KARUK TRIBE
ANNUAL HEALTH BOARD MEETING AGENDA
Thursday, May 8, 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 *(March 13, 2014) (No meeting April 10, 2014)*

F) GUESTS *(Ten Minutes Each)*

1.

H) OLD BUSINESS *(Five Minutes Each)*

1.

I) DIRECTOR REPORTS *(Ten Minutes Each)*

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

II) REQUESTS *(Five Minutes Each)*

1.

K) INFORMATIONAL *(Five Minutes Each)*

1.

M) CLOSED SESSION *(Five Minutes Each)*

1. CHS (dinner break)
2. Tanya Garcia
3. Laura Olivas or Laura Mayton
4. Tribal Council Members

N) SET DATE FOR NEXT MEETING ***(Thursday, June 12, 2014*** *at 3 PM in Happy Camp)*

OO) ADJOURN

Karuk Tribe – Annual Health Board Meeting
March 13, 2014 – Meeting Minutes

Meeting called to order at 3:17pm, by Buster Attebery, Chairman

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

Absent:
Michael Thom, Vice-Chairman (travel – excused)
Elsa Goodwin, Member at Large (travel – excused)
Josh Saxon, Member at Large (travel – excused)
Crispen McAllister, Member at Large (leave – excused)

Agenda:
Arch Super moved and Bud Johnson seconded to approve the agenda with changes, 4 haa, 0 puuhara, 0 pupitihara.

Minutes of February 13, 2013:
Arch Super moved and Amos Tripp seconded to table the minutes of February 13, 2014, 4 haa, 0 puuhara, 0 pupitihara.

Director Reports:

1.) **April Attebury, Children and Family Services:**
No report provided, not present.

Jody Waddell moved and Arch Super seconded to table April's report, 4 haa, 0 puuhara, 0 pupitihara.

2.) **Dr. Vasquez, Medical Director:**
Nothing to add at this time. No report to provide.

3.) **Suzanna Hardenburger, Business Office Manager:**
Suzanna is present to answer questions regarding her report. Suzanna's report has closed session items.

4.) **Annie Smith, Director of Community Services:**
Annie is present to review her report. She noted that there are some changeovers in staffing. They are happy to announce that there were recently interviews for the CHR position in Happy Camp.

The group discussed the Obama Care and the Affordable Care Act regarding the effects on the Elders.

Amos asked that CRIHB do some onsite and assist in clarifying so many different opinions and unknown answers regarding Affordable Care. Amos would like the Health Managers and the Council.

Amos discussed the difference in "Members of Federally Recognized Tribes" and that leaves confusion for the classification of Descendants. The intent is to get the CRIHB staff brought to provide a presentation regarding this.

A Rave Report was received from Carol Thom and that is amazing and the notation form the client was that Carol "gave them their life back", which was an accomplishment.

Annie noted that the transporter position needs to take place and evaluate where to get the funding for the position.

Annie understands that there needs to be funding in the bank. She commented that the needs are enormous at this time and the patients are the ones that feel those effects.

Laura commented that it's about priorities and what the Council spends the funding on. The health program is the staff needs to provide the best recommendation.

Jody Waddell moved and Bud Johnson seconded to approve Annie's report, 4 haa, 0 puuhara, 0 pupitihara.

5.) Eric Cutright, IT Director:

Eric is present to review his report. He first sought approval of agreement 14-A-003 with the County of Contra Costa for the Nurse Advice Hotline. HRSA requires having a nurse hotline and it was previously done for 2 years, with expired in 2012. The service is now ended. Dr. Vasquez noted that the nurse hotline is no longer but the answering service is provided. The answering service provides regular call screening. Eric explained the system with the providers being the medical screeners and the patients do not directly call the providers. Total cost is $9,120 under contract with 14-A-033. The funding comes from Third Party.

Arch Super moved and Amos Tripp seconded to approve agreement 14-A-033, 4 haa, 0 puuhara, 0 pupitihara.

Eric then went on to seek approval of 14-A-036 with the California TeleHealth Network. Eric explained that the TeleHealth provides cheaper service for faster internet service

Amos Tripp moved and Arch Super seconded to approve agreement 14-A-036, 4 haa, 0 puuhara, 0 pupitihara.

Eric sought approval of agreement 14-A-037 with Pacific Gas and Electric. It is to provide PG&E to get power for the site where the broadband is going to be installed.

Amos Tripp moved and Jody Waddell seconded to approve agreement 14-A-037, 4 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Jody Waddell seconded to approve Eric's report, 4 haa, 0 puuhara, 0 pupitihara.

6.) Lessie Aubrey, EDHHS:

Lessie is not present, she is on travel. Her report is included in the packets. Rondi is present to seek approval of the CRIHB Membership fees as an Associate Member.

