KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, February 13, 2014 **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 *(January 9, 2014)*

F) GUESTS *(Ten Minutes Each)*

1.

H) OLD BUSINESS *(Five Minutes Each)*

1.

I) DIRECTOR REPORTS *(Ten Minutes Each)*

1. April Attebury, Children and Family Services (written report)
2. Annie Smith, Director of Community Services (written report)
3. Eric Cutright, IT Director (written report)
4. Lessie Aubrey, Executive Director of Health & Human Services (written report)
5. Patricia White, RPMS Site Manager (written report)
6. 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. Rondi Johnson
3. Laura Mayton
4. Barbara Snider
5. Tribal Council Members

N) SET DATE FOR NEXT MEETING ***(Thursday, March 13, 2014** at 3 PM in Happy Camp)*

OO) ADJOURN

Karuk Tribe – Health Board Meeting
January 9, 2014 – Meeting Minutes

Meeting called to order at 3:04pm by Russell "Buster" Attebery, Chairman

Present:
Russell "Buster" Attebery, Chairman
Joseph "Jody" Waddell, Secretary / Treasurer
Crispen McAllister, Member at Large
Josh Saxon, Member at Large
Alvis "Bud" Johnson, Member at Large
Arch Super, Member at Large
Elsa Goodwin, Member at Large
Amos Tripp, Member at Large

Absent:
Michael Thom, Vice-Chairman (sick - excused)

Crispen completed a prayer for the group and Buster read the mission statement for the group.

Agenda:
Crispen McAllister moved and Bud Johnson seconded to approve the agenda with changes, 7 haa, 0 puuhara, 0 pupitihara.

Minutes:
Elsa Goodwin moved and Amos Tripp seconded to approve the minutes of December 5, 2013, 6 haa, 0 puuhara, 1 pupitihara (Arch Super).

Guests:

1.) **Lisa Hillman, Food Security Coordinator:**

Not present.

2.) Dr. Vasquez, Medical Director:
Dr. Vasquez noted that he would like to send Chelsea Chambers to Denver CO, March 1-March 3, 2014. She is required to carry her CME training and this will meet those requirements.

Arch Super moved and Josh Saxon seconded to approve out of state travel for Chelsea Chambers to Denver CO, March 1-3, 2013, 7 haa, 0 puuhara, 0 pupitihara.

Dr. Vasquez stated for the record that the staff is working well and that they are doing a very good job.

Director Reports:

1.) **April Attebury, Children and Family Services:**
April is present to provide her report. She has no action items. The report was not turned in and did not make the deadline for submission.

Arch Super moved and Jody Waddell seconded to table April's report to the Planning Meeting, 7 haa, 0 puuhara, 0 pupitihara.

2.) **Annie Smith, Community Outreach:**

Annie is not present, no report provided.

3.) Eric Cutright, IT Director:

Eric noted that he was ill last week and did not get his report turned in on time. He is present to provide his report. He has three action items for review that can wait until Thursday's planning meeting. The sooner the action items are presented then the sooner the project can move forward.

Amos Tripp moved and Jody Waddell seconded to table the IT Directors report to the Planning Meeting, 7 haa, 0 puuhara, 0 pupitihara.

4.) Lessie Aubrey, EDHHS:

Lessie is present to review her report. She has action items that she provided to the Health Board. Lessie provided addendum (1) to 13-C-015 with Dr. Hess. The extended contract will be to cover services for the month of January because the previous one expired in December.

Arch Super moved and Jody Waddell seconded to approve addendum (1) to contract 13-C015, 7 haa, 0 puuhara, 0 pupitihara.

Lessie then noted that there are diabetic supplies that can be provided under an agreement with Opus supplies to purchase diabetic supplies. This will be tabled until its reviewed because the Council was unsure why an agreement needed to be entered into, and it was not reviewed internally.

Amos Tripp moved and Jody Waddell seconded to table the agreement 14-A-020 to the planning meeting, 7 haa, 0 puuhara, 0 pupitihara.

Lessie noted that that concludes her open session items.

Elsa Goodwin moved and Amos Tripp seconded to approve Lessie's report, 7 haa, 0 puuhara, 0 pupitihara.

5.) Patti White, Database Administrator:

Patti is present to review her report. She was on vacation but did submit her report prior to going on vacation. The security risk analysis was received and there were approximately 31 items that must be done to ensure security compliance. Items such as cabling, fire suppression, alarms, and screen privacy will be done to address the issues of the security report.

Josh inquired what the categories are. He asked about the telemedicine increase. Patti noted that it could have been discussions on the phone or telemedicine visits. Josh asked about feedback on the telemedicine process and how it is working for patients. Both Amy Coapman and Melinda Bennett said that it has been working well. Three different providers will be onsite one day a week. Dr. Colas' start date is February 17th. Amos noted that on the uniformed data system training report; inquiring what the insurance types are by zip code. Amos would like to request a 5-10 minute overview on the Affordable Care Act and how that works for the Tribe. He would like to have that kind of report provided so that the Council is aware of the impacts to the Native American patients.

Lessie noted that it is starting to be a mess. The enrollment staff was certified and one of those staff members is saying they won't be reimbursed for services. Amos noted that the mix of clients and the CHS coverage means that the patients need to be identified and how they may be

affected. Patti is working on a letter that is in regards Descendants which will be required to submit with their verification to get excused from fines. Amos noted that he is receiving inquiries and would like to request a report.

Elsa Goodwin moved and Crispen McAllister seconded to approve Patti's report, 7 haa, 0 puuhara, 0 pupitihara.

6.) Laura Mayton, CFO:
Laura noted that she is present to review her report that is required for the HRSA funding. In the first three months there was 1.6 million dollars spent. HRSA wants the health Board to be informed and to make decisions. Laura would like to change the reporting to become more beneficial and helpful for the Tribal Council to be more informed. Josh asked for the report in cartoon format. Amos asked for a fourth Colum to include percentage, which will include the percentage of the total spent based on fiscal year. He would like to see the expenditures spent by percentages. Josh would like to know what the categories are, such as personnel, supplies, or what is included into one category. He would like subtotals and separated into "like groups". Josh would like to see the budgets for the last five years and to determine if it is shrinking or growing. Laura commented that the health program is consistent. This year, the health program budgeted for sequestration but that is still unknown. To keep a reserve means to keep the staff stable. The Tribe as a whole is 80% grant funded. Josh asked how to be less dependent on grant funding. Laura noted that that is a long and complicated question. The first priority is to serve the Native American patients. Amos would also like to include a couple years of the funding to determine the difference in funding year to year. Laura noted that the health program has been consistent for 10 years. Lessie commented that the Managed Care under the State of California is a new mandate that is still unknown impacts. She stated that in 2014 everyone is going to have health insurance. The Health Program will now be able to receive billing where they didn't before. Josh asked about capacity in Yreka. Laura noted that there are access issues at the clinic. HRSA requires marketing but it doesn't make sense to expand the Yreka area if they cannot see patients now. Lessie tried to expand the health facility but TANF bought it and Children and Family Services now accesses that building.

For the future, Buster inquired about expansion and what the health staff is working on toward that. Laura noted that the Council should be involved with the strategic plan for the health program. Amos would like to understand the billing and accounts receivable. He noted that having providers that are willing to come would be important. Amos would like everything to be worked out, provider retention, billing, and location as well. He would like to tighten the system on referrals and how to refer to specialty services. A good system is in place but a lot of inefficiencies seem to be happening, although that is typical for business.

Elsa Goodwin moved and Jody Waddell seconded to approve Laura's report, 7 haa, 0 puuhara, 0 pupitihara.

7.) Rondi Johnson, Deputy Director:
Rondi is present to seek approval of an action item. It is a MA who would like to do an externship with the Karuk Tribe. The intern is Annette Edson and she will work with Dr. Milton and Don Banhart under agreement 14-A-022. This would provide services to the Yreka Clinic.

Amos Tripp moved and Arch Super seconded to approve agreement 14-A-022, 7 haa, 0 puuhara, 0 pupitihara.

The ACQI Committee meeting minutes are not done but they would normally be available monthly. The Council asked about Council attendance about at the ACQI Committee. Barbara noted that the health program sets out there meetings once a year and not through outlook, which the Council uses. Lessie stated that the schedule isn't up to date. Josh asked if there was a strategic planning committee. Lessie needs additional meetings for support staff. Josh recommends sitting down and do some assessment and planning. There definitely needs to be some vision toward the future as well.

Crispen McAllister moved and Bud Johnson seconded to approve Rondi's report, 7 haa, 0 puuhara, 0 pupitihara.

Closed Session:
Arch Super moved and Amos Tripp seconded to pay $2,000 for CHS Case #256, 7 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Crispen McAllister seconded to authorize 5 days of treatment at $425 for counselors (AB) patient, 7 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Jody Waddell seconded to authorize paying up to $5,000 for moving expenses, 6 haa, 0 puuhara, 1 pupitihara (Elsa Goodwin). Will be paid on receipts.

Next Meeting Date: February 13, 2014 at 3pm in Happy Camp, CA.

Crispen McAllister moved and Jody Waddell seconded to adjourn the health meeting at 6:03pm, 7 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

____
Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider

Action Items:

1. Letter of Intent to participate in the CCRPB-IHC Program

CURRENT PROGRAMS

- Karuk Child Welfare Services Program (KCWSP) (IVB;IVE;BIA)
- Karuk Mental Health (Clinical Social Work) Services (BIA/HRSA/Billing)
- Karuk Substance Abuse Program (KSAP) (Calworks;BIA;HRSA/Fees)
  Karuk Tribe Domestic Violence Program (KTDVP)
  Karuk Driving Under the Influence Program (KTDUIP)

DIRECTOR SUMMARY

The Department continues to work on expansion of services while improving upon our delivery of services. This past month we began orientation for a new LCSW and for a new Child Welfare Services Program Social Worker. The two positions are part-time and will provide much needed Mental Health and Child Welfare Services in the Orleans/Happy Camp communities. The Department continues to have an intern from Humboldt State University working under the Supervision of Patricia Hobbs, LCSW. In January we began the process of orientation for the intern for Orleans placed by Humboldt State University's Master's Program.

I am pleased to announce that Shannon Clymer, MSW, ASW received her certificate of completion for Phase I core training on January 16, 2014 from the UC Davis Northern California Training Academy. Job Well done!

Interim-Director CFS Schedule
Mondays of each week 8:00-10:00 Yreka Office/Check in with staff and meet with Patricia Hobbs, Clinical Supervisor.
Tuesdays and Thursdays ***usually*** finds me scheduled to be in Happy Camp and or Orleans. The exception would be if a Council Meeting was scheduled to be in Yreka then I would remain in Yreka on that Thursday.
The second Tuesday of each month is set aside to attend the Yav Pa Anav Meeting 12:00-2:00 and the Child and Family Services Staff Meetings from 2:00 p.m.-3:30 p.m.
Third Tuesday of each month 11:00-1:00 the ICW Committee Meetings are normally held in Happy Camp.

Health Board Meetings (CFS Department) are held at 3 PM each month (the second Thursday) at the Old Headway Building, Happy Camp.

MENTAL HEALTH PROGRAM MONTHLY SUMMARY

The Mental Health department was successful in coordinating our first Psychiatric Clinic with Native American Mental Health for the provision of services to our patients in need. The effort was a coordinated effort involving our medical staff, Child and Family Service, Information Technology staff Health Program administrative staff and the office of Native American Mental Health. We have received fourteen referrals for adults and children and are pleased that we can provide this service to these patients without the lengthy delays involved in scheduling with the Siskiyou County Behavioral Health Department or private psychiatrists in communities outside our service area. Individuals in our Happy Camp and Orleans area were able to be scheduled via telehealth which meant that they did not have to travel for hours to obtain services. In addition, individuals residing near our Yreka clinic were seen face to face at the Child and Family Services program office.

SUBSTANCE ABUSE PROGRAM MONTHLY SUMMARY

In the past month we have hired a new alcohol and drug counselor and put him in charge of the Driving under the Influence Program. Also, we discontinued the group in Fort Jones because there were not enough people attending, which made it difficult to have a sufficient group process. The Fort Jones and Yreka groups have been merged and the results have been very positive. The clients are able to provide feedback to each other and come up with solutions on how to deal with issues around driving under the influence. We implemented burning sage or root before we start the Batterers Intervention Group and it seems to be helping the client be more focused during group.

ATTACHMENTS

1. Department Meetings Agenda's and Notes
2. Monthly Activity Report for Chemical Dependency or A/SA Program
3. Monthly Activity Report for Mental Health Program
4. Monthly Activity Report for Child Welfare Services Program
5. Financial Report
6. Informational Items/NONE

Child and Family Services

Staff Meeting
January 14, 2014, 2:00 PM
Agenda
Log Building Group Room

Present:

Absent:

Call to Order
Set Agenda
Minutes of December 10, 2013

Staff Schedules & Activities Update: January 13 to February 7, 2014

Old Business:

1. Storage unit and file cabinets
2. Supplies order
3. Web Site updating
4. Security System and safety plan for staff update
5. New behavioral health services

New Business:

1. Confidentiality and ROI's
2. Staffing changes and additions
3.
4.

Next Meeting Date February 11, 2013

Adjourn

Child and Family Services
Staff Meeting
December 10, 2013, 2:00 PM
Minutes
Log Building Group Room

Present: Angela Baxter, Patricia Hobbs, Nadine McElyea, April Attebury, Laura Longstaff, Kristin Aubrey.
Absent: Robert Super (Orleans), David Arwood II and Shannon Clymer (Training)
Call to Order
Set Agenda
Minutes of October 8, 2013 – approved with one correction
Staff Schedules & Activities Update was discussed briefly.

Old Business:

Storage - April has arranged to rent a storage unit which will be located at the clinic. We need locking file cabinets to store the files. They can be old and don't need to be in great shape but need to either have locks or be able to be fitted for a lock.

Orleans Office space and keys - The Orleans office space/key situation seems to be resolved, with all personnel with a need for a key having received one.
Supplies - The inventory/supply list and ordering has not been completed. Laura and April will work on finalizing the list for an initial order of the most needed supplies.
Web Site - Web Site updating still needs to be done and is pending the finalizing of correct e-mail addresses, telephone numbers and addresses.

New Business:

Carport fire - April and staff discussed the fire which totaled the car port and two cars belonging to KCDC. A major concern is staff safety in the future considering that the fire was arson and the Tribe was deliberately targeted.
Security system & Safety plan for staff – we discussed the visit from Bay Security and the alarm system they are proposing. This plan will address break-ins and threats to the interior of the building. The main concern of most staff members is the privacy and security of the confidential information stored in the building. We also concluded that we should have a fire drill quarterly. We will contact Flo Lopez, safety coordinator to schedule drills.
Heat and Building issues -
Covered California – Nadine talked about the Affordable Care Act and the revised MediCal eligibility and how our clients may be impacted.
Next Meeting Date: *January 14, 2013/Adjourn*

LRL

********** CONFIDENTIAL PATIENT INFORMATION **********

ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM

RECORD DATES: JAN 01, 2014 TO JAN 31, 2014

PATS is the total number of unique, identifiable patients when a patient name was entered on the record. # served is a tally of the number served data value.

