

**KARUK TRIBE**  
**HEALTH BOARD MEETING AGENDA**  
Thursday, December 5, 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** (*November 7, 2013*)

**F) GUESTS** (*Ten Minutes Each*)

1. Patricia Hobbs, LCSW

**H) OLD BUSINESS** (*Five Minutes Each*)

- 1.

**I) DIRECTOR REPORTS** (*Ten Minutes Each*)

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

**N) SET DATE FOR NEXT MEETING (Thursday, January 9, 2014 at 3 PM in Happy Camp)**

**OO) ADJOURN**

**Health Board Meeting  
Meeting Minutes – November 7, 2013**

**Meeting called to order at 3pm, by Secretary/Treasurer, Joseph “Jody” Waddell.**

**Present:**

Joseph “Jody” Waddell, Secretary/Treasurer  
Elsa Goodwin, Member at Large  
Dora Bernal, Member at Large  
Alvis “Bud” Johnson, Member at Large  
Charron “Sonny” Davis, Member at Large  
Crispen McAllister, Member at Large

**Absent:**

Russell “Buster” Attebery, Chairman  
Michael Thom, Vice-Chairman  
Amos Tripp, Member at Large

**Prayer was done by Sonny Davis and the Health Mission Statement was read aloud by Dora Bernal.**

Joseph Waddell reminded the group that the reports are due one week in advance and if they are not turned on in time then they will be tabled to the Planning Meeting.

**Agenda:**

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

**Minutes of October 3, 2013:**

Sonny Davis moved and Elsa Goodwin seconded to approve the minutes of October 3, 2013, 5 haa, 0 puuhara, 0 pupitihara.

**Director Reports:**

**1.) April Attebury, Children and Family Services:**

Present, no action items, report not turned in on time. Report tabled.

**2.) Rondi Johnson, Deputy Director:**

Rondi is on travel, report provided.

Dora Bernal moved and Sonny Davis seconded to approve Rondi’s report, 5 haa, 0 puuhara, 0 pupitihara.

**3.) Carolyn Ash, Dental Director:**

Carolyn provided her report but not hardcopy. Elsa reminded that it wasn’t sent hardcopy which means; those Council Members that receive only hard copy packets have not had time to review her report. She was asked to submit her report correctly moving forward.

Carolyn was allowed to provide an overview of her report. And she noted the staffing updates. She is doing a fantastic job and they have been providing dental screenings at the local schools.

There are other school screenings at the local schools. She inquired if there is a doctor at the clinic and there is one in Happy Camp, then there should still be coverage at the facilities. Jody would like to make sure both the dental offices have coverage. Lessie clarified that there should be coverage for the program when there was travel. Laura noted that the main service areas are Happy Camp, Yreka, and Orleans then if they are doing them in the Valley and if they will be done in this area. Dr. Ash noted that each community will be done. Jody commented that the services being provided need to be canceled in advance.

Dr. Ash inquired about the HVAC system repairs. Barbara provided an explanation of the process for Dr. Ash.

Jessica then went on to provide an update to the Tribal Council regarding her education. She noted that she is currently seeing patients. She received her licensure to provide additional services. She thinks that the patients are enjoying the services and she noted that it frees up the dental providers. Jessica clarified that she is a Registered Dental Assistant – expanded function. She can provide additional services that general RDA's cannot do. She would like to work in Happy Camp as well. Jody noted that she should discuss her providing services in Happy Camp.

Elsa Goodwin moved and Crispen McAllister seconded to approve Dr. Ash's report, 5 haa, 0 puuhara, 0 pupitihara.

**4.) Annie Smith, Director of Community Services:**

Annie is present, has action items, report tabled to Thursday. Annie sought approval of action items. She would like to request out of state travel to Mesa AZ, January 12-16, 2014.

Elsa moved and Crispen seconded out of state travel for Annie Smith to Mesa AZ, January 12-16, 2014, 5 haa, 0 puuhara, 0 pupitihara.

Annie then went on to seek approval for herself and Flo Lopez to Anniston AL., February 9-15, 2014. It is for Emergency Services. It is 100% paid for by the Department of Homeland Security.

Elsa Goodwin moved and Bud Johnson seconded to approve out of state travel for Annie and Flo, 5 haa, 0 puuhara, 0 pupitihara.

The remainder of her report will be tabled to Thursday.

**5.) Lester Alford, TANF Director:**

Present, no action items, report not provided on time, report tabled.

**6.) Eric Cutright, IT Director:**

Present, action items, report tabled to Thursday. Eric is present to seek approval of his action items.

His first item is a request to approve agreement 14-A-010 with Quest Diagnostics. The agreement has no costs associated but there is a proper agreement needed to be compliant with standards of accessing the network.

The review took two months but that was to include the no waiver of sovereign immunity. Flo clarified the process for quest samples going.

Dora Bernal moved and Crispen McAllister seconded to approve 14-A-010, 5 haa, 0 puuhara, 0 pupitihara.

Eric then noted that that grant the Karuk Tribe just received for 6.4 million. When the Tribe applied for the grant 13-R-005 to apply for a grant then it won't match, the funding is an estimate in the resolution book, what was actually funded with link to the resolution.

The Council thanked him for the update on that funding and the additional amount.

**7.) Patti White, Database Administrator:**

Patti is present to review her report. She updated the Council on the user requests, workload reports.

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

**8.) Lessie Aubrey, EDHHS:**

Lessie is present to review her report. She provided the samples of the banners and the flyers for the health facilities.

Lessie then provided information on information regarding IPC5 and accreditation. She would like to seek approval of 1.5 hours during the biannual health meeting.

Bud Johnson moved and Sonny Davis seconded to approve contract 14-C-006, 5 haa, 0 puuhara, 0 pupitihara.

Luke's Yreka pharmacy would like to contract with the Karuk Tribe for 340B pricing medications.

Dora Bernal moved and Crispen McAllister seconded to approve 14-A-011 between the Karuk Tribe and the Luke's Pharmacy, 5 haa, 0 puuhara, 0 pupitihara.

She then sought approval for the Covered California Agreement. The Tribe has to become a certified entity and once that is done, when the eligibility workers will enroll clients and be compensated an estimated \$35 per client. After the clients are enrolled then when they are seen the clinics can bill for services.

Dora Bernal moved and Crispen McAllister seconded to approve agreement 14-A-008, 5 haa, 0 puuhara, 0 pupitihara.

Amos requested the ED report from CRIHB be provided to the Council and Lessie attached it.

Lessie has found that the Karuk Tribe is under the MediCal Managed Care plan. Once people are enrolled then we go by their MediCal and Medicare rules. However, they also offer insurance in the market place. There is no law that Tribes must be used. There is a template for a marketing plan. HRSA has also asked for marketing. Mike Lynch has contacted some people/companies and they are hoping to get someone under contract to provide marketing. Native Americans are exempt from penalties. Lessie noted that there are people that are upset over this. April asked for people in the County Medicaid, and is being designating being preferred providers, and how that

works for Indian Child Welfare children. Lessie is unsure how the county is assigning services and why the children are being assigned to county clinics and not the Tribes clinics.

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

Lessie introduced Dr. Vasquez, the Happy Camp Community Health Clinic, Medical Director.

**9.) Laura Mayton, CFO:**

Laura did not provide her report in advance. Her report was provided but tabled.

**Closed Session:**

Dora Bernal moved and Crispen McAllister seconded to pay for the \$180 for reimbursement for glasses for CHS Case#254, 5 haa, 0 puuhara, 0 pupitihara

Elsa Goodwin moved and Crispen McAllister seconded to deny the second request for dental services for CHS Case #254, 5 haa, 0 puuhara, 0 pupitihara.

Dora Bernal moved and Crispen McAllister seconded to transfer \$15,000 from discretionary with the request to the Yurok Tribe to pay half, for the business venture, 5 haa, 0 puuhara, 0 pupitihara.

Dora Bernal moved and Elsa Goodwin seconded to write-off the balance owed from patient #BM for Dental Care, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: to deny additional privileges as requested by Dr. Ash.

Consensus: for Buster to send a reminder to staff that Facebook is not operated or under policy for the Tribe. No separate sites may be administered under the capacity of the Tribe and employees are to use our website.

Crispen McAllister moved and Elsa Goodwin seconded to re-appoint Nikki Hokanson and Chelsea Chambers, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: to have Barbara ask that the Health Program include the Council in the bi-annual health meetings and send for their schedules.

Crispen McAllister moved and Dora Bernal seconded to adjourn at 4:39pm, 5 haa, 0 puuhara, 0 pupitihara.

**Respectfully Submitted,**

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**Joseph "Jody" Waddell, Secretary / Treasurer**

**Recording Secretary, Barbara Snider**



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## **Karuk Tribe**

**Karuk Tribal Health and Human Services**

**Community Health Outreach**

**Health Board Report: December 5, 2013**

**Annie Smith PHN**

### **Action Items:**

- None this month.

### **November Items:**

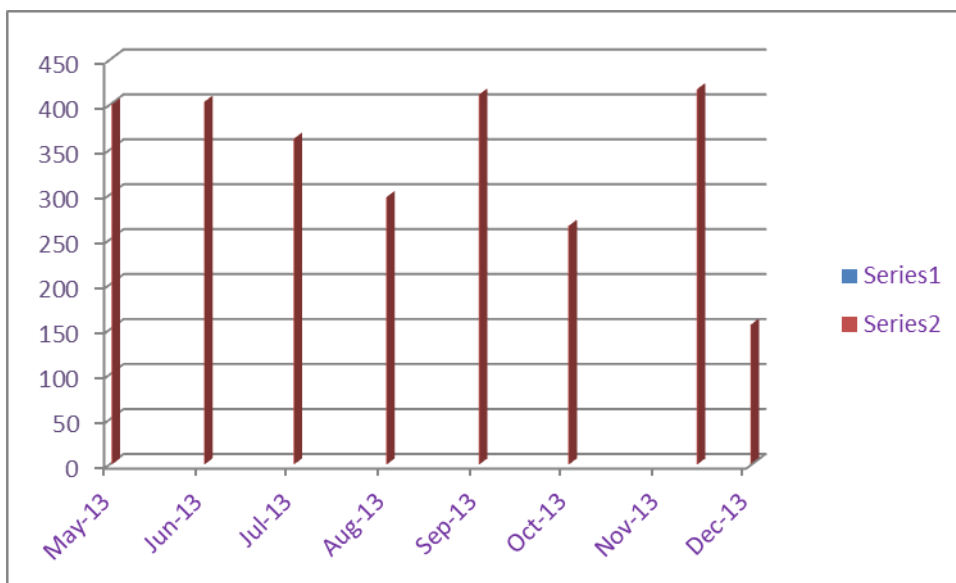
- I would like to report to you on the increased transportation issues. Many tribal members, especially Elders, have no transportation or have declined enough to be unable to drive. Often we can find rides with family or friends. Most people are accommodating and understanding of the limited schedules of our CHR's. Some are not and find it "insulting" and "unacceptable" that they have to fit in our schedules. I would appreciate some open discussion on this issue as I would like to follow the lead of the Council on this. Many of our transports are medical appointments and some are redeemable from Medi-Cal if they meet that criterion. Many calls are for; shopping, DMV, socialization, physical therapy, etc. Please advise.

- We have had three public health issues this month. All three have been handled and I will continue to follow those for the next few months.
- Many of our patients are having significant concerns with the unknown issues involved in the Affordable Care Act.
- We are continuing to call all the patients on the diabetes list to insure they all have their retinal exams, and Carol had been scheduling the ones who need their exams on Tuesdays.

**Workload Report:**

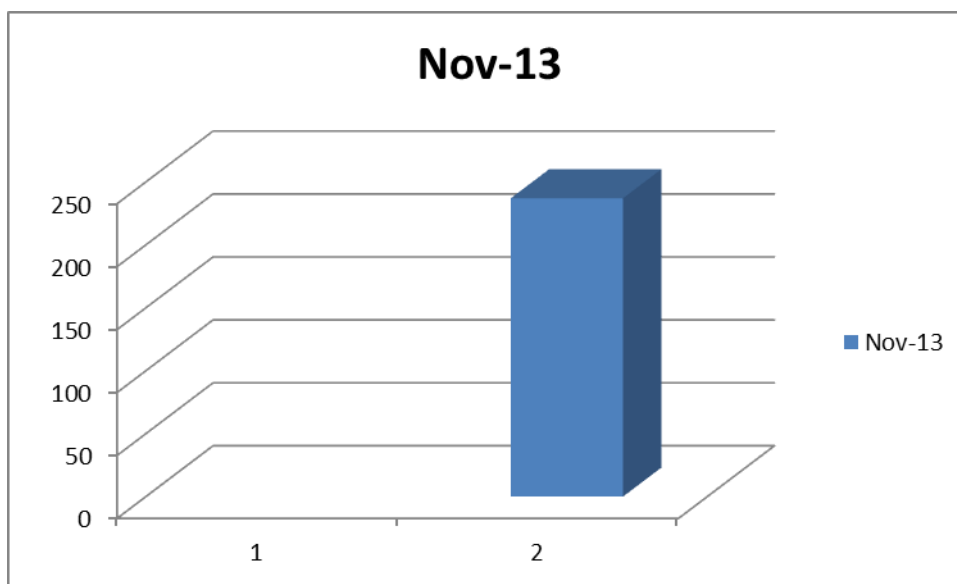
Over the next months I am also going to report the number of hours of service, as this will reflect the amount of time of direct service. With the large amount of computer work that is required by our tasks, this is a good way to see the time we are one on one with patients. Also, one CHR is out of town on vacation this month and the other has had extensive computer issues and both were unable to finish their reports for the month, so they are not included in these figures.

**# served:**





## Hours of Service:



## Trainings:

- November 22, 2013 online training SDPI required training for “Annual SDPI Orientation by Budget Cycle 1.”
- November 25, 2013, Online SDPI training, “Eye Care”
- November 14, 2013 online training SDPI “ Preventing Amputations”
- November 14, 2013 online training, from Vaccine for Children (VFC) “Conducting a physical vaccine inventory.”
- November 15, 2013 online training from Medscape, “Motivational Interviewing techniques for managing patients with newly diagnosed type 2 diabetes.”

**Financial Report:**

	<i>Unencumbered Balance</i>	<i>Percent Used</i>
<i>Public Health Nurse:</i>	<i>\$ 86,863.44</i>	<i>7.38 %</i>
<i>CHR:</i>	<i>\$ 265,332.19</i>	<i>8.79 %</i>
<i>IHS Diabetes Grant:</i>	<i>Not available as only recently awarded in full</i>	

**KARUK TRIBE**  
Karuk Tribal TANF Program  
December 2013 Monthly Report

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**Program Report Summary**  
November 2013

**Active Clients (Program Totals) Report:**

Currently serving **62** clients (See attachment (A)) – KTCP-Active Cases as of 11/76/2013)

**Served by Site**

Currently serving **06** Clients at the Orleans Office  
Currently serving **15** Clients at the Happy Camp Office  
Currently serving **44** Clients at the Yreka Office

**Families Served**

Currently serving **30** 1-parent families  
Currently serving **13** 2-parent families  
Currently serving **22** Child only families

**Work Participation Rate Report (WPR):**

WPR = **50.00%** - (See attachment (B)) – KTCP – WPR – Orleans - Monthly Summary for 10/2013)  
WPR = **57.14%** - (See attachment (B)) – KTCP – WPR – Happy Camp - Monthly Summary for 10/2013)  
WPR = **52.63%** - (See attachment (B)) – KTCP – WPR – Yreka - Monthly Summary for 10/2013)

Work Participation Rate for October 2013 was **53.26%**.

**Council Approval Request(s)**

TANF Compliance Technician's Travel to Tulsa OK, for Crystal Reports Training in February 4-7, 2014.

**Council Information**

(Attachment (C)) Native Employment Works Report  
(Attachment (D)) Substance Abuse Schedule  
(Attachment (E)) Holiday Raley's Dinner Flyer  
(Attachment (F)) Compliance Technician Travel Request

**KARUK TRIBE**  
**Karuk Tribal TANF Program**  
**December 2013 Monthly Report**

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**Program Report**

**Executive Director's Comments:**

**Staffing:**

Currently' reviewing staff and case load.

**Office Space –**

Upon receiving notification that TANF had stated in the CSBG block grant that TANF could renovate the old Medical Building in Orleans for the purpose of creating a one-stop center for the area. Currently, I have been meeting with other departments to see if there would be options to collaborate in making this project successful.

I will be separating the current TANF office into two offices for the case worker and substance abuse counselor. The third office space next to the current TANF office will be used for the Cultural Coordinator, to store his cultural supplies that he carries to projects.

I am preparing drawings, for the TANF committee review, on what the new one-stop would look like.

**Appeals, Complaints and Grievances**

None.

**Case Management –**

I have put one TANF client and one NEW client, in a training position to start the scanning process of all TANF information. Once all the financial data is entered we will be verifying al payments made to clients and that all backup is present. We are also entering all personal information for each client.

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-is in progress.

All cases are being audited to ensure the case file is complete, accurate.

**Orleans Community**

One of TANF goals in this community is to provide knowledge in the area of substance living, due the remoteness of Orleans and Happy Camp. The Food Security Program and the TANF goals parallel each other.

**KARUK TRIBE**  
**Karuk Tribal TANF Program**  
**December 2013 Monthly Report**

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TANF has signed the Memorandum of Agreement with DNR to hire the project coordinator for the Food Security Program.

Junction elementary school is currently advertising for an aide for their Kindergarten Bridge program.

**November TANF Event**

TANF is providing Thanksgiving food voucher in form of a thanksgiving dinner from Raley's Store. These dinners will be passed out on Tuesday the 26<sup>th</sup>. We will be providing a Ham dinner for the Christmas holiday to our eligible clients.

**Karuk Cultural Activities**

In Orleans, the cultural coordinator will be meeting with all 3 offices to plan for upcoming events. TANF will be working with the Orleans community to start a youth and adult dress making classes. We will be working with Laverne Glaze.

In the other areas, we will be completing projects and planning new ones for the next year.

