to approve the minutes of May 9, 2013, 5 haa, 0 puuhara, 0 pupitihara.

Guests:

1.) Tiffany Ashworth, Dir. of Administrative Compliance

Tiffany is present to seek approval of an amendment for the Orleans Health & Wellness Center which will be (12) to contract 13-C-011.

Amos Tripp moved and Sonny Davis seconded to approve 13-C-011 (12), 5 haa, 0 puuhara, 0 pupitihara.

She then presented amendment (13) to 13-C-011 for the Orleans Health & Wellness Center for installation of a 4in conduit for internet service provider. Sonny asked why these items were not included in the original bid. Eric clarified that this was done because the contractor did not contact the phone company. The broadband grant and third party health will cover these expenses.

Chairman assumed chair over the meeting at 3:24pm

Amos Tripp moved and Crispen McAllister seconded to approve amendment (13) to contract 13-C-011, 5 haa, 0 puuhara, 0 pupitihara.

Director Reports:

1.) Annie Smith, Director of Community Services:

Annie is present to seek approval of two action items; both are vehicles. The first one is a replacement of 2 vehicles. Both requests are to purchase through Ishpook Leasing. There is funding in the budget.

Annie noted that Mike Tiraterra believes that the transmission work is too expensive to repair the vehicle so he recommends replacement. Michael Thom commented that buying a new car seems more expensive than fixing it. Michael believes that the car was well maintained.

Laura Mayton commented that there the funding for covering Ishpook Leasing is held from discretionary and takes 5 years for the programs to pay it back. The more that is held in discretionary then that is less than going into the priority of the casino. Laura commented that the Health Program can pay for repairs.

Dora Bernal moved and Sonny Davis seconded to purchase one vehicle for the Yreka transporter and to repair Flo's transmission, 6 haa, 0 puuhara, 0 pupitihara.

Annie then went on to explain that she will be on travel next week.

Michael Thom moved and Amos Tripp seconded to allow Marsha and Annie to work on accessing enrollment records for all elders to let them know they need assistance and whom to contact, 6 haa, 0 puuhara, 0 pupitihara.

Dora Bernal moved and Amos Tripp seconded to approve Annie's report, 6 haa, 0 puuhara, 0 pupitihara.

2.) Lester Alford, TANF Director:

Lester is present to provide his report. He provided an overview of his report.

He would like to seek approval of a credit card for his Site Manager in Yreka. She provides transporting services and has to get reimbursed.

Michael Thom moved and Bud Johnson seconded to approve a credit card with a \$2,500 limit for the Yreka Site Supervisor, 6 haa, 0 puuhara, 0 pupitihara.

Lester then would like to seek approval of an MOU with the State of California. There were revisions to the document adding Quartz Valley to the original MOU.

Crispen McAllister moved and Bud Johnson seconded to approve the MOU between the State of California Department of Social Services and the Karuk Tribe, 6 haa, 0 puuhara, 0 pupitihara.

His next action item is the approval of the updated three year services under the NEW program which is 13-R-071.

Michael Thom moved and Amos Tripp seconded to approve resolution 13-R-071, 6 haa, 0 puuhara, 0 pupitihara.

He has until June 30, 2013 to obtain information and receive further clarification on the services provided which the Federal Government has the incorrect information, and Lester will provide the correct data and submit it for their information.

There are various summits upcoming for TANF. July 9-10, 2013 is in Washington. He would like to forgo going to NCAI at the end of this month, and then attend the other items that may need his attention.

Michael noted that he appreciates the work that TANF has been doing because the clients have been calling with fewer complaints. In July he will be requiring budget justifications to ensure the clients are budgeting effectively.

Crispen McAllister moved and Bud Johnson seconded to approve the TANF report, 6 haa, 0 puuhara, 0 pupitihara.

3.) Rondi Johnson, Deputy Director:

Rondi is present to review her report. She has no action items. She attended a few trainings and conferences. She is attending the AAAHC conference next week. She provided her budget which displays what the budget is and what has been spent over time, including where they are in the fiscal year.

Michael asked about the locum tennans do not have reports on as the staff felt that the information was not useful.

Vickie Walden noted that the locum tennans are gone by the time the audits are done there is no time for action to be taken because the provider is gone.

Amos Tripp moved and Sonny Davis seconded to approve Rondi's report, 6 haa, 0 puuhara, 0 pupitihara.

4.) Eric Cutright, IT Director:

Eric is present to provide his report. He has no action items. He did note that there was a backup problem with the software that was being used. The storage space is adequate but the software change may be what is needed.

Last month the Health Board approved a new health lines and they are switching companies. The phones themselves are working well and there have been a lot of issues.

He also looked up the amount of for the Orleans Contract which was a split \$1,791.07 and \$1,973.94 (internet) and the rest of the change order is TERO tax and bond spending.

Amos Tripp moved and Bud Johnson seconded to approve Eric's report, 6 haa, 0 puuhara, 0 pupitihara.

5.) Lessie Aubrey, EDHHS:

Lessie is present to provide her report. She would like to seek approval of the partnership agreement. It is under agreement 13-A-042 between the Karuk Tribe and Medicaid Reimbursement or capitation Rate. This will provide compliance with managed care.

Dora Bernal moved and Michael Thom seconded to approve 13-A-042, 6 haa, 0 puuhara, 0 pupitihara.

She also submitted agreement 13-A-043 with CRIHB. Lessie explained that during Schwartzneggars term as Governor cut adult dental care and eye care etc. CRIHB fought this and will make a case that the Native American clients deserve the services because the Federal Government pays it directly. This is important and done with only four other Tribes in the State.

Michael noted that his question regarding the percentage of being paid should be at 15%. The rate is a federal rate and will stay as noted in the agreement.

Michael Thom moved and Crispen McAllister seconded to approve agreement 13-A-043, 6 haa, 0 puuhara, 0 pupitihara.

Lessie then sought approval for Lessie Aubrey and Rondi Johnson to travel to Chicago IL July 17-19, 2013 for the NRHA 2013 Rural Quality and Clinical Conference.

Amos Tripp moved and Crispen McAllister seconded to approve out of state travel for Lessie and Rondi to the NRHA Quality and Clinical Conference, 6 haa, 0 puuhara, 0 pupitihara.

Lessie then provided agreement form 13-A-XX which would be entered into regarding serving HRSA patients under a sliding fee

Laura notes that her question is that the doctors that refuse to sign then they can no longer be referred there and when this is done then those patients will not receive services.

Michael Thom moved and Dora Bernal seconded to table the agreements to the Council Planning Session to allow full review, 6 haa, 0 puuhara, 0 pupitihara.

Michael Thom moved and Bud Johnson seconded to approve Lessie's report, 6 haa, 0 puuhara, 0 pupitihara.

6.) Patti White, RPMS Site Manager:

Patti has no action items this month but she did update her report to include Amy's workload as well to provide the Council with that information. Her workload reports are attached.

Michael Thom moved and Sonny Davis seconded to approve Patti's report, 6 haa, 0 puuhara, 0 pupitihara.

7.) April Attebury, Child & Family Services:

April did not provide a written report. Two staff members are out of the office and they are working hard to stabilize the office. They are having staff meetings and she will provide those items to the Council.

She has a sample document that the group is working on. They are creating a brochure for outreach and informational services. Nadine McElyea worked on the brochure and the resource information to be provided to patients/clients.

Michael Thom moved and Sonny Davis seconded to approve the brochure for the Children and Family Services, 6 haa, 0 puuhara, 0 pupitihara.

Michael Thom moved and Bud Johnson seconded to approve April's verbal report (written to follow), 6 haa, 0 puuhara, 0 pupitihara.

8.) Carolyn Ash, Dental Director:

Dr. Ash is present to review her report. Dr. Ash noted that majority of the staff attended training for a week in May but the services were not completely closed down. Dr. Ash recently attended

training and she noted in her report that a presentation was done by a Yurok lady that Dr. Ash would like to work with her to bring something to the Tribe as well.

Jessica Courts is receiving additional schooling and will be taking her State Boards in September. Vickie Walden and Dr. Ash attended strategic planning session in Yreka and it was beneficial.

Dr. Ash asked to increase the dental supply budget line item. There are full time providers and they need more funding for supplies to service patients. These costs are offset by the revenue that is generated.

Vickie Walden noted that the patients even Native American should have to pay their outsourced lab and she noted that the Karuk Tribe is the only Tribe that covers the lab services. She would recommend that they revise the policy to charge Native Americans for their lab services. Dr. Ash would like to also prioritize treatment and cap how much services there can be provided to each patient, which will lower the costs.

Sammi Goodwin noted that if charging Native Americans isn't a desire that that option shouldn't be discussed. She would recommend providing services to Native Americans and community members but reducing services and charging Native Americans, doesn't seem right. No one should be telling Native Americans they have to pay for services and a Tribal facility. It seems to be that the health program is going backwards in services to Tribal people. Vickie Walden noted that there are several options that can be taken into factor and she is opposed to reduced services but identifying how to assist each patient, especially Native American is a priority.

Sammi noted that providing dental services in Orleans is important as well and she constantly hears services in Happy Camp and Yreka and no one represents Orleans.

Dental services in Orleans are tough, because there isn't sufficient living space and getting professionals into the rural areas. Plus there is not a dental clinic. It has been tried before and could be identified as a goal in the future but it something that the health program considers all the time. Having as much services to Orleans as they would like, will be detrimental to the other clinics as well. The Health Program evaluates services across the board, does not leave Orleans out, which is why they have a brand new clinic going in, however, they cannot just focus on one location or patient population.

Sammi also commented that recruitment should happen from High School and bring people home.

Lessie's response to the comments from Sammi is that the Health Program works hard on services and the Orleans Clinic is very lucky to receive a new clinic because the Happy Camp clinic is operating out of closets for offices and seeing more patients, but still making it work. Sammi commented that there are pros and cons in every option. Lessie reminded her that the groups have been working on several options and will keep working toward this.

Dr. Ash noted that she will definitely research this.

Michael Thom moved and Sonny Davis seconded to approve Dr. Ash's report, 6 haa, 0 puuhara, 0 pupitihara.

9.) Laura Mayton, CFO:

Laura is present and will be at the Health Board financial statements each month.

Laura Mayton provided an overview first of how the budget process works. She noted that there seems to be confusion on the health program budgets.

Lessie noted that the purpose of this budget finance statement is that it will meet requirements of HRSA. This budget is IHS compact, HRSA, Social Services, CalWORKS, CAIR, Diabetic Grant, etc., It encompasses all health programs, excluding TANF. Laura noted that most programs get fixed grants and it is determined how it is going to be spent. The Tribe gets Indian Health Services Compact funding which the Tribe can determine where it's spent. She provided explanations of the budgets and how they are budgeted. She provided an overview of the income statement for the health programs.

She provided a breakout of liabilities of owing money and the assets of the health program. Including all expenses and revenue generated.

Laura noted that at the end of the fiscal year there are an estimated number of the receivables based on third party billing. Also, there are items that are billed after the fact. Laura noted that this report covers cash that comes in and cash that goes out.

This report will be done each month and if there are other things that anyone would like to see then to just let her know or if they would like training then they should come see her.

Lessie asked about the deferred funding. Laura explained that deferred funding line is funding that hasn't been earned to date.

Amos asked for further information on the Federal sources and what those are. She noted that when you put a percentage toward the budget and where it's spent.