	# RECS	ACT TIME (hrs)	# PATS	# SERVED
AREA: CALIFORNIA TRIBE/638				
SERVICE UNIT: KARUK TRB HP				
FACILITY: YREKA				
PROVIDER: BAXTER,ANGELA V (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	2	2.0	2	2
13-INDIVIDUAL TREATMENT/COUNS	4	1.5	4	4
91-GROUP TREATMENT	102	30.9	32	102
PROVIDER TOTAL:	108	34.4	38	108
PROVIDER: HOBBS,PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
11-SCREENING-PATIENT PRESENT	1	0.5		1
12-ASSESSMENT/EVALUATION-PATI	1	2.0	1	1
13-INDIVIDUAL TREATMENT/COUNS	18	18.3	8	18
29-FAMILY FACILITATION-PATIEN	1	0.5	1	1
30-FOLLOWUP/FOLLOWTHROUGH-PAT	1	0.5	1	1
53-PROGRAM MANAGEMENT	1	0.5		1
56-RECORDS/DOCUMENTATION	8	2.9	6	8
59-OTHER ADMINISTRATIVE	1	0.5		1
PROVIDER TOTAL:	32	25.7	17	32
PROVIDER: MILTON,ROBERT E (MD)				
99-INDIVIDUAL BH EHR VISIT	1	0.0	1	1
PROVIDER TOTAL:	1	0.0	1	1
PROVIDER: SCOTT,GAREN PHILLIP (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	1	0.8	1	1
13-INDIVIDUAL TREATMENT/COUNS	1	0.8	1	1
PROVIDER TOTAL:	2	1.5	2	2
FACILITY TOTAL:	143	61.6	58	143
FACILITY: ORLEANS				
PROVIDER: HOBBS,PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	5	4.8	2	5
21-FOLLOWTHROUGH/FOLLOWUP-PAT	1	0.8	1	1
56-RECORDS/DOCUMENTATION	1	0.1	1	1
PROVIDER TOTAL:	7	5.6	4	7
PROVIDER: SUPER,ROBERT (ALCOHOLISM/SUB ABUSE COUNSELOR)				
71-TRAVEL RELATED TO PATIENT	1	2.5	1	1
91-GROUP TREATMENT	12	7.5	5	12

PROVIDER TOTAL:	13	10.0	6	13
	=======	=======	=======	=======
FACILITY TOTAL:	20	15.6	10	20

********** CONFIDENTIAL PATIENT INFORMATION **********

LRL

ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM

RECORD DATES: JAN 01, 2014 TO JAN 31, 2014

PATS is the total number of unique, identifiable patients when a patient name was entered on the record. # served is a tally of the number served data value.

	# RECS	ACT TIME (hrs)	# PATS	# SERVED
FACILITY: KARUK COMMUNITY HEALTH CLINIC				
PROVIDER: BAXTER,ANGELA V (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	1	0.8	1	1
91-GROUP TREATMENT	3	1.5	3	3
PROVIDER TOTAL:	4	2.3	4	4
PROVIDER: HOBBS,PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	14	13.8	9	14
20-FAMILY FACILITATION-PATIEN	1	1.0	1	1
56-RECORDS/DOCUMENTATION	3	0.3	3	3
59-OTHER ADMINISTRATIVE	2	3.0		2
71-TRAVEL RELATED TO PATIENT	1	3.0		1
PROVIDER TOTAL:	21	21.0	13	21
PROVIDER: SUPER,ROBERT (ALCOHOLISM/SUB ABUSE COUNSELOR)				
91-GROUP TREATMENT	27	9.5	8	27
PROVIDER TOTAL:	27	9.5	8	27
FACILITY TOTAL:	52	32.8	25	52
SU TOTAL:	215	109.9	93	215
AREA TOTAL:	215	109.9	93	215

RUN TIME (H.M.S): 0.0.0

Date: 02/06/2014 | User: AATTEBURY
Time: 4:42:48PM | Page:1

Statement of Expenditures, Encumbrances & Appropriations

KARUK TRIBE

For Period Ending 01/31/2014

Selecting on DIV from 213056 to 213056

Dept. of Child & Family Services

ACCOUNT / ACCOUNT DESCRIPTION	APPROPRIATIONS	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	PRIOR YEAR OUTSTANDING ENCUMBRANCES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	PERCENT USED
2130-56-7012.00 LCSW	23,373.00					23,373.00	
2130-56-7013.00 DRUG & ALCOHOL COUNSELOR	41,827.60		6,715.72			35,111.88	16.06
2130-56-7019.00 ICW - SOCIAL WORKER	89,040.00	6,065.99	24,070.15			64,969.85	27.03
2130-56-7020.00 TRANSPORTER	10,600.00	965.00	2,328.94			8,271.06	21.97
2130-56-7022.00 RECEPTIONIST - BILLING	43,460.00	4,659.31	14,322.35			29,137.65	32.96
2130-56-7024.00 CHILDRENS COURT SALARIES	19,932.24	2,429.92	6,800.96			13,131.28	34.12
2130-56-7026.00 JANITOR	5,830.00	379.14	1,521.13			4,308.87	26.09
2130-56-7077.00 ICW STIPENDS	1,200.00	50.00	550.00			650.00	45.83
2130-56-7101.00 F/B - FICA/MEDICARE	17,997.61	1,029.21	4,402.65			13,594.96	24.46
2130-56-7102.00 F/B - SUTA	3,654.90	828.62	974.56			2,680.34	26.66
2130-56-7103.00 F/B - WORKERS COMP	4,296.15		573.00			3,723.15	13.34
2130-56-7105.00 F/B - RETIREMENT	11,763.14	596.80	1,605.85			10,157.29	13.65
2130-56-7300.00 TRAVEL - TRAINING	10,000.00	1,085.41	8,069.24			1,930.76	80.69
2130-56-7301.01 VEHICLE - EXP/MILEAGE	16,500.00	1,006.44	3,296.54		298.00	12,905.46	21.79
2130-56-7500.00 SUPPLIES	10,000.00	1,422.49	2,327.12	45.00-	471.32	7,201.56	27.98
2130-56-7500.01 STORAGE UNIT			112.00			112.00-	
2130-56-7500.02 KITCHEN/MTG SUPPLIES	750.00	121.77	355.36		40.99	353.65	52.85
2130-56-7506.00 COMPUTER EQUIP	2,000.00				444.95	1,555.05	22.25
2130-56-7506.01 COMPUTER SOFTWARE LICENS	2,000.00					2,000.00	
2130-56-7601.05 EMPLOYEE HEALTH INSURANCE	43,752.96	3,700.62	14,440.00			29,312.96	33.00
2130-56-7603.00 PROFESSIONAL FEES	15,000.00	575.50	2,075.50			12,924.50	13.84

2130-56-7604.00

Statement of Expenditures, Encumbrances & Appropriations

KARUK TRIBE

For Period Ending 01/31/2014

Selecting on DIV from 213056 to 213056

ACCOUNT / ACCOUNT DESCRIPTION	APPROPRIATIONS	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	PRIOR YEAR OUTSTANDING ENCUMBRANCES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	PERCENT USED
FAMILY CONF>SEE 5051 2130-56-7605.00	500.00					500.00	
ADVERTISEMENTS 2130-56-7607.00	250.00	25.02	1,057.67			807.67-	423.07
UTILITIES - TELEPHONE 2130-56-7607.02	10,000.00	1,211.24	4,151.68			5,848.32	41.52
GENERAL LIABILITY 2130-56-7607.10	830.00					830.00	
CELL PHONE 2130-56-7610.00	3,000.00	178.81	646.28			2,353.72	21.54
YR JANITORIAL CONRACT 2130-56-7702.00	7,000.00	559.50	1,678.50			5,321.50	23.98
ICWA COMMITTEE MILEAGE 2130-56-7902.00			414.71			414.71-	
VEHICLE LEASE PAYMENT 2130-56-7999.00	3,500.00	272.36	1,089.44			2,410.56	31.13
IDC	119,090.00		21,139.00			97,951.00	17.75
Totals for : 213056 (BIA-INDIAN CHILD WELFARE)	**517,147.60**	**27,163.15**	**124,718.35**	**-45.00**	**1,255.26**	**391,173.99**	**24.36**
Report totals	**517,147.60**	**27,163.15**	**124,718.35**	**45.00-**	**1,255.26**	**391,173.99**	**24.36**

Date: 01/29/2014

Time: 2:29:17PM

User: AATTEBURY

Page:1

Child Welfare Services Program

Statement of Expenditures, Encumbrances & Appropriations

KARUK TRIBE

For Period Ending 01/31/2014

Selecting on DIV from 505119 to 505119

ACCOUNT / ACCOUNT DESCRIPTION	APPROPRIATIONS	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	PRIOR YEAR OUTSTANDING ENCUMBRANCES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	PERCENT USED
5051-19-7700.00 FAMILY SUPPORT SERVICES	9,500.00					9,500.00	
5051-19-7710.00 FAMILY PRESERVATION	3,030.00					3,030.00	
5051-19-7720.00 FAMILY REUNIFICATION	3,000.00					3,000.00	
5051-19-7730.00 ADOPTION-SUPPORT SERVICE	65.00					65.00	
5051-19-7740.00 OTHER SERVICE ACTIVITY	8,000.00					8,000.00	
5051-19-7999.00 INDIRECT (10% TC)	2,622.00					2,622.00	
Totals for : 505119 (TITLE IVB SUBPART 2 2014)	**26,217.00**			**0.00**		**26,217.00**	
Report totals	**26,217.00**			**0.00**		**26,217.00**	

Date: 01/29/2014

Time: 2:28:34PM

User: AATTEBURY

Page:1

Statement of Expenditures, Encumbrances & Appropriations

KARUK TRIBE

For Period Ending 01/31/2014

Selecting on DIV from 505118 to 505118

ACCOUNT / ACCOUNT DESCRIPTION	APPROPRIATIONS	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	PRIOR YEAR OUTSTANDING ENCUMBRANCES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	PERCENT USED
5051-18-7500.00 FAMILY SUPPORT SERVICE	10,639.00					10,639.00	
5051-18-7999.00 INDIRECT (10% TC)	1,182.00					1,182.00	
Totals for : 505118 (TITLE IVB SUBPART 1 2014)	**11,821.00**			**0.00**		**11,821.00**	
Report totals	**11,821.00**			**0.00**		**11,821.00**	

Statement of Expenditures, Encumbrances & Appropriations

AoD Program

KARUK TRIBE

For Period Ending 01/31/2014

Selecting on DIV from 640014 to 640014

ACCOUNT / ACCOUNT DESCRIPTION	APPROPRIATIONS	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	PRIOR YEAR OUTSTANDING ENCUMBRANCES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	PERCENT USED
6400-14-7015.00 SALARIES		3,110.03	12,749.49			12,749.49-	
6400-14-7101.00 FICA/MCARE		222.62	928.97			928.97-	
6400-14-7102.00 SUTA		180.42	180.42			180.42-	
6400-14-7103.00 WORKERS COMP			105.38			105.38-	
6400-14-7105.00 RETIREMENT		182.53	533.45			533.45-	
6400-14-7300.00 TRAVEL		353.04	470.34			470.34-	
6400-14-7500.00 SUPPLIES		439.58	439.58			439.58-	
6400-14-7601.05 HEALTH INSURANCE		515.69	2,670.53			2,670.53-	
6400-14-7601.06 MEDMAL/LIABILITY		734.00	734.00			734.00-	
Totals for : 640014 (CALWORKS 2013/2014)		**5,737.91**	**18,812.16**	**0.00**		**18,812.16-**	
Report totals		**5,737.91**	**18,812.16**	**0.00**		**18,812.16-**	

Date: 01/29/2014

Time: 2:23:37PM

Revenue

User: AATTEBURY

Page:1

Statement of Expenditures, Encumbrances & Appropriations

KARUK TRIBE

AOD Program

For Period Ending 01/31/2014

Selecting on DIV from 640005 to 640005

ACCOUNT / ACCOUNT DESCRIPTION	APPROPRIATIONS	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	PRIOR YEAR OUTSTANDING ENCUMBRANCES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	PERCENT USED
6400-05-7300.00 TRAVEL	189.24					189.24	
6400-05-7301.00 VEHICLE EXPENSE	976.49		21.92			954.57	2.24
6400-05-7500.00 SUPPLIES	2,960.32		126.78			2,833.54	4.28
6400-05-7600.00 PROFESSIONAL FEES	2,100.00					2,100.00	
Totals for : 640005 (ANGER MGMT/BIP)	**6,226.05**		**148.70**	**0.00**		**6,077.35**	**2.39**
Report totals	**6,226.05**		**148.70**	**0.00**		**6,077.35**	**2.39**

Date: 01/29/2014

Time: 2:24:29PM

Revenue

User: AATTEBURY

Page:1

Statement of Expenditures, Encumbrances & Appropriations

KARUK TRIBE

AOD Program

For Period Ending 01/31/2014

Selecting on DIV from 640010 to 640010

ACCOUNT / ACCOUNT DESCRIPTION	APPROPRIATIONS	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	PRIOR YEAR OUTSTANDING ENCUMBRANCES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	PERCENT USED
6400-10-7300.00 TRAVEL	3,169.52		187.35			2,982.17	5.91
6400-10-7301.01 VEHICLE EXP/MILEAGE		125.44	280.02		430.92	710.94-	
6400-10-7500.00 SUPPLIES		30.00	30.00			30.00-	
6400-10-7607.10 CELL PHONE		30.16	108.62			108.62-	
6400-10-7999.00 IDC (CalWorks)			4,880.00			4,880.00-	
Totals for : 640010 (DUI CLASSES)	**3,169.52**	**185.60**	**5,485.99**	**0.00**	**430.92**	**2,747.39-**	**186.68**
Report totals	**3,169.52**	**185.60**	**5,485.99**	**0.00**	**430.92**	**2,747.39-**	**186.68**

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

Karuk Tribe

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

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

February 6, 2014

William Coleman
CA Department of Social Services
CCRPB-IHC Program
744 P Street, MS 8-9-140
Sacramento, CA. 95814

Re: Letter of Intent to Participate in the IHC

Program Dear Mr. Coleman:

The Karuk Department of Health and Human Services is submitting this Letter of Intent to participate in the State's IHC Program through the CDSS for the coming SFY.

We will be reviewing the new MOU and submitting at a later date.

The Contact Information Form is attached.

Sincerely,

Lessie Aubrey, Executive Director
Department of Health and Human Services
Karuk Tribe

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
INDIAN HEALTH CLINIC PROGRAM

CONTACT INFORMATION FORM

INDIAN HEALTH CLINIC (LEGAL NAME)		DATE
MAILING ADDRESS (Address, City, State and Zip Code)		
PHYSICAL ADDRESS (Street, City, State and Zip Code)		
PHONE NUMBER ( )	FAX NUMBER ( )	

ADMINISTRATOR			
TITLE	ON SITE?	(CIRCLE ONE) YES	NO
E-MAIL ADDRESS			
PHONE NUMBER ( )	FAX NUMBER ( )		

FISCAL / ACCOUNTING STAFF			
TITLE	ON SITE?	(CIRCLE ONE) YES	NO
E-MAIL ADDRESS			
PHONE NUMBER ( )	FAX NUMBER ( )		

IHC PROGRAM CLINICIAN			
TITLE	ON SITE?	(CIRCLE ONE) YES	NO
E-MAIL ADDRESS			
PHONE NUMBER ( )	FAX NUMBER ( )		

IHC PROGRAM CHANGES: Please update whenever any of the above IHC contact information changes and mail to:

California Department of Social Services
CCRPB - IHC Program
744 P Street, MS 8-9-140
Sacramento, CA 95814

or

Fax: (916) 654-7187

____

Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

Health Board Report: February 13, 2014

Annie Smith PHN

Action Items:

- Please authorize the MOU Contract for Hospital Preparedness Program (HPP) with Siskiyou County in the event of a disaster. This is an ongoing contract without any changes from last year. A copy of the signed MOU agreement and the MOU are attached. A signature is needed from Chairman Buster Attebery and an authorization in the minutes of your meeting.