Amos Tripp moved and Bud Johnson seconded to approve the annual members' dues with CRIHB for $12,000, 4 haa, 0 puuhara, 0 pupitihara.

Her second action item is an agreement with AmerisourceBergen, under 14-A-039. It is for 340B pricing.

Arch Super moved and Jody Waddell seconded to approve agreement 14-A-039, 4 haa, 0 puuhara, 0 pupitihara.

She also sought approval of a marketing program with Supahan Consulting Group for $15,000 to market the Tribes clinics under contract 14-C-048. Laura has an issue with the entire thing. Laura doesn't want to advertise if the clinics cannot see their patients and have waiting times currently. She believes this will create an influx of patients to the clinics that already have access issues. This contract will be tabled to Thursday's planning meeting.

Jody Waddell moved and Bud Johnson seconded to approve Lessie's report, 4 haa, 0 puuhara, 0 pupitihara.

7.) **Patti White, Database Administrator:**
Patti is not present, she is out ill. She provided her report and has one action item regarding the Indian Health Services mandatory training.

Consensus: to make the Indian Health Services training mandatory for the staff.

Jody Waddell moved and Amos Tripp seconded to approve Patti's report, 4 haa, 0 puuhara, 0 pupitihara.

8.) **Rondi Johnson, Deputy Director:**
Rondi has one action item. It is out of state travel May 5-9, 2014 Self-Governance Conference Arlington VA.

Arch Super moved and Bud Johnson seconded to approve out of state travel May 5-9, 2014 to Arlington VA., 4 haa, 0 puuhara, 0 pupitihara.

Arch Super moved and Jody Waddell seconded to approve Rondi's report, 4 haa, 0 puuhara, 0 pupitihara.

9.) **Flo Lopez, Safety Officer:**
Flo is on travel status but her report was provided.

Amos Tripp moved and Jody Waddell seconded to approve Flo's report, 4 haa, 0 puuhara, 0 pupitihara.

Closed Session:
Amos asked for more information broken out in the billing report. After clarification the Council thanked Suzanna for staying to answer questions.

Arch Super moved and Jody Waddell seconded to approve Suzanna's report, 4 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Bud Johnson seconded to approve CA employment, same rate of pay, 6 month probation period, 4 haa, 0 puuhara, 0 pupitihara.

Informational: March 24, 2014 Eric and the Yurok representative will be named State of California Broadband Champions.

Amos Tripp moved and Bud Johnson seconded to approve the Health Program financial report, 4 haa, 0 puuhara, 0 pupitihara.

Arch Super moved and Jody Waddell seconded to allow the Enrollment Department release information to Indian Health Services, Barry Jarvis for HITS, 4 haa, 0 puuhara, 0 pupitihara.

Consensus: for Barbara and Jody to work on setting a meeting with CRIHB to obtain information regarding CHS, Descendants, Covered California, etc.

Arch Super moved and Jody Waddell seconded to send the newsletter and send to printing, 4 haa, 0 puuhara, 0 pupitihara.

Next Meeting: April 10, 2014 at 3pm in Happy Camp.

Bud Johnson moved and Jody Waddell seconded to adjourn at 7:49pm, 4 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

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Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider

Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

May 8, 2014

Annie Smith RN, BSN, PHN

This has been a very busy month for all of my Team. We have operated one CHR short, so I would like to thank Flo for stepping up and handling so much extra work.

I would also like to welcome our new CHR Dolores Jioia to our Team. She has hit the ground running and states she looks forward to learning the tasks at hand quickly.

Action Items:

I respectfully request from the Health Board, a Transporter position for 20 hours a week. This has been discussed with the Health Board previously and I understand the need. After financial discussion with Laura Mayton, I decided to request starting this position at 20 hours a week and then see if the need expands. The finances for this position will initially come from my Teams accounts until the MAA logs can be filed to see if we can cover additional hours. I am attaching the transportation policy and job description.