**TANF**

All three (3) TANF offices are participating in the upcoming Thanksgiving holiday

**Youth Activities**

TANF is supporting school sponsored sports and extra-curricular activities within the school system. The school provides the child's contract which defines the rules to participate in school activities. Currently, there are participating in YMCA activities, as well as, school - extra curricular activities.

**TANF Father/Motherhood Training**

New classes will start up in January of 2014. With the addition of 2 newly trained facilitators, which now we have a total of four (4) we will be providing day, as well as, night classes.

**Submitted By:**

  
Lester Lee Alford, Jr.  
TANF Executive Director

Karuk Tribal TANF Program  
WPR - Monthly Summary for 10 / 2013  
Orleans TANF Office

**Type of Family for Work Participation**

One parent families	3
Two parent families	0
Child Only Family	2
<b>Total Cases Reported for this Period</b>	<b>5</b>

**Current Case Load by Site**

Humboldt County	1
Siskiyou County	50
<b>*Total Cases: 51</b>	

**Work Participation for All Families**

Cases that did the hours required	1
Cases required to work	2
<b>Work Participation Rate</b>	<b>50.00 %</b>
<b>2012 Work Participation Rate is 30%</b>	

**Current Case Load by Staff**

IMIRANDA	15
KKING	5
LAUBREY	13
MCHARLES	12
RBAILEY	5

**Client TANF Payments**

<b>Total Payments</b>	<b>\$3,545.00</b>
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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	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	2

Karuk Tribal TANF Program  
WPR - Monthly Summary for 10 / 2013  
Happy Camp TANF Office

**Type of Family for Work Participation**

One parent families	5
Two parent families	2
Child Only Family	6
<b>Total Cases Reported for this Period</b>	<b>13</b>

**Current Case Load by Site**

Humboldt County	1
Siskiyou County	50
<b>*Total Cases: 51</b>	

**Work Participation for All Families**

Cases that did the hours required	4
Cases required to work	7
<b>Work Participation Rate</b>	<b>57.14 %</b>
<b>2012 Work Participation Rate is 30%</b>	

**Current Case Load by Staff**

IMIRANDA	15
KKING	5
LAUBREY	13
MCHARLES	12
RBAILEY	5

**Client TANF Payments**

<b>Total Payments</b>	<b>\$9,384.32</b>
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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	1
056 - Vocational Education Training	0
057 - Job Skills Training Directly Related to Employment	1
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	1

Karuk Tribal TANF Program  
 WPR - Monthly Summary for 10 / 2013  
 Yreka TANF Office

**Type of Family for Work Participation**

One parent families	14
Two parent families	6
Child Only Family	13
<b>Total Cases Reported for this Period</b>	<b>33</b>

**Current Case Load by Site**

Humboldt County	1
Siskiyou County	50
<b>*Total Cases: 51</b>	

**Work Participation for All Families**

Cases that did the hours required	10
Cases required to work	19
<b>Work Participation Rate</b>	<b>52.63 %</b>
<b>2012 Work Participation Rate is 30%</b>	

**Current Case Load by Staff**

IMIRANDA	15
KKING	5
LAUBREY	13
MCHARLES	12
RBAILEY	5

**Client TANF Payments**

<b>Total Payments</b>	<b>\$23,210.03</b>
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**Number of Clients Participating by Activity Type**

049 - Unsubsidized employment	5
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	0
055 - Community Service Programs	1
056 - Vocational Education Training	1
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	8



Karuk Tribal TANF Program  
WPR - Monthly Summary for 10 / 2013

11/25/2013

**Type of Family for Work Participation**

One parent families	23
Two parent families	8
Child Only Family	21
<b>Total Cases Reported for this Period</b>	<b>52</b>

**Current Case Load by County**

Humboldt County	1
Siskiyou County	50
<b>*Total Cases: 51</b>	

**Work Participation for All Families**

Cases that did the hours required	15
Cases required to work	29
<b>Work Participation Rate</b>	<b>51.72 %</b>
<b>2013 Work Participation Rate is 30%</b>	

**Current Case Load by Staff**

IMIRANDA	15
KKING	5
LAUBREY	13
MCHARLES	12
RBAILEY	5

**Client TANF Payments**

Total Cash Assistance Payments	<b>\$36,724.35</b>
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**Number of Clients Participating by Activity Type**

049 - Unsubsidized employment	8
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	0
055 - Community Service Programs	2
056 - Vocational Education Training	1
057 - Job Skills Training Directly Related to Employment	1
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	11

**Karuk Tribal TANF Program**  
*Active Cases as of*  
**11/25/2013**

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**Orleans TANF Office**

Total number of Child Only/Non-Needy families	3
Total number of One Parent families	3
Total number of Two Parent families	0
<b>Total number of cases is</b>	<u><u>6</u></u>

**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	2
<b>Total number of cases is</b>	<u><u>15</u></u>

**Yreka TANF Office**

Total number of Child Only/Non-Needy families	13
Total number of One Parent families	20
Total number of Two Parent families	11
<b>Total number of cases is</b>	<u><u>44</u></u>

<b>Total number of Child only cases program wide is</b>	<b>22</b>
<b>Total number of 1-Parent cases program wide is</b>	<b>30</b>
<b>Total number of 2-Parent cases program wide is</b>	<b>13</b>
<b>Total number of cases program wide is</b>	<u><u>65</u></u>

# **Karuk Tribal NEW Program**

*Active Cases as of*

*11/25/2013*

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<b>Total number Orleans Clients</b>	<b>3</b>
<b>Total number Happy Camp Clients</b>	<b>8</b>
<b>Total number Yreka Clients</b>	<b>12</b>

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**Total number of cases program wide is 23**

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- 0** ABE/GED - Adult Basic Education/General Education Degree
- 2** OST - Occupational Skill Training
- 0** OJT - On the Job Training
- 2** WEX - Short-Term
- 0** WEX - Long-Term
- 2** JRT - Job Readiness Training
- 2** JS - Job Search
- 5** Job Development & Placement
- 14** Job Retention Services

# Substance Abuse Services Calendar

DECEMBER 2013

Schedule for SAS Counseling

At the:  
Karuk Behavioral Health  
1519 S. Oregon Street  
Yreka, CA 96097

**Dec 2, 2013 – 10:30am-12:00pm**  
**Dec 9, 2013 – 10:30am-12:00pm**  
**Dec 16, 2013 – 10:30am-12:00pm**  
**Dec 23, 2013 – 10:30am-12:00pm**  
**Dec 30, 2013 – 10:30am-12:00pm**

At the:  
Happy Camp Family Resource  
Center (Old Happy Camp Clinic)  
38 Park Way  
Happy Camp, CA, 96039

**Dec 4, 2013 – 10:30am-12:00pm**  
**Dec 11, 2013 – 9:00am-10:30am**  
**Dec 18, 2013 – 10:30am-12:00pm**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 Yreka SAS Class 10:30am-12:00pm	3	4 Happy Camp SAS Class 10:30am-12:00pm	5	6	7
8	9 Yreka SAS Class 10:30am-12:00pm	10	11 Happy Camp SAS Class 9:00am-10:30am	12	13	14
15	16 Yreka SAS Class 10:30am-12:00pm	17	18 Happy Camp SAS Class 10:30am-12:00pm	19	20	21
22	23 Yreka SAS Class 10:30am-12:00pm	24	25	26	27	28
29	30 Yreka SAS Class 10:30am-12:00pm	31				

The taste of  
**gourmet**  
without all  
of the work.

**All Natural**  
Holiday Rack of Lamb Dinner **89.99**

- Rack of Lamb with Panko Herb Crust (2 - 8 bone racks)
- All Natural Mashed Potatoes (5 lb)
- Shallot Demi-Glace Sauce (10 oz)
- Fresh Green Beans with Julienne Red Onions (18 oz)
- Rustic Ciabatta Dinner Rolls (1 doz)
- Pastry Wrapped Apricot Cranberry Stuffed Brie (1 2 oz)
- Triple Berry Cheesecake (7 in)

*Lamb is not cooked and will require oven roasting.*

Available for pick-up:  
Christmas only: Dec. 21-24



about  
**\$15**  
per person  
SERVES 4 to 6



**Thanksgiving**  
Traditional Turkey Dinner

**59.99**

- Fully cooked Butterball Turkey (10 to 12 lb)
- Cornbread Stuffing with Fresh Onions and Celery (28 oz)
- Creamy Mashed Potatoes (5 lb)
- Home-style Gravy (24 oz)
- Cranberry Apple Sauce (10 oz)
- Bakery Fresh Butter and Egg Rolls (1 doz)
- Pumpkin Pie (9 in)



about  
**\$6**  
per person  
SERVES 8 to 10

Available for pick-up:  
Thanksgiving: Nov. 24-27  
Christmas: Dec. 21-24

**All Natural**  
Herbed Turkey Breast Dinner **89.99**

- Boneless Herb Turkey Breast, raised locally in Sonora, Calif. (4 to 4.8 lb)
- Ciabatta Bread Stuffing with Fresh Celery, Onions, Carrots, Herbs & Parmesan Cheese (3.5 lb)
- All Natural Mashed Potatoes (5 lb)
- Savory Turkey Gravy (28 oz)
- Seasoned Green Beans Almondine (24 oz)
- Roasted Citrus Orange Glazed Sweet Potatoes (30 oz)
- Cranberry Orange Sauce (10 oz)
- Sweet Dinner Rolls (1 doz)
- All Natural Pumpkin Pie (9 in)

*Turkey Breast is not cooked and will require oven roasting.*

Available for pick-up:  
Thanksgiving only: Nov. 24-27



about  
**\$11**  
per person  
SERVES 6 to 8

**Christmas**

**Applewood Smoked Bourbon**  
Maple Glazed Boneless Ham Dinner **59.99**

- Boneless Applewood Smoked Ham with Bourbon Maple Glazed (4.5 to 5.5 lb)
- Cheesy Mashed Potatoes Gratin (5 lb)
- Seasoned Green Beans with Crispy Onions (24 oz)
- Fresh Citrus Glazed Carrots (28 oz)
- Bakery Fresh Butter and Egg Roll (1 doz)
- Apple Pie (9 in)

Available for pick-up:  
Thanksgiving: Nov. 24-27  
Christmas: Dec. 21-24



about  
**\$6**  
per person  
SERVES 8 to 10

**Order now**

in our Deli or online at  
[raleys.com/order](http://raleys.com/order)

65 x \$59.99 =  
\$3,899.35

Order our  
**All Natural**  
Diestel Turkey  
Dinner.

taste  
of the  
holiday

save  
**\$10**  
on  
any  
one  
Holiday  
Dinner  
with the purchase of  
any two (2) bottles  
of Rodney Strong  
Wine.



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KARUK TRIBE

Travel Advance/Reimbursement Request

Employees Name: Tina King Destination: TULSA OK  
 Departure Date: 12/9/13 Time:            Return Date: 12/14/13 Time:             
 Program Charged: TANF Account: 5160-22-7300.00  
 Description & Purpose of Travel: Report Training w/ TAS

\*\* CHECK ITEMS NEEDED \*\*

	ADVANCE	RECEIPTS	DUE TO FROM
<input checked="" type="checkbox"/> PERDIEM:	\$ -		\$ -
No. of Quarters	X		Rate
<input checked="" type="checkbox"/> LODGING:			\$ -
No. of Nights	X		Rate
<input type="checkbox"/> Check this box if you DO NOT have a Tribal Credit Card or Personal Credit/Debit Card. (Needed to determine lodging deposit)			
<input type="checkbox"/> MILEAGE:		\$ -	\$ -
No. of Miles	X		
FROM: _____		TO: _____	
<b>OTHER:</b>			
<input checked="" type="checkbox"/> Registration:			
<input checked="" type="checkbox"/> Airfare: (If yes, which airport?)			
<input checked="" type="checkbox"/> Shuttle/Taxi/Tolls:			\$ -
<input checked="" type="checkbox"/> Gasoline:			
<input type="checkbox"/> Parking:		\$ -	\$ -
<input checked="" type="checkbox"/> Other <u>baggage</u>			
<b>TOTAL:</b>	\$ -		\$ -

I certify that the estimated costs are reasonable and needed to conduct program activities. In the event I fail to complete this travel or if I terminate employment, I authorize the Karuk Tribe to deduct **actual** costs of this travel from any monies due me at termination of employment. I also certify that any travel for which I have requested an advance/reimbursement was completed as outlined above. **I authorize the Karuk Tribe to deduct from my payroll check any part of this advance not substantiated by original receipts within 10 days of my return from this trip.**

Traveler: Tina King Date: 11/21/13

\*\*\* TRAVEL WILL NOT BE PROCESSED WITHOUT THIS SECTION COMPLETED \*\*\*  
 Is this travel reimbursable by another agency? Yes  No   
 If yes, which agency? \_\_\_\_\_  
 Contract modification required? Yes  No

\*\*\* MANDATORY AUTHORIZATIONS \*\*\*  
 Supervisor Approval: [Signature] Date: 11/21/13  
 Program Director (if different): \_\_\_\_\_ Date: \_\_\_\_\_  
 Tribal Chairman Approval: \_\_\_\_\_ Date: \_\_\_\_\_

# EAGLESUN SYSTEMS PRODUCTS

## ENROLLMENT FOR TRAINING CLASSES IN TULSA, OK

STUDENT NAME: Tina King TITLE/POSITION: Compliance Technician  
 TRIBE: Karuk Tribe DEPARTMENT: TANF  
 MAILING ADDRESS: P.O. Box 1016  
Happy Camp CA 96039  
 EMAIL: tking@karuk.us PHONE: (530) 493-1440 x2  
 OTHER INFO / Purchase Order#: \_\_\_\_\_ EXT: \_\_\_\_\_

(Please mark next to the class for which you would like to ENROLL)

**Basic TAS for TANF**

January 22-24	<input type="checkbox"/>
March 11-13	<input type="checkbox"/>
May 14-16	<input type="checkbox"/>
July 15-17	<input type="checkbox"/>
September 17-19	<input type="checkbox"/>
November 4-6	<input type="checkbox"/>

**Advanced Crystal Reports for TANF**

June 10-12	<input type="checkbox"/>
October 21-23	<input type="checkbox"/>

**Advanced Federal Reporting for TAS**

June 13-14	<input type="checkbox"/>
October 24-25	<input type="checkbox"/>

**Crystal Reports Writing**

Feb 5-8	<input type="checkbox"/>
Apr 9-12	<input type="checkbox"/>
October 8-11	<input type="checkbox"/>
December 10-13	<input checked="" type="checkbox"/>

**Crystal Reports for Beginners**

March 14-15	<input type="checkbox"/>
July 18-19	<input type="checkbox"/>
November 7-8	<input type="checkbox"/>

**TAS Admin for Non-IT**

March 5-6	<input type="checkbox"/>
August 20-21	<input type="checkbox"/>

**TAS Admin for IT**

March 19-20


August 6-7

**TAS for 477**

April 22-24


November 18-20

**477 Crystal Reports for Beginners**

April 25-26


November 21-22

**COST IS \$750 PER STUDENT, PER CLASS**

Minimum of three enrollments required or class will cancel two weeks prior to training date. Please call before making travel arrangements to verify a class is on as scheduled.

To enroll, or for more information contact JoDell Adams 918-743-9855 [jadams@eaglesun.com](mailto:jadams@eaglesun.com)

Hotel information will be given upon enrollment.

Enroll now....Space is limited to 8 people. *Cancellations will result in a \$75 cancellation fee.*



**Action Items:**

- Resolution 13-R-138 for a limited waiver of Sovereign immunity
- Agreement 14-A-009 MOA with Humboldt County for Right of Way on Ishi Pishi Road

**Current Activities:**

- The Verizon phone lines in Orleans at DNR failed a total of 55 times in October, and 3 times so far in November
- On October 17 the Karuk Tribe was awarded \$6,602,422 by the California Public Utility Commission as part of the California Advanced Services Fund to bring broadband access to Northern Humboldt County. The deadline for this project is two years, and work is already starting. Contracts for engineering and project management will be presented to the council soon.
- The Orleans Broadband Project is proceeding well. All federal and state permits are in hand, including the special use permit from the Forest Service. Attached to this report is a Right of Way agreement with Humboldt County. The final permits from the County, along with final approval of the Verizon pole attachment agreement are the only items preventing construction on the project.
- On Saturday October 26 the website [www.karuk.us](http://www.karuk.us) was modified by an unauthorized party. The website was restored on November 7. There are few bugs in the updated website, but the server is now secured against future security threats.
- The network and phone access for the Disaster Preparedness office in Happy Camp were installed on November 12. IT will assist Tom and Jill as they move in to make sure their phones and computers work properly.