January Items:

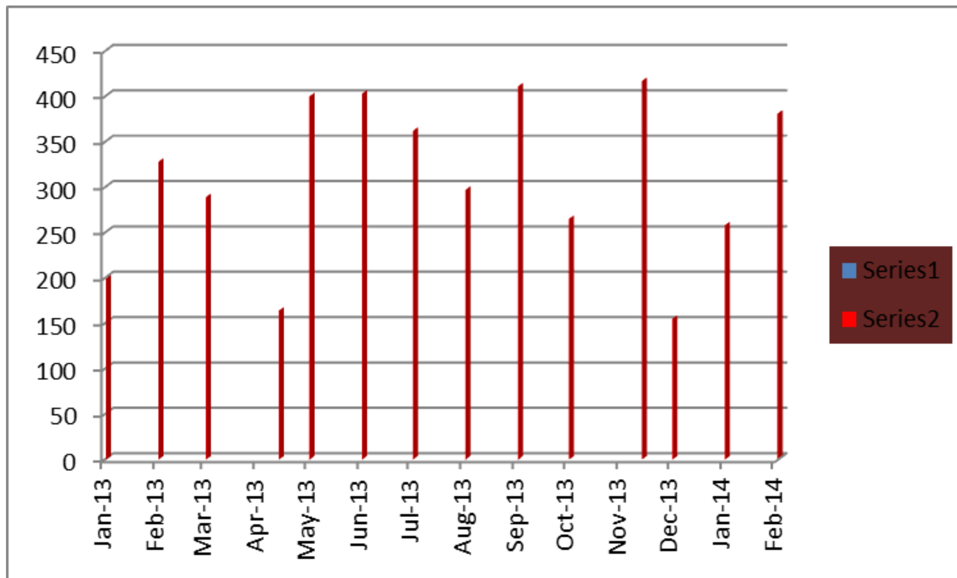
- I would like to apologize for my absence last month due to illness. Even with Flu immunizations, the nurse still can catch a cold.

- With much emotion, I need to announce that Michelle Cook-Spence is leaving our Team. Michelle has been a real asset to this team and she brings grace and peace to all she does. She is taking the position with TANF in LIHEAP. Michelle will be a great asset to their team as well. I will miss her. Leloni is helping in our search for a new CHR for Happy Camp. Michelle is a hard act to follow.

- We continue to struggle with the overload of transports. Our Team has been very good at coordinating visits with transports. I was hoping to have time to focus on planning better ways to organize transportation, but have been busy with the other parts of our responsibilities. Our Team will be looking at this by next month.

- I went to the Diabetes Conference in Mesa/Phoenix Arizona as planned. This conference was very informative and a great chance to meet nurse, diabetes coordinators and doctors from all over the country. I thank you all for allowing me to both attend and represent the Karuk Tribe at an event of this magnitude. I sincerely hope to apply all that I have learned to our many patients in hope of both improving treatment and prevention of Diabetes.
- I also attended the three day class I-300 that was arranged and taught by Tom Fielden last week in Yreka. Again I learned more and am beginning to grasp the workings of the administrations in emergency operations and the Incident Command System (ICS). Flo and I leave on Saturday February 8, 2014 for Anniston, Alabama for the Healthcare Leadership (HCL) classes/training and will return on Saturday February 15, 2014. I'm looking forward to this trip, as most of the emergency operations people from all areas of our county are all attending in one week. Flo and I are attending different aspects of this training and will bring back all of the information we learn. I look forward to both improving our knowledge base and to representing the Karuk Tribe within our county emergency operations. This will be a good opportunity to network with all the other agencies in the event we need to work together and rely on each other.

Workload Report of CHR activity:



Financial Report:

Unencumbered Balance Percent Used

Public Health Nurse:	$ 69,959.06	25.40 %
CHR:	$ 211,555.03	27.27%
IHS Diabetes Grant:	$ 127,911.38	18.81%

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Fax: (530) 493-5364

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

14-M-002

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

Karuk Tribe Number Assigned: ~~Get from Dir. Of Admin~~ Pgms

Funder/Agency Assigned:

Prior Amendment:

REQUIRED ➔ *Procurement Attached ☐ ***Budget Attached** ☐

***System for Award Management (SAM) (CONTRACTS ONLY)** ☐

Requestor: **Annie Smith RN PHN** **Date: January 24, 2014**

Department/Program: **Health and Human Services**

Name of Contractor or Parties: **Siskiyou County**

Effective Dates (From/To): **January 24, 2014** **on-going**

Amount of Original:
Amount of Modification:
Total Amount: **$0**

Funding Source: **(Use Fund Account Code)**

Special Conditions/Terms:

Brief Description of Purpose:
To plan and develop a coordinated and effective medical health response to any major medical disaster/emergency in Siskiyou County. The HPP Partnership Coalition consists of the local healthcare facilities, long-term care facilities, clinics, tribal health clinics, public health and other emergency response agencies including fire, law, EMS, pharmacies

**** REQUIRED SIGNATURES ****

[signature] Date 1/24/14

Laura Mayton
**Chief Financial Officer — Date 2-6-14

X [signature]
**Director, Administrative Programs & Compliance — Date 2-5-14

X [signature]
**Director of Self Governance(MOU/MOA) or TERO (Contracts) — Date 2-6-14

X [signature] Tom Fielden (Em. PCP) — Date 2/5/2014

Siskiyou County
Hospital Preparedness Program Partnership Coalition
Mutual Aid Memorandum of Understanding for Healthcare Partners

1) Introduction

The Hospital Preparedness Program (HPP) grant requires that each participating entity enter into a voluntary Memorandum of Understanding (MOU) for the sharing of personnel, resources and information during a medical/health disaster or other event. MOU participants agree to voluntarily share resources only when resources are available, with the requesting organization agreeing to replace or pay the cost of the resource. An MOU participant is not required to share resources which it believes are needed to maintain its own operations, etc.

This MOU is designed to establish a process for resource sharing among the hospitals, clinics and participating healthcare providers in Siskiyou County. In this way it will be possible to request resources from the cache of supplies available from the HPP grant. An emergency /disaster related situation is how the MOU is designed to be used.

The Siskiyou County HPP Partnership Coalition MOU augments the government authorized mutual aid process used during times of a declared or actual disaster or emergency.

Please note- participation by the Department of Veterans Affairs is further limited by certain Federal statutory obligations that take precedence over the responsibilities under this Mutual Aid Agreement. They include the Stafford Act (42 USC 5121 et seq), the FEMA Interim Federal Response Plan [42 USC 5170(a) (1) and 5192(a) (1) and Executive Orders 12148, 12673], the National Disaster Medical System (38 USC 8111(a) (1) and assistance to non-veteran patients referred to a Veterans Affairs facility on a humanitarian basis (38 USC 1784).

2) Background

HPP Partnership/Coalition Development

A primary focus for Local HPP Entities is to strengthen and expand existing partnerships and establish plans for triage of patients across the continuum of care. Additional responsibilities include development and documentation of plans for the sharing of information, staff and other resources. Integrated plans will ensure a common understanding of how health care services will be delivered during emergencies including the sharing of information and the process for requesting and sharing resources.

Partnerships should focus on:

- Integrating the plans and activities of all participating partners, resulting in a common understanding of how information will be communicated, the specific roles of each partner, and the process for requesting and sharing information and resources in the Operational Area.

- Ensuring that all health care facilities within the jurisdiction are aware of procedures for information flow and requesting resources.
- Ensuring that all health care facilities understand procedures to request operating supplies when government supplied caches are available and how to obtain them.
- Increasing medical response capabilities in the county as well as in the mutual aid region;
- Preparing to meet the medical/health needs of at-risk populations in the county.
- Encouraging all health care facilities to provide training on and have Personal Preparedness programs.

California Department of Public Health

The HPP Application Guidance requires participating entities to develop an MOU for the sharing of information, staff, and other resources.

3) Purpose of Mutual Aid Memorandum of Understanding

The purpose of this MOU is to assist participating partners in quickly obtaining emergency assistance in the form of personnel, equipment, supplies, information and other associated services during emergencies/disasters.

This MOU is a voluntary agreement between participating HPP Partnership Coalition entities located within Siskiyou County. This document is not intended to replace each organization's disaster plan or any existing MOUs. By signing this MOU, participating entities are evidencing their intent to abide by the terms of the MOU as described below. The terms of this MOU are to be incorporated into each partner's disaster plan. Contact information for all participating entities is located on each entity's individual signature page.

4) General Terms of this Agreement

a) **Agreement to Share Resources:** To the best of their ability, participating entities in this MOU agree to share the following available resources during an emergency/disaster:

i) Personnel
ii) Equipment
iii) Supplies
iv) Pharmaceuticals
v) Facility Space
vi) Information

b) **Reimbursement:** The process for reimbursement during times of emergency/disaster will be conducted as outlined below.

Loaned Equipment:
The receiving entity shall return to the donor organization any and all equipment borrowed during the time of an emergency/disaster. Equipment shall be returned to the donor organization in the same condition in which it was received in a timely manner. If the loaned item has the potential of requiring maintenance of any sort (such as a vehicle, generator, lighting unit etc.), the donor organization and the receiving entity shall determine potential maintenance activities and reimbursement rates before the items are distributed. The receiving entity shall also pay for any costs related to shipping/transporting the equipment back to the donor organization.

Loaned Supplies, Materials or Pharmaceuticals (Consumables):
The receiving entity shall return to the donor organization as soon as feasibly possible an exact replacement inventory of borrowed consumables. The receiving entity shall store borrowed consumables according to the appropriate manufacturer/vendor guidelines (if necessary, provided by the donor organization). It shall be the receiving entity's responsibility to pay for any costs related to shipping the consumables back to the donor organization.

Loaned Personnel:
The receiving entity shall reimburse the donor organization compensation for all borrowed personnel during times of disasters. Reimbursement rates shall be based on the current compensation rate and administrative costs for personnel as provided by the donor organization. The receiving entity is only responsible to reimburse wages and administrative costs for personnel that are specifically requested. Personnel that arrive to assist without being specifically requested shall be considered volunteers.

Loaned Facility Space:
The entity receiving the space shall return the space to the donor organization as soon as practical and in at least the same condition as when the receiving entity took over occupation. Unless otherwise agreed upon, the receiving agency will reimburse the donor organization for use of space, particularly if used for patient care/sheltering which the receiving agency is receiving payment. The receiving agency will also provide the necessary personnel, equipment, supplies and support for occupation in the donor organization's facility.

Please Note- Any deviation from the above process must be agreed upon by the receiving entity and donor organization in writing.

c) **Activation of the Mutual Aid Memorandum of Understanding:** Only the Incident Commander (or designee) at each participating entity has the authority to activate this MOU.

d) **Credentialed Personnel:** Each participating agency that wishes to request prescreened medical personnel, whose credentials are verified once every 24 hours, may request personnel through the Siskiyou County Public Health Department (SCPHD). SCPHD serves as the county administrator of the Disaster Healthcare Volunteers (DHV) of California. To request personnel, contact SCPHD DHV administration at (530) 841-2130 or (530) 598-2383.

   Each participating agency is strongly encouraged to have their personnel register with the Siskiyou County unit of the DHV to ensure that there are always an adequate number of prescreened personnel during a disaster. Online registration is available at https://medicalvolunteer.ca.gov/

5) Region III Medical/Health Mutual Aid System

If assistance is not available on Operational Area (OA) level and through procedures identified in this MOU, participating agencies may request additional aid through the Region III medical/health mutual aid system. The process for requesting medical and health mutual aid resources will be coordinated by the Siskiyou County Medical Health Operational Area Coordinator (MHOAC) and the Region III Regional Disaster Medical Health Specialist (RDMHS). To request medical/health mutual aid from the MHOAC/RDHMS, participating agencies must meet requirements as outlined in Appendix A, which is made part of this memorandum.

6) Mutual Aid Memorandum of Understanding (MOU) Administration

Siskiyou County Public Health Department will maintain all of the original MOU documents and provide copies to all participating entities.

All correspondence with SCPHD should be sent to:

Siskiyou County Public Health Department
806 S. Main St.
Yreka, CA 96097
Attn: Lynn Corliss, PHN
Public Health Emergency Preparedness/ HPP Coordinator

7) Term and Termination

The terms of this agreement will commence on the date this agreement is signed and will continue in full force and effect from that date unless terminated or modified by mutual written agreement by all participating entities. An individual entity may elect

to terminate its participation in this MOU by providing thirty (30) days written notice to other participating healthcare organizations of its intent to terminate.

8) References

- California Department of Public Health's (2010-11) Application Guidance for Local Health Departments and Local Hospital Preparedness Program Entities: U.S. Department of Health and Human Services (HHS) Assistant Secretary for Prevention and Response (ASPR) Hospital Preparedness Program (HPP)
- Cal-EMA Region III Medical/Health Mutual Aid Manual (2009)
- San Joaquin County Healthcare Coalition Memorandum of Understanding (2009)
- California Disaster Health Operations Manual (2012)
- Siskiyou County Public Health Emergency Operations Plan

Siskiyou County
Hospital Preparedness Program Partnership Coalition
Mutual Aid Memorandum of Understanding for Healthcare Partners

IN WITNESS WHEREOF, the undersigned have executed this agreement on behalf of:

Karuk Tribe

By: ______________________________ ______________________________
Russell (Buster) Attebery Date

____
Chairman

Contact Information
(Individuals/positions that may be contacted during emergencies/disasters)

Individual	Title	Phone (include alternate #'s)	Email
Tom Fielden	Emergency Preparedness Coordinator	530-493-1600 Ext. 2024 530-598-6749 (cell)	tfielden@karuk.us
Annie Smith PHN	Director Community Health Outreach	530-842-1097 530-643-2565 (cell)	asmith@karuk.us

Submit this original signature page to:

Siskiyou County Public Health Department
806 S. Main St.
Yreka, CA 96097
Attn: Lynn Corliss, PHN
Public Health Emergency Preparedness/ HPP Coordinator

Appendix A
Criteria to Request Medical/Health Mutual Aid through the MHOAC (Outside of the Siskiyou County OA)

MHOAC Resource Requesting Process
The MHOAC Program coordinates medical and health disaster resources within the Operational Area. The MHOAC Program maintains an updated directory of medical and health resources, existing mutual assistance agreements, and key supplier contacts for their Operational Area. During an emergency, medical or healthcare providers request needed resources from local agencies consistent with local protocol. If the resource cannot be obtained locally, the MHOAC Program should be contacted.

The MHOAC Program attempts to locate the needed resources within the Operational Area and through all available suppliers. If the MHOAC Program cannot satisfy the request for additional resources through those mechanisms, the MHOAC Program may request medical and health resources from outside the Operational Area. Prior to submitting a resource request to the MHOAC, it is incumbent upon the requesting entity to confirm the following:

1) Is the resource need immediate and significant?
2) Has the supply of the requested resource been exhausted, or is exhaustion imminent?
3) Is the resource available from your internal, corporate supply chain?
4) Is the resource available through participating entities associated with this MOU or other existing MOU's your agency has in place?
5) Have payment/reimbursement issues been addressed?