Crispen McAllister moved and Michael Thom seconded to approve Laura's report, 6 haa, 0 puuhara, 0 pupitihara.

10.) Vickie Walden, Dental Office Manager:

Vickie is present to complete a PowerPoint presentation. She noted that it is meant to be a new way of thinking. She and Vickie Simmons prepared the PowerPoint. It is based on the health program.

The PowerPoint included corrective action plan to separate the health board from the Council and this action is to be done by June 30, 2013. It is in response to the findings from the HRSA site visit as well as discussions from the Health Program's Strategic Planning held in Yreka.

Michael believes that the Tribal Council Members can sit on Committees and then participate but he is entirely against the separation of the two, in his opinion. Also, Vickie Walden noted that this is their recommendation and they need to be submitted by June 30, 2013.

The three recommendations are listed in each section and the Board will need to approve each item that the group identified. The Board and the group agree that the Health Board should be signing the confidentiality, harassment, and code of ethical behavior statement forms each year to meet that recommendation.

Amos agrees with number three; signing statements. Area two; he and Bud agree; and tonight is the first night where the Health Board attempted to meet the requirement separating Council business from Health Board business. It was not even known that this was such an issue until recently and the Council has responded with a fix immediately to ensure the flow of communication is strictly health. Number one; discussing streamlining the committees and boards, then it needs to be presented by the staff. He felt that it isn't known what the Health Meetings are and their relevance but communicating that for each group would identify what the staff needs from the Health Board as well as the Health Board receiving what they need from the staff to make informed decisions. Vickie commented that the health program does have that. Vickie Walden commented that there used to be more active working together previously on planning and budgeting. Amos commented that identifying how to streamline this is best to identify what will work for the program and the staff. Amos noted that there are different communities and different funders along with Non-Indian clients and Native American clients. He would like to see the potential problems that they are looking at are still going to be there and not handed over to another board of people. Vickie Walden commented that there used to be a smaller group.

Vickie Simmons commented that at the Planning Meeting Jody commented that the Health Board Meetings were not efficient and Vickie believes that too, that the Health Board interacts with them and explain to them what they want to see as well as interact well.

The Council has not seen the full HRSA report and has not had participation on any follow up conference calls. Dora commented that if the staff is having the report and findings need follow up, then notifying them so that they could provide input, as oversight, would have been best. Vickie Simmons commented that Barbara asked for the report, so she assumed it was to forward to the Council. Barbara commented that as the recording secretary, she needed to see the functions of the meetings, but specifically the entire report did not belong to her and it is the Health Programs determination to work on the "requirements" vs. "recommendations" and with that, they should be presenting those to the Health Board. Also, Vickie Simmons noted that Michael Thom had participated in conference calls. The staff is trying to be proactive in completing the HRSA requirements and finalizing the responses. Also, during the conference calls it was noted by HRSA that their input on "recommendations" are that they will be "requirements" so to ensure the issues identified are resolved the staff found this to be the best direction for the Council to consider.

Closed Session:

Michael Thom moved and Bud Johnson seconded to approve the revised position description, clinical supervisor for employee# PH, 6 haa, 0 puuhara, 0 pupitihara.

Michael Thom moved and Crispen McAllister seconded to approve 2 part time positions; one for Orleans and Happy Camp for LCSW's, 6 haa, 0 puuhara, 0 pupitihara.

Crispen McAllister moved and Dora Bernal seconded to approve the credentialing and privileging for Allison Ortiz, 6 haa, 0 puuhara, 0 pupitihara.

Consensus: for Vice-Chairman Thom to inquire about services for the Elders in Happy Camp and Orleans.

Personnel: recording secretary excused.

Consensus: to allow use of the Multi-purpose room for the continued community yoga classes; any conflicts in scheduling will cancel yoga days.

Next Meeting Date: July 18, 2013 at 3PM in Happy Camp, CA.

Dora Bernal moved and Crispen McAllister seconded to adjourn the Health Board Meeting at 7:19 PM, 6 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell “Buster” Attebery, Chairman

Recording Secretary, Barbara Snider

KARUK TRIBE
Karuk Tribal TANF Program
July 2013 Monthly Report

Program Report Summary
June 2013

Active Clients (Program Totals) Report:

Currently serving **73** clients (See attachment (A)) – KTCP-Active Cases as of 7/3/2013)

Served by Site

Currently serving **08** Clients at the Orleans Office
Currently serving **14** Clients at the Happy Camp Office
Currently serving **51** Clients at the Yreka Office

Families Served

Currently serving **38** 1-parent families
Currently serving **13** 2-parent families
Currently serving **22** Child only families

Work Participation Rate Report (WPR):

WPR = **63.64%** - (See attachment (B)) – KTCP – WPR – Monthly Summary for 05/2013)
WPR = **N/A** - (See attachment (B)) – KTCP – WPR – Orleans - Monthly Summary for 05/2013)
WPR = **44.44%** - (See attachment (B)) – KTCP – WPR – Happy Camp - Monthly Summary for 05/2013)
WPR = **68.57%** - (See attachment (B)) – KTCP – WPR – Yreka - Monthly Summary for 05/2013)

Work Participation Rate for May 2013 was **63.64%**.

Council Approval Request(s)

Action Items: None

Council Information

- (1) (See Attachment (C)) Karuk NEW Program 2013-2016 Renewal Letter - APPROVED
- (2) (See Attachment (D)) Karuk Cultural Event Schedule for July 2013
- (3) (See Attachment (E)) Substance Abuse Schedule for July 2013.
- (4) (See Attachment (F)) TANF Client Monthly Budget Plan

KARUK TRIBE
Karuk Tribal TANF Program
July 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 – One.

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 July 2013 (See Attachment (D))

Youth Activities

The following youth are currently running:

- a. Yreka Charger Youth Football and Cheerleading (4) - **In Progress**
- b. Rush Athletics – Cheerleading (9) - **In Progress**
- c. Montague Baseball (7) - **In Progress**
- d. BART Program (3) – **In Progress**
- e. Head Start Graduation (Happy Camp Youth) (25) - **Completed**

KARUK TRIBE

Karuk Tribal TANF Program July 2013 Monthly Report

- f. Summer Food Program (Yreka and Happy Camp), youth participation to be determined at the end of the program. **In Progress**
- g. MKWC Stewart Internship-Orleans - 5 – **In Progress**
- h. Klamath-Siskiyou Outdoor School Project-Orleans –**Completed**
- i. NBC Camp – 2 - **In Progress**
- j. YMCA Basketball Boys/Girls Camp – 6 – **Completed**
- k. SOU Volley Ball Camp – 1 – **In progress**
- l. Ringe Pool – 4 – **In progress**
- m. Montague Pool – 2 – **In progress**
- n. Fatherhood/Motherhood Program – 8 - **Completed**


TANF Father/Motherhood Training

TANF Father/Motherhood successfully stated on April 3, 2013, with 11 adults in attendance. Clients are upbeat and enthusiastic. The training ended on June 9, 2013. Eight clients completed the training from beginning to end. Three clients obtained employment during the training and had to drop out due to schedule conflict. All three clients will be attending the next session to complete the remaining classes.

The clients were ecstatic and overjoyed in completing this program. They would indorse this training to anyone. They thanked the tribe for providing such valuable training and hoped that the training continues.

We are now working on schedules for Yreka, Happy Camp and Orleans.

Submitted By:


Lester Lee Alford, Jr.
TANF Executive Director

Karuk Tribal TANF Program
Active Cases as of
07/03/2013

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	6
Total number of One Parent families	7
Total number of Two Parent families	1
Total number of cases is	14

Yreka TANF Office

Total number of Child Only/Non-Needy families	11
Total number of One Parent families	28
Total number of Two Parent families	12
Total number of cases is	51

Total number of Child only cases program wide is	22
Total number of 1-Parent cases program wide is	38
Total number of 2-Parent cases program wide is	13
Total number of cases program wide is	73

Karuk Tribal TANF Program

WPR - Monthly Summary for 5 / 2013

07/03/2013

Type of Family for Work Participation

One parent families	34
Two parent families	12
Child Only Family	18
Total Cases Reported for this Period	64

Work Participation for All Families

Cases that did the hours required	28
Cases required to work	44
Work Participation Rate	63.64 %
2013 Work Participation Rate is 30%	

Client TANF Payments

Total Payments	\$42,330.65
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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	2
053 - On-the-Job-Training	1
054 - Job Search - Job Readiness	2
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	1
059 - Satisfactory School Attendance For Individuals - No HSD/GED	0
060 - Providing Child Care to TANF Clients participating in a Community Service program	1
062 - Other Work Activities	18

Current Case Load by Site

Humboldt	4
Siskiyou	59
*Total Cases: 63	

Current Case Load by Staff

CHOSTLER	2
IMIRANDA	16
KKING	4
LAUBREY	12
MCHARLES	19
RBAILEY	9

Karuk Tribal TANF Program
WPR - Monthly Summary for 5 / 2013
Happy Camp TANF Office

07/03/2013

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

Current Case Load by Site

Humboldt	4
Siskiyou	59
*Total Cases: 63	

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 30%	

Current Case Load by Staff

CHOSTLER	2
IMIRANDA	16
KKING	4
LAUBREY	12
MCHARLES	18
RBAILEY	9

Client TANF Payments

Total Payments	\$9,584.25
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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	2
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	3

Karuk Tribal TANF Program
WPR - Monthly Summary for 5 / 2013
Orleans TANF Office

07/03/2013

Type of Family for Work Participation

One parent families	1
Two parent families	0
Child Only Family	5
Total Cases Reported for this Period	6

Current Case Load by Site

Humboldt	4
Siskiyou	59
*Total Cases: 63	

Work Participation for All Families

Cases that did the hours required	0
Cases required to work	0
Work Participation Rate	
2012 Work Participation Rate is 30%	

Current Case Load by Staff

CHOSTLER	2
IMIRANDA	16
KKING	4
LAUBREY	12
MCHARLES	18
RBAILEY	9

Client TANF Payments

Total Payments	\$4,226.00
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Number of Clients Participating by Activity Type

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

Karuk Tribal TANF Program
WPR - Monthly Summary for 5 / 2013
Yreka TANF Office

07/03/2013

Type of Family for Work Participation

One parent families	25
Two parent families	11
Child Only Family	9
Total Cases Reported for this Period	45

Work Participation for All Families

Cases that did the hours required	24
Cases required to work	35
Work Participation Rate	68.57 %
2012 Work Participation Rate is 30%	

Client TANF Payments

Total Payments	\$27,731.40
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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	2
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	1
059 - Satisfactory School Attendance For Individuals - No HSD/GED	0
060 - Providing Child Care to TANF Clients participating in a Community Service program	1
062 - Other Work Activities	15

Current Case Load by Site

Humboldt	4
Siskiyou	59
*Total Cases: 63	

Current Case Load by Staff

CHOSTLER	2
IMIRANDA	16
KKING	4
LAUBREY	12
MCHARLES	18
RBAILEY	9



ADMINISTRATION FOR
CHILDREN & FAMILIES

90 7th Street, San Francisco CA 94103 www.acf.hhs.gov

Mr. Russell Attebery, Chairman
Karuk Tribe
P.O. Box 1016
Happy Camp, CA 96039

Dear Mr. Attebery:

I am pleased to inform you that the Native Employment Works (NEW) program renewal plan submitted by the Karuk Tribe for the three-year period beginning July 1, 2013, has been approved. This plan is effective for the period July 1, 2013, through June 30, 2016, subject to the availability of funds.