**Current project priorities for the IT department:**

- 1) Dealing with real-time outages and emergencies
- 2) Getting the KRRBI Project rolling
- 3) Monitoring internet access in Orleans
- 4) Orleans Broadband Project, getting ready for deployment in spring of 2014
- 5) Fiber optic deployment on the HC Admin Campus

- 6) Deploy the Medical Clinic After Hours Care Project
- 7) Fix the Wi-Fi access in Orleans
- 8) Upgrading all older computers and servers before they expire in 2014
- 9) Closeout of the Fiber Project in Happy Camp
- 10) Software updates for software to all computers in the network

**Budget Report for 1020-15 for November 22, 2013**

- Total annual budget: \$313,183.26
- Expenses to date: \$35,595.09
- Balance: \$276,588.17
- Percent Used: 11.68%
- Percent of Fiscal Year: 14.58%

**Budget Report for 1020-15 for 2013 Fiscal Year**

- Total annual budget: \$308,001.59
- Expenses: \$307,783.48
- Balance: \$218.11
- Percent Used: 99.93%
- Percent of Fiscal Year: 100.00%

**Budget Report for USDA RUS Community Connect Grant 2061-00 for October 30, 2013**

- Total budget: \$1,141,870.00
- FY 2012 expenses: \$ 102,405.30
- FY 2013 expenses: \$ 213,606.98
- FY 2014 expenses to date: \$ 24,948.61
- Total Expenses so far: \$ 340,960.89
- Balance: \$ 800,909.11
- Percent Used: 29.85%
- Percent of Project Period: 69.44%

**Attachments:**

Cell phone usage log – November info not available at the time of this report

**RESOLUTION OF THE  
KARUK TRIBE**

**Resolution No: 13-R-138**  
**Date Approved: November 21, 2013**

**RESOLUTION AUTHORIZING A LIMITED WAIVER OF SOVEREIGN IMMUNITY FROM UNCONTESTED SUIT EXPLICITLY FOR THE LIMITED PURPOSE DETAILED IN MEMORANDUM OF AGREEMENT 14-A-009 WITH HUMBOLDT COUNTY**

**WHEREAS;** the Karuk Tribe is a Sovereign Aboriginal People, that have lived on their own land since long before the European influx of white men came to this continent; and

**WHEREAS;** the members of the Karuk Tribe have approved Article VI of the Constitution delegating to the Tribal Council the authority and responsibility to exercise by resolution or enactment of Tribal laws all the inherent sovereign powers vested in the Tribe as a Sovereign Aboriginal People, including negotiating and contracting with federal, state, Tribal and local governments, private agencies and consultants; and

**WHEREAS;** the members of the Karuk Tribe have approved Article VIII of the Constitution assigning duties to the Chair, Vice Chair, and Secretary/Treasurer including signing and executing all contracts and official documents pertaining to the Karuk Tribe; and

**WHEREAS;** the Karuk Tribe is a federally recognized Tribe and its Tribal Council is eligible to and is designated as an organization authorized to Contract pursuant to P.L. 93-638, as amended, on behalf of the Karuk Tribe; and

**WHEREAS;** the Karuk Tribe has negotiated a memorandum of agreement (MOA) with Humboldt County to install, maintain and operate fiber optic services on Ishi Pishi Road for the Orleans Broadband Project; and

**WHEREAS;** the MOA with Humboldt County includes a limited waiver of Sovereign Immunity; now

**THEREFORE BE IT RESOLVED;** that the Karuk Tribe agrees to a limited waiver of sovereign immunity and consents to the jurisdiction as set forth in the MOA attached herto and made a part hereof as Exhibit A; now

**THEREFORE BE IT FINALLY RESOLVED;** that the Karuk Tribal Council authorizes a limited waiver of sovereign immunity from uncontested suit explicitly for the limited purpose detailed in memorandum of agreement 14-A-009 with Humboldt County.

**CERTIFICATION**

I, the Chairman, hereby certify the foregoing resolution 13-R-138 which was approved at a Council Meeting on 11/21/13, was duly adopted by a vote of \_\_\_\_\_ AYES, \_\_\_\_\_ NOES, \_\_\_\_\_ ABSTAIN, and said resolution has not been rescinded or amended in any way. The Tribal Council is comprised of 9 members of which \_\_\_\_\_ voted.

\_\_\_\_\_  
Russell Attebery, Chairman

\_\_\_\_\_  
Date

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

## REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One:  Contract  Karuk Tribe Number Assigned: 14-A-009  
 MOU   
 Agreement  Funder/Agency Assigned: USDA Community Connect  
 Amendment  Prior Amendment: \_\_\_\_\_

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

Requestor: Eric Cutright Date: October 31, 2013

Department/Program: Orleans Broadband Project

Name of Contractor or Parties: Humboldt County

Effective Dates (From/To): November 7, 2013 to November 7, 2023

Amount of Original: \$0

Amount of Modification: \_\_\_\_\_

Total Amount: \$0

Funding Source: N/A

Special Conditions/Terms:  
\_\_\_\_\_

Brief Description of Purpose:

This agreement allows the Karuk Tribe to install fiber optic cable in the Humboldt County Utility Right-of-Way for the Orleans Broadband Project. The attached version has been revised by the County since its previous review as 13-A-065

### \*\* REQUIRED SIGNATURES \*\*

Eric Cutright Requestor Date: 10/31/13

\*\*Chief Financial Officer \_\_\_\_\_ Date: 11/1/13

\*\*Director, Administrative Programs & Compliance \_\_\_\_\_ Date: 11/1/13

\*\*Director of Self Governance(MOU/MOA) or TERO (Contracts) \_\_\_\_\_ Date: 11/1/13

Other \_\_\_\_\_ Date: \_\_\_\_\_

**Memorandum of Agreement  
between  
Humboldt County  
and  
The Karuk Tribe**

WHEREAS: This Memorandum of Agreement is entered into by and between the County of Humboldt (Humboldt County), a political subdivision of the State of California, as represented by its honorable Board of Supervisors and the Karuk Tribe, a federally recognized Indian tribe; and

WHEREAS: The Karuk Tribe has been awarded a grant from the Rural Utilities Service, United States Department of Agriculture, to construct various fiber optic cable and wireless tower facilities to be used to provide high-speed broadband Internet service to the larger Orleans Community (Orleans Broadband Project), and

WHEREAS: The Karuk Tribe has been granted a "Certificate of Public Convenience and Necessity in Order to Provide Limited Facilities Based and Resold Local Exchange Service and Non-Dominant Interexchange Service" (CPCN) and has been assigned Utility number U-7235-C by the California Public Utilities Commission, and

WHEREAS: The Karuk Tribe's CPCN authorizes it to provide limited facilities-based and resold local exchange telecommunications services in the territory of Verizon California, Inc. (among others) and to install equipment exclusively in or on existing structures and facilities by using streetlights, poles, towers, buildings, fiber, conduits, ducts, rights-of-way, trenches, and other facilities and structures of other carriers, utilities and municipalities, and through the use of unbundled network elements purchased from incumbent local exchange carriers, and

WHEREAS: The Karuk Tribe has entered into that certain Pole Attachment and Conduit Occupancy Licensing Agreement with Verizon California Inc. dated July 3, 2013 for purposes of the Orleans Broadband Project, and

WHEREAS: The Karuk Tribe desires to construct, operate and maintain portions of the Orleans Broadband Project consisting of fiber optic cable and necessary appurtenances as further described below (Fiber Optic Facilities) over, under, or upon Ishi Pishi Road within Humboldt County, California, between the unincorporated town of Orleans and the Humboldt County line near Somes Bar, California, and

WHEREAS: Ishi Pishi Road crosses lands that are privately held lands and National Forest System Lands, and

WHEREAS: Humboldt County holds public road easements across said privately held lands for Ishi Pishi Road, and

WHEREAS: Humboldt County has the authority to control the time, place, and manner in which public roads within Humboldt County, California are accessed for such purposes, and

WHEREAS: Humboldt County is willing to enter into this Memorandum of Agreement to permit the Karuk Tribe to construct, operate, and maintain the Fiber Optic Facilities over, under, or upon portions of Ishi Pishi Road within Humboldt County, California, for the purpose of the Orleans Broadband Project, provided that the attached Terms and Conditions are adhered to,

NOW THEREFORE, for and in consideration of the mutual covenants hereinafter contained, Humboldt County and the Karuk Tribe each do hereby agree:

1. Fiber Optic Facilities: Subject to obtaining permits required by Section 2 and complying with the terms and conditions of this Agreement, the following Fiber Optic Facilities are permitted over, under, or upon portions of Ishi Pishi Road for the Orleans Broadband Project:

A. The Karuk Tribe will be permitted to install, maintain, and operate one fiber optic cable underground for 500 feet or less within the unpaved road shoulder from the southernmost Siskiyou Telephone underground vault (located at the demarcation line between the Verizon service area and the Siskiyou Telephone service area), to the northernmost combined electric and communications utility pole in the Verizon service area (identified by Verizon as pole # \_\_\_\_\_), and

B. The Karuk Tribe will be permitted to install, operate, and maintain one fiber optic cable attached overhead to existing utility poles maintained by Verizon, including the installation, operation, and maintenance of additional guy anchors as needed to allow the poles to sustain the additional cable, from the northernmost combined electric and communications

utility pole (identified by Verizon as pole # \_\_\_\_\_) to the edge of the County's public road easement at the intersection of Highway 96 and Ishi Pishi Road, a distance of approximately 3.5 miles.

2. Permits:

A. The Karuk Tribe is responsible for obtaining and obeying the conditions of any additional permits or authorizations needed for the Orleans Broadband Project, including but not limited to a Special Use Authorization from the USDA Forest Service and an Encroachment Permit from the California Department of Transportation (CalTrans), and

B. The Karuk Tribe will apply for an Encroachment Permit(s) from the Humboldt County Department of Public Works for the construction of the above-described Fiber Optic Facilities, and for all work and each job within the County's public road easements, public right-of-way or public utility or service easements, and comply with the terms of all such Encroachment Permits, and

C. No permit fees or franchise fees shall be required of the Tribe from the County pursuant to this Agreement.

3. Term: This Agreement shall have an initial term of ten (10) years from the effective date and shall automatically renew for successive terms of ten (10) years unless either Humboldt County or the Karuk Tribe notifies the other in writing that this Agreement shall not be renewed at least one hundred and eighty (180) days prior to the initial termination date or the termination date of any renewal term.

4. State and Federal Authorizations: The Karuk Tribe represents and warrants that it has any and all authorizations and approvals from state and federal regulatory agencies including the California Public Utilities Commission and the Federal Communications Commission as are necessary for the activities and facilities contemplated by the Orleans Broadband Project and this Agreement, and is in compliance in all material respects with its obligations under such authorizations. Further, the Karuk Tribe covenants that through the term of the Agreement, it shall remain in compliance in all material respects with its obligations thereunder, and shall also comply with all applicable local, state and federal laws and regulations applicable to the performance of its duties and obligations under this Agreement. If the Karuk Tribe is authorized by the Public Utilities Commission of California or the Federal Communications Commission or a successor regulatory body to provide additional and/or alternative services to those contemplated by the Orleans Broadband Project, and intends to offer such services to customers within Humboldt County or elsewhere through the Fiber-Optic Facilities, the Karuk Tribe shall notify Humboldt County in writing, as soon as practicable, and comply with Humboldt County's applicable local ordinances.

5. Additional Terms and Conditions: This Agreement shall include and be subject to the Terms and Conditions hereunto appended.

IN WITNESS WHEREOF, Humboldt County, as represented by its honorable Board of Supervisors, and the Karuk Tribe, agreeing to be bound by this Agreement in its entirety, have each caused this agreement to be duly executed by authorized representatives effective as of the day and year last written below:

\_\_\_\_\_  
Chair, Humboldt County Board of Supervisors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Karuk Tribe

\_\_\_\_\_  
Date

**Terms and Conditions for the Memorandum of Agreement between the Karuk Tribe and Humboldt County:**

1. Terms and conditions of any Encroachment Permits granted by Humboldt County's Public Works Department to the Karuk Tribe in connection with the activities and facilities contemplated by this Agreement are incorporated herein by reference. In the event of a conflict between the requirements of this Agreement and any Encroachment Permit, the more stringent requirements shall apply.
2. If Humboldt County Department of Public Works, at its sole discretion, shall determine that any or all of the Karuk Tribe's facilities must be modified, removed from, or relocated within Humboldt County's- public road easement as necessary, incidental, or convenient for the construction, alteration, improvement, repair, relocation, or maintenance of Ishi Pishi Road, or for the safety of the traveling public, or for any other purpose where the work involved would be aided by the modification, removal or relocation of the Karuk Tribe's facilities, the Karuk Tribe, its successors and assigns, shall, at its sole cost and expense, upon written notice by the Department, modify, relocate, or remove any or all of its facilities within or from Humboldt County's public road easement as required by the Department. The Karuk Tribe shall perform in a timely manner all facility modifications, relocations, and/or removals as the Department directs, to avoid highway project impacts or delays and in such manner as will cause the least disruption of traffic or interference with the Department's continued operation and/or maintenance of Ishi Pishi Road.
3. Should the Karuk Tribe fail or refuse to comply with the Department's direction to modify, remove, or relocate any facility associated with this Agreement, the Department may undertake and perform any modification, removal, or relocation of the facility that the Department, in its sole discretion, deems necessary. The Karuk Tribe agrees to pay the Department's expended costs and expenses for performing the work.
4. In the event of an emergency, or where the Karuk Tribe's Fiber-Optic Facility creates or is contributing to an imminent danger to health, safety or property, Humboldt County may remove, modify or relocate any or all parts of that Fiber-Optic Facility without prior notice to the Karuk Tribe; however, Humboldt County shall make reasonable efforts to provide prior notice.
5. Limited Waiver of Tribal Sovereign Immunity
  - A. The Tribe hereby grants a limited waiver of its sovereign immunity from uncontested suit explicitly for the limited purpose of permitting actions against the Tribe to enforce this Agreement, to resolve any dispute that may arise out of, or in connection with, this Agreement or any activities undertaken by the Tribe or facilities described in this Agreement, including but not limited to actions for specific performance or breach of the terms of this agreement. Such a waiver shall be narrowly construed. The Tribe consents to actions against it to enforce this Agreement, to resolve any dispute that may arise out of, or in connection with, this Agreement or any activities undertaken by the Tribe or facilities described in this Agreement, including but not limited to actions for specific performance and/or breach of agreement with respect to all obligations of the Tribe under the Agreement, including but not limited to the obligations to pay money and the management thereof. This limited waiver does not allow any actions, claims or awards to be brought or enforced against the individual members of the Tribal Council, officers, attorneys, or employees acting on behalf of the Tribe. The Tribe's governing body has executed a formal Resolution of Limited Waiver of Sovereign Immunity attached hereto as Exhibit [XXXX].
6. This Agreement is governed by and shall be construed in accordance with the laws of the State of California without regard to its choice of law principles. Any litigation arising out of, or in connection with, this Agreement may be brought in either the Superior Court of the State of California for the County of Humboldt or in the District Court for the Northern District of California. Each party hereby irrevocably submits to the jurisdiction of such courts for the purpose of any such litigation and irrevocably agrees to be bound by any judgment rendered thereby in connection with such litigation.
7. The Karuk Tribe, on behalf of itself and its contractors, successors, and assigns, agrees to indemnify, hold harmless, and defend Humboldt County from any and all fines, costs, claims, judgments, and/or awards of damages to regulatory agencies, persons, and/or property, arising out of, or in any way resulting from, the Tribe's failure to (1) obtain any required permit for its work or (2) comply with conditions of those permits. The Tribe shall be responsible for compliance with all federal, state, and local laws and regulations.

8. This Agreement may be terminated by Humboldt County for failure, neglect or refusal by the Karuk Tribe to fully and promptly comply with any and all of the conditions of this Agreement, or for nonuse in accordance with this Agreement, upon thirty (30) days written notice, which notice shall specify with reasonable particularity the nature of the alleged failure, neglect or refusal, unless the Karuk Tribe confirms within thirty (30) days of receipt of the notice that the cited condition has ceased or has been corrected. This Agreement may be terminated by Humboldt County upon ninety (90) days written notice to the Karuk Tribe if Humboldt County determines that the provisions of the Agreement interfere with the use or disposal of said Ishi Pishi Road or any part thereof by Humboldt County or the general public. Where only a portion of the Karuk Tribe's Fiber-Optic Facilities interferes with the use or disposal of said Ishi Pishi Road, Humboldt County, at its sole discretion, may elect to require the Karuk Tribe to relocate the said portion in accordance with this Agreement.
9. This Memorandum of Agreement is not transferrable or assignable by the Karuk Tribe without the prior written consent of the Humboldt County Board of Supervisors. The Tribe understands that any assignment or transfer requires the assignee or transferee to have the means to assume all obligations, duties, and liabilities of the terms and conditions of this Agreement. If an assignment or transfer occurs without prior consent of the County, such assignment is void, this Memorandum of Agreement shall automatically terminate, and the facilities occupying Humboldt County's public road easement shall be subject to removal at the sole cost and expense of the Karuk Tribe.
10. The Karuk Tribe, on behalf of itself, its successors and assigns, and its officers, employees, contractors, agents, and representatives, shall indemnify, defend (with counsel reasonably acceptable to Humboldt County), and hold harmless the County of Humboldt, its officers and employees, from all costs, claims, demands, damages (both to persons and/or property), expenses, regulatory fines, judgments, charges, administrative and judicial proceedings and orders, remedial actions of any kind, and all costs and cleanup actions of any kind, all costs and expenses incurred in connection therewith, including, without limitation, reasonable attorney's fees and costs of defense (collectively, the "Losses") arising directly or indirectly out of the activities or facilities described in this Agreement and/or the installation, operation, removal and/or repair of the improvement and facilities including that (1) arise out of or are incident to any acts or omissions of the Tribe, its agents, contractors, and/or employees, in the use of the County's public road easement as authorized by this Agreement, or (2) are caused by the breach of any of the terms and conditions of this Agreement by the Tribe, its officers, agents, contractors, representatives, and/or employees. The Tribe shall NOT be required to indemnify, defend, or hold harmless the County of Humboldt, its officers and employees, if the claim, suit, or action for damages (both to persons and/or property) is caused by the acts of gross negligence or the willful acts of misconduct or omissions of the County of Humboldt, its officers and/or employees; provided that, if such claims, suits, or actions are determined by a court of competent jurisdiction to have resulted from the concurrent negligence of the County and the Tribe, each party will bear their proportionate share of liability as determined by such court.
11. This Memorandum of Agreement shall not be deemed or held to be exclusive and shall not prohibit Humboldt County from granting rights of like or other nature to other public or private entities, nor shall it prevent the County from using any of the public road easement or other properties for transportation purposes, or affect the County's right to full supervision and control over any part of the County's public road easement or properties, none of which is hereby surrendered. Further, the County reserves the exclusive right to require that all utility facilities be subject to joint occupancy.
12. NEITHER PARTY SHALL BE LIABLE TO THE OTHER FOR ANY INDIRECT, CONSEQUENTIAL, EXEMPLARY, SPECIAL, INCIDENTAL, OR PUNITIVE DAMAGES, INCLUDING WITHOUT LIMITATION LOSS OF USE OR LOST BUSINESS OR GOODWILL ARISING IN CONNECTION WITH THIS AGREEMENT, WHETHER OR NOT FORESEEABLE AND EVEN IF THE PARTIES HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.
13. The Karuk Tribe shall maintain accurate maps and improvement plans of said Fiber-Optic Facilities located within Humboldt County. The Karuk Tribe shall, upon demand of the Public Works Director, deliver to the office of the Public Works Department free of charge, within thirty (30) days after such demand, such maps and plans as may be required to show in detail the exact location, size, depth and description of all Fiber-Optic Facilities installed within Humboldt County.
14. If any portions of the Fiber-Optic Facilities covered under this Agreement other than redundant facilities or facilities for emergency use are no longer used by the Karuk Tribe, or are abandoned for a period in excess of one



(1) year, the Karuk Tribe shall notify Humboldt County and shall either promptly vacate and remove the facilities at its own expense or, at Humboldt County's discretion, may abandon some or all of the facilities in place.