If the requesting entity has addressed the above criteria and still requires medical/health mutual aid assistance by way of the MHOAC and RDMHS, contact Information is as follows:

MHOAC
Dr. Stephen Perlman (or designee)
Siskiyou County Public Health Department
806 S. Main St.
Yreka, CA 95965
(530) 598-0671
(530) 841-2145
(530) 841-2900 after hours
sperlman@co.siskiyou.ca.us

Region III RDHMS
Todd Frandsen
Sierra Sacramento Valley EMS
2775 Bechelli Lane
Redding, CA 96002
(530) 722-6615; (530)204-7049 (c)
after hours, W/E and Holidays -
(530)410-6008 and follow prompts
Todd.fransden@ssvems.com

IT Department Health Board Report **February 6, 2014**
Eric Cutright, IT Director

Current Activities:

- The Verizon phone lines in Orleans at DNR failed significantly on January 13 and 14. The largest substantial outage was on the 13th, where phone services throughout Orleans failed. Going forward, the California Public Utilities Commission (CPUC) has asked me to report on outages that occur during business and evening hours and that last at least a minute. The outages above have been reported to the CPUC.
- All Government permits required for the Orleans Broadband Project are in hand. The only items left before construction can begin are finalized agreements with Verizon and PG&E for pole attachments and power at the tower site in Orleans.
- Advanced Security Systems has completed the walkthrough to install security cameras at the tribal offices in Orleans. The cameras have been ordered, and should be installed during the month of February. Alternative camera options for the DNR office are being considered due to its isolated nature.
- The system of secure after-hours access for providers to use EHR has been implemented and is working as expected. So far no after-hours calls have been received by any of the providers.
- On January 21st I travelled to Eureka to give a presentation to the Humboldt County Supervisors about the Klamath River Rural Broadband Initiative. Councilman Amos Tripp and EnerTribe Permitting Director Penny Eckert were my fellow presenters. The presentation was well received, and the supervisors unanimously supported the project by consensus. The meeting also generated two positive articles in the Eureka Times-Standard Newspaper. A copy of the presentation and the two news articles are attached to this report.

Current project priorities for the IT department:

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

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

Budget Report for 1020-15 for January 31, 2013

- Total annual budget: $313,183.26
- Expenses to date: $102,045.78
- Balance: $211,137.48
- Percent Used: 32.58%
- Percent of Fiscal Year: 33.33%

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 January 31, 2013

- Total budget: $1,141,870.00
- FY 2012 expenses: $ 102,405.30
- FY 2013 expenses: $ 204,447.59
- FY 2014 expenses to date: $ 20,231.83
- Total Expenses so far: $ 327,084.72
- Balance: $ 814,785.28
- Percent Used: 29.85%
- Percent of Project Period: 77.77%

Attachments:

- Cell phone usage log for December
- Humboldt County Board of Supervisors KRRBI Presentation
- Houston, Will. "Karuk Tribe presents broadband project to county; Board of Supervisors reviews mental health grant, public bidding ordinance" Times-Standard [Eureka, CA] 22 Jan 2014: Print.
- "Strike up the broadband" Times-Standard [Eureka, CA] 27 Jan 2014: Editorial, Print.

Karuk Tribe presents broadband project to county; Board of Supervisors reviews mental health grant, public bidding ordinance

Will Houston/The Times-Standard
Posted: 01/22/2014 02:21:37 AM PST
Updated: 01/22/2014 02:21:37 AM PST

Karuk Tribe representatives gave a presentation on their project to bring broadband Internet service to rural Northern Humboldt at Tuesday's county Board of Supervisors meeting.

Karuk Tribe Councilman Amos Tripp told the board that most California tribes have been able to survive due to their isolation, but the Klamath River Rural Broadband Initiative will provide vital services in the modern world.

”I think this broadband project is going to take us out of that area of isolation,” Tripp said. “It is something that I think is needed. There are a lot of opportunities to use this in ways that will help our tribes.”

The project -- which received a $6.6 million grant from the California Advanced Services Fund for California Public Utility Commission in October -- will install 82.3 miles of fiber optic cables to provide Internet access to communities in Orleans, Orick, Johnsons, Wautec and Weitchpec. The Karuk Tribe is collaborating with the Yurok Tribe in order to provide broadband to a larger region of the county.

Karuk Tribe Information Technology Director Eric Cutright emphasized to the board that the project will provide necessary services to schools and businesses, as well as increase access to information and health care services.

”I believe (broadband) is the new utility,” Cutright said. “I believe you deserve broadband, just like you deserve water and electricity.”

As the cables will run through lands -- including the Redwood National Forest -- owned by the state, private owners and the federal government, EnerTribe Permit Director Penny Jennings Eckert said that acquiring permits will be a lengthy task.

”When you build a linear project, you go through lots of different land ownership and land regulation agencies,” Eckert said. “This is a wonderful opportunity to learn about permitting in every venue there is.”

Eckert asked the board to consider providing them a “single point of contact” in the county to provide some direction and representation when dealing with the state and federal agencies.

”Bringing a utility through a national park will not be a lead-pipe cinch,” Eckert said. “I believe that we will be successful, but we will need the county's support.”

Fifth District Supervisor Ryan Sundberg commended the efforts.

”It's really amazing for a small rural community to have the expertise you guys have and the vision the tribe has to put all this together,” Sundberg said. “We can make this happen, I'm sure.”

The current project expands on another broadband project from the Karuk Tribe. The project received a $1.14 million grant from the U.S. Department of Agriculture in 2011 to install fiber optic cables for broadband services in Orleans. As part of the Tuesday meeting, the board approved a Memorandum of Agreement between the county and the Karuk Tribe, which will provide an encroachment permit to build necessary facilities for the project along Ishi Pishi Road between Somes Bar and Orleans.

Cutright said that Orleans should have Internet access by this spring.

County Health and Human Services Department Director Phillip Crandall also updated the board on an $85,000 grant from the Health Resources and Services Administration to form the Humboldt County Behavioral Health Integration Network.

”We're adding additional staff, redirecting staff time,” Crandall said. “This is to get everyone together to look at the data, to look at what strategies might be better, to reduce poor health care outcomes and begin implementation activities.”

The board unanimously voted to set the adoption of an ordinance changing public project bidding procedures in county code for the Jan. 28 board meeting. Deputy County Counsel Jefferson Billingsley will update county code to reflect the language in California's public contract code regarding when the board can implement informal bidding procedures for public projects.

”Every couple of years, the state changes these limits,” Billingsley said. “We're just making sure that when state law changes, we don't have to keep changing ours too.”

Adjourning as the board and convening as the public authority for In-Home Supportive Services, the board approved the appointment of two new members to the In-Home Supportive Services Advisory Board.

The board ended the meeting with a brief review of the federal budget and federal legislation during the last six months of 2013 given by County Administrative Officer Phillip Smith-Hanes.

”Basically, the message of both is that we have been making slow progress on a number of fronts,” Smith-Hanes said.

Will Houston can be reached at 707-441-0504 or whouston@times-standard.com. Follow him on Twitter @Will_S_Houston.

Strike up the broadband

The Times-Standard
Posted: 01/27/2014 02:31:13 AM PST
Updated: 01/27/2014 02:31:14 AM PST

While the forum was a place where would-be officeholders struggled to be heard above the livestock and coin changing hands, it was at the heart of any major Roman city. As was the town square for early U.S. citizens.

Today, in a nation that predicates its form of government on an educated citizenry informing themselves and debating the issues of the day in public, the town square -- open to all for purposes commercial and civic --is sadly in decline. In recent decades, in towns and cities and suburbs across the nation, the open public square gave way to the enclosed private mall.

Enter the Internet.

Today, even for cities like Arcata, which still has its plaza, the Internet is where a growing number of citizens go to inform themselves and debate the issues of our times. Internet access is to this century what electricity was to the last: At first a curiosity, then a force of transformation, now a necessity. While the Internet is just as full of useless junk as the forum ever was, it's the only “place” where Americans can instantly “meet” and exchange ideas. To paraphrase the words of underestimated 20th century statesman Willie Sutton, it's where the people are.

More precisely, it's where they should be able to be.

Which is why we applaud recent efforts of the Karuk Tribe to bring broadband Internet access to rural Northern Humboldt. The Klamath River Rural Broadband Initiative, which received in October a $6.6 million grant from the California Public Utility Commission's California Advanced Services Fund, aims to install just over 82 miles of fiber optic cable in Orleans, Orick, Johnsons, Wautec and Weitchpec. This is a crucial connection for schools and businesses in these communities to an increasingly connected outside world.

Karuk Tribe Information Technology Director Eric Cutright said he believes that broadband “is the new utility.

Added Cutright: “I believe you deserve broadband, just like you deserve water and electricity.”

We couldn't agree more. We applaud the Humboldt County Board of Supervisors for their recent decision to approve a Memorandum of Agreement between the county and the tribe to advance the project in Orleans -- which Cutright says should have Internet access by spring -- and urge county officials to do all they can in the future to assist this endeavor. No community should be left behind in the 21st century.

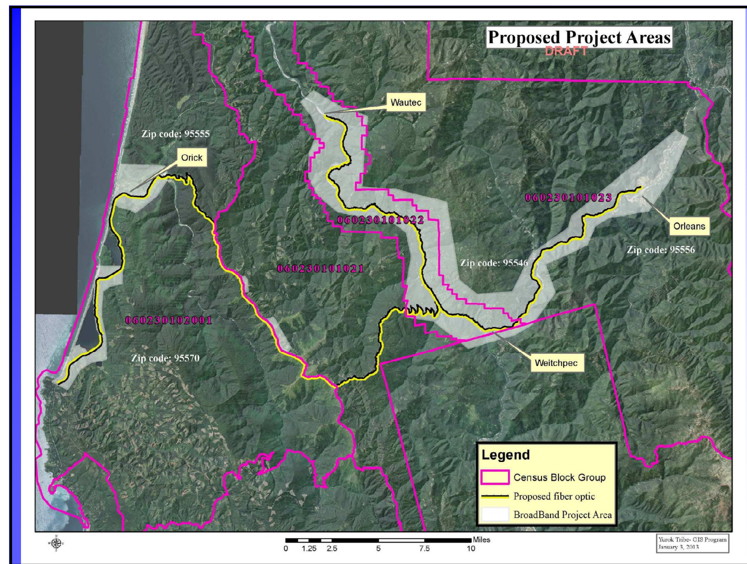
Klamath River Rural Broadband Initiative (KRRBI)

Humboldt County Board of Supervisors Meeting

21 January 2014

Presenters

- Amos Tripp, Karuk Tribe Council Member
- Eric Cutright, Karuk Tribe IT Director
- Penny Eckert, EnerTribe Permitting Director



KRRBI Service Area

Benefiting Karuk and Yurok Tribal Lands and our Neighbors

Communities:

- Orick
- Wautec
- Johnsons
- Weitchpec
- Orleans

Highways and Roads:

- Highway 101
- Bald Hills Road
- Highway 169
- Highway 96

Benefits of Broadband

- **Health Care**: Telemedicine, Electronic Records
- **Public Safety**: Urban & Rural Fire and Sheriff
- **Education**: Distance Learning, College Classes
- **Economic Development**: E-Commerce
- **Reduced Travel Expenses**: Public and Private
- **Government**: Access to Programs and Info
- **Communications**: More Choices, Faster, Clearer
- Broadband is **Fun!**

Estimated Land Ownership

CalTrans	17.9
State Park, State Lands	0.9
Yurok Fee	5.4
Yurok Trust	5.6
Yurok Allotment	2.3
Karuk Trust	0.1
Hoopa Fee	0.3
USFS	9.1
Redwood National Park	18.6
Private Lands	25.4
Total	85.7

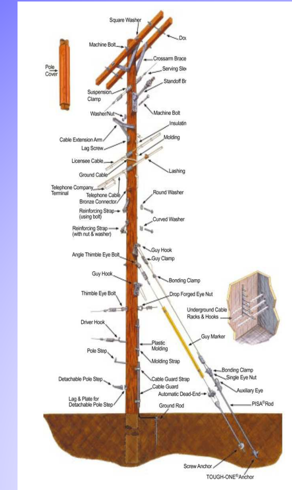
KRRBI Proposed Installation Methods

Plow	53.2 miles
On Utility Poles	26.1 miles
– Attach to existing poles	20.2
– Attach to new poles	5.9
MicroTrench	5.8 miles
Bridge Attachment	0.5 miles
Total distance:	85.6 miles

Fiber Plowing

Fiber Plowing

Attachment to existing utility poles



Micro Trenching

Communications Tower

KRRBI Permitting

- Federal
  - BIA, National Park Service, US Forest Service, possibly Army Corps of Engineers
  - NEPA required
- State
  - CPUC lead state agency
  - CSLC, CDFW, CalTrans
  - CEQA required (proponents' EA, then CPUC-led mitigated negative declaration)

Humboldt County Permitting

- Special and Building Permit, tower in Orick (similar to Orleans tower)
- MOA and Encroachment Permit, Bald Hills Road (similar to Ishi Pishi Road)
- Possible land use authorization, coastal zone, along Highway 101 for fiber installation

Board of Supervisors Support

- Assign a single point of contact for permitting coordination with other state and federal agencies
- Make sure county needs for CEQA permitting are known early and met in a timely manner
- Work proactively with Karuk and Yurok tribes to develop MOA early in process
- Be an advocate for this project with other agencies and staff, especially on coastal zone and park and recreation issues

Action Items

1. CRIHB Options Amendments
2. Credit Card for Mike Lynch, Clinic Manager Yreka

IPC-5

Vickie Simmons, Rondi Johnson, Dr. Vasquez, Chelsea Chambers, Susanna Greeno and I have listened in on 4 IPC5 training calls to date. This is our move to becoming a Patient Centered Medical Home through IHS. Currently we have 2 teams working separately, Yreka and Happy Camp. The calls are at noon until 1pm and they stay on time, so clinic coverage is not lost unless we must work on an assignment. Mike Lynch is heading up the team in Yreka.

CRIHB

What would you like CRIHB to do for you? If you have ideas please forward them to me and I will let CRIHB know. I think this is a real good question that we need to define.

Of course we all appreciate the lobbying and Congressional information they bring to us. Mark LeBeau asked the members this question at the luncheon meeting January 23. Much discussion ensued in many different directions. One thing I learned was that there are only about 3 full member programs. All the rest are Associate members, including Karuk.

I have been thinking about some things and think that they should redefine their meanings of membership to include Contractors instead of full membership. If CRIHB wants to be an organization with members, what they offer to members should be equal and then Associate members could be on a different level. The way it is now the contractors are the full members and everyone else is an Associate member. This was only just a thought.

Annual Evaluations

The majority of the health program is running behind with their evaluations, and that includes me as well. However, they continue to trickle in.

HRSA

Thankfully, we have been relieved of our grant conditions with HRSA. After hours care was a big thing to accomplish and they accepted our plan. Laura Mayton provided them with the data they wanted so we are all up to date currently, as things change over time. I just have to submit the financial analysis on the Orleans clinic for the Change in Scope and that will be done. So I'm feeling good about it all.

Psychiatry Services

Pat Hobbs, LCSW has begun the psychiatry services here at Karuk (1 day of service so far). The psychiatrist travels to the Yreka

clinic and then provides Telehealth to Happy Cam and Orleans. In this way, he can see more people and it saves us travel expense. Suzanna Hardenburger and I worked with Pat on the activity and I want to thank Pat and Suzanna for all their hard work.

Veterans MOU

A phone conference was held with the Veterans Administration on February 3, 2014. The promise that they would allow us to treat all veterans was denied, as well as some of the contract modifications. However, they sent us a new template of the MOU and said we could change some wording if we want and sent us a copy of Hoopa's MOU for our information. I need to review this material before we move forward.

Accreditation Workgroup

In order to get the ball rolling I set up an Accreditation Workgroup. We had our first meeting on Wednesday Feb 5, 2014. We worked for a good 75 minutes and didn't even get half way through Patient Rights.