If the Karuk Tribe proposes to make any substantial changes in its NEW program plan or operations during this period, it must submit a plan amendment for approval, consistent with the NEW program regulations at 45 CFR 287.85.

The approved NEW plan is the basis for the NEW grant awards to be issued each program year (PY), subject to the availability of funds. The grant award for PY 2013-2014 (July 1, 2013 – June 30, 2014) will be issued by our Office of Grants Management in Washington, D.C. Funding levels for NEW grantees are set by law at an amount equal to the amount received by each Tribe in fiscal year (FY) 1994 under the Tribal Job Opportunities and Basic Skills Training (JOBS) program.

We look forward to a continued working partnership with you to help Tribal families move toward self-sufficiency.

If you or your staff have questions, please contact Mikaela Smith of my staff at (415) 437-8418 or mikaela.smith@acf.hhs.gov.

Sincerely,

Julie Fong,
Region IX TANF Program Manager

cc: Lester Alford, TANF Executive Director, Karuk Tribe
ACF/OFA/Division of Tribal TANF Management



Karuk Cultural Activities Day Tuesday July 16th 2013

ORLEANS

10 AM—2 PM

Karuk Cultural Room: Next to Elem School

- Necklaces
- Story of Crane
- Art Projects
- Lunch Provided
- Establish Community Unity
- Meet TANF Hours

Contact Orleans TANF Office for more info: (530) 627-3680

Transportation available Sign up before 7/12 5:00 PM

(TANF Clients only)

Karuk Cultural Activities Day

Thursday July 18th 2013



10 AM—2 PM
YREKA

Karuk Housing Authority Office: 1836 Apsuun St

- Basket Weaving
- Traditional Spoons
- Stories
- Art Projects
- Lunch Provided
- Establish Community Unity
- Meet TANF Hours

Contact Yreka TANF Office for more info: (530) 842-4775
Transportation available Sign up before **7/15 5:00 pm**
(TANF Clients only)



Karuk Cultural Activities Day

Wednesday July 24th 2013

10 AM—2 PM

HAPPY CAMP

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: (530) 493-1440
Transportation available Sign up before 7/19 5:00 PM
(TANF Clients only)

Happy Camp
AOD SESSIONS
July 2013

July 1 st	Wellbriety Step Study 8:30 am - 10am @ Log Cabin
5 th	" " "
7 th	" " "
11 th	Red Road Group 1pm - 2:30 pm @ Log Cabin
12 th	Wellbriety Step Study 8:30 am - 10am @ Log Cabin
15 th	" " "
18 th	Red Road Group 1pm - 2:30 pm @ Log Cabin
19 th	Wellbriety Step Study 8:30 am - 10am @ Log Cabin
22 nd	" " "
25 th	Red Road Group 1pm- 2:30 pm @ Log Cabin
26 th	Wellbriety Step Study 8:30 am - 10pm @ Log Cabin
29 th	" " "
31 st	Red Road Group 1pm - 2:30 pm @ Log Cabin

Cnh6/28/13

AOD GROUP SESSIONS

July 2013 @ Yreka

July 1 st	TANF AOD Group	10:30 am - 12pm @ TANF Ofc.
3 rd	"Red Road Group"	10:30 am - 12pm @ C/F Services
8 th	TANF AOD Group	10:30 am - 12pm @ TANF Ofc.
10 th	"Red Road Group"	10:30 am - 12pm @ C/F Services
15 th	TANF AOD Group	10:30 am - 12pm @ TANF Ofc.
17 th	"Red Road Group"	10:30 am - 12pm @ C/F Services
19 th	TANF AOD Group	10:30 am - 12pm @ TANF Ofc.
24 th	"Red Road Group"	10:30 am - 12pm @ C/F Services
29 th	TANF AOD Group	10:30 am - 12pm @ TANF Ofc.
31 st	"Red Road Group"	10:30 am - 12pm @ C/F Services

Cnh6/28/13



KARUK TRIBE
Karuk Tribal TANF Program
Yreka TANF Office
1517-A S. Oregon Street
Yreka, CA 96097

07/03/2013

Yreka, CA 96097

Dear Ms. Super:

In order to be more efficient in providing valuable services to you and your family while on our program, I am implementing a prerequisite (monthly budget plan) that will be required to be submitted with any request for assistance (supportive services). With the updating of your Family Self-Sufficiency Plan (FSP), the monthly budget sheet will give us a more accurate assessment of your plan.

There are three objectives when you are participating in the TANF program. (1) Initial Eligibility, (2) on-going eligibility, and (3) the client's FSP.

Eligibility (1) and (2)

Once you have been determined eligible for the TANF program, you then provide a Monthly Eligibility Report each and every month thereafter.

FSP (3)

Through individual assessments and other tools you can create an effective FSP to achieve the goals and objectives to be successful in life. It is not an easy task to create an effective and achievable FSP without addressing all the barriers, big and small.

In the past, the TANF program has had a hard time accurately assessing the true status of your case and helping you create an effective FSP to help you towards achieving self-sufficiency. With the use of the monthly budget form we will be able to give you guidance and creative ways of how manage what resources you have and how we can help you achieve success.

Sincerely,

Lester L Alford, Jr. M.A.O.M., BS
TANF Executive Director

Attachment (F)

KARUK TANF

Monthly Bill Organizer/Budget Sheet

Monthly Income	Total Income	Paid	Due Date	Date Mailed	Check #	Comments
1 Your Income #1	\$					
2 Your Income #2	\$					
3 Spouse's Income #1	\$					
4 Spouse's Income #2	\$					
5 Miscellaneous Income	\$					
Total Income	\$					
Supplemental Assist.						
	Receive ?					
Food Stamps	YES or NO					
Food Commodities	YES or NO					
WIC	YES or NO					
Childcare	YES or NO					
Payment Due						
	Payment Due					
1 Mortgage/Rent	\$					
2 Food	\$					
3 Childcare	\$					
4 Utilities	\$					
Gas	\$					
Electric	\$					
Garbage	\$					
Water	\$					
Telephone	\$					
Cell Phone	\$					
Internet Service	\$					
Cable TV	\$					
Total	\$					
Insurance						
	Payment Due					
Auto	\$					
Life	\$					
Medical	\$					
Disability	\$					
Misc.	\$					
Total	\$					
Recurring Debt						
	Payment Due					
Auto Loan 1	\$					
Auto Loan 2	\$					
Personal Loan	\$					
Miscellaneous Loan	\$					
Total	\$					
Summary						
Total Income	\$					
Total Bills Paid -	\$					
Cash After Bills Paid +/-	\$					

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

July 11, 2013

Rondi Johnson

June Report



ACTION ITEMS: None

APRIL ACTIVITIES:

1. Management Team Meeting June 6th , HRSA/LCSW/AFTER HOUR CARE Meeting June 6th , Dental Office Meeting June 13th , Health Board Meeting June 13th , Front Office/Billing Meeting June 19th , Medical Records Committee Meeting June 19th , VA Meeting June 26th ,

APRIL TRAININGS/CONFERENCES & WEBINARS:

Managed Care Roundtable with ARCH Webinar June 13th , Northern County Regional Planning Development Meeting June 14th , AAAHC Conference June 20 – 25th , AAAHC Webinar June 26th , PCM W/HIS Webinar June 26th

ACQI COMMITTEE MEETING:

The June 12th , ACQI meeting agenda, performance improvement projects, and reports are attached. The Meeting Minutes for June 12th , are attached.

BUDGETS:

See below. Budget through 6/30/13. At this time I'm well under budget.

Program	CQI
Budget Code	300002
Program Year	2012-2013
Expenses to Date	\$84,310.40
Balance	\$129,056.54
Percent Used	39.59%
Period Usage	9 months

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

**Karuk Tribal Health &
Human Services Program
ACQI Committee
Meeting/Conference Call
KCHC Teleconference Room
June 12 2013
8:15 am-10:00 am**



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, May 8, 2013. – Rondi Johnson
5. Performance Improvement Reports Due
 - 5.1 Eligibility Report – Happy Camp/Orleans – Nadine McElyea
 - 5.2 Eligibility Report – Yreka – Sharon Denz
 - 5.3 CHDP Callback – Happy Camp – Chelsea Chambers
 - 5.4 Diabetes Report– Annie Smith
6. GPRA Reports
 - 6.1 Improve Childhood Immunization Rates – Vickie Simmons
7. New Business
 - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson
 - 7.2 Patient Satisfactory Surveys – Rondi Johnson
 - 7.3 Review Policy Approval Changes: Policy #02-002-065 and Policy #02-001-045 – Vickie Simmons, Policy #07-002-210 – Michael Lynch
8. Old Business
 - 8.1 Yreka Dental – Susan Beatty
 - 8.2 Happy Camp Dental – Cheryl Tims
9. Next Meeting July 10, 2013 at 9:00 am
10. Adjourn



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 Lunch, 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

Karuk Tribe

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 is 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

Eligibility Report
 ACQI Meeting
 Jan. – Mar. 2013
 June 11, 2013

During this period I have submitted a SSI/SSD application for 1 person, a reconsideration request for 1 person and follow-up actions for three people; I submitted 4 new on-line MediCal applications and one re-certification. All SSI applications are continuing.

I attended an excellent SSD/SSI training in Medford, Oregon on March 29th. To properly and completely provide appropriate advocacy for those applications would involve much more time than I have available. As it is I can guide and make suggestions to people about how to follow up on their applications

	January 2013	February 2013	March 2013	TOTALS
MediCal	2	3	2	5
CMSP	0	0	0	0
SSD/SSI	3	1	6	2
TOTALS	5	4	8	10
Clients	3	3	4	10
Services Provided	7	4	7	18

Requests for services have declined each quarter. As I work with people I try to explain and teach them what to expect in follow-up paperwork and requirements so they can manage their own eligibility activities. They are always encouraged to come back in or call if they have questions or need help. All of the MediCal applications in the reporting period were approved.

Nadine McElyea, Administrative Assistant/Patient Eligibility Worker
 Child and Family Services, Happy Camp

KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM

2013

Create an Immunization Recall System

I. Purpose of the Study

The purpose of this study is to create an immunization recall system so that our childhood immunization rates for two year olds will increase by 2% or more per year from the 53% rate reported in 2008 on the UDS Report. It is time to review this CQI project and come up with a new plan and goals.

II. Identification of the Performance Goal

The Karuk GPRA 2008 immunization result (63%) for Native American, 19 to 35 month olds is low compared to the GPRA 2008 California Area Results (66%) and to the 2008 National Average Results (78%). The 2008 **UDS** for **all** two year olds was 53%. This low rate needs to be increased since it is important that children receive the appropriate vaccinations at an early age in order to prevent death and disability from transmissible and infectious childhood diseases. Low immunization rates can result in deadly epidemics that affect both the children who are patients of our clinics as well as children in the communities where our clinics are located.

In 2009 we considered an increase of 2% per year to be reasonable **and** achievable.

III. Description of the Data

The baseline data for this performance improvement project was taken from the 2008 UDS Report. This information came from results for both Native American and Non-Native American, two year old children. The UDS report now includes more vaccinations (increased by 3 in 2011) than the GPRA Report (see chart below). The GPRA report covers only Native American children, ages 19 to 35 months of age.