15. This Agreement does not grant a franchise. This Agreement is made subject to all easements, restrictions, conditions, covenants, encumbrances and claims of title which may affect Ishi Pishi Road, and it is understood that the Karuk Tribe, at its own cost and expense, shall obtain such additional permissions as may be necessary consistent with any other existing property rights. No reference herein to a "public road easement" shall be deemed to be a representation or guarantee by Humboldt County that its interest or other rights to control the use of such property are sufficient to permit its use for such purposes, and the Karuk Tribe shall be deemed to gain only those rights to use as are properly in Humboldt County and as Humboldt County may have the undisputed right and power to give.
16. The parties acknowledge and agree that the relationship between them is solely that of independent contractors, and nothing herein shall be construed to constitute the parties as partners, joint venturers, co-owners or otherwise as participants in a joint or common undertaking.
17. This Agreement shall inure to the benefit of and be binding on the parties and their heirs, successors and assigns but nothing contained in this section shall be construed to permit an assignment or other transfer except as specifically provided herein.
18. No waiver of any default or breach of the performance of any term, condition or covenant of this Agreement shall be deemed to be a waiver of any subsequent default or breach of the same or any other term, condition or covenant contained in this Agreement.
19. This Agreement contains the entire understanding between the parties with respect to the subject matter herein. There are no representations, agreements or understandings (whether oral or written) between or among the parties relating to the subject matter of this Agreement which are not fully expressed herein. This Agreement may not be amended except pursuant to a written instrument signed by both parties.
20. The individuals signing this Agreement represent and warrant that they have binding authority to enter into this Agreement on behalf of their respective entities.
21. Any notices or other communications required to be given pursuant to this Agreement shall be made in writing, either by US Mail postage prepaid, or by hand delivery, or by electronic mail to the respective representatives set forth below. Notices or other communications shall be effective when actually received or refused. Either party may upon seven days' notice change the address to which future notices or other communications shall be sent.

To Humboldt County:

\_\_\_\_\_  
\_\_\_\_\_

To Karuk Tribe:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

### On Travel Status

I am in Las Vegas as of the meeting date taking AAAHC survey and standards training to update my knowledge on AAAHC.

For those who don't remember AAAHC is our healthcare accreditation agency. We will be going through survey in about a year and a half from now.

\*\*\*\*\*

#### Pharmacy Consultant

We had several conference calls with our Pharmacy consultant and Capture RX and then another call with Raley's. It was good that our consultant happened to visit just when these calls were going to take place. It turned out that he was a great resource helping us considerably. Because of these calls I think we are better prepared to deal with the problems with Medical Center Pharmacy and Raley's.

\*\*\*\*\*

#### Medi-Cal Managed Care

All Medi-Cal patients are assigned facilities where they are to go for health care. This has created problems for us in all three clinics. Yreka and HC are having patients come in wanting care but assigned to other facilities. If we see them we don't get paid. Some patients want to be assigned elsewhere but want care at our clinic. If they are Indian we must see them and loose Medi-Cal payments. Both front office staff at both Yreka and HC clinics are doing their best to help them and I am grateful to hear of several success stories. Now for the real problem. We have no provider in Orleans but we have people assigned to us. This has been a hardship on our patients.

\*\*\*\*\*

#### Covered CA

Thanks to CRIHB our enrollment staff received training to become certified enrollment counselors. Debbie Bickford, Nadine McElyea and Sharon Denz will soon be certified. This is in reference to the healthcare marketplace where people can go to purchase health insurance that will be required in 2014.

\*\*\*\*\*

#### IPC 5

I just received word that the Karuk Tribe was selected for Improving Patient Care 5 through IHS. Through this program we will become a Primary Care Medical Home under the guidance of IHS. CRIHB is also trying to provide us with help in this direction. This is mandatory so I am happy that we are going to start working on it. We can also be accredited as a PCMH through AAAHC. So it's everywhere we look these days.

\*\*\*\*\*

#### HRSA Update

There were several things in HRSA that I needed to work on, so I spent the better part of last week working on them. Every time I finished a project and submitted it to HRSA I felt a greater sense of relief. I have two things to complete now and they are almost done. I need to submit the after hour care material and finish the CIS for the Orleans clinics, where I add the new clinic and delete the old one. It's quite a bit of work.

\*\*\*\*\*

#### Locum Tenen

Dr. Rubinoff came to Orleans to provide care in the Orleans clinic but he never liked the area. He wasn't happy with his lodging and the country roads. He notified me today that he wouldn't be returning after Thanksgiving. The last word was he was staying through December 6, so it was quite a surprise. I rented the cottage through December so

\*\*\*\*\*

anyone who comes will have to stay there.

I have received word from a physician through Martin Fletcher who wants to come permanently. We will have a finders fee for this but we need a physician, so we are entertaining hiring him. I'm very excited having him come, but he won't be able to come until February.

In the meantime, we thought about Amy Coapman providing service through the telehealth equipment. This is really being pushed now so we might as well use it to our benefit. Melinda and Isha could get the patient ready and then Amy could visit the patient over the camera. If this works I think we will forget the locums until a permanent provider comes. In addition, Amy can view all the chart information through the EHR right there in Yreka. Please call me and let me know your opinion on this. We can also have a physician see the patient this way as well. The options are open and ready to be explored.

\*\*\*\*\*

Outlook Webinar

I took a webinar on how to use Outlook. There is so much I didn't know and need to experiment with before I am comfortable using it. You can schedule meetings, send agendas and assignments over it. You can set up calendars for your staff or place events in their calendars, and much, much, more.

\*\*\*\*\*

Imaging Webinar

I listened into a webinar on imaging in the EHR. It was quite interesting even through more advanced then we are presently but we are moving in the right direction. It showed pictures of x-rays, the different view you could get and how

you could place it on the EHR page you would be working on and you could leave it there too.

\*\*\*\*\*

HIE Summit

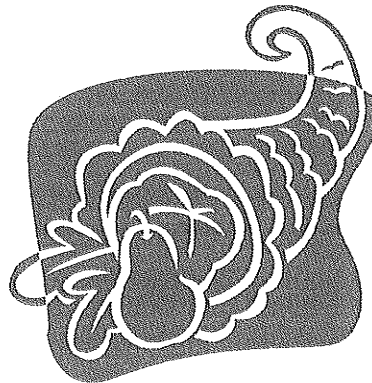
I attended the final Health Information Exchange Summit November 15, 2013, in Sacramento, CA. It was very good and I am grateful that I attended. This is about sharing health information with your collaborative and State Registries like immunizations and cancer. I learned that everyone is at a different level of accomplishment but that they are moving forward. Amy has informed me that IHS will be leading us into this endeavor and that some of this is already being done.

\*\*\*\*\*

Yreka Clinic Visit

Rondi and I traveled to Yreka to follow-up with the staff and on several complaints. It was a good day with much information shared.

\*\*\*\*\*



**KARUK TRIBAL HEALTH PROGRAM  
BUSINESS OFFICE HEALTH BOARD REPORT  
MEETING DATE DECEMBER 5, 2013**

The staff continues to learn how to bill our medical in the new Partnership Healthplan of California (PHC) format. These first couple of months the clinic front desk staff are having some issues collecting all the information we need for billing purposes. PHC and Medi-cal sent patients complete packets of information explaining to them what they must do to continue to be seen at our clinics; but unfortunately many patients did not follow thru and then when they arrive at our clinic and they are not listed as our patient we must turn them away until they make the change with PHC and enroll with one of our clinics. Of course if this were a life threatening emergency we would see them immediately. But we cannot see them for routine care until they make the transition. Our own Native Americans are always seen but encouraged to make the change as soon as possible, as we will not be paid for their visits until they do this. RPMS is still being worked on as fees are not billing correctly, this is a programmers challenge and will hopefully be resolved in the near future.

We have progressed with CRIHB Options and have been able to submit claims, but it takes a couple of months to be paid and we are looking forward to our first payment on this program. Eileen has taken a great deal of the CRIHB stress off of me by handling most of it on her own and guiding the billers through that format. We have been able to bill 47 Behavioral Health visits, 167 Dental visits and 64 Medical visits that previously would have been written off due to the benefits that have been cut from the medical program by the Department of Health Care Services.

ICD-10 training that most of us were going to attend was cancelled due to the government shut down in November. It is my understanding it will be rescheduled in early spring. I spoke with Toni Johnson from Indian Health Service and they are hoping to have a webinar based training for Providers in 2014 to assist them with documentation and coding for ICD-10. This will allow our providers to miss less patient care days with trainings away from the clinics. I will be looking for other venues that we may find successful also for everyone also. The coders and billers have all signed up for an online course of Anatomy and Physiology offered free thru Indian Health Service to bring us all up to speed since ICD 10 refers to most body parts by their anatomical site, not just arm or leg, the staff will need to know what the providers are actually documenting.

It's too early again this month to give you an accurate financial report. Things remain slow due to many reasons as stated in previous reports. This should begin to pick up again by February as things begin to be resolved.

Suzanna Hardenburger CCS-P

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BUSINESS OFFICE HEALTH BOARD REPORT  
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**RPMS**  
**Karuk Tribal Health and Human Services Program**  
**Health Board Meeting**  
**December 5, 2013**  
**Patricia White, RPMS Site Manager**

**Action Items**

I have no action items for this month.

**User Assistance and Requests**

During November there were 30 documented requests for HHS user support: 11 were assigned to Amy and 19 assigned to me. Of those assigned to me, I have closed all but 3. I still have 6 open tickets from previous months.

**Workload reports**

Attached is the October 2013 *Operations Summary* along with Tribal Statistics. During October we had 1737 visits at all locations. 882 of these visits were for Native American patients (51%). The total amount of visits is down by 114 over September, due largely in part to Orleans Clinic not having a permanent provider at this time. Orleans only had 47 visits in October. The average monthly visits up to September was 130 per month. Graphs are also included with this report.

**Meeting / Conference Calls and other Activities – November 2013**

- 11/06 – ACQI Committee Meeting
- 11/06 - Dentrax/Henry Schein Call-Testing for the HL7 interface
- 11/07 – Meaningful Use Office hours webinar
- 11/18 – IHS Online training videos-Refresher for user account configuration.
- 11/21 – EHR/RPMS Office Hours Webinar
- 11/26 – Executive Directors Committee Meeting

**RPMS – EHR – EDR**

- Security Risk Analysis:  
I have completed the first complete draft of this report. I hope to have final draft ready to submit to IHS for meaningful use within the first week of December.
- Vista Imaging:  
We have a five member team at Karuk to work with IHS for Vista Imaging. The team includes Dale Josephson-IT, Amy Coapman-CAC, Carrie Davis-HIM, Tony Vasquez-Medical Director, and Patti White-Site Manager. In the near future we will have a call with IHS to kick off the program. Refer to Agreement 13-A-061 approved in July 2013.
- RPMS Dentrax Interface:  
The interface has been tested in a test database and we have signed off on testing. At the time of this writing a system engineer was working on switching the interface from the test environment to the live database. We are waiting for a consultant from Cimarron Medical Informatics to load the patient registration from RPMS into the Dentrax program. Once all is completed the dental staff will not have to do double entry. Dental providers have been entering the visit in Dentrax and then others have to enter the information in RPMS for us to be able to bill from. This will lessen the work load on dental staff.

**Budget:** For period ending October 31, 2013, we are under budget for this first month of the fiscal year.

<b>Program</b>	<b>RPMS</b>
<b>Budget Code</b>	<b>3000-75</b>
<b>Program Year</b>	<b>2012-2013</b>
<b>Appropriation</b>	<b>\$230,739.83</b>
<b>Expenses to Date</b>	<b>\$8,974.38</b>
<b>Balance</b>	<b>\$221,748.81</b>
<b>Percent used</b>	<b>3.90%</b>

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit  
FOR OCT 2013  
Prepared for December 5, 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 18,019 (+4.8) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 65 (-9.7) new patients, 0 (\*\*) births, and 1 (-66.7) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,709 (-0.3) patients enrolled in Medicare Part A and 2,591 (-0.2) patients enrolled in Part B at the end of this time period.

There were 92 (+15.0) patients enrolled in Medicare Part D.

There were also 6,084 (+1.6) patients enrolled in Medicaid and 4,870 (+12.5) 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 87,109.28 (+30.1). The number and dollar amount of authorizations by type were:

57 - DENTAL	15	12368.25
64 - NON-HOSPITAL SERVICE	1208	74741.03

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

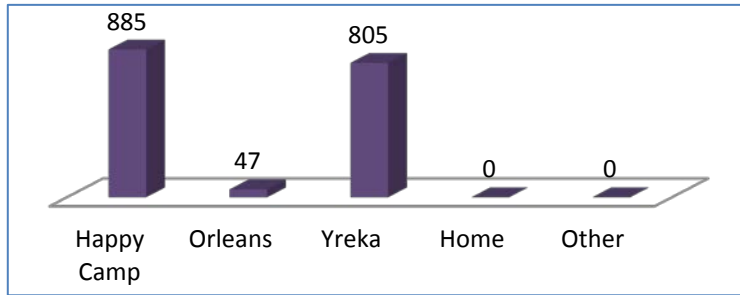
There were a total of 1,737 ambulatory visits (-12.3) during the period for all visit types except CHS.

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	1,737		(-12.3)
By Location:			
KARUK COMM HEALTH CLINIC	885		(+32.9)
YREKA	805		(-28.9)
ORLEANS	47		(-74.2)



### Visits by Location October 2013



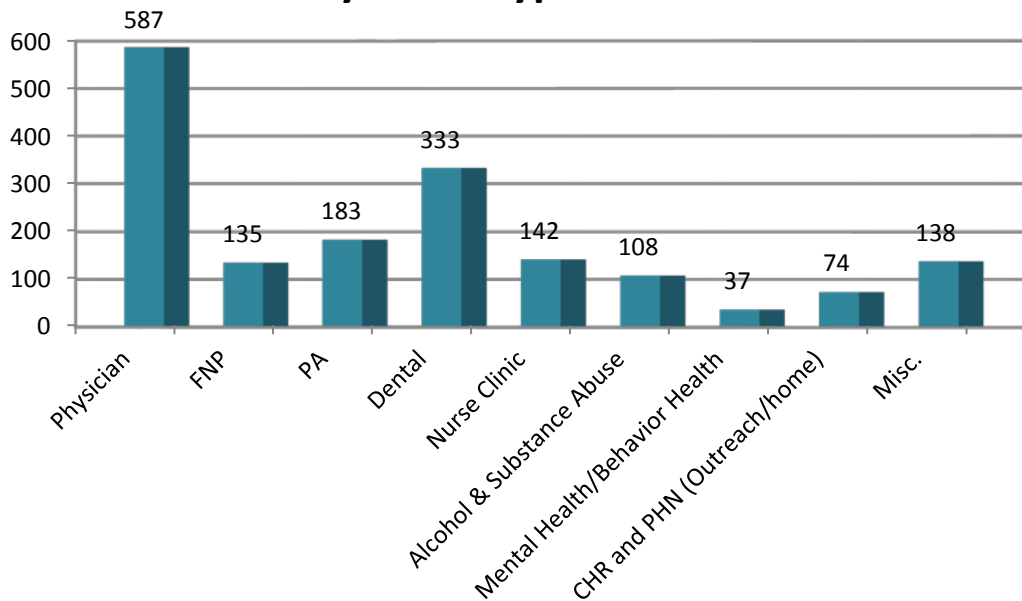
By Service Category:

AMBULATORY	1,671	(-14.3)
TELECOMMUNICATIONS	66	(+112.9)

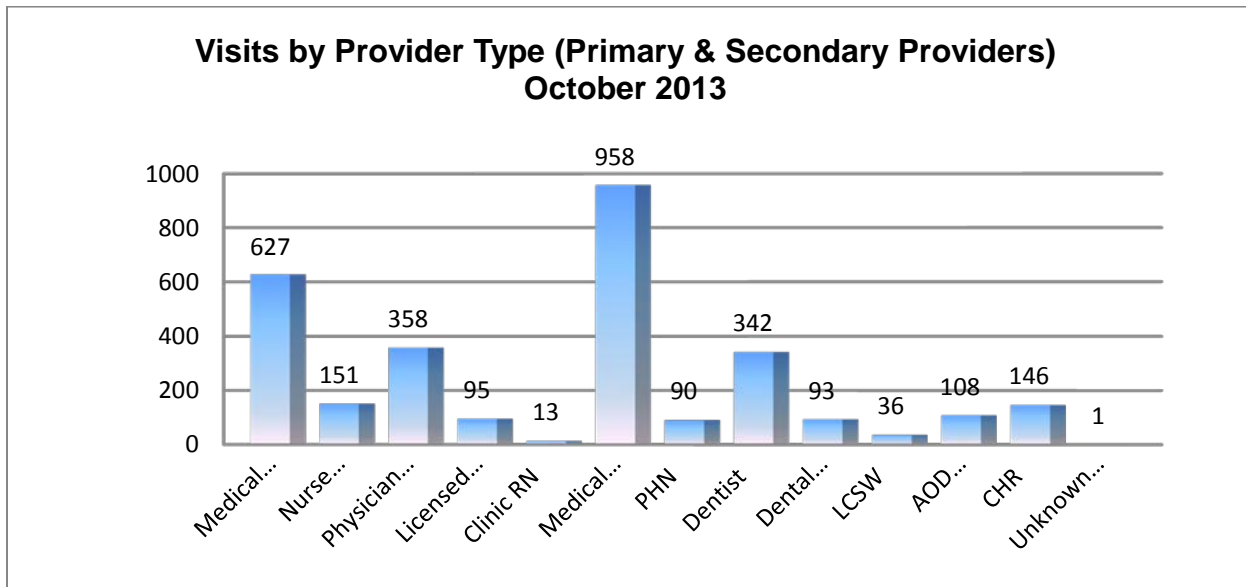
By Clinic Type:

PHYSICIAN	587	(+16.7)
DENTAL	333	(-33.5)
PHYSICIAN ASSISTANT	183	(-3.2)
NURSE CLINIC	142	(+1.4)
FAMILY NURSE PRACTITIONER	135	(-57.7)
TRANSPORT	117	(+178.6)
ALCOHOL AND SUBSTANCE	108	(+24.1)
PHN CLINIC VISIT	45	(+350.0)
MENTAL HEALTH	37	(-59.3)
CHR	29	(-12.1)
TELEPHONE CALL	8	(-20.0)
CHART REV/REC MOD	5	(-37.5)
NO CLINIC	4	(+300.0)
TELEMEDICINE	3	(+50.0)
PHARMACY	1	(-96.2)

### Visits by Clinic Type October 2013



By Provider Type (Primary and Secondary Providers):		
HEALTH AIDE	730	(+9.6)
MD	627	(+17.0)
PHYSICIAN ASSISTANT	358	(+10.5)
DENTIST	342	(-32.1)
MEDICAL ASSISTANT	228	(+38.2)
NURSE PRACTITIONER	151	(-54.7)
COMMUNITY HEALTH REP	146	(+94.7)
ALCOHOLISM/SUB ABUSE COUNSELOR	108	(+24.1)
LICENSED PRACTICAL NURSE	95	(-44.4)
DENTAL HYGIENIST	93	(+40.9)
PUBLIC HEALTH NURSE	90	(+136.8)
LICENSED CLINICAL SOCIAL WORK	36	(-67.0)
CLINIC RN	13	(-55.2)
UNKNOWN	1	(**)



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). VACCIN FOR INFLUENZA	363	(-14.6)
2). DENTAL EXAMINATION	332	(-33.7)
3). OTHER SPECIFD COUNSELING	172	(+319.5)
4). HYPERTENSION NOS	106	(-27.9)
5). OBESITY NOS	97	(+94.0)
6). LUMBAGO	77	(+8.5)
7). ALCOHOL ABUSE-UNSPEC	68	(+17.2)
8). TOBACCO USE DISORDER	68	(+15.3)
9). DIETARY SURVEIL/COUNSEL	68	(**)
10). DMII WO CMP NT ST UNCINTR	65	(+14.0)

#### CHART REVIEWS

There were 1,319 (-1.9) chart reviews performed during this time period.

**INJURIES**

There were 68 visits for injuries (-11.7) reported during this period. Of these, 10 were new injuries (-52.4). The five leading causes were:

- 1). INJ NEC CAUSED BY ANIMAL 1 (\*\*)
- 2). ACC-CUTTING INSTRUM NEC 1 (+0.0)
- 3). ADV EFF ANTIBIOTICS NEC 1 (\*\*)
- 4). FALL STRIKING OBJECT NEC 1 (\*\*)
- 5). STAT OB W/O SUB FALL NEC 1 (\*\*)

**EMERGENCY ROOM**

[NO EMERGENCY ROOM VISITS TO REPORT]

**DENTAL**

There were 260 patients (-36.3) seen for Dental Care. They accounted for 333 visits (-33.5). The seven leading service categories were:

- 1). FIRST VISIT OF FISCAL YEAR 256 (-36.0)
- 2). LOCAL ANESTHESIA IN CONJUNCTION WIT 109 (-19.9)
- 3). HYPERTENSION SCREENING 96 (-48.9)
- 4). PATIENT REVISIT 79 (-25.5)
- 5). PREVENTIVE PLAN AND INSTRUCTION 77 (-13.5)
- 6). TOPICAL APPLICATION OF FLUORIDE VAR 73 (-7.6)
- 7). INTRAORAL - PERIAPICAL FIRST RADIOG 56 (-51.3)

**IN-HOSPITAL VISITS**

[NO IN-HOSPITAL VISITS TO REPORT]

**PHARMACY**

There were 1,659 new prescriptions (-6.1) and 0 refills (\*\*) during this period.

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**KTHHSP Tribal Statistics for October 2013**

	Registered Indian Patients	Indian Patients Receiving Services October 2013	APC Visits by Indian Patients October 2013
Karuk	1867	244	251
Descendants residing in CA	2059	471	520
All other Tribes	2129	130	111
Total	6055	845	882

# DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting  
December 5, 2013  
Rondi Johnson  
November Report



**ACTION ITEMS:** NONE

**AUGUST ACTIVITIES:**

Bi-Annual Health Staff Meeting November 13<sup>th</sup>, Meeting in Yreka Clinic  
November 25<sup>th</sup>, ED Meeting November 26<sup>th</sup>, Pharmacy consultant reviews November  
25<sup>th</sup>-26<sup>th</sup>, Budget Meeting November 27<sup>th</sup>

**AUGUST TRAININGS/CONFERENCES & WEBINARS:**

Covered CA Tribal Consultation November 5- 8<sup>th</sup>, HCCA Conf November 14-  
16<sup>th</sup>,

**ACQI COMMITTEE MEETING:**

The November 6<sup>th</sup>, ACQI meeting agenda, performance improvement projects,  
and reports are attached.

**BUDGETS:**

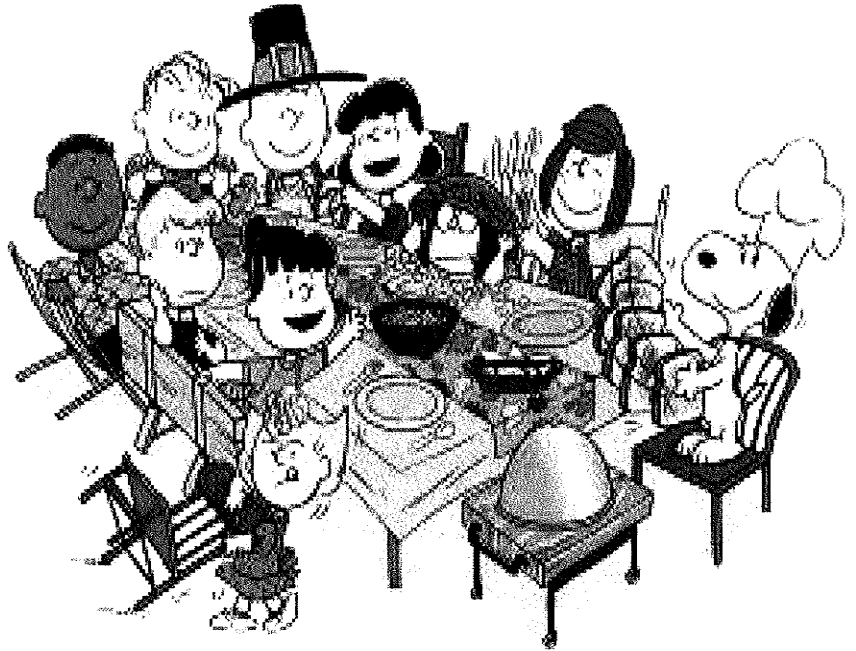
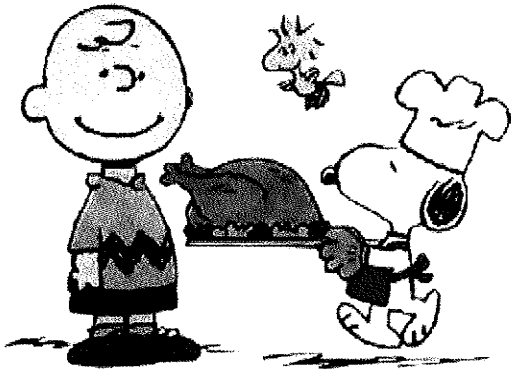
See below. Budget through 11/27/13. At this time I'm well under budget.

<b>Program</b>	<b>CQI</b>
<b>Budget Code</b>	300002
<b>Program Year</b>	2013-2014
<b>Expenses to Date</b>	14,569.51
<b>Balance</b>	178,889.10
<b>Percent Used</b>	7.60 %
<b>Period Usage</b>	2 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  
November 6, 2013  
9:00 am-10:00 am**



1. Call Meeting to Order – Lessie Aubrey
2. Roll Call/Sign In – Vickie Walden
3. Approve Agenda – Lessie Aubrey
4. Approve Minutes of October 9, 2013 – Lessie Aubrey
5. Performance Improvement Reports Due
  - 5.1 KCHC Medical Records Audit – Carrie Davis
  - 5.2 Orleans Medical Records Audit – Isha Goodwin
  - 5.3 Yreka Medical Records Audit – Charleen Deala
  - 5.4 EHR Reminders – Mike Lynch
6. GPRA Reports
  - 6.1 Increase PAP Smears – Vickie Simmons
7. New Business
  - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson - Tabled
  - 7.2 Patient Satisfactory Surveys – Rondi Johnson- this is completed with great satisfaction!
  - 7.3 Medical Policy discussion – Dr. Ash Policy #01-001-000 Patient Rights and Responsibilities and #14-006-601
8. Old Business
  - 8.1 HIV/AIDS, 3<sup>rd</sup> QTR – Mike Lynch
9. Next Meeting December 11, 2013 at 9:00am
10. Adjourn

KARUK TRIBAL HEALTH CLINIC YREKA  
CHARTS PULLED – July, August, September 2013

PURPOSE:

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

GOALS:

IDENTIFY PROBLEMS IN THE ELECTRONIC HEALTH RECORDS MANAGEMENT

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

PROBLEMS: THE BIGGEST PROBLEM FOUND WAS HEALTH QUESTIONAIRES ONE FLU SHOT WAS NOT ENTERED CORRECTLY.

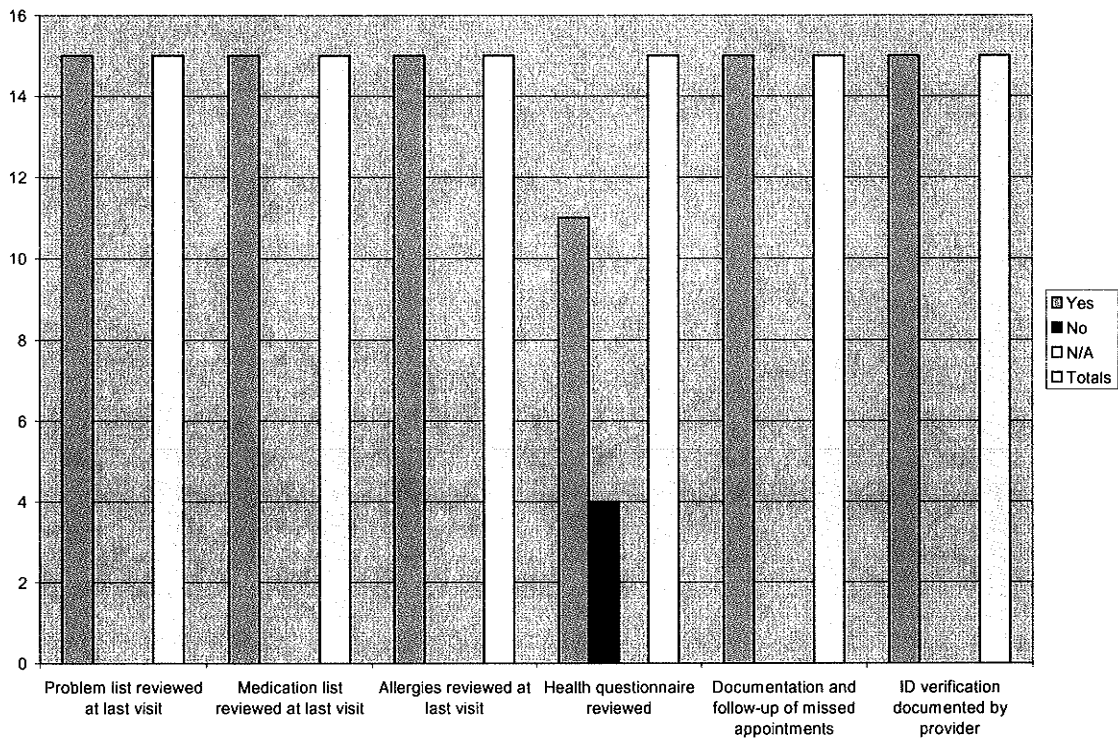
SUMMARY: I THINK THAT THIS AUDIT OF JULY-SEPT 2013 HAS SHOWN IMPROVEMENT IN ALL AREAS.

CHARLEEN DEALA  
MEDICAL RECORDS  
YREKA CLINIC

Medical Records Audit  
3<sup>rd</sup> Quarter 2013

Dr. Milton

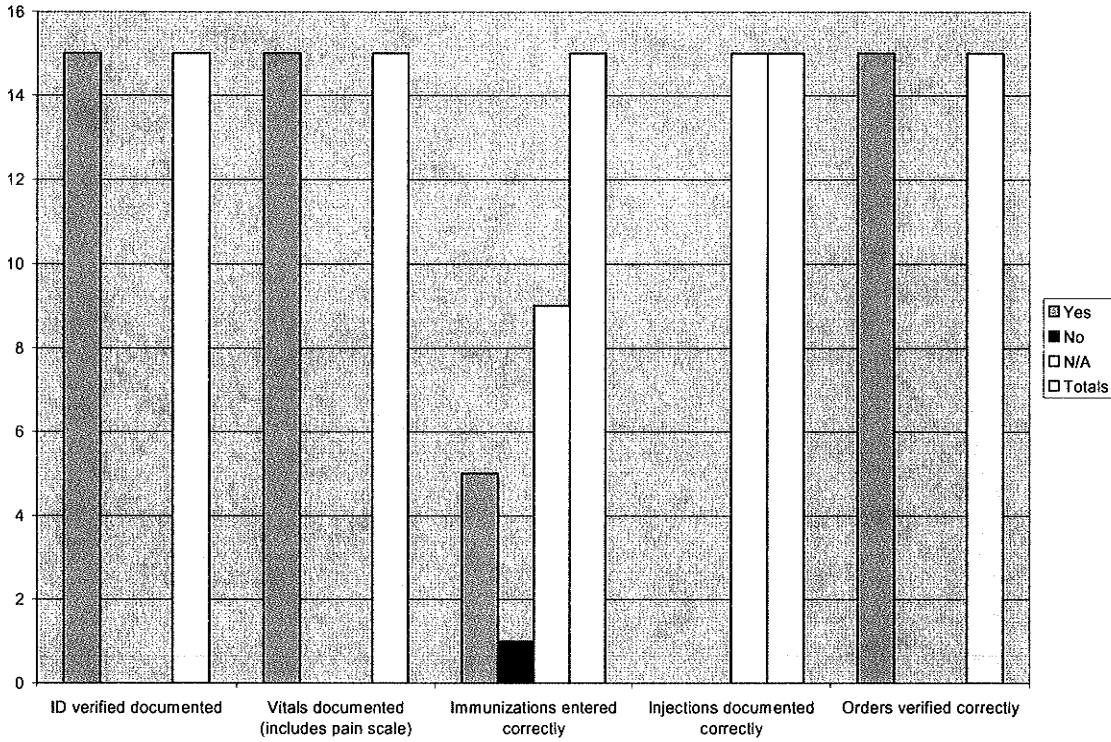
	Yes	No	N/A	Totals
Problem list reviewed at last visit	15	0	0	15
Medication list reviewed at last visit	15	0	0	15
Allergies reviewed at last visit	15	0	0	15
Health questionnaire reviewed	11	4	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID verification documented by provider	15	0	0	15





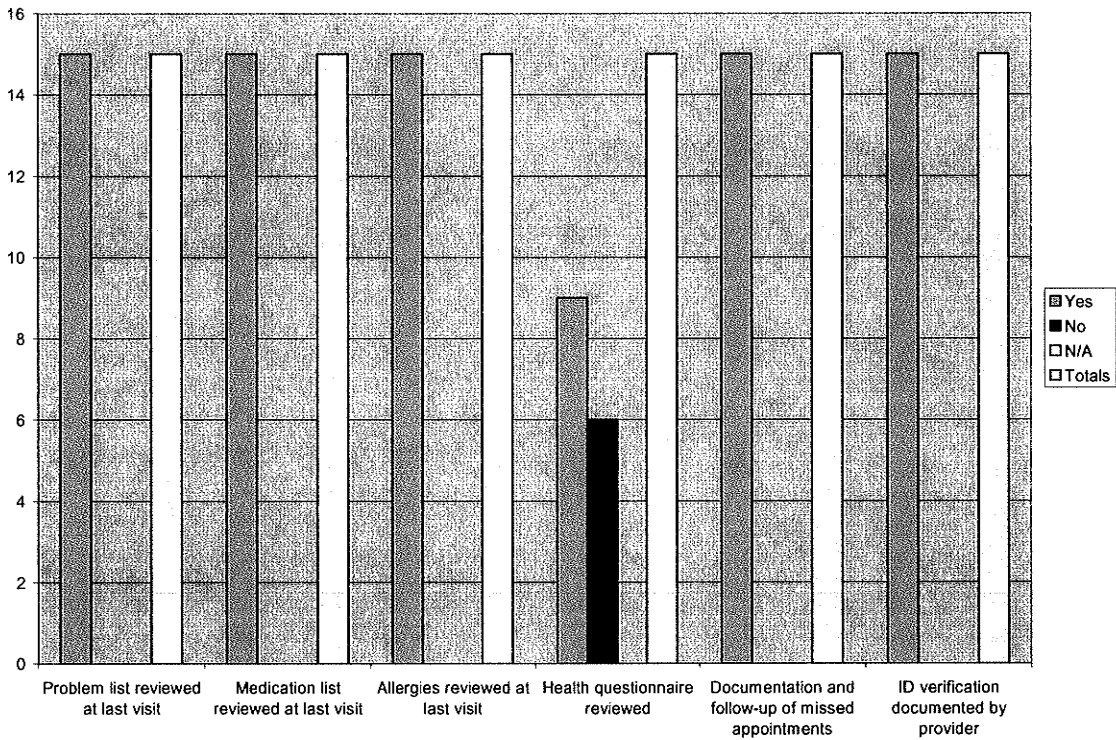
### Dr. Milton's LVN/MAs

	Yes	No	N/A	Totals
ID verified documented	15	0	0	15
Vitals documented (includes pain scale)	15	0	0	15
Immunizations entered correctly	5	1	9	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15