Please keep in mind that we will be starting our policy approvals now. As we go through the standards we are reviewing the policies that pertain to them and revising if necessary. Regardless they all have to be reapproved even if they haven't been revised. By starting this now we will be allowing more time for the Board to review them before the survey.

Fiscal Committee

This is a new committee designed to provide fiscal information to the health program. We met Tuesday Feb4, 2014 and were attended by Suzanna Hardenburger, Eileen T, Rondi J. Vickie S, and Laura Mayton and I. Laura explained 3rd party, IHS payments, discussed a new bill that doesn't limit CSC , and returns some of the sequester money. I thought it covered a lot of good material.

Meeting with Yreka Clinic Manager

Rondi and I traveled to Yreka to meet with Mike Lynch and work on some management problems. Coverage while a provider was on vacation was one thing that we resolved; required trainings were another; and staffing to fit a providers proposal was another. The meeting was quite successful and appreciated.

Orleans Clinic Manager Hired

Babbie Peterson was selected to become the Orleans Clinic Manager. She will be putting in her 2 weeks' notice at the nutrition site before coming to work at the clinic. I'm looking forward to working with Babbie in this new position.

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CRIB Director's Report Attached.

CRIHB Executive Director's Quarterly Report

January 2014

Since being recently hired by the CRIHB Board of Directors to serve as the Executive Director, I have worked closely with many of the internal and external stakeholders of CRIHB to identify the level of services currently provided by the company and develop an organizational plan to enhance its programmatic efforts. I have conducted this work based on the organization's strategic plan and mission and vision statements. The organization's mission statement documents that:

- CRIHB is a network of Tribal Health Programs, which are controlled and sanctioned by Indian people, and their Tribal Governments.
- The company is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California.
- CRIHB accomplishes this by providing advocacy, shared resources, training and technical assistance that enhances the delivery of quality comprehensive health-related services.

I believe that CRIHB's staff members, like its tribal and clinic representatives, are integral components of what makes the organization work. If staff members are competent and well respected in their work fields, then CRIHB is well positioned to likely achieve its goals, including a goal of being sustainable. Staff development is an important part of investing in CRIHB's workers and ensuring that they have the confidence and abilities to excel in their positions. It is also important to enhance the organization's culture in a way that further values all staff, establishes cohesion and stimulates a spirit of teamwork throughout the company. Management schools teach that sustainable companies provide staff development, acknowledge initiative and competence, and ensure transparency and flexibility. A number of key components of staff development include assessing and responding to their needs, conducting employee evaluations, providing training and convening team-building activities.

During this report period I have devoted an important part of my time to incorporating additional organizational methods that are designed to assist in sustaining CRIHB. This includes many of the above-noted methods and meeting with clinic and tribal government members of CRIHB about how we can be of further assistance, as well as talking with representatives of clinics and tribes that are not current members of CRIHB about joining us.

David Packard of the Hewlett Packard organization once said that, "*It is necessary that people work together in unison toward common objectives and avoid working at cross purposes at all levels if the ultimate in efficiency and achievement is to be obtained.*" I believe that incorporating this approach into CRIHB would be very beneficial in assisting the organization to achieve its many goals.

During this report period I have served as principal organization leader in planning, developing, and establishing objectives of service in line with board directives and the company charter. I have studied service and financial reports to identify status in achieving objectives and revised plans in line with existing circumstances. I have also worked with CRIHB's Chief Financial Officer to coordinate formulation of financial programs to support new or ongoing services to maximize returns on investments and increase productivity. I have also conferred with CRIHB's Chief Operations Officer and Chief Compliance Officer, as well as all members of the Management Team, to plan service objectives, to draft policies to coordinate operations of the organization, and to establish procedures for attaining objectives. I am committed to utilizing my experience and skills to meet the organization's objectives and support commitments to customer service, staff development, and continuous improvement.

CRIHB Finance Department

Finance has made some major changes in the accounting system in order to capture the return on investment for its Tribal Members and to standardize reporting throughout CRIHB's Departments. They have successfully changed the payroll periods and implemented the new ACA rules for reporting in the next calendar year. They have provided a revised budget for FY 2014. They are in the process of collaborating with the other departments within CRIHB to develop the new FY 2015 budget.

CRIHB Operations Division

The Operations Division is almost fully staffed; they are in the process of interviewing for the Planning & Research Department Director which will fill the last vacancy. The five departments that make up the Operations Division are Administration, Health Systems Development, Family & Community Health, Head Start and Planning and Research.

They are busy reviewing CRIHB's current policies and updating many of them. One of the more recent changes they are proposing is to change CRIHB's work week to begin on Saturday instead of Monday. This change will give more flexibility for Supervisors to allow staff to take time off after a board meeting instead of the week of the board meeting when they are needed to assist in the preparations. That is one example of the types of changes they will be proposing to the Personnel Committee for recommendation to the full Board of Directors for approval this January. Another change is to identify enhanced ways to provide services to CRIHB's membership. CRIHB is planning several activities this year specially related to this topic.

Chief Compliance Department

CRIHB continues to develop its compliance program. The Chief Compliance Officer developed a tool to assess the compliance program. The findings from the Annual Compliance Program Evaluation were presented to the staff Compliance and Ethics Committee and to the Board's Grievance/Compliance Committee; both groups concurred with the findings, which are included in the Board Book. The structure for the compliance program is in place; CRIHB needs to build on that infrastructure, including reviewing and revising compliance and HIPAA policies. CRIHB has also distributed a compliance survey to its staff and Board members. The four-

question survey seeks input to identify those areas which could pose a risk to CRIHB's reputation, organization and/or finances. Once collected, the survey results will be reviewed by the Compliance and Ethics Committee who will prioritize them to identify the five to ten issues that will be included in the 2014 Compliance Work Plan. These items are areas that CRIHB management staff will address to develop processes to reduce the risk to CRIHB.

The following section reports on the status of a number of new or current services of CRIHB.

CRIHB Comprehensive Health Services Contract
January 9, 2014

Recently, CRIHB submitted its request to Indian Health Service (IHS) for the renewal of the 638 contract to continue contract # 235-13-0005, dated May 21, 2013. This continuation is for Annual Funding Agreement Number Two for the period of April 1, 2014 to March 31, 2015. Subcontracts are maintained with United Indian Health Services, Warner Mountain Indian Health, Sonoma County Indian Health Project and Mathiesen Memorial Clinic.

IHS is the primary provider of health care to tribes. Through a contract, tribes can receive the money that IHS would have used to provide direct health services for tribal members. Tribes can use these funds to provide directly, or through another entity, a broad range of health services. This option was part of Public Law 93-638 and is commonly known as "638 contracting."

CRIHB Covered California Certified Enrollment Counselor Trainings
November 2013- February 2014

Recently, CRIHB has partnered with the California Primary Care Association to provide Covered California- sanctioned Certified Enrollment Counselor (CEC) training to American-Indian/Alaskan Natives (AIAN's) health program and AIAN-serving organizations across California. Certification enables counselors to enroll individuals and families in Covered California's Health Insurance Marketplace and receive payment for each successful application. CRIHB's unique perspective enhances this Covered California- sanctioned CEC training with presentations and discussions highlighting the provisions unique to the AIAN population.

CRIHB, through a Memorandum of Understanding with CPCA, receives reimbursement for each CEC trained. At $200 per trainee, CRIHB received a check for $7,800 for the 39 participants from our November 2013 training held at CRIHB Headquarters. We estimate that for our three December trainings hosted by Redding Rancheria Tribal Health Center, Sonoma County Indian Health Program Project, and Riverside-San Bernardino County Indian Health, CRIHB will receive $5,900 for 29 CEC's trained. In the New Year, we will strive to train 50 new CEC's to equal a $10,000 reimbursement fee. In total, CRIHB is on track to receive an estimated $23,700 for training over 118 Certified Enrollment Counselors who will now possess the knowledge to assist Tribal organizations meet the healthcare needs of the AIAN population.

CRIHB Awarded California Endowment Grant
January 14, 2014

Recently, the California Endowment notified CRIHB that $210,000 in tribal community capacity building funds were awarded to the organization. The purpose of this grant is to increase capacity to implement the Affordable Care Act (ACA). Specifically, it is designed to support advocacy and policy capacity-building efforts focused on implementation of the ACA, establishment of health homes, and outreach and enrollment among tribal health programs in California.

CRIHB Care/Options Program
April 2013- December 2014

The CRIHB Care/Options program was approved from April 5 - Dec 31, 2013. To date, CRIHB has reimbursed 20 tribal health programs a total of $1.3 million dollars for uncompensated care delivered to their patients. This includes acupuncture, chiropractic, dental, optometry, podiatry, psychological, and medical care services. The stand alone CRIHB Options program was recently approved for Jan 1 - Dec 31, 2014. CRIHB Options is designed to reimburse tribal health programs for uncompensated costs associated with delivering certain optional benefit services provided to IHS-eligible adults, ages 21-64, who are Medi-Cal beneficiaries.

CRIHB Tribal Medi-Cal Administrative Activities (MAA)
January 14, 2014

The Tribal MAA program reimburses Tribes and Tribal Organizations for performing administrative activities allowed by the Tribal MAA program including Outreach, Facilitating Medi-Cal Application Referrals to Medi-Cal Services, Non-Emergency/Non-Medical Transportation, Program and Policy Development. TMAA is in its fifth year of operation since approval in December 2009. Since implementation the program has brought in $2,108,000 to the Tribal Health Programs as third-party money.

Originally we had seventeen Tribal Health Programs plus CRIHB participating in the program. Since then only three of the THP's are no longer active. Recently one Tribe signed up to participate in the program; we hope to have more in the future.

CRIHB Access To Recovery III Final Report Submitted to SAMHSA on Time
December 28, 2013

The Access To Recovery III (ATRIII) is the third consecutive ATR grant awarded to CRIHB, beginning in 2006. This fact means that, to date, CRIHB has accumulated approximately 9 years of experience administrating this large and complex program. It is notable that CRIHB was the first tribal grantee in the nation and, unlike most other tribal grantees, had the responsibility to deliver the program statewide to a highly diverse AIAN population. Given California's AIAN demographics, this was no small feat. There are approximately 110 Federally Recognized tribes in California, as well as the largest urban-based AIAN population in the United States.

Like other tribal grantees, CRIHB was challenged to create new paradigms in delivering the services offered in the ATR grants. This required that the CRIHB ATRIII program reach across tribal governments - beyond the Indian Health Service (IHS) system and usual AIAN client entry routes, i.e. the tribal health programs - into new sectors such as: corrections, education, job training, and transitional housing. Program staff needed to create this system of unprecedented linkages between tribal clinics, IHS, and external entities, as well as create the structures to support, monitor, and regulate the activities and services delivered in this new expanded system.

CRIHB has reflected on the lessons learned in the ATRI-III experience, including the challenges faced with the advent of being placed on high risk. CRIHB also recognized the progress achieved since the program's inception in 2006. In total, the ATR programs have delivered approximately 38 million dollars in behavioral health and recovery support services to California's AIAN population. During the nine years of the program, CRIHB has enabled the delivery of services to nearly 15,000 AIAN clients. However, CRIHB continues to work through the impacts of high risk, such as entering into a settlement agreement with SAMHSA and the Department of Justice which resulted in the ATRIII program being reduced to two years and three quarters. Despite these added difficulties CRIHB remained focused on the significant benefits the program could impart to AIAN communities. With respect to ATRIII, like earlier ATR programs, it nearly doubled the funding assets brought into treatment and recovery support programming: a total of ten million dollars over two years and three quarters.

Specific accomplishments in ATRIII include expanding the provider network to149 organizations and agencies to assist 3896 AIAN clients with services. In ATRIII, CRIHB was able to continue to expand on the foundations established in ATRII, which focused on rebuilding relationships, increasing the provider networks, and strengthening administrative functions. The ATRIII staff brought clinical knowledge, administrative expertise, and cultural competency. These assets were critical to sustaining program success. Conversely, high risk issues continued to impact ATRIII staff; the program experienced serious levels of turnover in both the program and fiscal departments. This was due to both the added work burdens and a sense of program volatility. Many good and qualified staff left ATRIII for positions perceived as more stable. Overall, ATRIII was able to reach many of the goals and objectives it set out to achieve. Higher levels of success would have been possible if we had been able to provide services for the full four-year duration of the program as originally planned. Our greatest achievement in the program is hearing from the AIAN community, clients, and providers about all the people the program helped over the years and the lives it has transformed.

The following section reports on the status of state and federal initiatives and services.

Medi-Cal Managed Care

Medi-Cal Managed Care assists low income Californians in receiving health services. The program's health plans help Medi-Cal patients find doctors, pharmacies and health education services. The plans also offer:

- help coordinating care;

- ongoing referrals to specialists;
- telephone advice nurses;
- customer service centers; and
- support groups.

Managed care serves about 6 million Medi-Cal patients in 30 counties. There are three models of managed care:

1) County Organized Health Systems;
2) Two Plan Model; and
3) Geographic Managed Care.

In the County model, all patients are in the same managed care plan. In the Two Plan model, there is a local initiative that is designed to meet the needs of the community and a commercial plan that is private insurance that also serves Medi-Cal patients. The Geographic plan includes several commercial plans that provide more choices for patients.

The expansion of managed care includes the following Fee-for-Services counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Mariposa, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba. American Indians receiving Medi-Cal services directly from an Indian health program are not charged enrollment fees, premiums, and are not subject to cost sharing arrangements (e.g. deductibles, copayments).

Under the ACA, Medi-Cal coverage will be expanded and up to two million new people may be eligible for the program in 2014. The expansion allows California to make significant strides toward supporting a healthier state. Most of the 600,000 Low Income Health Program (LIHP) enrollees (up to 133% FPL) are in the Medicaid Expansion part of LIHP and will move to Medi-Cal. Other LIHP enrollees (up to 200% FPL) will move to California's Health Benefit Exchange, Covered California.

The Department of Health Care Services will host its Annual Tribal/Indian Health Program Designee Meeting on February 26, 2014. This meeting will provide information and allow for discussion concerning the Governor's Proposed Fiscal Year 2014-2015 state budget and proposed changes to the Medi-Cal program including State Plan Amendments, Waivers, and Demonstration Projects. This meeting will provide an opportunity for attendees to speak with department staff about Medi-Cal issues.

American Indian Medi-Cal Enrollment Data and Tribal Clinic Paid Claim Information

- AIAN accounted for .5% (34,966) of the Medi-Cal enrollees in July 2011
- 43.2% of the AIAN Medi-Cal enrollees are in the age group of 0 – 18 years
- 49.7% of the AIAN Medi-Cal enrollees are in the age group 19 – 64 years
- 7.1% are age 65 years and above
- 59% AIAN enrollees were females and 41% were males

Paid Claims and Estimated Number of Visits Per Beneficiary for IHS/HCFA (CMS) MOA Clinics:

- Paid $19,794,649
- Visits 67,329

Source: Department of Health Care Services, Indian Health Program, 2011

Around the Office

The last quarter at CRIHB central has been full of new faces. CRIHB has welcomed three new employees to the office; Amanda Wilbur, Lorrie Wick, and Anita Oldbull-Bigman. Ms. Wilbur functions as the CRIHB Policy Analyst in the Office of the Executive Director, Ms. Wick as a Health Education Specialist for the HOOP Project in Family and Community Health Services, and Ms. Oldbull-Bigman as the Director of Administration. Vanesscia Cresci was also promoted to the Health Systems Development Department Deputy Director. In November and December CRIHB hosted two of our favorite potlucks centered around Thanksgiving and the Winter Honoring of Traditions. The Winter potluck festivities included a white elephant gift exchange where gifts included filled chocolates and coffee cups with Starbucks gift cards. CRIHB's tradition of keeping a family friendly environment means we were also blessed with many young faces stopping in to visit.