	4DTaP,3IPV,1MMR, 3Hib,3HepB	Plus 1VZV	Plus 4PCV	Plus 2HepA	Plus 2or3RV	Plus 2Flu
UDS	Yes	Yes	Yes	Yes	Yes	Yes
GPRA, past	Yes	No	No	No	No	No
GPRA, present	Yes	Yes	Yes	No	No	No

DTaP – Protects against diphtheria, tetanus, and pertussis (whooping cough)

IPV – Protects against polio

MMR – Protects against measles, mumps and rubella

Hib – Protects against *Haemophilus influenzae* type b.

HepB – Protects against Hepatitis B

VZV – Protects against chickenpox

PCV – Protects against pneumococcal disease

HepA- Protects against Hepatitis A

RV – Protects against rotavirus.

Flu – Protects against influenza.

HRSA requires that the children be properly immunized by their 2nd year and GPRA by their 3rd.

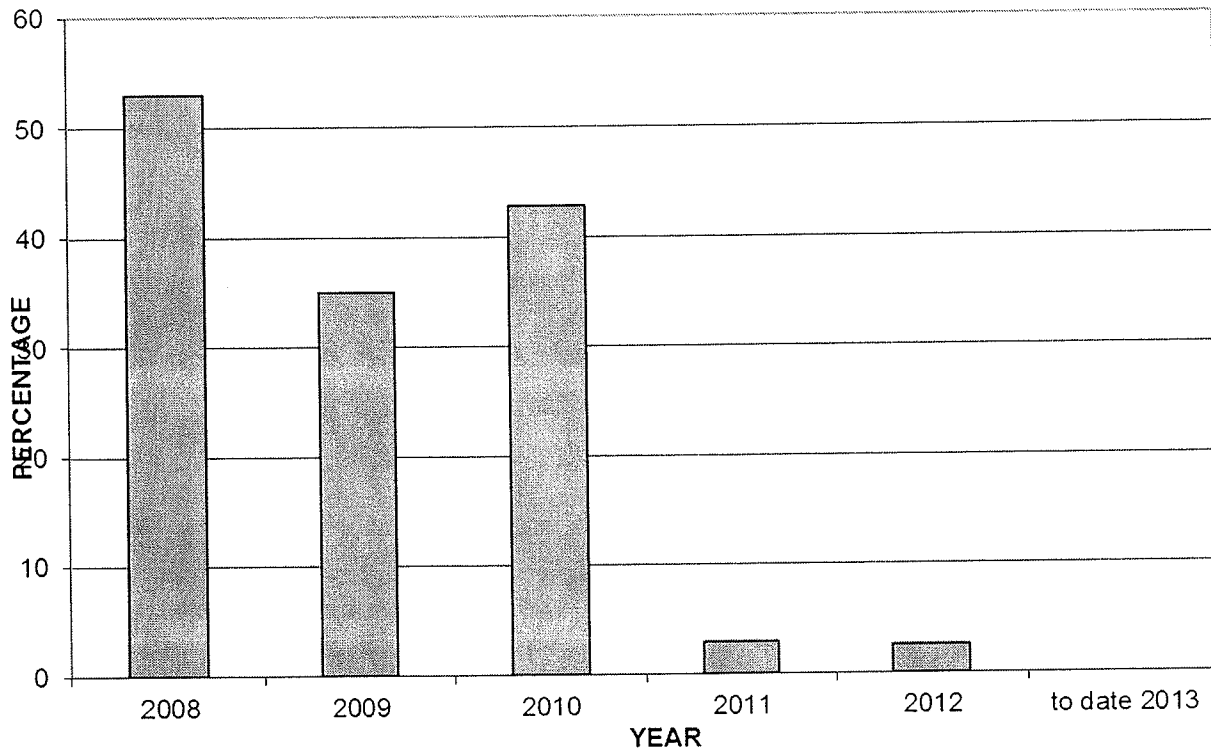
IV. Evidence of Data Collection

We are able to pull quarterly results from RPMS' UDS section so, in the future, we will be able to monitor improvement on a continuous basis. In addition, we can also pull GPRA results and monthly results for review.

V. Data Analysis

The 2008 UDS result for immunizations was 53%. The 2011 rate was 3%. This is drastically reduced from previous rates because HRSA increased the amount of required immunizations. The 2012 rate was 2.6%. * To date our UDS report indicates we are at 0%. Our GPRA Report requires fewer vaccines than HRSA so the results are higher. At this point our GPRA immunization rate is at 44% at the end of April 2013.

UDS: KARUK IMMUNIZATION RATE



Even with GPRA, our numbers are comparatively lower than other programs. If we compare our 2012 Karuk GPRA result (45.5%) to the 2012 California Area result (71.3%) and to the 2012 National result (76.8%) it shows substantial room for improvement.

VI. Comparison of Current Performance Against Performance Goal

Karuk had 53% compliance in 2009 and our goal was to improve by 2% per year. We did not meet this goal in 2009, but in 2010 we did improve. The 2011 rate was a dismal 3% so no improvement. The 2012 did not surpass 2011. Our problem area seems to be the lack of flu and Rota vaccines (short window of opportunity).

VII. Implementation of Corrective Action to Resolve Identified Problem

The following key steps will be initiated with the intended result that immunizations for **all** children who frequent our Karuk Clinics will be up to date by their 2nd birthday.

- Train clinic receptionists on how to open the schedule for recall appointments.
- Ensure that patients do not leave clinic without a follow-up appointment being made.

- Receptionists will make reminder calls the day before the appointment and also instruct the parent/guardian to bring current immunization card/record to appointment.
- A dynamic spreadsheet will be kept to track children's immunization needs using information gathered from RPMS.
- Reminder letters will be sent out to parents/guardians notifying them of the needed immunizations.
- Outreach workers will be sent out when parent/guardians do not respond.

VIII. Re-Measurement

Every three months (quarter) a UDS Table 6A Report or equivalent will be run for comparison with the last report. This is to determine whether the corrective actions have achieved the desired performance goal.

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

If the initial corrective actions did not achieve and/or sustain the desired improved performance, implement additional corrective actions and continue re-measurement until the problem is resolved.

X. Communication to Governing Bodies

Communicate findings of this quality improvement activity on a quarterly basis to the ACQI committee which in turn will report to the Tribal Health Board in the form of meeting minutes and report copies. In addition, these results will be posted on the ACQI bulletin board at each facility for review by clinic staff.

Respectfully Submitted by Vickie Simmons

Karuk Tribal Health and Human Services Program

Health Board Conflict of Interest Disclosure Form

Date: _____

Name: _____

Position: _____

Per the Karuk Tribal Government Code of Conduct's Section 303 (A): *Disclosure: It is the premise that all Elected Officials who have interests which might conflict with their duties should divulge those interests. Disclosure shall also extend to those interests held by his/her immediate family, when they are known by the Elected Official.*

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

_____ I have no conflict of interest to report.

_____ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Karuk Tribal Health and Human Services
Conflict of Interest Statement

(for Health Staff)

Purpose:

The purpose of this conflict of interest statement is to review staff relationships with other care providers' (specialty services, payors, educational institutions, etc) to ensure the relationships are within the law and regulation, and to ensure that there is no conflict of interest within the Karuk Tribal Health and Human Services Program.

Conflicts of Interest exist if an employee's position or authority may be used to influence or make decisions that lead to any form of financial or personal gain for that employee or for his or her family. The term conflict of interest refers especially to situations in which financial or other personal considerations may compromise or has the appearance of compromising care. We want to ensure that a patient's care is based solely on the patient's needs.

The Karuk Tribal Health and Human Services Programs' Health Staff shall disclose any potential conflict of interest, which includes:

1. Investments in a joint venture company, where the staff member is paid or compensated for patient referrals.
2. Holding of an ownership interest by the employee or the employee's family in any real or personal property leased or purchased.
3. Receipt of gifts, gratuities, loans or special favors, (including trips, or speaker fees) from vendors in accordance with compliance laws or regulations.
4. The purchase of goods or services in which the employee or family members has a financial interest or, as a result of that purchase, may directly benefit.

I recognize my responsibility to ensure that my efforts at the Karuk Tribal Health and Human Services program are conducted in an unbiased manner. It is my responsibility to guard against conflicts of interest that might compromise the integrity and objectivity of the care provided at Karuk Tribal Health and Human Services facilities and clinics.

I do____, do not____ have a disclosure to make.

Printed Name

Signature

Date

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:

DELETED
All employees, students, youth workers, SWEEP, and volunteers, who work ~~at~~ ^{IN THE} 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. CONFLICT OF INTEREST

ALL ~~EE'S~~, STUDENTS... SHALL SIGN A CONFLICT OF INTEREST STATEMENT ~~ANNUALLY~~ ANNUALLY.

All practitioners requesting clinical privileges shall complete a Statement of Health stating they are physically capable of providing their requested privileges. These statements of health will be signed by the KTHHSP Medical Director.

Immunization Status:

All practitioners requesting clinical privileges shall provide evidence of their immunization status.

Conflict of Interest Statements:

UNDERLINE

All LIP's, Mid-Level Practitioners, and Professional Nurses will be required to sign a Conflict of Interest Statement initially and ~~every two years at reappointment~~ ^{ANNUALLY} thereafter.

Telemedicine Clarification Policy and Procedure:

Definitions:

Consultants – providing a diagnosis or interpretive reading; examine and just provide suggestions. (Not considered telemedicine).

Telemedicine – actually providing, directing, or writing orders for service.

Telemedicine LIP's providing services at Karuk Tribal Health clinics shall be Credentialed and Privileged, as defined under Telemedicine above.

LIP's providing consultative services, via telemedicine equipment at Karuk Tribal Health clinics (diagnosis, suggestions) shall be authorized through a written contract or agreement, which defines the nature and scope of services to be provided. These services shall meet applicable accreditation standards.

The contracted care, treatment, or other relevant services shall be evaluated to determine contractual expectations are being met, when and by Karuk Health care providers employing their services.

When a violation in the contract occurs an incident report shall immediately be generated.

Organizational Responsibilities:

The Board will provide direct oversight to the Licensed Independent Practitioner credential verification and scope of clinical practice activities. It approves recommendations from Karuk Tribal Health & Human Services Program staff regarding Licensed Independent Practitioner qualifications and scope of clinical practice.

ML

Potential Error in Policy # 07-002-210

There appears to be two potentially dangerous errors in the Management section of the Anaphylactic Reaction section of policy #07-002-210 (page 5 of 5). Using the pediatric dosage directions for epinephrine or diphenhydramine could result in an overdose.

For epinephrine, the pediatric dosage is "0.01 mg per kg every 15 minutes up to 3 times". This is appropriate up to 30 kg (≈66 lbs.). Over that weight, the calculated exceeds the maximum 0.3 mg dosage for adults.

For diphenhydramine, the pediatric dosage is "1 mg/kg IM or IV or oral solution". This is appropriate up to 50 kg (≈110 lbs.). Over that weight, the calculated dosage exceeds the maximum 50 mg dosage for adults.

I suggest revising the language to read as follows:

- Epinephrine: "0.01 mg per kg every 15 minutes, up to 0.3 mg per dose, and up to three administrations".
- Diphenhydramine: "1 mg/kg IM, IV, or oral solution, up to 50 mg".

Since many of us do not easily convert kilograms to pounds, I also suggest a kilogram to pound conversion chart. I have created one that is presented below.