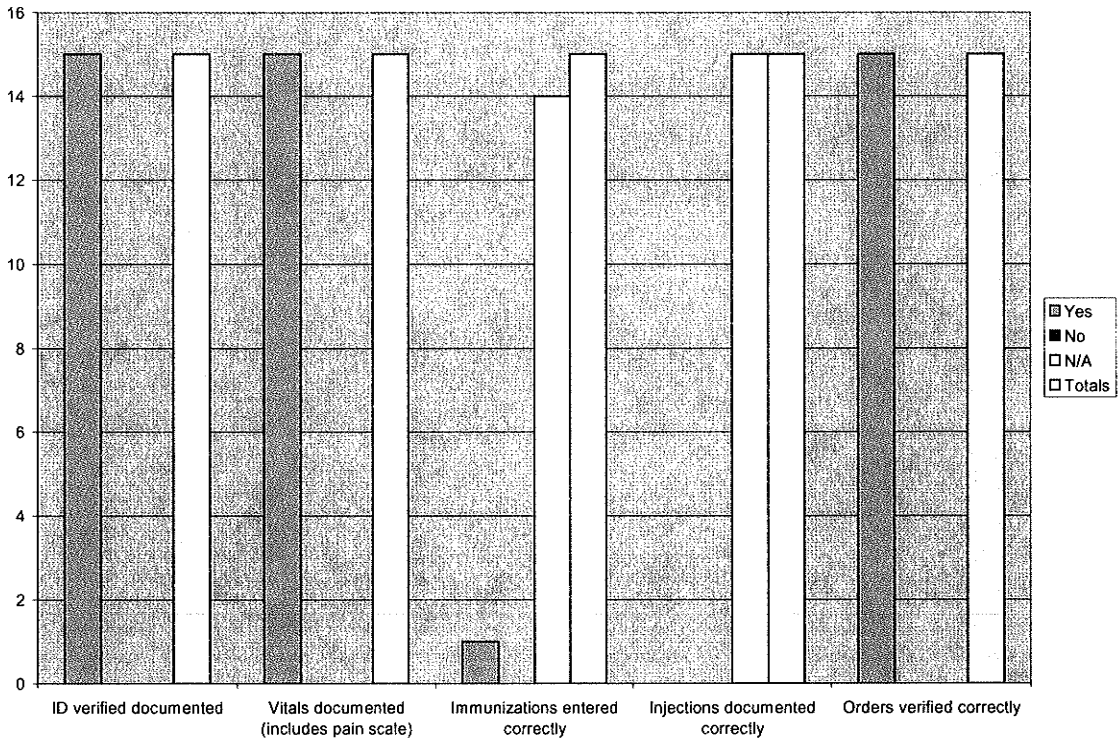
Dr. North

	Yes	No	N/A	Totals
Problem list reviewed at last visit	15	0	0	15
Medication list reviewed at last visit	15	0	0	15
Allergies reviewed at last visit	15	0	0	15
Health questionnaire reviewed	9	6	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID verification documented by provider	15	0	0	15



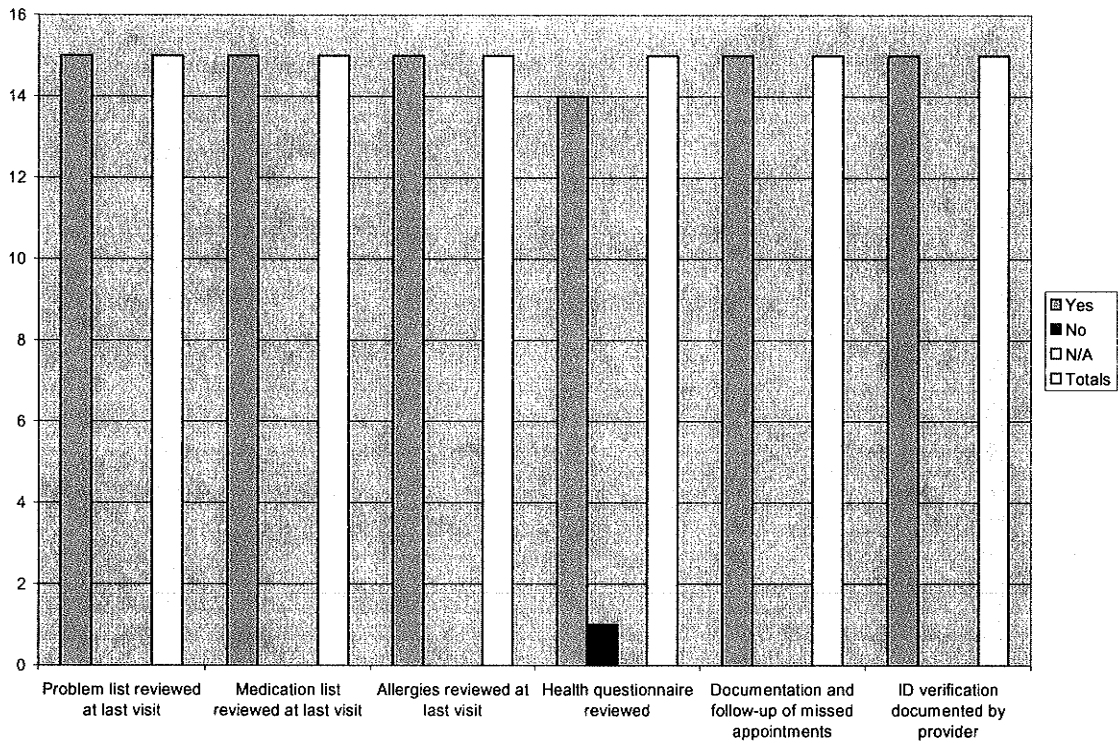
### Dr. North's LVN/MAs

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



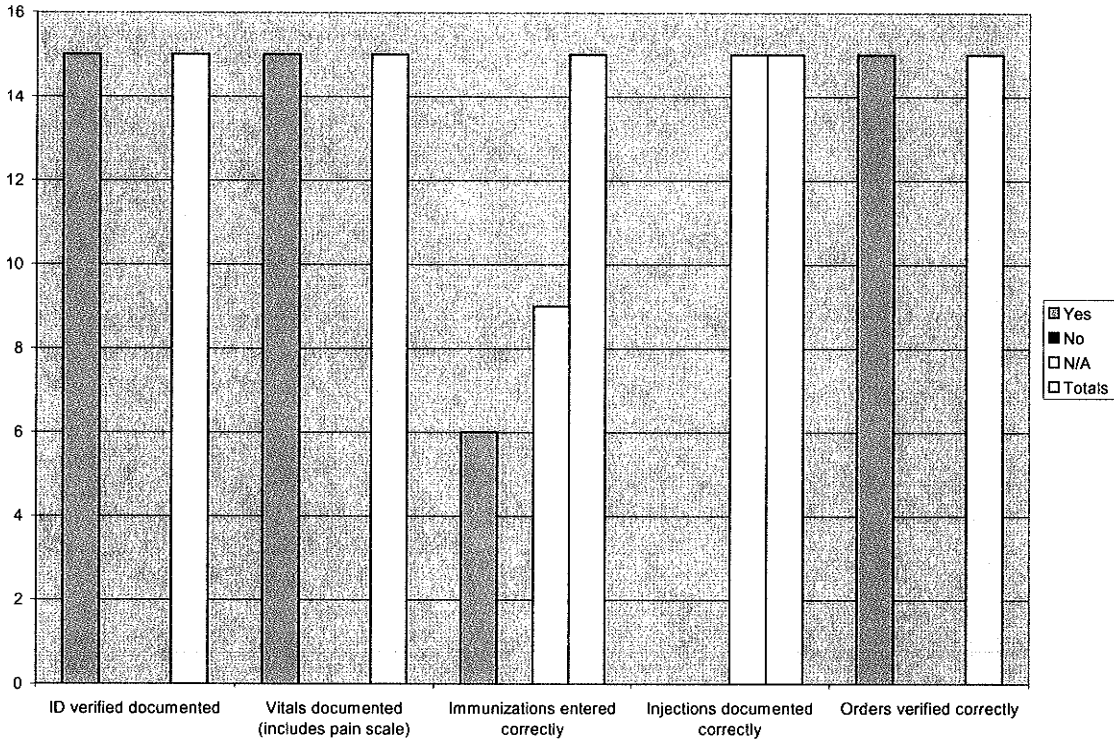
Dr. Hess

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



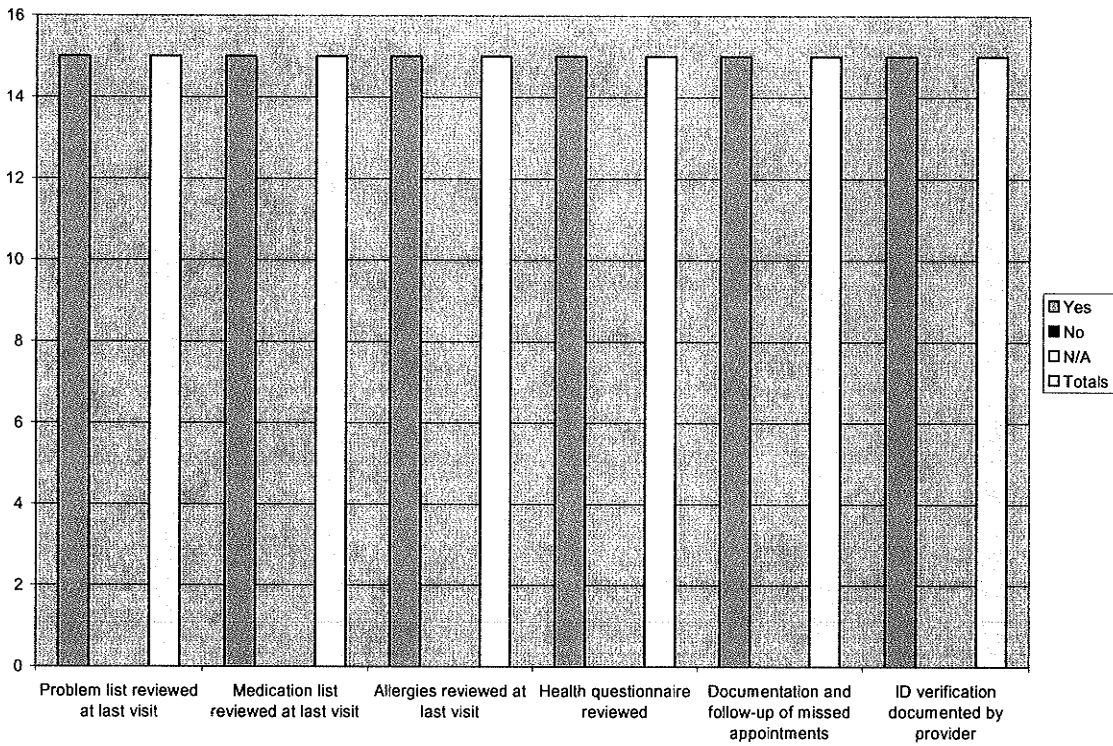
### Dr. Hess's LVN/MAs

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



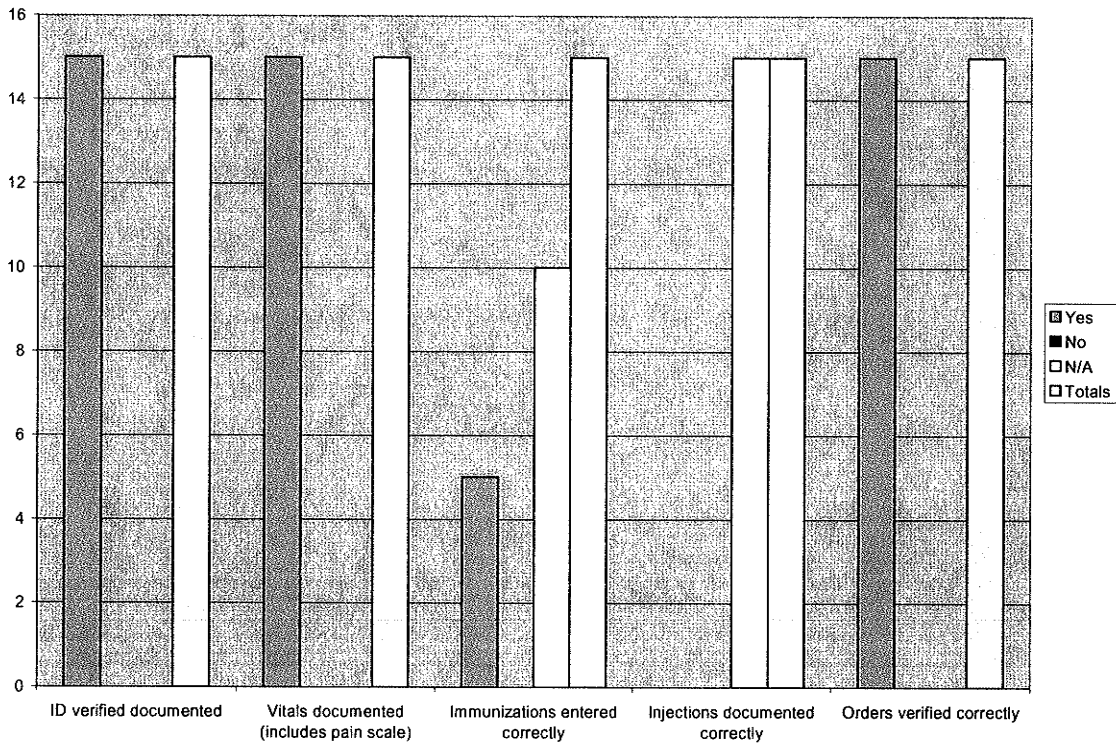
# Lisa Rugg

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



### Lisa Rugg's LVN/MAs

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



Performance Improvement Project  
Yreka Medical Clinic  
3<sup>rd</sup> Quarter CY2013

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

Rationale:

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

Measures Selected for Performance Improvement:

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

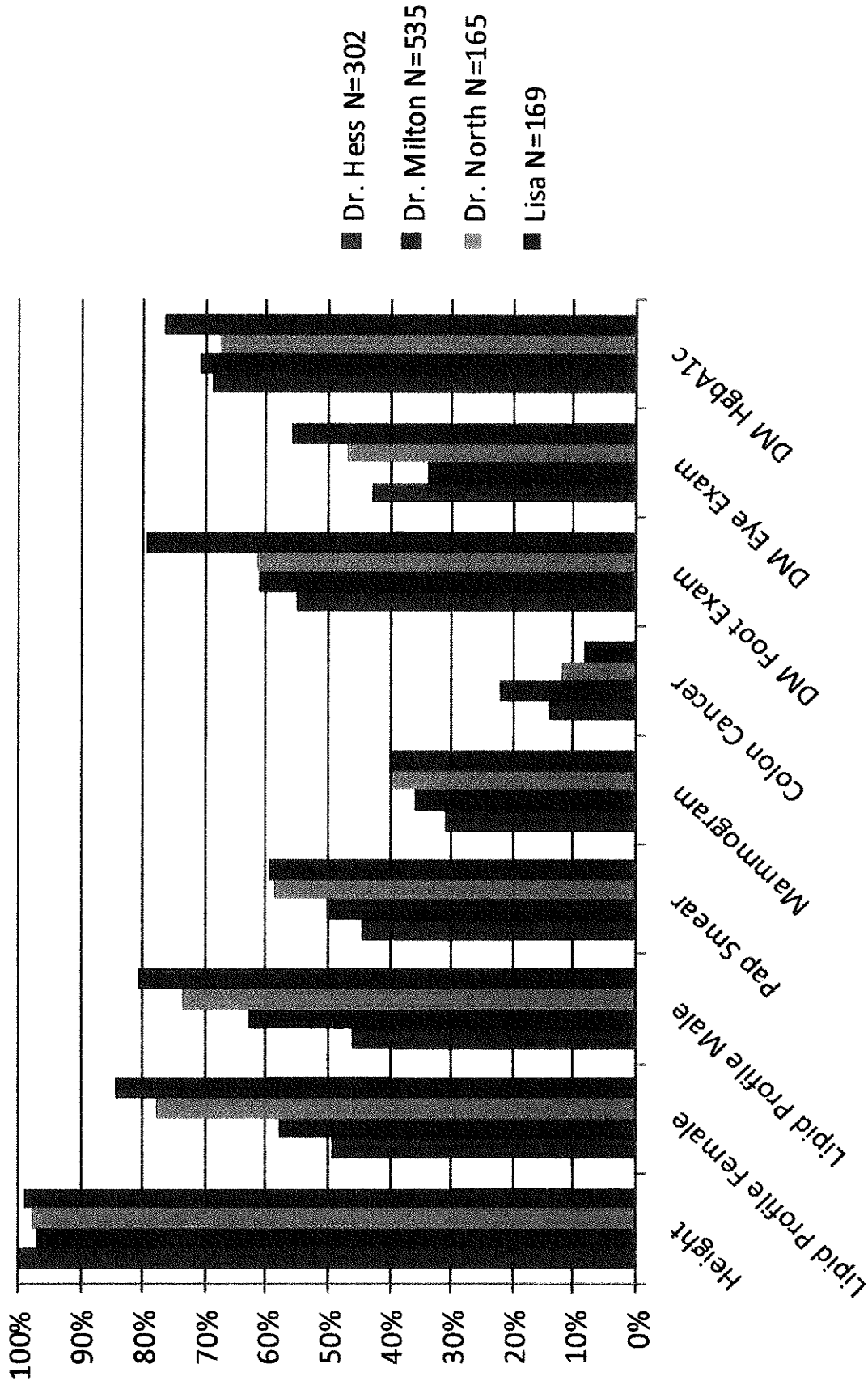
Measures selected were those which are related to the greatest health risk of our clients, and are current grant-related performance standards. The data was compiled by Amy Coapman regarding performance during the period 7/1/2013 through 9/30/2013. The chart on the following page presents performance-by-provider on the nine reminder types listed above. It presents the percentage of reminders that were resolved during applicable examinations for the period. The legend also includes the number of patients visits by that provider for which an reminder was present. With one exception Lisa's performance was superior, followed closely by Dr. North on most measures.