	MONTHLY REVENUE REPORT			**BUSINESS OFFICE**	
	JANUARY 2014	**Happy Camp**	**Yreka**	**Orleans**	**KTHP**
	Revenue Medical	$40,526.29	$113,186.50	$1,692.56	$155,405.35
	PHC Capitation	$4,311.16	$5,838.64	$1,414.33	$11,564.13
	HPSA Quarterly Incentive	$209.92	$846.28	$31.81	$1,088.01
	Revenue Dental	$28,805.84	$73,860.88	0	$102,666.72
	Revenue Mental Health	$9,231.48	$6,629.40	$384.00	$16,244.88
	Revenue Total	**$83,084.69**	**$200,361.70**	**$3,522.70**	**$286,969.09**
		Happy Camp	**Yreka**	**Orleans**	**KTHP**
	Billing Jan Medical	$126,735.16	$ 177,168.30	$10,346.27	$314,249.73
	Billing Jan Dental	$92,436.00	$ 203,975.50		$296,411.50
	Billing Jan Mental Health	$7,156.00	$ 8,245.55	$786.00	$16,187.55
	Billed Grand Total	**$226,327.16**	**$ 389,389.35**	**$11,132.27**	**$626,848.78**
	BILLING DEPARTMENT BUDGET 2014				
					AVAILABLE %
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent
YEAR	BUDGET	DATE	BALANCE	% USED	at this date
FY 2014	**$491,898.13**	**$140,806.83**	**$350,221.84**	**28.80%**	**33.36%**

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting
February 13, 2014
Patricia White, RPMS Site Manager

Uniform Data Systems Report (UDS)

Since the beginning of the year I have been focusing much of my time in putting together 2013 CY UDS Report for the HRSA Grant. This report is due by February 15th. This year we have not had an RPMS update from IHS for this report. As of February 5th, the program is still in beta testing. I have contacted the California Area Office (CAO) and they have contacted the Software Quality Assurance (SQA) team at Office of Information Technology (OIT) in Albuquerque to find out what is going on with the program update. The final changes were released in fall of 2013, so they are very late in updating this part of RPMS. I am checking daily with CAO to see when the update will be available. In fact I began back in December contacting IHS for this update, and was told it would be released in January, but here it is February and still is not available. This is not a fault of the CAO but is a problem at the national level of IHS.

But with a little over a week to go, I have been running reports and data by hand, which is very labor intensive. I started with a baseline report, based on the 2012 CY criteria. There are many changes to the report for 2013 from 2012 that include changes to the criteria for the *Immunization* and *Cervical Cancer Screening* Clinical Performance Measures and revised zip code and insurance table. This has resulted in a lot of hand tallying of data.

Workload reports

Attached is the December 2013 *Operations Summary* including Tribal Statistics. During December 2013, there were 1,626 at all locations. 833 of these were for Native American patients (52%). The total visits are up by 193 over November 2013. Graphs are included in summary.

Meeting / Conference Calls and other Activities January 2013

- 1/7 – Henry Schein call for troubleshooting errors.
- 1/9 – RPMS/EHR Office Hours Conference call.
- 1/9 – Health Board Meeting
- 1/10 – Meeting with Lessie and Rondi to format the 2014 Health Program Meetings Calendar.
- 1/13 – HRSA quarterly conference call.
- 1/15 – ACQI Meeting (rescheduled from 1/8)
- 1/27 – Executive Directors Advisory Committee

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

Program	RPMS
Budget Code	3000-75
Program Year	2013-2014
Appropriation	$230,739.83
Expenses to Date	$63,657.64
Balance	$167,082.19
Percent used	27.59%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR DEC 2013
Prepared for February 13, 2014 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 18,122 (+4.7) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 57 (+3.6) new patients, 0 (**) births, and 3 (+0.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,724 (-0.3) patients enrolled in Medicare Part A and 2,604 (-0.1) patients enrolled in Part B at the end of this time period.

There were 92 (+10.8) patients enrolled in Medicare Part D.

There were also 6,168 (+2.3) patients enrolled in Medicaid and 5,186 (+19.3) patients with an active private insurance policy as of that date.

CONTRACT HEALTH SERVICES

Total CHS expenditures (obligations adjusted by payments) for this period were 55,964.21 (+1.2). The number and dollar amount of authorizations by type were:

57 - DENTAL	9	5317.7
64 - NON-HOSPITAL SERVICE	935	50646.51

DIRECT INPATIENT

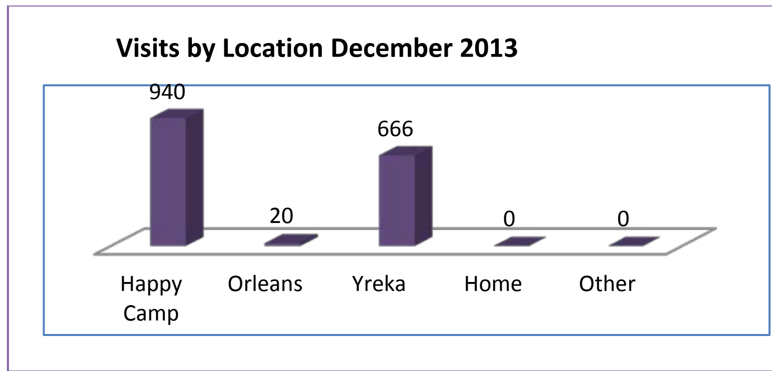
[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,626 ambulatory visits (+11.2) 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	1,626	(+11.2)
By Location:		
YREKA	940	(+18.7)
KARUK COMMUNITY HEALTH CLINIC	666	(+25.2)
ORLEANS	20	(-85.5)

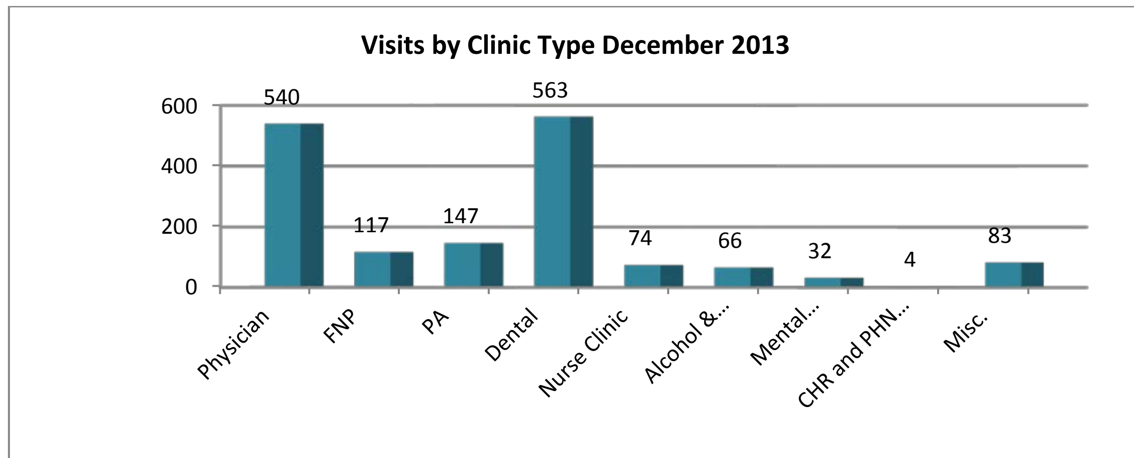


By Service Category:

AMBULATORY	1,578	(+9.8)
TELECOMMUNICATIONS	47	(+88.0)
TELEMEDICINE	1	(**)

By Clinic Type:

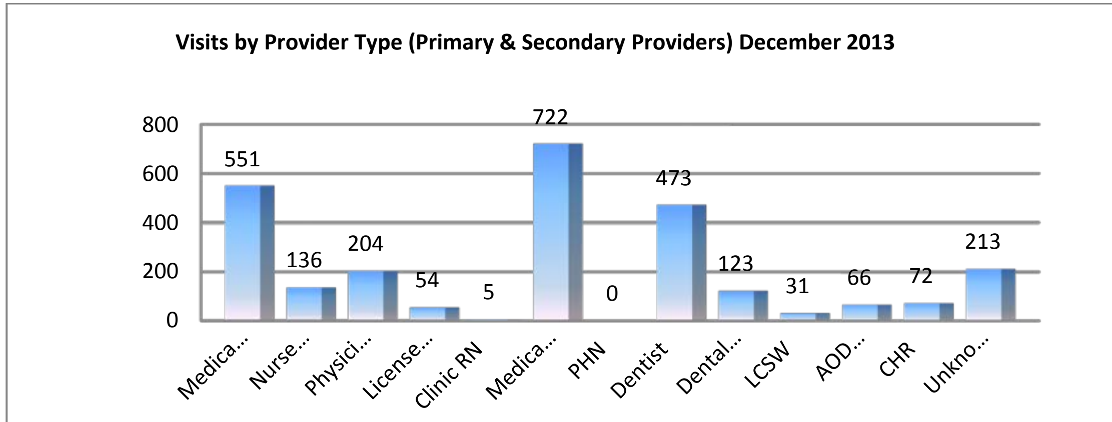
DENTAL	561	(+16.4)
PHYSICIAN	540	(+51.3)
PHYSICIAN ASSITANT	147	(+31.3)
FAMILY NURSE PRACTITIONER	117	(-54.1)
NURSE CLINIC	74	(+51.0)
TRANSPORT	69	(+187.5)
ALCOHOL AND SUBSTANCE	66	(-14.3)
MENTAL HEALTH	32	(-36.0)
TELEPHONE CALL	9	(+0.0)
CHR	3	(-62.5)
TELEMEDICINE	3	(**)
DENTAL HYGENIST	2	(**)
NO CLINIC	2	(**)
HOME VISIT	1	(**)



By Provider Type (Primary and Secondary Providers):

MD	551	(+45.4)
HEALTH AIDE	490	(+19.2)
DENTIST	473	(-2.1)
MEDICAL ASSISTANT	232	(+70.6)
PHYSICIAN ASSISTANT	204	(+29.9)
UNKNOWN	149	(**)
NURSE PRACTITIONER	136	(-49.4)
DENTAL HYGIENIST	123	(+136.5)
COMMUNITY HEALTH REP	72	(+132.3)
ALCOHOLISM/SUB ABUSE COUNSELOR	66	(-14.3)
DENTAL ASSISTANT	63	(**)

LICENSED PRACTICAL NURSE	54	(-75.2)
LICENSED CLINICAL SOCIAL WORK	31	(-51.6)
CLINIC RN	5	(+25.0)
HEALTH RECORDS	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). DENTAL EXAMINATION	567	(+17.6)
2). HYPERTENSION NOS	121	(+49.4)
3). OTHER SPECFD COUNSELING	81	(+478.6)
4). OBESITY NOS	78	(+550.0)
5). TOBACCO USE DISORDER	67	(+91.4)
6). LUMBAGO	64	(+82.9)
7). VACCIN FOR INFLUENZA	64	(-39.0)
8). DMII WO CMP NT ST UNCNTR	58	(+9.4)
9). HYPERLIPIDEMIA NEC/NOS	54	(+42.1)
10). ALCOHOL ABUSE-UNSPEC	46	(-27.0)

CHART REVIEWS

There were 1,175 (-2.0) chart reviews performed during this time period.

INJURIES

There were 38 visits for injuries (-40.6) reported during this period. Of these, 11 were new injuries (-57.7). The five leading causes were:

1). ANIMAL BITE NEC	2	(+100.0)
2). EXCESSIVE COLD: WEATHER	1	(**)
3). SPORTS ACC W/O SUB FALL	1	(**)
4). FALL STRIKING OBJECT NEC	1	(**)
5). CUMLTV TRMA-REPETV MOTN	1	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 428 patients (+11.7) seen for Dental Care. They accounted for 561 visits (+16.4). The seven leading service categories were:

1). FIRST VISIT OF FISCAL YEAR	185	(-4.6)
2). LOCAL ANESTHESIA IN CONJUNCTION WIT	180	(+32.4)
3). PATIENT REVISIT	149	(-48.3)

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4). PREVENTIVE PLAN AND INSTRUCTION        127    (+86.8)
5). INTRAORAL - PERIAPICAL FIRST RADIOG    114    (+16.3)
6). HYPERTENSION SCREENING                  88    (-49.7)
7). TOPICAL APPLICATION OF FLUORIDE VAR     86    (+83.0)
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IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,589 new prescriptions (+0.7) and 0 refills (**) during this period.

KTHHSP Tribal Statistics for December 2013

	Registered Indian Patients	Indian Patients Receiving Services October 2013	APC Visits by Indian Patients October 2013
Karuk	2063	419	479
Descendants residing in CA	1867	197	229
All other Tribes	2135	127	125
Total	6065	743	833

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting
February 13, 2014
Rondi Johnson
January Report

ACTION ITEMS: NONE

JANUARY ACTIVITIES:

Health Board Meeting January 9th, ACQI Meeting January 15th, HC Ofc Meeting January 16th, HC Ofc Meeting January 23rd, HC Dental Staff Meeting January 24th, ED Meeting January 28th, C&P Meeting January 29th, HC Ofc Meeting January 30th, Health Managers Meeting January 30th, 2014 Reunion Planning Meeting January 31st

JANUARY TRAININGS/CONFERENCES & WEBINARS:

EEOC Training January 13-14th, IPC5 Webinar 1 January 15th, IPC5 Webinar 2 January 16th, Special HHS Leadership Call January 22nd, CPCA Strategic Plan – Keepin it Rural CFO Conf call January 27, 2014, IPC5 Webinar 3 January 28th,

ACQI COMMITTEE MEETING:

The January 15th, ACQI meeting agenda, performance improvement projects, and reports are attached. Agenda minute meetings for November 6, 2013, December 11, 2014 and January 15, 2014.

BUDGETS:

See below. Budget through 1/31/14. At this time I'm well under budget.

Program	**CQI**
Budget Code	300002
Program Year	2013-2014
Expenses to Date	44,492.82
Balance	148,868.32
Percent Used	23.10
Period Usage	4 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** **January 15, 2014** **9:00 am-10:00 am** 	

1. Call Meeting to Order – Rondi Johnson

2. Roll Call/Sign In – Vickie Walden

3. Approve Agenda – Rondi Johnson

4. Approve Minutes of November 6, 2013 & December 11, 2013 – Rondi Johnson

5. Performance Improvement Reports Due
   - 5.1 BMI – Patti White
   - 5. 2 HIV/AIDS – Lisa Rugg/Mike Lynch - Tabled
   - 5.3 Flu Vaccine Report – Jennifer Jones

6. GPRA Reports
   - 6.1 Clinical Benchmarking – Vickie Simmons

7. New Business
   - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson
   - 7.2 New Projects/committees – Lessie Aubrey/Rondi Johnson

8. Old Business
   - 8.1 Flu Vaccine Report – Jennifer Jones
   - 8.2 GPRA – Improve Childhood Immunization Rates – Vickie Simmons
     (Talk about resolution also)

9. Next Meeting February 12, 2014 at 9:00 am

10. Adjourn

Karuk Tribe ACQI Meeting Minutes for November 6, 2013

1. Meeting called to Order by Vickie Simmons at

2. Roll Call-
   Happy Camp: Patti White, Vickie Simmons, Dr. Tony Vasquez, Chelsea, Dr. Brassea, Suzanna, and Vickie W.
   Yreka: Dr. Milton, Charleen Deala, Mike Lynch, Annie Smith and Dr. Ash.
   Orleans:

3. Approve Agenda – Rondi Johnson

4. Approve Minutes of October 9, 2013- Minutes for October 9, 2013 were approved with spelling corrections, motion made by Patti White, 2nd by Dr. Ash, Vickie Walden Abstains, and motion caries.