As an alternative to the language currently in the policy, I have modified a conversion chart found on the Immunization Action Coalition's (IAC) website. The IAC works with the CDC to create vaccination-related documents for use by medical professionals and patients. This alternative schedule is also attached. It has two advantages: 1) it uses age ranges and/or weight ranges to make the dosage estimation easier; and 2) it allows for the use of Epi-Pen and Epi-Pen Jr. We have both at the Yreka clinic.

Thank you,
mike lynch

Emergency Dosage Chart for Epinephrine and Diphenhydramine

Note: Dosage by body weight is preferred, if known; otherwise dosing by age is acceptable.

Epinephrine Primary Treatment Option

Age	Weight	Epinephrine (1:1000) Injectable (1 mg/mL)	Epi- Pen Jr. (0.15 mg) Epi-Pen (0.30 mg)
1 - 6 months	9-19 lbs.	0.05 mL or mg	off label
7 - 36 months	20 - 32 lbs.	0.1 mL or mg	off label
37-59 months	33 - 39 lbs.	0.15 mL or mg	0.15 mg
5 - 7 years	40 - 56 lbs.	0.20 - 0.25 mL or mg	0.15 mg
8 - 10 years	57 - 76 lbs.	0.25 - 0.30 mL or mg	0.15 or 0.3 mg
11 -12 years	77 - 99 lbs.	0.35 - 0.40 mL or mg	0.3 mg
13 years and older	100 or more lbs.	0.5 mL or mg	0.3 mg

Diphenhydramine Secondary Treatment Option

Age	Weight	Injectable (50mg/mL)
7 - 36 months	20 - 32 lbs.	10 mg - 20 mg (0.2 mL - 0.4 mL)
37-59 months	33 - 39 lbs.	15 mg - 30 mg (0.3 mL - 0.6 mL)
5 - 7 years	40 - 56 lbs.	20 mg - 30 mg (0.4 mL - 0.6 mL)
8 - 12 years	57 - 99 lbs.	30 mg (0.6 mL)
13 years and older	100 or more lbs.	50 mg (1.0 mL)

Epinephrine Kilogram to Pound Dosage Conversion Chart

Kilograms	Pounds per Kilogram	Epinephrine Dose in mg	Kilograms	Pounds per Kilogram	Epinephrine Dose
1	2.20	0.01	16	35.27	0.16
2	4.41	0.02	17	37.48	0.17
3	6.61	0.03	18	39.68	0.18
4	8.82	0.04	19	41.89	0.19
5	11.02	0.05	20	44.09	0.2
6	13.23	0.06	21	46.30	0.21
7	15.43	0.07	22	48.50	0.22
8	17.64	0.08	23	50.71	0.23
9	19.84	0.09	24	52.91	0.24
10	22.05	0.1	25	55.12	0.25
11	24.25	0.11	26	57.32	0.26
12	26.46	0.12	27	59.52	0.27
13	28.66	0.13	28	61.73	0.28
14	30.86	0.14	29	63.93	0.29
15	33.07	0.15	30+	66.14+	0.3

Diphenhydramine Kilogram to Pound Dosage Conversion Chart

Kilograms	Pounds per Kilogram	Diphenhydramine Dose in mg	Kilograms	Pounds per Kilogram	Diphenhydramine Dose in mg
1	2.20	1	26	57.32	26
2	4.41	2	27	59.52	27
3	6.61	3	28	61.73	28
4	8.82	4	29	63.93	29
5	11.02	5	30	66.14	30
6	13.23	6	31	68.34	31
7	15.43	7	32	70.55	32
8	17.64	8	33	72.75	33
9	19.84	9	34	74.96	34
10	22.05	10	35	77.16	35
11	24.25	11	36	79.37	36
12	26.46	12	37	81.57	37
13	28.66	13	38	83.78	38
14	30.86	14	39	85.98	39
15	33.07	15	40	88.18	40
16	35.27	16	41	90.39	41
17	37.48	17	42	92.59	42
18	39.68	18	43	94.80	43
19	41.89	19	44	97.00	44
20	44.09	20	45	99.21	45
21	46.30	21	46	101.41	46
22	48.50	22	47	103.62	47
23	50.71	23	48	105.82	48
24	52.91	24	49	108.03	49
25	55.12	25	50+	110.23+	50

Karuk Tribe

Karuk Dental Records Report ACQI Meeting Date 6/12/13 1st Quarter Report of 2013 by Cheryl Tims

1. Purpose of the report.

We would like to ensure that we have a complete, well organized Dental Record, which includes:

- a. Patient identifiers and contact information,
- b. Patient medical information including but not limited to: health history, allergies, dental history, medications and etc.
- c. Accurate visit documentation including provider signatures, visit dates, and POV-Purpose of visit.
 - i. Documentation of appropriate oral evaluations and re-evaluations: that include; existing oral conditions, periodontal evaluations, cancer/soft tissue evaluation, x-rays, findings, diagnosis, treatment plans and/or treatment, oral hygiene instruction, referrals & follow, treatment rendered and recommendations, and etc.
 - ii. Indicators and Contra Indicators for Treatment
- d. Informed consents
- e. Treatment Plans
- f. Patient Consents
- g. Insurance / discount information

2. Description Data Collection

- a. I reviewed and collected data from ten adult dental records.
- b. I reviewed and collected data from ten children dental records

3. Evidence of Data

The data was collected from the visits in the first quarter of calendar year 2013

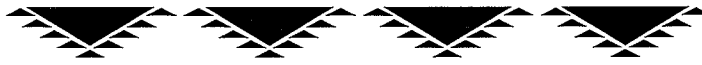
							Ten Adult
1	Full name and health record number on outside tab of chart	10	10	0	0	100%	
2	Current Face sheet (Within last 12 months)	10	10	0	0	100%	
3	Medical history updated within 12 months + Update review box initialed within Quarter	10	10	0	0	100%	
4	Patient Health Summary in paper chart & current(dated within 5 days of visit)	10	10	0	0	100%	
5a	Medical Alerts	10	10	0	0	100%	
5b	Medications	10	7	0	3	100%	
5c	Allergic to	10	1	0	9	100%	
5d	Pain Level	10	0	0	10	100%	
5e	NKA	10	9	0	1	100%	
5f	Pre-Med noted	10	0	0	10	100%	
6	Dental Examination for patients that have exam within reporting period is complete	10	3	0	7	100%	
7	Completed Tx Plan	10	3	0	7	100%	
8	All Chart entries include provider and/or staff initials	10	10	0	0	100%	
9	Dentrix Clinic notes show provider who saw patient & signed	10	10	0	0	100%	
10	Local anesthesia used	10	7	0	3	100%	

--	--	--	--	--	--	--	--

4. I am very pleased to say that I do believe that we are at 100% on both adult and childrens charts, at least as far as I can tell.

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

Karuk Tribe



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

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

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room

~~September 12, 2012~~ June 12, 2013
Sign-In Sheet

1. Randi Johnson
2. Madeline McElyea
3. Veronica Brassea
4. Mike Smith
5. Cheryl Tims
6. Lessie Aubrey
7. Datte White
8. Heather Walden
9. Christina Chambers
10. Joh
11. _____
12. _____
13. _____
14. _____
15. _____

Teleconferenced in from Yreka:

1. Meke Lynch
2. Dr. Milton
3. Dr. Ash
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Teleconferenced in from Orleans:

1. Fabian Awarado
2. _____
3. _____
4. _____

Current Activities:

- The Verizon phone lines in Orleans for the Medical Clinic and DNR failed 84 times in June. This is consistent with 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. The county has issued a public notice stating they intend to grant the permit on July 17, unless a member of the community requests a hearing about the permit before that date. A copy of the Notice of intent to approve a special permit is attached.
- In April 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. After testing a new backup product for a month, the new product is not performing the way we need it to. IT is now beginning testing on a 3rd backup software system.
- The new phone service for the Yreka offices has been installed. By June 7 all Yreka offices have been converted to this new phone system. The new system has so far not been compatible with our fax machines. IT is still investigating solutions to improve faxing at the Yreka offices.
- IT has been working with the Project and Construction Managers for the new Orleans Health and Wellness Center. The servers for the clinic are still being prepared. IT has worked with Verizon to install phone service, and now we are waiting for AT&T to install the internet service.
- 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.

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) Completing the IT infrastructure for the Orleans Health & Wellness Center
- 4) Conclude repairs to the faxes in Yreka
- 5) Repair or replace the tape backup unit in the Admin building
- 6) Orleans Broadband Project, getting ready for deployment in summer of 2013
- 7) Setting up remote monitoring of all IT Systems
- 8) Fiber optic deployment on the HC Admin Campus
- 9) Closeout of the Fiber Project in Happy Camp
- 10) Upgrading all computers and servers before the old versions expire in 2014

Budget Report for 1020-15 for May, 2013

- Total annual budget: \$308,001.59
- Expenses to date: \$229,204.20
- Balance: \$78,797.39
- Percent Used: 74.42%
- Percent of Fiscal Year: 75.00%

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: \$ 177,409.40
- Balance: \$ 862,055.30
- Percent Used: 24.50%
- Percent of Project Period: 58.33%

Attachments:

Cell phone usage log
Humboldt County Notice of Intent to Approve a Special Permit

**NOTICE OF INTENT TO APPROVE A SPECIAL PERMIT
AND ADOPT A MITIGATED NEGATIVE DECLARATION OF ENVIRONMENTAL IMPACT
(Finding of No Significant Adverse Environmental Effect)**

Applicant: Karuk Tribe of California
Assessor Parcel: 529-151-003
Case Nos.: SP-13-005

Date Filed: 02/25/13
CEQA Status: Required
Apps No.: 8648

PROJECT DESCRIPTION:

The Karuk Tribe proposes to construct a self-supporting 90-foot tall galvanized steel lattice tower on an approximately 31-acre parcel in the Orleans area. A Special Permit is being sought to allow the proposed tower to exceed the 35-foot height limit normally associated with an area planned for residential use. The tower will be outfitted with antenna used to provide wireless broadband service to the community of Orleans. A propane-powered generator is also proposed to be installed to ensure operation during power outage events. An RF study has been prepared for the project by Dtech Communications, which concludes that the future anticipated wireless transmissions at the site will not exceed maximum permitted exposure (MPE) limits regulated by the FCC. *Note: the proposal to bring wireless broadband service includes the following additional off-site project components: 1) mounting of antennas on a number of civic buildings in the Orleans community, and 2) installation of additional underground fiber-optic cable on both private and public (Forest Service) lands through 600 feet of proposed trenching within the shoulder of Ishi Pishi Road; and above-ground by adding new cable to approximately 68 existing overhead utility poles.*

PROJECT LOCATION:

The tower site is located in Humboldt County, in the Orleans area, on the northwest side of State Highway 96, between the intersection of Lower Camp Creek Road and Eyesee Road, on the property 15 Lower Camp Creek Road, and further described as APN 529-151-03. New Fiber-optic Cable installation is proposed to occur within an existing approximately 3.5 mile utility route extending from the Panamnik Community Center, along Highway 96, and approximately 3 miles up Ishi Pishi Road.

LAST DAY TO REQUEST A PUBLIC HEARING:

Date permit may be granted, if a public hearing is not requested:

July 16, 2013

July 17, 2013

Staff contact for more information:

Steve Lazar - 268-3741

ATTENTION: The purpose of this notice is to inform you that an application for the project described above has been submitted to the Planning Division. The proposed project has been determined to be subject to the California Environmental Quality Act (CEQA). The Director of the Planning and Building Department may approve the application or approve the application with conditions and adopt a Mitigated Negative Declaration (finding of no significant adverse environmental effect) without holding a public hearing, unless a public hearing is requested by you or any individual wanting to comment on the project prior to the scheduled approval date. If a public hearing on this project is held and if you challenge the approval of the permit in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence delivered to the Planning Division at or prior to the public hearing.