The charts on the next page present individual provider performance comparisons, from the first report period (2<sup>nd</sup> quarter FY2013) through this report period (4<sup>th</sup> quarter FY2013). Most providers' performance was equal to or better than the previous quarter on most measures.

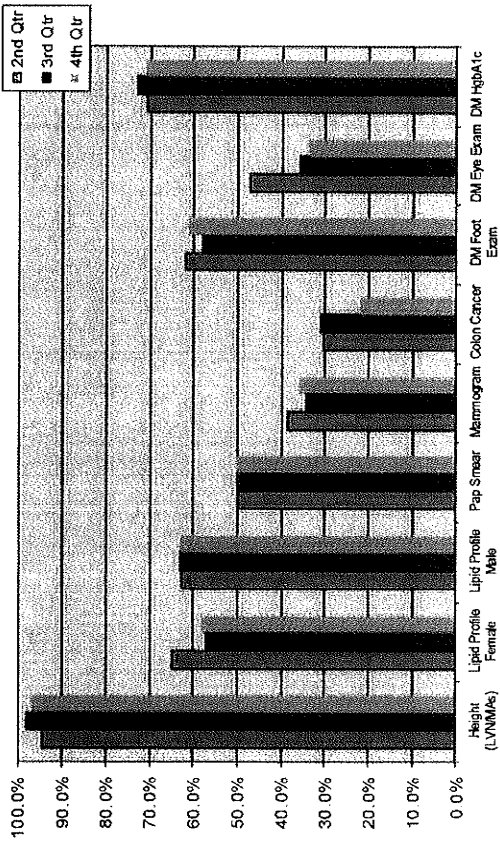
The charts on the last page present provider performance for all HHS providers for the period, and an estimation of the number of patients seen by each provider per hour during the period. These were included for two reasons: 1) Amy generated information for all HHS providers; and 2) to determine if there might be a relationship between the average amount of time spent with clients per visit and the completion of reminders. Dr. North, Lisa, and Chelsea generally have better performance than Dr. Milton or Dr. Hess; however, Drs. Milton and Hess see significantly more patients per hour than other providers. Fabian appears to be an outlier. This might indicate that time spent with a client is related to more complete patient documentation.



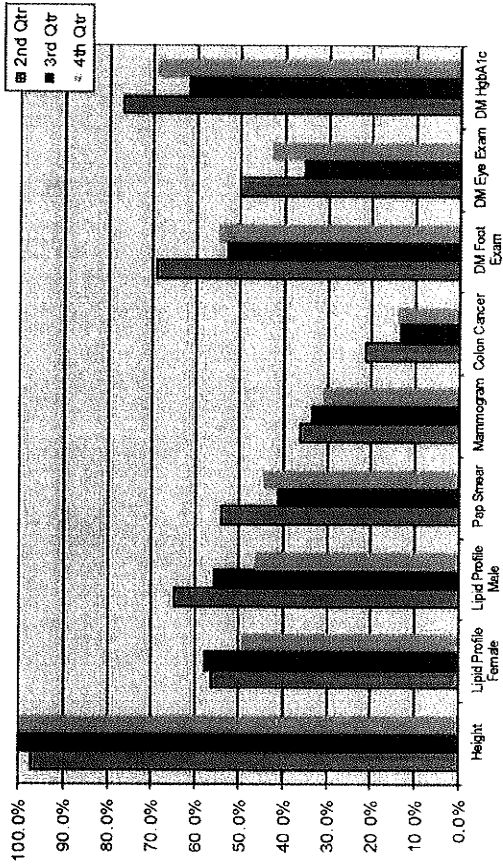
# Yreka Reminder Performance 7/1/2013 - 9/30/2013



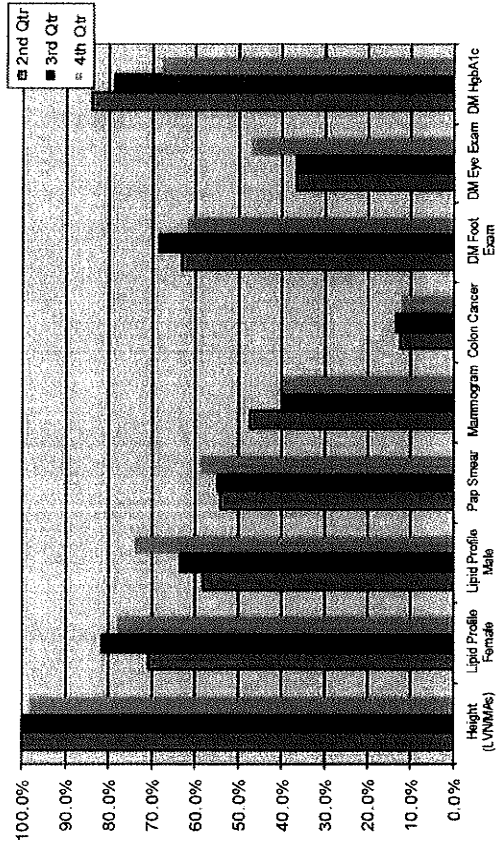
**Dr. Milton Reminder Performance - Quarterly Comparison**



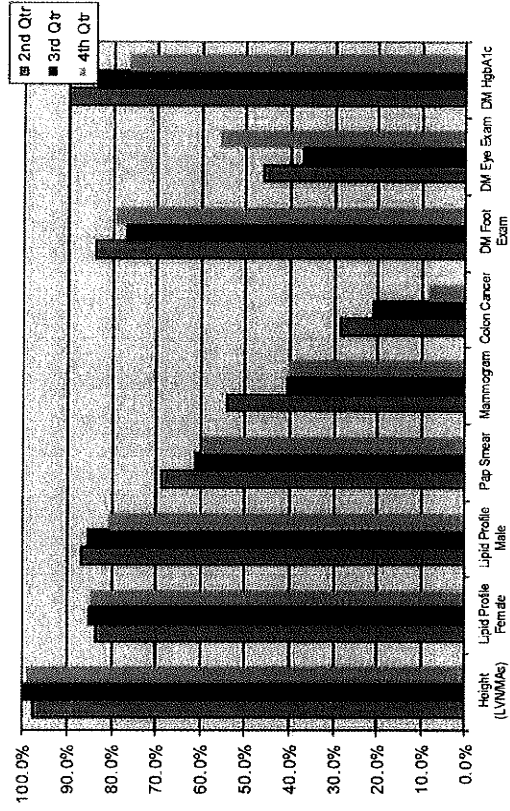
**Dr. Hess Reminder Performance - Quarterly Comparison**



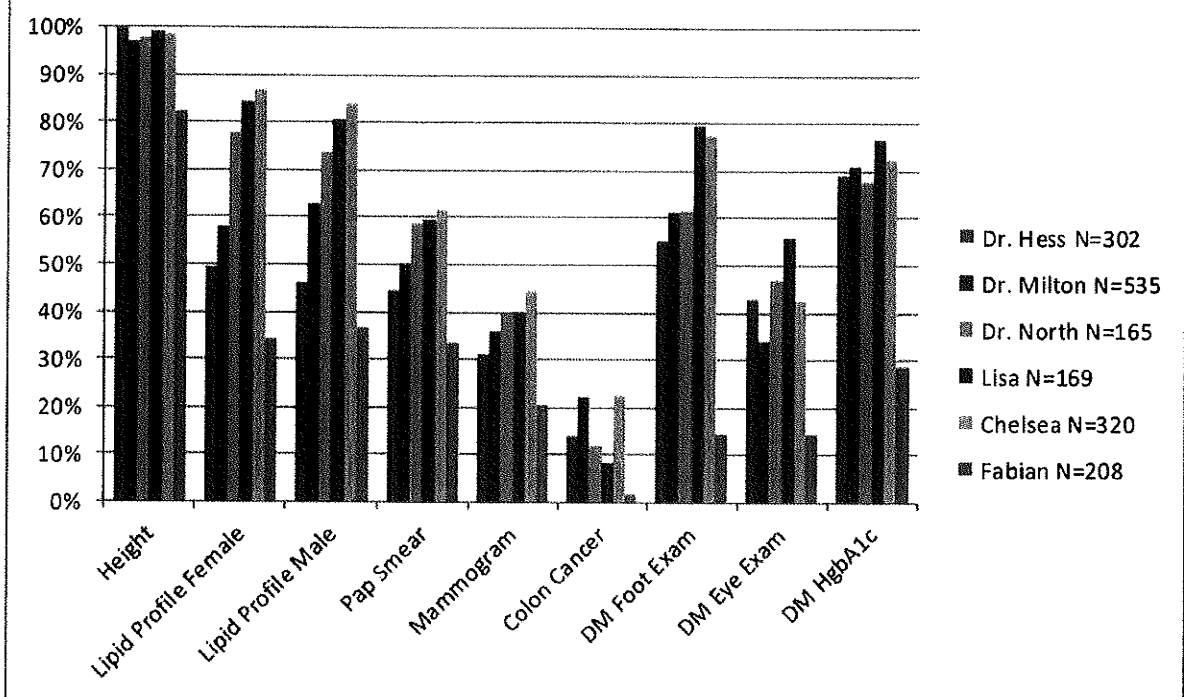
**Dr. North Reminder Performance - Quarterly Comparison**



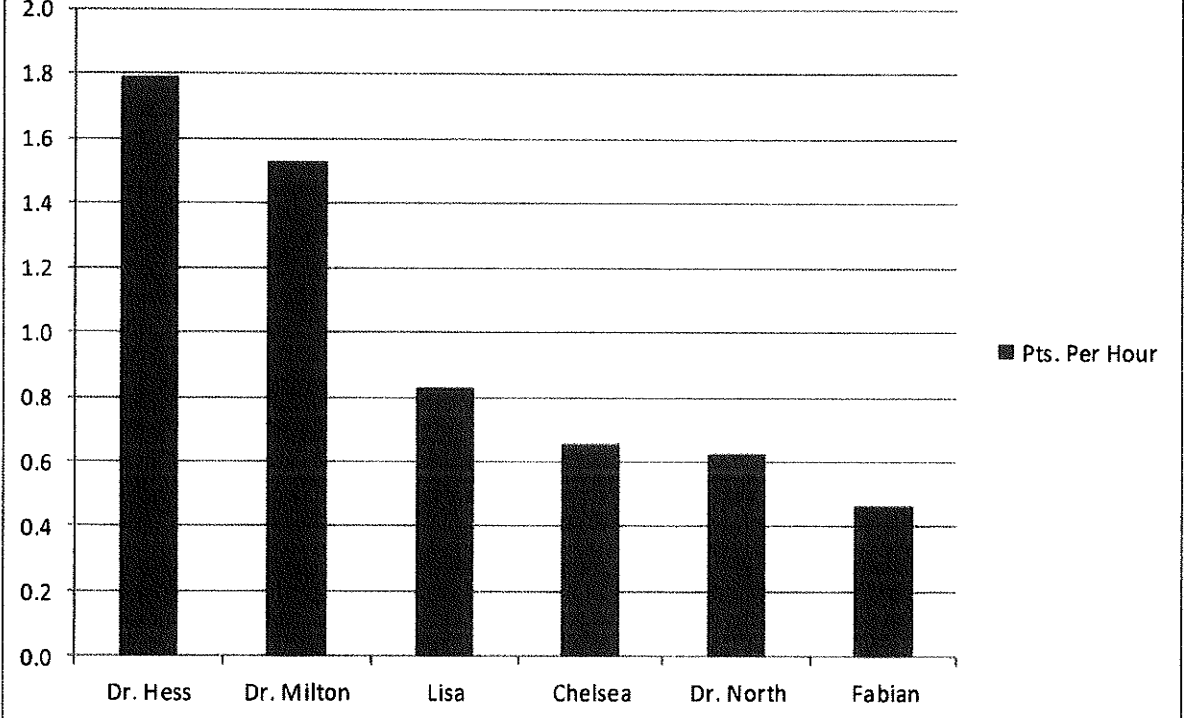
**Lisa Rugg Reminder Performance - Quarterly Comparison**



**Karuk HHS Reminders Performance  
7/1/2013 - 9/30/2013**



**Average Patients Seen  
7/1/2013 - 9/30/2013**



# **KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM**

November 6, 2013

Major Change to CQI Project

## **Pap Smear Rates: Will increase by 2% per year for women 24 to 64 years of age**

### **I. Purpose of Study**

The purpose of this performance improvement project is to increase by 2% (beginning August 2013) per year the number of women who receive a Pap smear once every three years or in the case of women age 30 to 64 years every five years if accompanied by an HPV test. This goal is a HRSA goal (for all women **ages 24 to 64**).

### **II. Identification of the Performance Goal**

The goal is to increase our UDS Cervical Cancer Screening results by 2% each year. Past data indicates that this may be possible. However, the 2013 Cervical Cancer Screening Measure has changed and so this year will be our baseline year.

Past Data: The UDS report for 2008 indicated that 36% (**41.5% in 2009, 45.2% in 2010, 53.2% in 2011, 48.6% in 2012 and 40.1% through November 4, 2013**) of our female population received a pap smear. The Karuk Tribal Health and Human Services (KTHHSP) program serviced 935 (**853 in 2009, 757 in 2010, 767 in 2011, 720 through November 4, 2013**) female patients between the ages of 24 and 64 in 2008. A Pap test can save a woman's life. Pap tests can find the earliest signs of cervical cancer. If caught early, the chance of curing cervical cancer is very high. Pap tests also can find infections and abnormal cervical cells that can turn into cancer cells. Treatment can prevent most cases of cervical cancer from developing.

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

### **III. Description of the Data**

The baseline data for this performance improvement project will be taken from the 2013 final UDS Report.

### **IV. Evidence of Data Collection**

We will not have a final number of female clients who received a Pap test until the end of 2013. The KTHHSP computer system has the capability of monitoring Pap test data. The program will use the UDS report data to track our Pap smear rates.

### **V. Data Analysis**

At this point we do not have our baseline UDS data. Further analysis will ensue over the next years.

### **VI. Comparison of Current Performance Against Performance Goal**

Patti White pulled an 11/4/13 UDS report. Our Pap rate was **40.1%**. We still have time to improve.

### **VII. Implementation of Corrective Actions to Resolve Identified Problem**

The following key steps will be instituted with the intended result that our Pap smear rates will increase by 2% per year

- Define when pap smears are due (i.e. every three years or every 5) and define parameters for providers.
- Identify women needing Paps. (**EHR reminders, lists, WH package**)
- Contact patients needing Paps by phone/letter to schedule appointment during Pap clinics.
- Update the list of women who have had hysterectomies.
- Send out letters explaining the importance of cancer screens and offering incentives to women who are compliant each year; small non-coercive incentives. Begin by December of 2013, sooner if possible.

### **VIII. Re-Measurement**

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

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

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

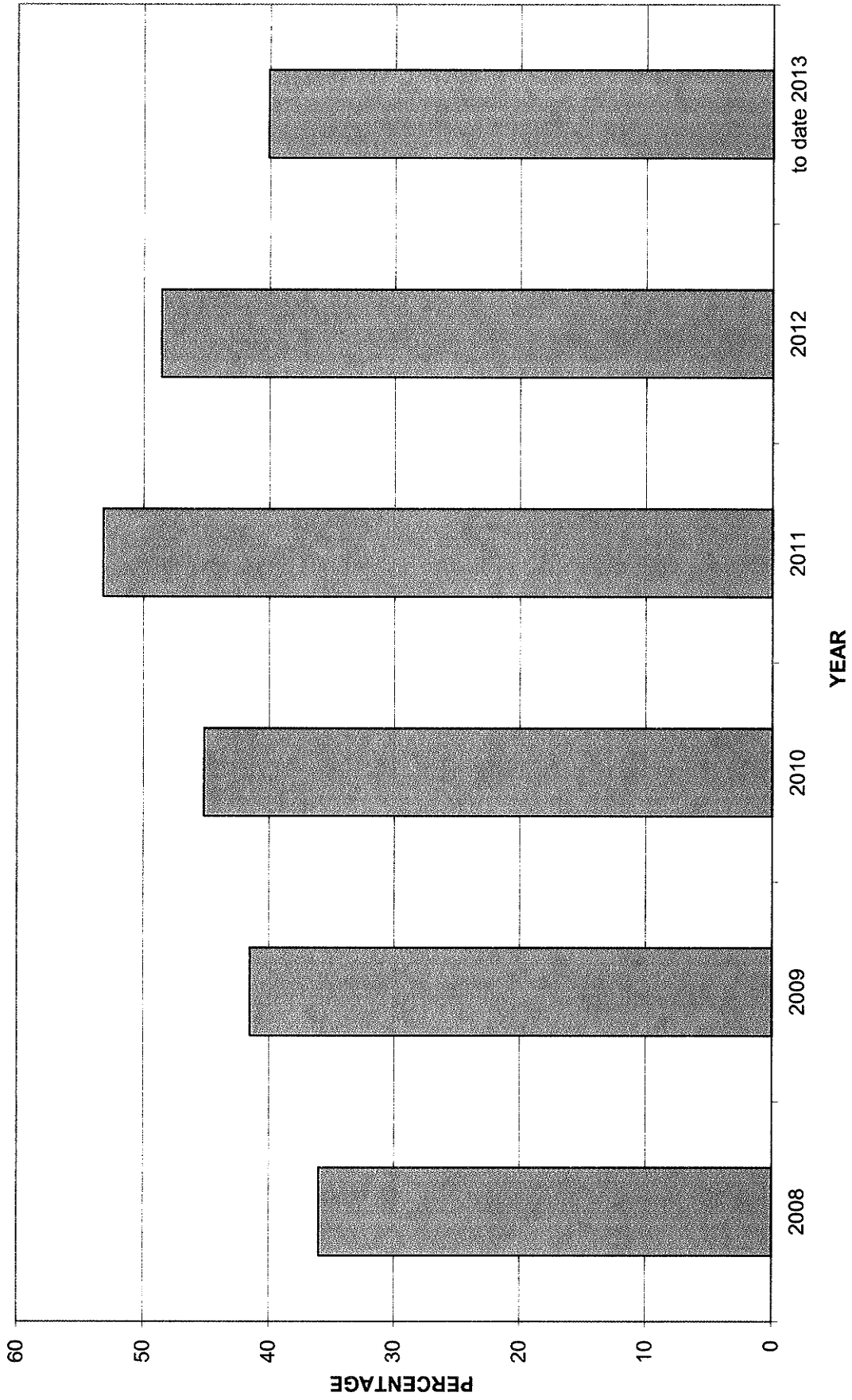
### **X. Communication to Governing Body**

All performance improvement projects are reported monthly to our ACQI Committee and to the Tribal Council.