5. Performance Improvement Reports Due
   - 5.1. Tabled - KCHC Medical Records Audit – Carrie Davis -
   - 5.2. Tabled - Orleans Medical Records Audit – Isha Goodwin -
   - 5.3. Yreka Medical Records Audit – Charleen Deala
     - 5.3.1. Charleen Stated they showed great improvement in July-September audit. The biggest problem found was, no documentation of the Health Questionnaires being reviewed and that one flu shot was not entered correctly. Charlene's written report was attached to this meeting packet and it included data graphs of her findings.
   - 5.4. EHR Reminders – Mike Lynch
     - 5.4.1. Mike's written report was included in the meeting packet and included data graphs/charts of his findings.
     - 5.4.2. Mike said the measures selected to audit were those related to our patients the greatest health risks and is currently grant-related performance measures. Data was compiled by Amy for the period 07/01/13 through 09/30/13 and the chart on the second page of his report shows the nine reminder types, provider by provider. It shows the percentage of reminders that were resolved during the applicable examinations for the reporting period. The charts on the next page show the individual provider performance comparisons form the first report period through this report period. Most providers' performance was equal to or better than the previous quarter on most measures. The charts on the last page show 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 the reminders. The report shows that three of our providers generally have better performance than two others, however the other providers see significantly more patients per hour them the other providers. That this may indicate time spent with a client is related to more complete patient documentation.
     - 5.4.3. There was discussion on this report which included: the type of procedures being done by our providers; the varied lengths of time the patients that are needed with the provider and the time needed to complete the visit narrative/documentation. Suzanna Hardenburger stated that with ICD10 coming into play our providers will could very well need longer visit with patients so they can do the detailed visit documentation that's needed for ICD 10 coding and billing. Concusses of the group was that Mike's report was very good.
   - 5.5. **Carrie Davis** joined the meeting and brought her written report with her. She said she faxed it to Yreka. Carrie will give her report after Vickie Simmons does hers.

6. GPRA Reports
   - 6.1. Increase PAP Smears – Vickie Simmons
     - 6.1.1. Vickie S reported that we did not improve in this area, it was 40/1% last quarter and we are still at 41.0% this reporting period. Vickie S. said that she is not sure what we can do anymore. Annie asked if all the corrective actions were implemented and Vickie S. said not all of them. That Pap Smears are included in the ERH

Reminders and could be caught when the patient visits the clinic. Vickie S went on to say that we also have a resistant patient population that impacts our numbers. There was some discussion on this report but no suggestions or objectives made to help improve our numbers. Vickie S. written report is attached to this meeting packet.

6.2. Carrie Davis's Happy Camp Medical Clinic Medical Audit Report for July, August, & September 2013

6.2.1. Carrie audited Chelsea Chambers PA patients' charts, 5 females, 5 males and 5 pediatric. She said the report showed the health questionnaires continue to be a problem for various reasons, i.e. they filed without getting doctor signatures. Carrie expects improvement in the next quarter because they have Dr. Vasquez (no more Interim providers) and one a new part time staff member.

7. New Business

7.1. Tabled - Complaints/Incidents/Suggestions –Rondi Johnson

7.2. Patient Satisfactory Surveys – Vickie Simmons stated, this was completed and reviewed at the last month.

7.3. Dr. Ash asked to Table the Policies #01-001-00 and 14-006-601

8. Old Business

8.1. HIV/AIDS, 3rd QTR – Mike Lynch – (Tabled at last meeting reviewed at this meeting and written report attached to this meeting packet.

8.1.1. Mike submitted a written report, which is attached to this meeting packet.

8.1.2. They have 16 active patients:

8.1.2.1. Thirteen have been screened for Vitamin D levels, 9 were found deficient and have begun treatment.

8.1.2.2. Five have had Dexa scans ordered

8.1.2.3. Thirteen have received their expanded pneumonia protection with the PCV 13 vaccine as recommended by the CDC. Of the remaining three patients, one refused and two are not eligible for the vaccine.

9. Next Meeting December 11, 2013 at 9:00am

10. Meeting Adjourned by concuss to the committee members still present.

Meeting minutes typed and respectfully submitted by Vickie Walden on January 14, 2014

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
December 11, 2014
9:00 am-10:00 am

MINUTES

Meeting called to Order by Rondi Johnson at 9:02 am.

In Attendance:

Happy Camp: Lessie Aubrey, Dr. Brassea, Vickie Simmons, Nadine McElyea, Chelsea Chambers, Suzanna Greeno, Rondi Johnson, Dr. Vasquez

Yreka: Dr. Milton, Dr. Ash, Annie Smith, Sharon Denz
Orleans:

Motion to approve the agenda was made by _______ , second by _________. (not done)

Minutes for November 6, 2013 Tabled

Performance Improvement Reports Due

- **Nadine McElyea –** discontinuing Medi-Cal applications, SSD and SSI, SSI gets Medi-Cal. Changes coming with ACA. Debbie Bickford hired as Outreach and Enrollment Coordinator. Nadine, Debbie, and Sharon are now Certified Enrollment Counselors. www.coveredca.com to apply or ask for help from the three of us. No penalty for Native if they do not apply. However, HUGE benefit if they do apply. More income for tribe, better coverage for natives. If under 138% FPL, qualify for Medi-Cal. Debbie referring to me. Big change for Medi-Cal, assets not considered. Income only. CMSP going away – being rolled over to Medi-Cal. Pat Hobbs attended meeting – BEACON company working with tribes and small clinics, small providers and private providers - eligible to see mental health people with mild to moderate diagnosis. Severe to be referred to Siskiyou Behavioral health. Still work in process. Tribe needs to get enrolled to have that coverage. Pat will be in touch with Rondi and Lessee about enrollment process.
  - **Dr. Milton -** Cov Ca sharing info (without client permission) with Insurance Agents. Nadine not heard that but inform clients that info is verified through IRS and Homeland Security, done automatically. Reconciled each year with tax records.
  - Debbie's extension is 2105**.** She refers Medi-Cal to me.
- **Sharon Denz –** No problems for quarter. Should get more now that mandatory to sign up.
- **Suzanna Greeno** – (for Tracy)CHDP purpose to identify ideas for patients 0-18 yrs old. Call back = system to get them to come back for next appointment. Send notification to parents to come in for immunizations due. 84 patients of 0-18, 16 moved. One does not have us listed as PCP, so we cannot see them. Leaves 67 patients. 57 are current. Leaving 10 delinquent, letters sent. Tickler file for follow-up is helping us keep track of clients who have moved, registered as new, delinquent, and no-shows. Lessie – may need to revise to meet audit requirements.
  - **Dr. Ash** -When have patient, generate report for that doctor so patient's guardian is notified and go right over to medical. Dental looks at immunization records and sends them to Medical while they are in the building.
  - **Rondi** to see if feasible for HC clinic. **Chelsea** says should be no problem.

- **Annie Smith** Diabetes list - Dental and Medical to ensure we have a reachable phone number for all patients. One out of four has active contact number. Ask for current phone # at window.
    - **Rondi** - perhaps MA get info while in room.
    - Have to prov**e** they have moved or cannot remove from our list. Makes our numbers look horrible.
- **Chelsea Chambers** – TABLED
- **Vickie Simmons** (GPRA) – TABLED
    - Immunization Report depends on UDS. Still not changed in system. HRSA requires more than UDS.
    - **Chelsea** – what happened with the baskets for new mothers? Need newborns to come here for shots, rather than pediatricians.
    - **Dr. Milton** – Amy produce client list of delinquent vaccines. Write request for release of vaccination records for each client to Dr. Swenson's office.
    - **Suzanna G. -** Virginia went through list and called to follow through. Vickie asked to be informed when they do that.
    - Dr. Milton – put on agenda for next month?
- **Rondi** – complaints and incidents. Lots lately.
    - *Incidents*: Falls
    - *Complaints*: Not happy with care from front office or other care.
    - Everyone working well to correct.
    - **Dr. Milton** – been spreading ice melt in parking lot. Tribe sends help over with snow fall, but mornings are icy. Daniel (Maintenance) willing to come early to take care of.
    - **Chelsea** – need hand rails to hold onto?
- **Annie Smith** – Transportation Policy
    - Travel subject to weather
    - 48 hours advance notice – not getting NCHR work done. This transportation as last resort.
    - Some patients say not our business but if use our service, it is our business.
    - Purchasing box with emergency supplies (flares, etc) had multiple incidents when transporters come up on accidents. Now have flashlights, blankets, etc. Make list of supplies so can replenish.
    - Passenger responsibilities – cancel 24 hr notice
    - Internal Incident reports if disruptive, lewd behavior, etc… need documented.
    - Transporters cannot be deferred from purpose of trip. (No personal shopping for those being transported, etc.)
    - Encourage to take bus service in Yreka for shopping, etc.
    - At least once per year, to sign they clearly understand the rules.
    - Volunteers / Vouchers to drive? Put gas in car. Appt cancelled and they kept the car and gas. Then tried bus tickets. Must show proof of appointment.
    - **Rondi** to provide proper format for changes to Transportation Policy.
    - If provider referring someone such as cardiologist, those take a priority over socialization transportation, but first come first serve as booked.
- **Dr. Ash** - Dental Policy
    - **Note:** height, weight, and cross off hygienist as handling nitrous oxide.
    - **Rondi -** to send policy for changes, sign and send back to Rondi for Buster's signature.
- **Isha** - Absent but her Report attached.
- **Suzanna Greene** - Pain Agreements cancelled; Contest to Pain management Committee.
    - Quarterly Review – if violates, it is rescinded. Not supposed to be able to go to another Clinic, they are cut off from ALL clinics. Also reducing the strength of Vicodin.
    - **Dr. Milton / Vasquez** - Need minutes from Provider Meetings.
- **Next Meeting** Jan. 15 at 9:00 am.

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
January 15, 2014
9:00 am-10:00 am

MINUTES

Meeting called to Order by Rondi Johnson at 9:11 am.

In Attendance:

Happy Camp:	Suzanna Hardenburger. Chelsea Chambers, Dr. Vasquez, Lessee Aubrey, Elsa Goodwin, Patti White, Rondi Johnson, Vickie Simmons, Vickie Walden
Yreka:	Dr. Walsh, Dr. Lynch,
Orleans:	none

Motion to approve the agenda was made by Patti White, second by Suzanna Hardenburger.

Minutes for November 6, 2013 Motion by Patti White to approve, second by Vicki Simmons, 2 Abstain

Performance Improvement Reports Due

- **Patti White - BMI** Date should be changed to Jan. 15 in minutes from previous meeting.

  This is the study of the failure of appropriate data collection in the assessment of obesity. Each client should have BMI measured at each visit. If BMI is over 30, they should be evaluated and compared to previous quarters. PMS and BMI need to be documented each visit.

  Currently, there were 853 clients with BMI of 30+ in first quarter. 830 in second quarter, and 844 in 3rd quarter. Unduplicated in all 3 quarters are 1149, which is the number used for 2013, the number of clients with BMI of 30+ is 1149, down from 2012 with 1255. The average is 844.

  Parents need to be counseled about obesity, diet, and weight loss. Losing weight is difficult so it might be awhile before we see results.

  Lessie commented that the population versus ratio needs to be considered. Possibly utilize a line graph, one line depicting total population seen and the other BMI 30+.

  Dr. Milton commented that it is necessary to make lifestyle changes so that the weight is not gained back. He suggested small, frequent meals. It commented it is a world-wide problem.

  Dr. Vasquez requested handouts. Chelsea stated she already has them.

  Corrective Action to be taken: BMI must be taken at each visit at all three clinics

- **Jennifer Jones - Flu Vaccine Report**

  The purpose of this Plan is to:

  - Provide accurate data on the influenza vaccine

- Document the current population served and vaccinated, at all three clinics
- Establish continuous quality improvements

According to RPMS, we increased the number of patients. We vaccinated 876 of 3,489 active clients. 138 refused. Everyone is asked at every visit.

The goals are:

- Develop a continuous quality improvement plan for the Influenza Program
  - Track patients within our service area, documenting when and where they receive their immunizations.
  - Distribute information to patients
  - Help patients make informed decisions
  - Increase the availability of the vaccine
  - Develop a plan for transporting Elders, disabled, and the community

- Determine who wants vaccinations
  - Ask them if they want the vaccine
  - Handouts
  - Inform verbally
  - Aid patient in making informed decision
- Received supplemental vaccines from VFC and have traded between clinics so everyone can receive one.
  - Data from all 3 clinics, log sheets, RPMS, FRC, and patients
    - Collect and store all data on influenza immunizations in l central location so may be accessed by those needed
    - Study and find out what problems associated with getting influenza immunizations in communities
  - Influenza statistics form previous year. Much publicity this year.
  - Clinic info from RPMS. Track patients and where they received their vaccine.
  - Forward info to committee. What changes do we need to make? Meet goals?
  - Audit information and evaluate on quarterly basis. Goals being met? Are we seeing results?
  - **Corrective Action to be taken**: audit info to be evaluated on quarterly basis and corrected. Are we seeing results?

GPRA Reports - Vickie Simmons (GPRA goes through 2nd quarter of 2014 (July 2013 –June 2014)
- *Glycemic Control* - good glycemic control below 8.0 at 47.7%
- *Blood Pressure* **-** less than 140/90 at 43.8

New Business
- **Rondi Johnson** - *Complaints/Incidents/Suggestions*
  - Only one complaint this month.
  - Great report on Sharon West, send out certificate for her.
  - No suggestions.
- **New Calendar Committees / Meetings** (Patti – sent to all via email)
  - Make staff knows what meetings to attend and that they are prepared.
  - Be sure that rooms are reserved.
  - Keep meetings on scheduled and on time.

Old Business

- ***Vickie Simmons - GPRA***
  - ACQI New Plan / Goals – Vickie to work with Lessie
  - Chelsea - 75% of kids have private pediatrician / stay on list if seen at clinic. Hard to get records from providers. Missing opportunities because of lack of info.
  - Write down in notes who their pediatrician is, and Vickie S. will help follow up with info
  - 2013 UDS report not include: (3) vaccines; Tracking because new report not yet set up.
  - Cannot use a pediatrician as a specialist because he is a primary care person.
  - Chelsea talking with Lessie re: new patient welcome gifts, give them idea of costs, teaching package, immunization cards, etc…
  - Lessie – need to identify pregnant women. How? 2014 requirement, come up with goals and outline to submit to HRSA.
  - Vickie S. - Need to do HIV test on pregnant women. UDS Report per Patti.

Next meeting to be held on February 12 at 9 am.

Karuk Tribal Health Program
Performance Improvement Activity
Progress Report
01/02/2014

Title: Influenza report

Purpose/Problem: The purpose of this study is to keep accurate data on the Influenza vaccine. The current population served, current numbers of patients receiving the influenza vaccine within our clinics. The service area and available options. The establishment of continuous quality improvement.
Explain: Reports from RPMS show we have decreased the numbers of patients getting vaccines from our clinics. We have given a total 876 out of a population of 3489 active patients, Influenza vaccine this flu year. We have had a total f 138 patients refuse the influenza vaccine this year. These patients are asked if they would like it at every visit.