To request a public hearing for this project, you must do so in writing. Your request must include a mailing address and daytime telephone number where you can be contacted by Division staff. Your written request must be received by the Humboldt County Planning & Building Department no later than 5:00 p.m., on the date noted above. If a public hearing is requested, you will receive notice of the date, time, and place of the public hearing. If a public hearing is not requested prior to the deadline, it is the intent of the Director to approve the application and grant the Permit without a public hearing. Waiver of the public hearing and the action of the Director of the Planning & Building Department to grant the Permit is FINAL.

APPEALS: Any person aggrieved by an action of the Director who has testified in person or in writing on the project may take an appeal to the Board of Supervisors by filing a notice of appeal with the Clerk of the Board and with the Planning Division within ten (10) working days of said action. The notice of appeal filed with the Planning Division shall be accompanied by a fee set by resolution of the Board of Supervisors sufficient to cover the cost of processing the application for appeal.

For more information regarding the proposed project or for procedures for requesting a public hearing, please contact the staff person noted above at the Humboldt County Planning & Building Department, 3015 H Street, Eureka, CA 95501. Telephone: 445-7541 (Monday through Fridays, 8:30 a.m. to 5:00 p.m.).

Date: June 14, 2013

cc: Applicant Owner Agent Orleans Post Office
 Property owners and occupants within 300' of the subject parcels



- Action Items**
- 1. North Contract Renewal**
 - 2. Babbie's Travel O of S**
 - 3. Veterans Contract if ready**

ICS Training

I have finally finished IC 700 and IC 800 as required.

Partnership Health Plan/Medi-Cal
Managed Care

The contract was signed with Partnership at the last meeting. Suzanna sent in most of the required documents but she is still working on the Code 18 Documents. In the meantime, Partnership, HANC and other agencies are having meetings to get everyone trained and organized for this transformation. Again I am using Mike Lynch, Suzanna Hardenburger, Rondi and I to participate in all these things. On August 14, 2013, Partnership will host a meeting with our providers to bring them up to date. This will be held in the Yreka clinic from 11:30 -1:30.

CRIHB Care / Options

This contract was signed at the last Council meeting, but I haven't heard anything from CRIHB. I understand I am supposed to receive a tool kit to begin enrolling patients. I placed an e-mail to Rosario but have never received an answer.

Veterans Visit

On June 27, the Veterans Administration came to HC to visit with the health Program Administrative staff. They presented their Telehealth program, their Women's health program and their enrollment procedures and regulations.

These programs are only open to Veterans, who make under \$35,000 per year or if you have a veterans disability.

The contract for services that we may be looking at will only apply to Native American Indian Veterans with a military related condition. So this program is very limited. However, we might as well get an agreement going with them.

One problem that exists is that we don't actually know who our veterans are and how many of those that is female. So in the near future we are going to have to do something to begin identifying veterans in our service area or clinic populations.

YRTC Dedication

The Northern Regional Youth Treatment Center land dedication will be held at the DQ University, at or near Sacramento, on July 16, 2013.

See flyer attached. I will be away on travel so I hope several of the Council members attend.



Tony Vasquez, MD came to visit us and see if we were a good fit for him. He said he liked it here and that he thought we were a good fit. Staff members who visited Dr. Vasquez were Annie Smith, Chelsea Chambers, Susanna Greeno, and me. Rondi Johnson and Vickie Simmons joined us for lunch. Dr. Vasquez appeared to be a real nice person who has a lot of energy and wants to move the clinic forward by expanding services. Chelsea says he will be an asset to our clinic. You will hear more later on this subject after we do background checks and discuss a contract.

PA/FNP Search

We flew an emergency posting to hire a mid-level to cover for Lisa Rugg for 6 months. There is one who contacted us and we asked him to complete an employment application and credential forms. We haven't heard from him yet.

Orleans Clinic Opening Date

Due to IT and telephone companies, the clinic opening has been changed twice. The latest opening date is August 1, 2013.

HRSA Site Visit Report

The HRSA Site Visit report was submitted as approved by the Health Board.

Locum Tenens Coverage

Dr. Sani will be covering through the summer with Dr. Lennon returning while Dr. Sani vacations in September. This is unless Dr. Vasquez begins working here and then we will no longer need Locums.

Telehealth Workgroup

Amy Coapman is our Telehealth Coordinator, and she will be joining a Telehealth workgroup as our representative. For more information see attached flyer.

Yreka HVAC System

This winter it was too cold; now they are too hot. The HVAC system never does what it is supposed to do. An estimate of \$10,000 - \$15,000 was made to correct the problem. I e-mail Richard Warmers at IHS to see if they could come up with some funds to help us.

Travel to Chicago

Just a reminder that Rondi and I will be traveling to Chicago July 16 – 20th.

"DEDICATION OF THE LAND"

(Future site of the Northern California YRTC)



Tuesday July 16th, 2013
9:00am-10:00am

**We would like to invite everyone to
the Dedication Ceremony of the future site of
the Northern California Youth Regional Treatment Center.**

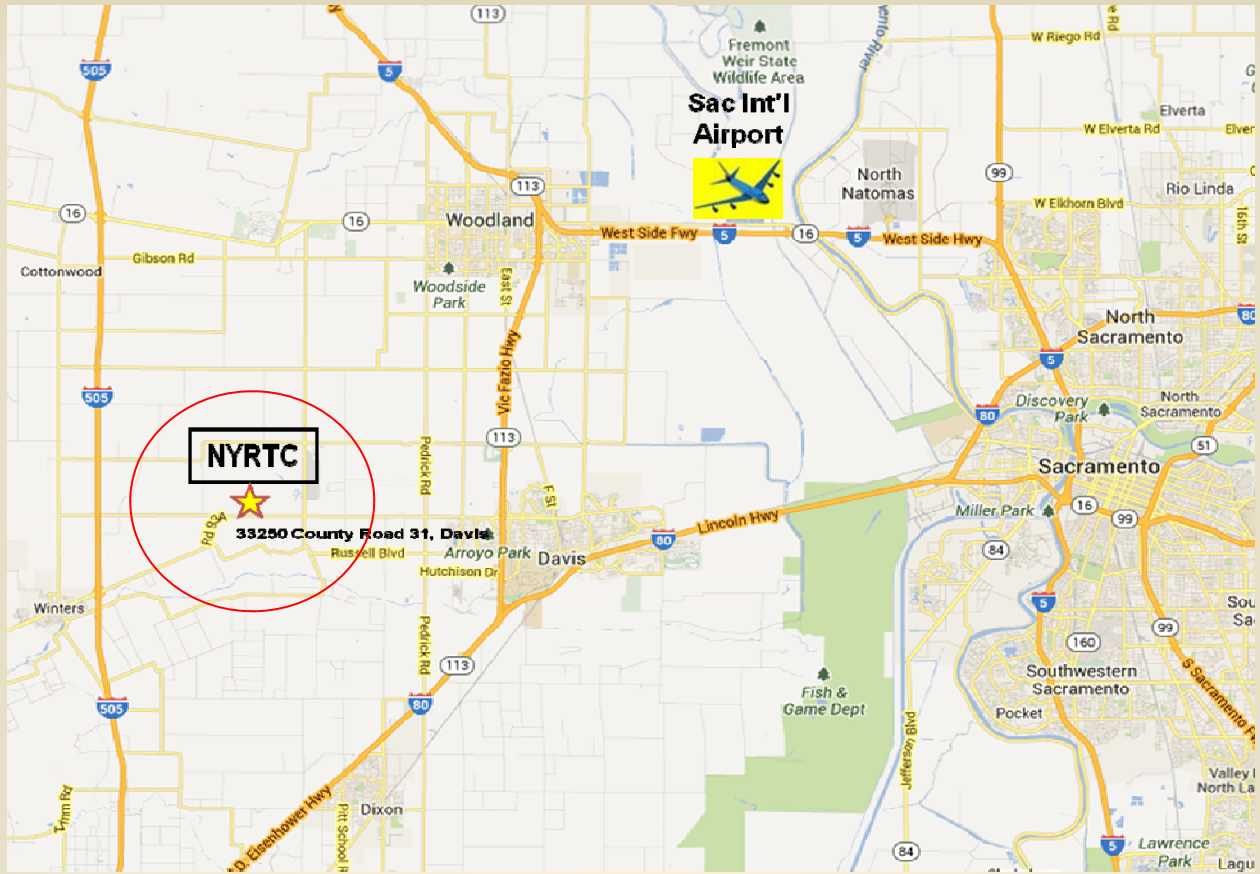
**Please park in the D-Q parking area
then we will shuttle everyone to the
dedication site.**

**"D-Q University"
33250 County Road 31
Davis, Ca**

**If you have questions
please call Gary Ball
(916) 930-3981 ext 342**

**INDIAN HEALTH SERVICE
CALIFORNIA AREA OFFICE**





Vicinity Map

JOIN A TELEHEALTH IMPLEMENTATION WORKGROUP



CALIFORNIA
TELEHEALTH
RESOURCE
CENTER

Your resource for telehealth success
caltrc.org | 877.590.8144

Telehealth Implementation

Workgroups are designed to create a supportive environment where clinics at all levels of implementation status can:

- Participate in project planning exercises
- Share and receive ideas and best practices with other clinics in the region
- Receive assistance with roadblocks encountered while implementing and integrating a telehealth program

Each participating clinic will

receive one set of the following resources:

- Telemedicine Program Developer Kit (valued at \$250.00)
- CTCRC collection of short training videos (valued at \$50.00)
- One scholarship for the Telemedicine Coordinator and Clinical Presenter on-line courses offered through the National School of Applied Telehealth (valued at \$159/course).

DON'T MISS THIS VALUABLE OPPORTUNITY TO MEET, GROW WITH, AND LEARN FROM TELEHEALTH PEERS IN YOUR AREA!

Who Should Participate in the Workgroup?

Type of Entity: Healthcare organizations

Level of Participant: Must have telehealth leadership and decision making authority

Stage of Telehealth Implementation: This workgroup will mostly benefit those that are in the beginning stages of telehealth planning and implementation, but organizations with all levels of telehealth expertise are encouraged to participate in order to create a well-rounded learning environment for all participants

What are the Requirements for Participation?

Participants are required to attend one initial, in-person, all-day workshop. Details are as follows:

- When: between June 20 and August 30, 2013
- Where: located in your workgroup area
- Cost: hosted and facilitated by the CTCRC
- Purpose: To discuss and complete the following tools:
 - Telehealth needs assessment
 - Site readiness assessment
 - Implementation timeline and checklist
 - Next steps action plan

After completion of the workshop, participants will be invited and encouraged to attend 12 monthly conference calls or webinars to share progress, discuss obstacles, and next steps to bring everyone closer to telehealth integration. The monthly meetings will occur via videoconferencing, webinar, or conference phone.

After the first year, if the group determines a benefit for continued collaboration, CTCRC will facilitate quarterly and annual meetings.