Respectfully Submitted,

Vickie Simmons

UDS: KARUK PAP SMEAR RATES



KARUK TRIBAL HEALTH CLINIC  
HAPPY CAMP  
(CHARTS PULLED- July, August, September 2013)

**PURPOSE:**

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

**GOALS:**

Identify problems and finding ways make changes to improve them.

**DATA:**

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

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

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

**PROBLEMS:**

During this quarter there were several things I noticed that Heath Questionnaires (HQ) that I knew the patient did was not showing up. I looked more into it I noticed that there were two reasons this was not happening. The first one was that the HQ was being filed without a providers signatures. This showed us that the provider would not have seen it. The second reason was that when a temporary doctor signed they entered it into the visit and not its own tab. I took time to review the ones that I first marked missing and was able to find that they were done and made the correct changes.

In my last report I noticed that the doctors were not using the Note Titles correctly and I still see this as being an issue. However, it is now an issue that we can change since we now have a full time provider. Dr. Vasquez is very open to letting us show him what we need.

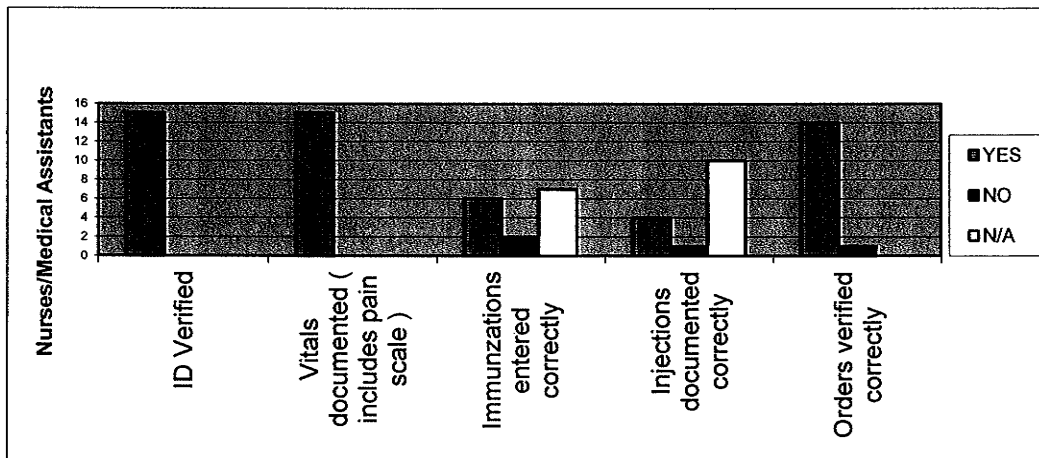
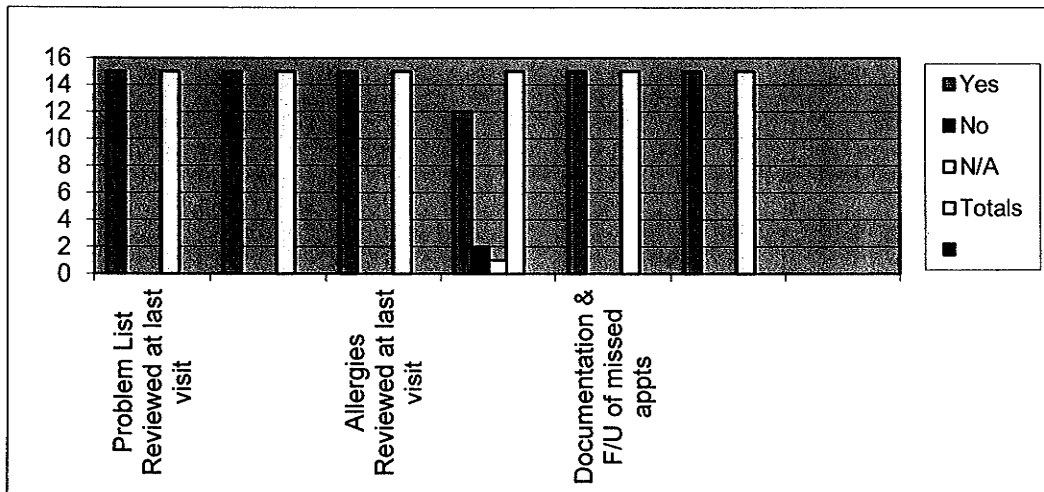
Carrie L Davis  
Medical Records Clerk  
~~August 13, 2013~~

**CHELSEA CHAMBERS PA**  
**Record**

	Yes	No	N/A	Totals
Problem List Reviewed at last visit	15	0	0	15
Medication List Reviewed at last visit	15	0	0	15
Allergies Reviewed at last visit	15	0	0	15
Health Questionnaire Reviewed	12	2	1	15
Documentation & F/U of missed appts	15	0	0	15
ID Verification documented by provider	15	0	0	15

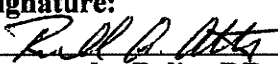

**Nurses/Medical Assistants**

	Yes	No	N/A	Totals
ID Verified documented	15	0	0	15
Vitals documented (includes pain scale)	15	0	0	15
Immunizations entered correctly	7	2	6	15
Injections documented correctly	7	2	6	15
Orders verified correctly	8	1	6	15





## Karuk Tribal Health and Human Services Policy Manual

<b>Policy Reference Code:</b>											
01 ()	02 ()	03 ()	04 ()	05 ()	06 ()	07 ()	08 ()	09 ()	10 ()	11 ()	12 ()
13 ()	14 (X)	15 ()	16 ()	17 ()	18 ()	19 ()	20 ()	21 ()	22 ()		
<b>Function:</b>				<b>Policy #:</b>				<b>Policy Title:</b>			
Dental				14-006-601				Dental Broken Appointment Policy			
<b>Tribal Chairman:</b>				<b>Dental Director:</b>				<b>Cross References:</b>			
Date: 04/12/2012				Date: 03/21/2012							
<b>Signature:</b> 				<b>Signature:</b> 							
<b>Supersedes Policy DD-04-005-008 dated 09/10/2009</b>											

**PURPOSE:** It is important to provide patients with the best possible services in a timely manner. The KTHHSP Dental appointment schedule may be filled far in advance. Broken appointments waste valuable time. This policy sets our procedural guidelines for dealing with broken/missed appointments or late cancelations.

**POLICY:** A patient will receive a broken appointment if:

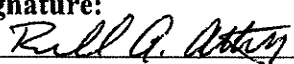
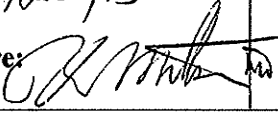
1. They do not appear for their appointment.
2. They are more than 10 minutes late and there is not enough time to do treatment.
3. Fails to give the clinic twenty-four notice when canceling an appointment.
  - a. Any patient who breaks two (2) Appointments within a six-month period will be seen on emergency basis only, for six months. After that six-month period, they can call the dental clinic and asked to schedule for routine care.

**PROCEDURES:**

1. The Dental Patients will be asked to review and acknowledge, by signing and dating the *Broken Appointment and Confirmation Consent Form* that they have read and understand the KTHHSP Dental Broken Appointment Policy.
2. The patient will be informed that they have a broken appointment.
  - a. The Dental Clinic Staff will complete their section of the Broken Appointment and Confirmation Consent Form, make a copy and mail the copy to the patient each time he/she has a broken appointment.
3. The Broken Appointment and Confirmation Consent Form will be updated annually and the original filed in the patient's dental record.

Reviewed and updated on 1/31/2012 by:  
Rick Schoen, DDS  
Donita Hill, RDH

**Karuk Health and Human Services Policy Manual**

<b>Policy Reference Code:</b> 01 (X) 02 () 03 () 04 () 13 () 14 () 15 () 16 ()	05 () 06 () 07 () 08 () 17 () 18 ()	09 () 10 () 11 () 12 ()
<b>Function:</b> Rights of Patients	<b>Policy #:</b> 01-001-000	<b>Policy Title:</b> Patient Rights and Responsibilities
<b>Tribal Chairman:</b>  Date: 3-1-13  Signature: 	<b>Medical Director:</b>  Date: 2/25/13  Signature: 	<b>Cross References:</b>  01-001-010 Advance Directive
<b>Supersedes policies dated 06/09/2011 &amp; 09/11/08</b>		

The Karuk Tribal Health and Human Services Program (KTHHSP) provides considerate and respectful health care services to Native Americans and other peoples living within its' service area (Siskiyou and Eastern Humboldt counties). These services are provided through equal access, and treatment, and consider the patient's personal values and beliefs. All patients shall receive services regardless of their age, sex, race, color, creed, or national origin, or their financial ability to pay.

Our patients have the right to be treated with consideration, respect, dignity, and recognition of individuality and privacy, regardless of condition or reputation. This includes freedom from mental, physical, sexual, and verbal abuse, neglect, and exploitation.

The patient has the right to confidential and private assessment and reassessment and treatment.

The patient has the right to confidential treatment of his/her medical record and to refuse release of those records to other agencies or providers.

Our patients, and when appropriate, family members have the right to be informed of and participate in care decisions regarding the patient's treatment plan or medical condition, which includes unanticipated outcomes. If the patient's treatment or diagnosis is not in the patient's best interest to know, the patient has the right to choose another person to act in his/her behalf. These persons may be family, friends or a guardian. When the patient is a minor, family or guardians are legally responsible except in accordance with appropriate laws.

The patient has a right to receive the following services (in accordance with available resources):

- Evaluation – diagnosis of the patient’s general health condition.
- Treatment - procedures to prevent, control or cure illness
- Referral - for additional required services unavailable at Karuk clinics, or when a conflict with our mission or philosophy arises.
- Pain Management – Our patient’s report of pain will be respected and acted upon appropriately and quickly. Your right to effective pain management includes referral to alternative treatments, and the development of an individualized pain management plan (see also patient responsibilities).

For your convenience, we have placed our provisions for after-hours and emergency care on the back outside cover of the Patient Handbook. If you are having a true emergency (life threatening) please **call 911 immediately**.

Fees for service and our payment policies are available upon request. Your fees may be adjusted to our sliding fee scale with proof of income.

In accordance with law and regulation, the patient has the right to refuse treatment and to refuse treatment in experimental research, (not presently conducted at KTHHSP), or to allow trainees to participate as a learning experience. In addition, the patient has the right to be informed of the risk involved in discontinuing treatment against medical advice.

The patient has the right to informed consent. Informed consent means that:

- You are able to understand the nature, extent and likely consequence of planned treatments;
- You are able to make sensible decisions about the risks and benefits of alternate procedures; and
- You are able to demonstrate that you understand by using any method of communication.

The patient or their representative has the right to know the name and credentials of his/her providers responsible for his/her care.

Elder or other patients who have trouble understanding, hearing, communicating, or if they speak a different language have the right to have a representative act in their behalf or have the information translated or explained.

The patient has the right to name someone to make decisions about his/her medical treatment for when the patient is unable to make those decisions. This is called an “Advanced Directive”, and is a document that states your choice about medical treatment. Advance Directives are signed in advance (before you become unable to communicate) to let your doctor or other health care providers know your requests concerning your medical care. They enable you to make legally valid decisions about your future medical care and treatment.

If you are concerned about your future health care, our staff can help you prepare a Durable Power of Attorney for Health Care (advanced directive). Please contact a clinic receptionist or tell your physician you want to create an advanced directive. They will refer you to a staff member who can help you. For more information, Contact the Tribe's local Community Health Representative (CHR), or Elders Worker.

The patient has the right to know that all clinic staff are required to report all cases of suspected or known abuse and neglect, whether it be child or elder, as mandated by law.

The patient has a right to change medical, dental, or behavioral health providers when a conflict in care develops and other qualified providers are available.

The patient has the right to know that the suggestion box placed in the lobby is for the submission of their suggestions.

### **Complaints:**

The patient has the right to make a complaint about health services. When a complaint is made:

- a. The staff of the Karuk Tribal clinics first will attempt to resolve the complaint. If this initial effort is not successful, a patient may submit a formal written complaint.
- b. A patient, parent (s), or guardian (s) has the right to request review of their complaint by completing a Patient Complaint Form.
- c. The complaint will be submitted to the Deputy Director for review, investigation, and response.

The procedures for making a complaint are:

1. Complaints must be in writing and submitted to:

The Deputy Director  
Karuk Tribal Health and Human Services Program  
P. O. Box 1016  
Happy Camp, CA 96039

2. You may use the Patient Complaint Form available at each clinic as your written complaint.
3. Investigation of the complaint will begin within three working days after receipt.
4. Within five working days, the patient will receive notification by letter or telephone that their complaint is under investigation.
5. The Deputy Director will have 15 working days to resolve the complaint or to make a recommendation to the Karuk Tribal Health Board.

6. The patient may submit their complaint to the Karuk Tribal Health Board only after receiving an unsatisfactory response from the Deputy Director. Call the Tribal Administration Office at 530-493-1600 and ask to be placed on the agenda for a Tribal Health Board meeting.

### **Patient Responsibilities**

1. **Appointments:**

Patients are responsible for keeping their appointments at the scheduled time, and for notifying the clinic 24 hours in advance, if unable to keep an appointment.

The patient is responsible for checking in with the receptionist before being seated in the lobby, and providing truthful and accurate information regarding their medical history, current problem, complaint, medication, advanced directive, billing, and personal information or identification.

If the patient does not understand his/her medical or dental condition or treatment plan, it is the patient's responsibility to ask questions until satisfaction is achieved.

2. **Care Instructions:**

The patient is responsible for following his/her individualized treatment plan, whether he/she is being treated at the medical or dental clinic or at home, and to take medications as directed by his/her provider.

If the patient does not understand his/her medical or dental condition or treatment plan, it is the patient's responsibility to ask questions until satisfaction is achieved.

The patient understands it is his/her responsibility to find a responsible adult to transport patient home when indicated by his/her provider, and remain with the patient for 24 hours if necessary.

3. **Pain Management:**

It is the patient's responsibility to help the provider assess your pain, and to tell your provider when your pain is not relieved. It is the patient's responsibility to participate in alternative therapies as pain relief options, and to follow your individualized Pain Management Plan, which may include a Pain Management Contract for Opioid treatment.

It is the patient's responsibility to discuss with your provider any worries you have regarding your pain, complications, or treatments. If you do not understand your condition, treatment or plan, it is your responsibility to ask questions.

It is the patient's responsibility to comply with your provider's instructions and/or pain contract. It is the patient's responsibility to understand non-compliance will not be permitted in regards to treatment with controlled substances.

#### 4. Dental Complications:

It is the patient's responsibility to notify his/her dental provider whenever dental problems exist, and to follow scheduled emergency hours listed in the patient handbook. It is the patient's responsibility to wait to be seen between scheduled visits when he/she appears for an emergency and is instructed that he/she needs to be seen.

It is the patient's responsibility to follow instructions or treatment plan, whenever medical conditions require evaluation or treatment prior to receiving dental services.

Dental patients are responsible for keeping teeth clean by brushing and flossing daily or as instructed.

#### 5. Patient Conduct:

It is the patient's responsibility to wait in the clinic waiting area until called. While waiting, it's the patient's responsibility to be courteous, kind, and considerate to other patients waiting to be seen.

It is the patient's responsibility to control their children and keep them quiet, and while parent or surrogate is being treated to seek care for the children prior to his/her visit. It is a parent's responsibility to understand that staffs are unable to watch children during clinic hours.

It is the patient's responsibility to conduct them selves in an orderly manner, and to understand that voiced or physical hostility will not be tolerated under any circumstances.

It is the patient's responsibility to be respectful and considerate to all staff members.

It is the patient's responsibility to understand that disruptive behavior will be cause for refusal of services. Services may be continued, at a later time, if proper behavior has been established.

Plumas County HIV/AIDS Project  
3<sup>rd</sup> Quarter CY 2013

For the 2<sup>nd</sup> quarter reporting period (7/1/13-9/30/13) the Karuk Medical Clinic had 16 active patients, 4 females, 11 males, and one transgender patient. One male was lost to care despite repeated attempts to contact him via several means. One former patient is considering returning for care. All but one of our patients is currently taking highly active anti-retroviral medications. Compliance is generally excellent, as evidenced by normal CD4 counts and low HIV viral load. During the reporting period, seven patients were seen at least once in the HIV clinic by Dr. Miles and the HIV team.

Findings

Osteoporosis Screening: 13 patients have been screened for Vitamin D levels, with 9 patients having been found deficient and have begun treatment. Five patients have had DEXA scans ordered for osteoporosis screening.

PCV 13 Vaccinations: Thirteen patients have received their expanded pneumonia protection with the PCV 13 vaccine recommended by the CDC. Of the remaining three patients, one has refused, and two are not yet eligible for the vaccine, which cannot be administered until one year from the date of their Pneumovax vaccination.

Quality Improvement Measure Performance