Objective(s)/ Goals: Goals for this program are to develop a continuous quality improvement plan for our Influenza program. To track patients within our service area. Documenting when and where they receive their Influenza immunizations. Distributing information to the patients in our service area. Helping the patient to make informed decisions. Increasing the availability of the vaccine. Come up with a plan for flu clinics, transportation for elders and disabled. A Plan for the whole community.
Determine:

1. We ask each patient if they would like the Influenza vaccine. We then document if they receive it from our clinics or at another facility.
2. We give pamphlets and handouts on the Influenza Vaccine. We also verbally inform the patient about the vaccine. We hope to aid our patient in making an informed decision.
3. We have received supplemental vaccines from VFC and have traded between clinics to ensure that every patient who wants an immunization can receive one.

Data: We will gather baseline data from all three clinics. Log sheets, Electronic Health Record, RPMS, Siskiyou County Public Health, Family Resource Center and the patients themselves. We will collect and store all data on Influenza Immunizations in a central location so that it may be accessed by those who need it. Study and find out what are the problems associated with getting Influenza immunizations in the communities. Availability of the vaccine and procurement.

B. We order all Influenza based on statistics from the prior year. We adjust and order what we think we will need for the year and then reorder if additional is needed. This year there has been publicity in the media on an increase in flu outbreaks this has led

to a second run of people wanting to receive vaccines. We have been able to handle this by working together and sharing our vaccines supplies.

C. We have received all information requested from the clinics. Each clinic inputs all data. Where the vaccine came from, lot numbers, expiration dates. This is all put into RPMS.

Evidence of Data Collection
The data will be taken from past years 2009 through present. We will develop a program to enter all Influenza information into. We will then track our patients to find when and where they receive the influenza shot and if not why. We will track all data including barriers such years with limited supplies, short expiration dates etc. We will analyze all data for quarterly reports to present to the committee.

Re-measure: What are the problems and what do we do to change them. Implement new processes, procedures. Run reports for comparison with last report to determine if goals are being met and implemented.

Additional Corrective Action Audit information will be reevaluated on a quarterly basis with any changes or problems, exposed and corrected. Performance goals will be set and reevaluated at quarterly audits. Determine if plan is working are we seeing results.

Communication: Communication findings of each quarter's data to ACQI. This information will then be shared with the Karuk Tribl Health Boar via Clinical Administrator.
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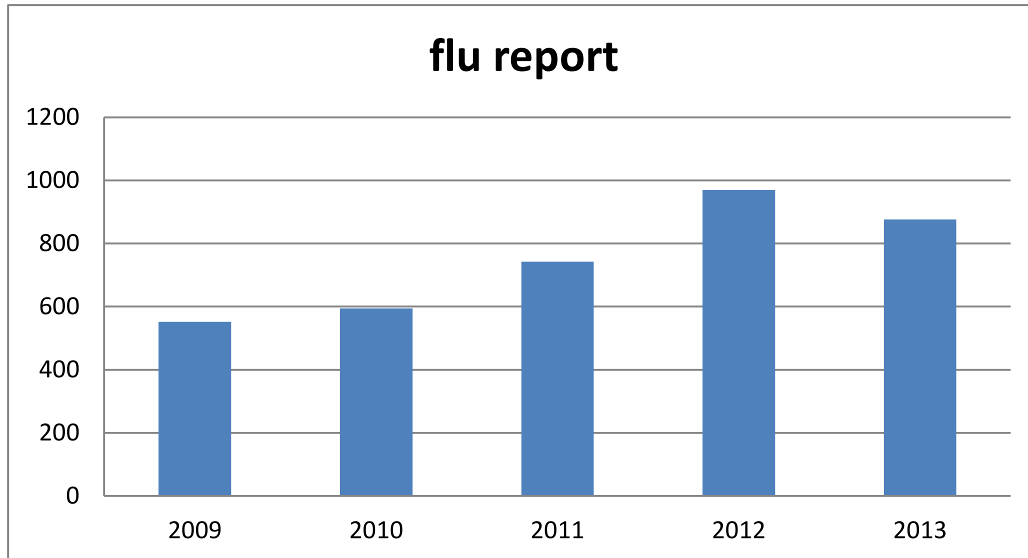
Respectfully Submitted by Jennifer Jones

flu vaccine e data years 2009-2013

2009	552
2010	594
2011	742
2012	970
2013	876



KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM

2013

Create an Immunization Recall System

I. Purpose of the Study

The purpose of this study is to create an immunization recall system so that our childhood immunization rates for two year olds will increase by 2% or more per year from the 53% rate reported in 2008 on the UDS Report. It is time to review this CQI project and come up with a new plan and goals. This improvement plan needs to be rewritten to match the latest HRSA requirements. The 2014 results will not match previous years and therefore 2014 will be our baseline year.

II. Identification of the Performance Goal

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

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

III. Description of the Data

The baseline data for this performance improvement project was taken from the 2008 UDS Report. This information came from results for both Native American and Non-Native American, two year old children. Since 2011 the UDS report included three more vaccinations than the GPRA Report (see chart below). The GPRA report covers only Native American children, ages 19 to 35 months of age. For the year 2013 the UDS report will now not include these three vaccinations and it will match the GPRA children's age requirement. This will bring the UDS immunization rate up to more closely match, if not match, the GPRA report.

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

Discontinued

DTaP – Protects against diphtheria, tetanus, and pertussis (whooping cough)
IPV – Protects against polio
MMR – Protects against measles, mumps and rubella
Hib – Protects against *Haemophilus influenzae* type b.
HepB – Protects against Hepatitis B
VZV – Protects against chickenpox
PCV – Protects against pneumococcal disease
HepA- Protects against Hepatitis A
RV – Protects against rotavirus.
Flu – Protects against influenza.

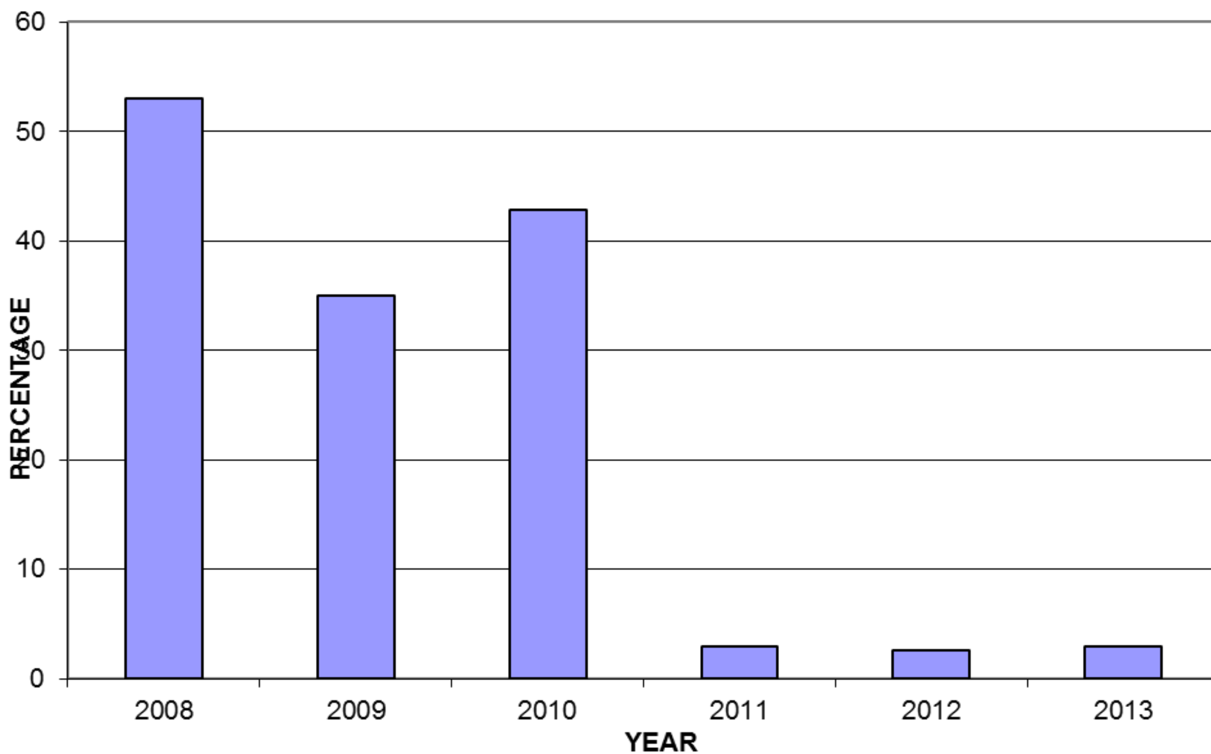
Both HRSA and GPRA will now require that the children be properly immunized by their 3rd year.

IV. Evidence of Data Collection

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

V. Data Analysis

The 2008 **UDS** result for immunizations was 53%. The 2011 rate was 3%. This was drastically reduced from previous rates because HRSA increased the amount of required immunizations. The 2012 rate was 2.6 %. To date the current UDS report indicates we are at 2.9%. But, once Patti updates this report to match the new requirements it will more closely match GPRA (somewhere around 40 to 50%). At this time our GPRA immunization 2nd Qtr. rate is at 28%. (GPRA quarters do not match UDS quarters.)



If we compare our 2012 Karuk GPRA result (45.5%) to the 2012 California Area result (71.3%) and to the 2012 National result (76.8%) it shows substantial room for improvement.

VI. Comparison of Current Performance Against Performance Goal

Karuk had 53% compliance in 2009 and our goal was to improve by 2% per year. We did not meet this goal in 2009, but in 2010 we did improve. The 2011 rate was a dismal 3% so no improvement. The 2012 did not surpass 2011. Definitely with the new requirements the real 2013 result will be above the 2012 but the comparison is meaningless because of these drastic changes.

VII. Implementation of Corrective Action to Resolve Identified Problem

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

- Train clinic receptionists on how to open the schedule for recall appointments.
- Ensure that patients do not leave clinic without a follow-up appointment being made.
- Receptionists will make reminder calls the day before the appointment and also instruct the parent/guardian to bring current immunization card/record to appointment.
- A dynamic spreadsheet will be kept to track children's immunization needs using information gathered from RPMS.
- Reminder letters will be sent out to parents/guardians notifying them of the needed immunizations.
- Outreach workers will be sent out when parent/guardians do not respond.

VIII. Re-Measurement

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

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

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

X. Communication to Governing Bodies

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

Respectfully Submitted by Vickie Simmons

KARUK TRIBE
SPECIAL REVENUE FUND COMBINING STATEMENTS
ALL FUND TYPES AND ACCOUNT GROUPS
YTD JANUARY 31, 2014

	Health 3000 Combined Health Service	**Health** 3030 CRIHB
ASSETS		
Current Assets:		
Cash	1,614,604	-
Investments		
Accounts Receivable	3,471	
Prepaid Expenses	6,609	
Grants Receivable		-
Interfund Receivable		
Total Current Assets	1,624,684	-
Other Assets:		
Investments		
Total Assets	**1,624,684**	**-**
LIABILITIES		
Current Liabilities:		
Accounts Payable	(133)	
Accrued Liabilities	-	
Deferred Revenue	1,624,817	
Interfund Payables		
Total Current Liabilities	1,624,684	-
Total Liabilities	1,624,684	-
EQUITY		
Unreserved Fund Balance	-	-
Reserved Fund Balance		
Total Equity	-	-
Total Liabilities and Equity	**1,624,684**	**-**
	-	-
REVENUE		
Federal Sources	1,609,714	-
State/Other Grantor		

Third Party Mental Health Revenue		
Pass thru funding - state		
Pass thru funding - federal		
Other		
Total Revenue	1,609,714	-
EXPENDITURES		
Salaries	818,632	
Contracted Physician Services	57,437	
Stipends		
Payroll Taxes & Fringe Benefits	196,125	
Travel & Training	14,632	
Vehicle Expense/Mileage	12,374	
Supplies	31,180	
Professional Fees & Licenses	995	
Advertisement	1,409	
Utilities / Phones	16,183	
Dental Supplies		
Medical Supplies		
Dental Lab		
Medical Lab/X-Ray		
Prescriptions		
After Hours Care		
Incentives		
Educational Materials		
Eye Exams		
Podiatry Exams		
Medications		
Lab Test		
Activities		
Janitorial		
Contract Health	156,911	
Debt Service		
Capital Outlay	35,020	
Total Direct Expenditures	1,340,898	-
Indirect Costs	268,816	
Total Expenditures	1,609,714	-
EXCESS OF REVENUE		
OVER EXPENDITURES	-	-

Other Financing Sources (Uses)		
Interest Income		
Lease Proceeds		
Transfers In/(Out)	-	
EXCESS OF REVENUE AND OTHER FINANCING SOURCES OVER EXPENDITURES AND OTHER OTHER FINANCING USES	-	-
Beginning Fund Balance		
Prior Period Adjustments		
Ending Fund Balance	-	-

Health 3050 IHS Diabetes	**Health** 3060 Medi-Cal	**Health** 3112 Marshal Grant	**Health** 3400 Bureau of Rec. HRSA	5080 HUD ICDBG Orleans Clinic
(86,895)	40,873	(3,701)	(252,036)	-
389			-	
86,506		3,701	270,493	-
-	40,873	-	18,457	-
-	**40,873**	**-**	**18,457**	**-**
-	-		-	
-			18,457	
	40,873			
-	40,873	-	18,457	-
-	40,873	-	18,457	-
-	-	-	-	
-	-	-	-	-
-	**40,873**	**-**	**18,457**	**-**
-	-	-	-	-
29,627		-	222,096	-
	1,115			

29,627	1,115	-	222,096	-
8,805			99,762	
2,586			26,975	
802			1,191	
70			408	
3,736	1,015		6,560	
			720	
			16,453	
			7,689	
			1,830	
			26,043	
			642	
60				
707				
136				
9,337			1,638	
53				
521				
	100			
26,813	1,115	-	189,911	-
2,814			32,185	
29,627	1,115	-	222,096	-
-	-	-	-	-

	-	-	-	-	-
	-	-	-	-	-

	Health 6060 State DEO Direct	Health 6200 Plumas County Public Health	Health 6400 State G & C Revenue	Health 2130-56 BIA Compact	Health 6700 Foundation Grants	F/S Reclass Entry
	-	(5,498)	(12,684)	153,211	745	
		-	-	3,504		
	-	5,498	12,684			
	-	-	-	156,715	745	-
	-	**-**	**-**	**156,715**	**745**	**-**
			-			
		-	-			
				156,715	745	
	-	-	-	156,715	745	-
	-	-	-	156,715	745	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	**-**	**-**	**156,715**	**745**	**-**
	-	-	-	-	-	-
				104,568		
	-	5,428	27,236		-	

			20,001		
		1,586	150		
-	5,428	28,822	124,719	-	-
	3,914	15,097	55,759		
			550		
	1,010	4,797	21,996		
	454	517	8,069		
		1,702	4,801		
	50	759	2,794		
		734	2,076		
			1,058		
		336	4,798		
			1,679		
-	5,428	23,942	103,580	-	-
		4,880	21,139		
-	5,428	28,822	124,719	-	-
-	-	-	-	-	-

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

TOTAL (MEMORANDUM ONLY)
1,448,619
-
7,364
6,609
378,882
-
1,841,474
-
-
1,841,474
-
(133)
18,457
1,823,150
-
1,841,474
1,841,474
-
-
-
1,841,474
-
1,966,005
33,779

20,001
-
-
1,736
2,021,521
1,001,969
57,437
550
253,489
25,665
19,355
46,094
3,805
2,467
22,037
16,453
-
7,689
1,830
26,043
642
60
-
707
136
10,975
53
521
1,679
156,911
-
35,120
1,691,687
329,834
2,021,521
-
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