To be Included in a Workgroup in Your Area,

Contact Nicole Quesada at (310) 528-4452

Or email Nquesada@caltelehealth.org

KARUK TRIBAL HEALTH PROGRAM

Business Office Health Board Report

Meeting Date July 11, 2013

This is a very busy time, as it shall be for at least another 2 years. Data entry continues on it's normal pace. Some offices quicker than others. The billers usually have the visits billed out within 48 hours of receipt.

I have been working with Partnership Healthplan of California to enroll the clinics, providers and the electronic billing process. The main difficulty I find with Partnership is each time a different person answers an inquirey you get a different answer. Thus leaving us with very poor instruction and follow through. But we will be ready by August 1st as mandated.

In this same time period Palmetto GBA Medicare will no longer be our carrier and we must now enroll with Noridian and be signed up and completed testing with Noridian by July 16th.

CRIHB Care and Options is ready to begin billing also, but we must still enroll with Office Ally a clearing house of their choice to be able to bill electronically. This will be completed when Eileen Tiraterra returns from her vacation and she will work with Toni Johnson from IHS to accomplish this routine.

I have spoken with Lessie Aubrey and Laura Mayton both about sending much of our Private Insurance billing thru Office Ally also if it works well with CRIHB Options. We can use it for most private insurance, Partnership, and many others; best part is the service is free. Both agree that is is a worthwhile idea and worth an attempt.

The reason I want to accomplish this is for several reasons that will help cut down workload and expenses.:

1. When we submit claims to the clearing house they double check them to be sure we are following billing guidelines correctly. (scrubbing the claims) and notify us of problems. This assures us of less denials.
2. We will no longer need to order as many insurance billing forms or envelopes or pay postage for each claim. Staff will no longer spend time preparing all this mailing and administration staff posting these claims.
3. Turn around time is faster, paper claims can take up to 6-8 weeks for payment while electronic submission takes 2-3 weeks for processing and payment.

If this works the way I expect it to it will mean cleaner claims, less denials, less money spent on paper and postage and less time spent handling all this paper process with faster financial turn around. And best of all it **is free!** This will free the billers up to keep many other tasks that are lagging to be caught up to date in a more timely manner. Creating a smoother more professional office ambiance.

There is NO financial report attached as Eileen is on vacation and will not return in time to create it at report time. They will be handed out at the time of the actual Health Board meeting.

Respectfully Submitted

Suzanna Hardenburger, CCS-P

KARUK TRIBAL HEALTH PROGRAM

Business Office Health Board Report

Meeting Date July 11, 2013

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting
July 11, 2013
Patricia White, RPMS Site Manager

User Assistance and Requests

There were a total of 52 tasks or requests documented for support for users during June:

- 24 were assigned to Amy Coapman – 17 completed and closed
- 28 were assigned to Patti White - 23 completed and closed

These are requests for reports, patient data, password, access issues etc.

Workload reports

Attached is the May 2013 *Operations Summary* along with Tribal Statistics. During May we had 1561 visits at all locations. 758 of these visits were for Native American patients (49%). Graphs are also included with this report.

Meeting / Conference Calls and Activities – June 2013

June 3, 2013	Conference call with Dentrix (Henry Schein) for Dentrix Enterprise upgrade to version 6.5 (1.5 hours)
June 12, 2013	ACQI Meeting (1 hour)
June 13, 2013	RPMS/EHR Office Hours Call (1.5 hours)
June 13, 2013	Health Board Meeting (2-3 hours)
June 17, 2013	<i>Eceptionist</i> Program Webinar-Demonstration for California Telehealth Network.(1.5 hours)
June 19, 2013	Front Office Committee Meeting (1 hour)
June 19, 2013	Medical Records Committee Meeting (1 hour)
June 20, 2013	RPMS/EHR Office hours (1.5 hours)
June 25, 2013	Executive Directors Advisory Committee Meeting (2.5 hours)
June 28, 2013	Reference Lab Weekly Conference Call (15 minutes)

RPMS – EHR - EDR

- BMW-Dale has configured the Practice Management web server for scheduling and patient registration. We are waiting for a call back from the IHS coordinator at California Area Office to proceed.
- We are doing well with the Bi-directional Lab interface with Quest. We had some issues this month when the lab orders were not be completed and sent out to Quest from June 14 to June 20. Once the problem was discovered and fixed we have had no further issues. I check the database a few times a day to make sure all labs being exported and see that others are coming back in. The clinic staff verifies the incoming labs in the RPMS.
- We had an update to the EDR on June 3rd. We were scheduled to install the HL7 interface on June 20th, but the technician at Henry Schein was held up on another call and had to cancel. We have not rescheduled yet. I will need to coordinate with Cimarron Medical Informatics and Henry Schein to set the date. Once the HL7 interface is installed Cimarron will complete building the interface from the EDR to RPMS.

- I am currently working on updating the system with the Dental Fee Schedule that was approved in December 2012. I just recently received the information to go ahead with the update. IHS has sent me instructions to install in RPMS. We will also need to configure in Dentrix so that both match.
- I have closed the books on the IHS Security Training for this year. I will be contacting supervisors of those that did not complete. We are at 82% for the entire Tribe. Health is at 99% with only one health employee not completing. I have been in contact with the employee's supervisor and the employee is working on completing. She had confused this with the FEMA training that Tom Fielden had requested.

Budget: Period ending June 30, 201. We are under budget for this time period having only used 61.67% of the total budget and are three-quarters (75%) through the year.

Program	RPMS
Budget Code	3000-75
Program Year	2012-2013
Appropriation	\$235,220.84
Expenses to Date	\$145,002.42
Balance	90,168.03
Percent used	61.67%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR MAY 2013
Prepared for July 11, 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 17,643 (+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 75 (+23.0) new patients, 1 (-83.3) births, and 6 (+20.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,659 (+0.0) patients enrolled in Medicare Part A and 2,540 (+0.2) patients enrolled in Part B at the end of this time period.

There were 86 (+16.2) patients enrolled in Medicare Part D.

There were also 5,902 (+1.1) patients enrolled in Medicaid and 4,356 (+2.5) 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 52,310.71 (-6.8). The number and dollar amount of authorizations by type were:

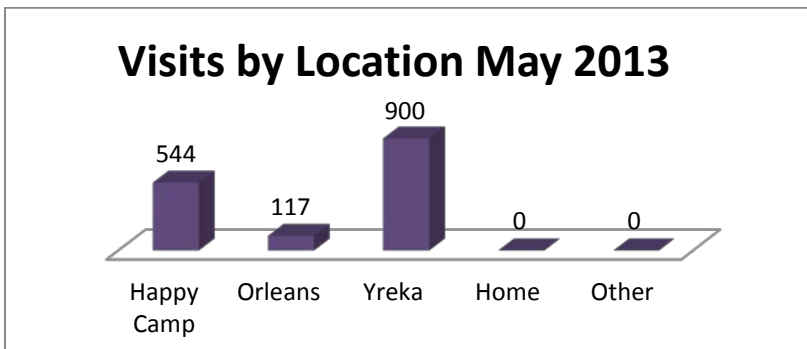
57 - DENTAL	5	2433
64 - NON-HOSPITAL SERVICE	974	49877.71

AMBULATORY CARE VISITS

There were a total of 1,561 ambulatory visits (-9.0) during the period for all visit types except CHS.

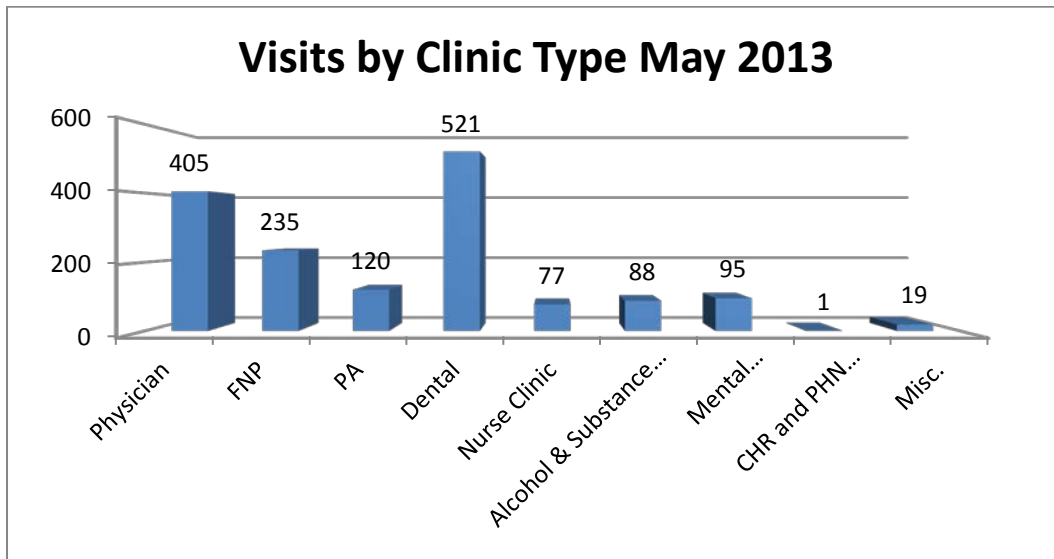
They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses. These do not equate to 'official' APC Visits which are identified in other PCC Reports.

By Type:		
TRIBE-638 PROGRAM	1,561	(-9.0)
By Location:		
YREKA	900	(-2.6)
KARUK COMM HEALTH CLINIC	544	(-14.5)
ORLEANS	117	(-24.5)

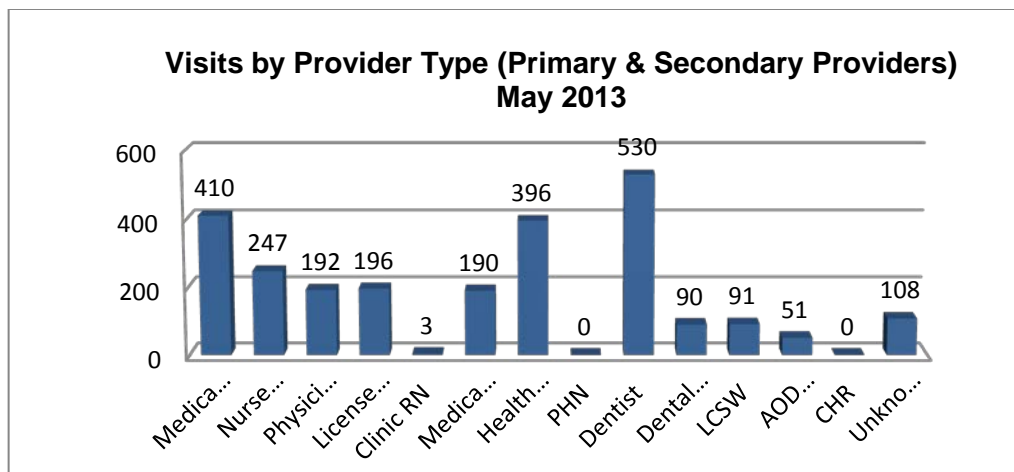


By Service Category:		
AMBULATORY	1,540	(-9.2)
TELECOMMUNICATIONS	21	(+10.5)

By Clinic Type:		
DENTAL	521	(+14.5)
PHYSICIAN	405	(-11.6)
FAMILY NURSE PRACTITIONER	235	(-28.1)
PHYSICIAN ASSISTANT	120	(-24.1)
MENTAL HEALTH	91	(+75.0)
ALCOHOL AND SUBSTANCE	88	(-36.7)
NURSE CLINIC	77	(+8.5)
TELEPHONE CALL	11	(+57.1)
CHART REV/REC MOD	5	(-16.7)
BEHAVIORAL HEALTH	4	(**)
NO CLINIC	2	(**)
PHARMACY	1	(-80.0)
PHN CLINIC VISIT	1	(**)



By Provider Type (Primary and Secondary Providers):		
DENTIST	530	(+15.7)
MD	410	(-19.1)
HEALTH AIDE	396	(-33.9)
NURSE PRACTITIONER	247	(-24.7)
LICENSED PRACTICAL NURSE	196	(-34.0)
PHYSICIAN ASSISTANT	192	(+4.9)
MEDICAL ASSISTANT	190	(+251.9)
LICENSED CLINICAL SOCIAL WORK	91	(+75.0)
DENTAL HYGIENIST	90	(-27.4)
HEALTH RECORDS	67	(+1,240.0)
ALCOHOLISM/SUB ABUSE COUNSELOR	51	(-63.8)
UNKNOWN	41	(-10.9)
CLINIC RN	3	(**)



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	521 (+14.5)
2).	HYPERTENSION NOS	95 (-29.1)
3).	OBESITY NOS	79 (+229.2)
4).	ALCOHOL ABUSE-UNSPEC	68 (-21.8)
5).	HYPERLIPIDEMIA NEC/NOS	61 (+3.4)
6).	DIETARY SURVEIL/COUNSEL	57 (**)
7).	DEPRESSIVE DISORDER NEC	53 (-1.9)
8).	LUMBAGO	52 (-1.9)
9).	DMII WO CMP NT ST UNCNTR	43 (-44.9)
10).	TOBACCO USE DISORDER	38 (-51.3)

CHART REVIEWS

There were 1,137 (-19.5) chart reviews performed during this time period.

INJURIES

There were 84 visits for injuries (+52.7) reported during this period. Of these, 23 were new injuries (+27.8). The five leading causes were:

1).	DOG BITE	5 (+400.0)
2).	NONVENOM ARTHROPOD BITE	4 (+100.0)
3).	OBJ W-W/O SUB FALL NEC	2 (**)
4).	ACC-HYPODERMIC NEEDLE	2 (**)
5).	LOSS CONTROL MV-MOCYCL	1 (**)

DENTAL

There were 444 patients (+25.8) seen for Dental Care. They accounted for 521 visits (+14.5). The seven leading service categories were:

1).	PATIENT REVISIT	385 (+9.7)
2).	HYPERTENSION SCREENING	207 (+23.2)
3).	PREVENTIVE PLAN AND INSTRUCTION	138 (+40.8)
4).	FIRST VISIT OF FISCAL YEAR	137 (+29.2)
5).	LOCAL ANESTHESIA IN CONJUNCTION WIT	129 (+24.0)
6).	INTRAORAL - PERIAPICAL FIRST RADIOG	121 (-26.2)
7).	TOPICAL APPLICATION OF FLUORIDE VAR	74 (+45.1)

IN-HOSPITAL VISITS

There were a total of 1 In-Hospital visits (**) during the period for all visit types, including CHS.

They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses.

By Type:
TRIBE-638 PROGRAM 1 (**)

By Location:
HAPPY CAMP 1 (**)

By Outside Location:
---Not entered--- 1 (**)

By Provider Type (Primary and Secondary Providers):
HEALTH AIDE 1 (**)

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

By ICD Diagnosis
1). ADMINISTRTRVE ENCOUNT NEC 1 (**)

PHARMACY

There were 1,541 new prescriptions (-10.8) and 0 refills (**) during this period.

[End]

KTHHSP Tribal Statistics for May 2013

	Registered Indian Patients	Indian Patients Receiving Services May 2013	APC Visits by Indian Patients May 2013
Karuk	2046	393	425
Descendants residing in CA	1852	208	221
All other Tribes	2117	112	112
Total	6015	713	758

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

REVENUE	Annual Budget	YTD Amount	Remaining Balance
Federal Sources:			
IHS Compact	4,383,272	2,626,417	1,756,855
CRIHB Demonstration Project	17,500	16,426	1,074
IHS Diabetic Grant	157,554	70,492	87,062
HRSA	742,125	544,885	197,240
HUD ICDBG	581,611	620,545	(38,934)
BIA Compact	421,169	222,621	198,548
State/Other Grantor	318,193	83,191	235,002
Third Party Revenue	2,112,396	1,718,766	393,630
Other	14,927	36,941	(22,014)
Total Revenue	8,748,747	5,940,284	2,808,463
EXPENDITURES			
Salaries	3,063,180	2,055,414	1,007,766
Contracted Physician Services	282,348	283,084	(736)
Stipends	26,500	21,770	4,730
Payroll Taxes & Fringe Benefits	863,955	528,397	335,558
Travel & Training	191,761	103,365	88,396
Vehicle Expense/Mileage	106,581	63,362	43,219
Supplies	360,863	117,476	243,387
Professional Fees & Licenses	89,299	28,721	60,578
Advertisement/Recruitment	9,250	9,808	(558)
Utilities / Phones	155,487	108,729	46,758
Dental Supplies	44,535	120,416	(75,881)
Medical Supplies	49,035	96,242	(47,207)
Dental Lab	125,000	96,327	28,673
Medical Lab/X-Ray	50,000	39,994	10,006
Prescriptions	57,000	63,907	(6,907)
After Hours Care	15,000	1,445	13,555
Incentives & Educational Materials	4,435	2,693	1,742
Eye Exams & Podiatry Exams	16,150	3,492	12,658
Medications	63,927	32,451	31,476
Diabetic Activities	3,142	2,740	402
Janitorial	30,000	17,904	12,096
Rent	10,800	8,100	2,700
Credit Card Bank Fees	1,000	622	378
CRIHB Membership	22,460	22,000	460
Approved Third Party	25,000	15,277	9,723
Contract Health	739,989	451,517	288,472
Debt Service			
Capital Outlay	732,200	645,114	87,086
Total Direct Expenditures	7,138,897	4,940,367	2,198,530
Indirect Costs	1,593,080	962,898	630,182
Total Expenditures	8,731,977	5,903,265	2,828,712
EXCESS OF REVENUE OVER EXPENDITURES			
	16,770	37,019	(20,249)
Other Financing Sources (Uses)			
Interest Income	12,376	8,910	3,466
Transfers In/(Out)	-	-	-
EXCESS OF REVENUE AND OTHER FINANCING SOURCES OVER EXPENDITURES AND OTHER OTHER FINANCING USES			
	29,146	45,929	(16,783)
Beginning Fund Balance	1,380,365	1,380,365	-
Prior Period Adjustments	-	-	-
Ending Fund Balance	1,409,511	1,426,294	(16,783)

Budget amounts will be moved from general supplies to dental and medical supplies!



**Karuk Tribal Health Dental Program Report
To be presented at Health Board Meeting on July 11, 2013**

June 2013 Events and Activities

1. **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.
2. **Yreka Dental Staff Meeting-** The Dental Staff in Yreka met for their monthly meeting and an outline is included for your review. The meetings are based on staff input all month long to decide what areas of concern want to be addressed.
3. **Fee Schedule-** There is a new fee schedule that was approved in January 2013 and we are implementing it's coordination with billing/RPMS and Dentrix. Patti White has been working diligently to get this completed as many of the fees are increasing by almost 40%.
4. **Happy Camp** – Has not gotten their computer arms placed yet for their computer screens. I am working to help get this accomplished. I want to be in Happy Camp at least once a month to oversee the clinic, ask and answer questions and to be a support for the staff there.
5. **ADA/UCLA-** The ADA is getting ready to publish the ADA/UCLA Community Dental Health Coordinator Program findings. This was a 5 year pilot program offered and managed by the ADA and UCLA that Nikki and Donita were part of for two years. We will share the findings as we receive them.

Karuk Dental Budget Report

Dental Budget Report as of June 30, 2013

1. <i>I.H.S. Budget 3000-41- Yreka Dental</i> - Appropriations – \$902,326.26 year to date Expenditures - \$666,002.57 – Outstanding Encumbrances- \$ 598.92 -Unencumbered Balance \$ 235,724.77 - used 73.88%

2. <i>I.H.S. Budget 3000-42–HC Dental</i> – Appropriations - \$593,071.50 - year to date Expenditures \$419,265.50 - Outstanding Encumbrances- \$1,675.58 - Unencumbered Balance- \$172,130.42 used – 70.98 %
--

1. <i>HRSA Dental Supplies 3400-11-7500.03</i> Appropriations \$14,534.92 - Year to date Expenditures \$20,599.83 – Outstanding Encumbrances \$2,821.55- Unencumbered Balance \$ 8,886.46- 161.14% used.

2. <i>HRSA budget 3400-11-7502.00 – Dental Lab/Pedodontist Referrals</i> – Appropriations \$ 30,000.00 - year to date Expenditures \$ 615.47 – Outstanding E. \$4,771.55– Unencumbered Balance - \$18,548.07 – 58.35% used.
--

1. <i>Dental Lab Indian 3900-00-7600.00</i> – Appropriations \$ 85,000.00 –year to date Expenditures \$70,908.82– Outstanding E. \$38,083.05– Unencumbered Balance \$23,992.87 – 128.23% Used.
--

2. <i>Dental Lab Non-Indian 3900-00-7601.00</i> – Appropriations \$10,000.00 – year to date Expenditures \$8,468.14 – Outstanding encumbrances \$4,073.16–Unencumbered Balance \$2,541.30 – 125.41% used.
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3. <i>Yreka Dental supplies 3900-00-76.06</i> - Appropriations \$20,000.00 -year to date Expenditures \$81,836.20 - Outstanding encumbrances \$11,967.71 –Unencumbered Balance - \$73,803.91 - -- 469.02% used

4. ***HC Dental Supplies 3900-00-7600.07*** – Appropriations \$10,000.00 – year to date Expenditures \$5,885.54 – Outstanding Encumbrances \$2,814.20 -Unencumbered Balance \$ 1,300.23- 87.0 % used

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

Year to date Expenditures \$ 167,098.70

Prior Year Outstanding Encumbrances \$ 338.50

Outstanding Encumbrances \$ 56,938.12

Unencumbered Balance \$ 99,036.82-

We have used 179.23 % of the 39000 Dental budgeted line items.



***Yreka Dental Staff Meeting
June 5, 2013***

Items of concern to be addressed:

1. Health History
2. Scheduling
 - a. Emergency days
 - b. Extraction days
3. New Patient scheduling
4. multiple visits in one day
5. prepping charts
 - a. checking chart notes
 - b. updates
 - c. next visits

6. Corrected schedule with confirmed patients for morning huddle.
7. Morning/evening huddle: reviewing the charts
8. progress notes printed and placed in each chart
9. Health summary
 - a. Use or not
10. Cavicide wipes lids
11. Double booking Dr. Shearer
12. Filing patient info, x-rays, loose papers, etc
13. Treatment plans in the charts
14. Broken appointments
15. Pulling charts and writing notes when patient calls (please initial)
16. Saying names out loud (HIPAA violation).
17. Emergencies
18. Name tags
19. Addressing the doctors
20. EHR
21. Attitudes and responsibilities= teamwork
22. Pre-Med and BP

23. New patients

24. Lab cases

25. Thank you letters to Council for IHS meeting

26. Two visits in one day?

27. Please put in clinical notes an op site for lab repair on partials, flippers, dentures, etc. RPMS asks for an op site when coding.