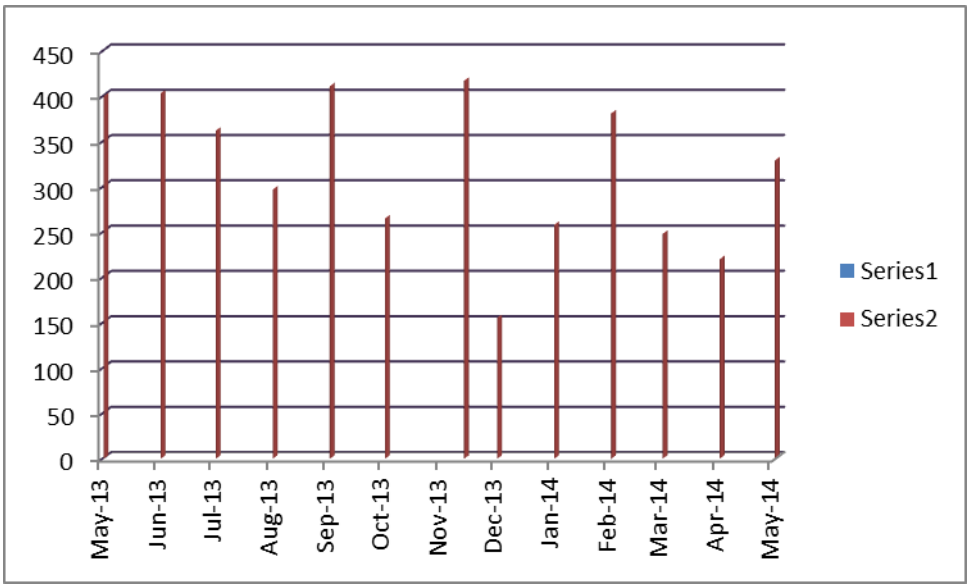
April Items:

- I am continuing to write the COOP plan. I am close to finishing. I will be very glad to present this to you upon finishing. We have had two situations this month that affected the continuity of operations of both the Happy Camp Clinic and the Yreka Clinic. We learned from each and those lessons were applied to our handling of each

situation. Our intention is to address the immediate concerns of power or sewer issue, protect the patients and staff, and then return to operating at full capacity as soon as is possible.

- I would like to thank Tom Waddell for the work he put into the application for a grant for emergency operations equipment, Automatic Electronic Defibrillator (AED), into places and vehicles that are present locally in the event of a CPR.
- Without revealing patient information, I was very busy interacting with outside facilities. These include U.C. Davis, U.C San Francisco, RVMC, FMC, Siskiyou County Public Health, Siskiyou Home Health and Scott Valley respiratory.
- Our Team continues to call our Elders and make home visits. Our new CHR Dolores has notified me she has nine visits already scheduled for next week. I am working with her to bring her up to par on the extensive assessments we make when we have visits.
- Our Call list also includes our Tribal members on our Diabetes list. We have had good attendance at our lunches and I have done many case management visits both in homes and in my office.
- We participated in the "Every 15 minutes" exercise through the High School this month and the Happy Camp Clinic was excellent in their practice response. Thank you to them.

Workload reports for March for CHR's:



Financial Report:

	Unencumbered Balance	Percent Used
Public Health Nurse:	$ 50,214.58	46.46%
CHR:	$ 152,863.51	47.45%
IHS Diabetes Grant:	$ 84,659.49	46.27%

Karuk Health and Human Services Policy Manual

Policy Reference Code: **01 () 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20()**	**09() 10 () 11 () 12 ()** **21() 22()**
Function: **Administration**	**Policy #:** **03-000-116**	**Policy Title:** **Medical Transportation Policy**
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date:** **Signature:**	**Cross References:**
Supersedes Policy 01-003-009 from pre 2005		

PURPOSE: The purpose of this policy is to clarify the rules and regulation regarding transportation of any Tribal member or their family in any Tribal vehicle.

POLICY: Karuk Tribal Health Program Medical Transportation Policy

PROCEDURE:

I. Title: Transportation and Travel

All travel is subject to weather and road conditions:

a. All travel is stopped when snow is continually falling and staying on the roads. This means no transporting or travel. Inside duties will be assigned.

b. When staff is caught in a winter storm during transport, staff will be expected to use good judgment, and his/her ability of hazardous driving techniques, to deliver the passenger safely.

c. When a hazardous road condition exists, or has reason to believe that such a condition exist, (e.g., road condition report), in which drivers may pass only at their own risk, staff have the right to choose not to pass.

d. If vehicles are not up to KTHP safety standards then they shall not be used.

e. **Slide precautions should be exercised so that staffs and passengers don't become stranded.**

f. Staff will insure that inclement weather supplies are present in the transportation vehicle that is seasonal ly related.

Passenger Responsibility and Penalties

A. **Passengers must wear seat belts while being transported. If you fail or refuse to wear them your privilege for transportation services will be revoked!**

B. **At a <u>minimum</u>, appointment for transportation services must be made** 48 **hours in advance to allow the staff enough time to verify appointment and transportation availability.**

C. **If you must cancel or reschedule your appointment for transportation services, you must do so <u>24 hours</u> in advance.**

D. **Passengers requesting transportation services and missing them twice (2 no shows) will lose transportation privileges for a period of one year.**

E. **Passengers are required to refrain from smoking (designated area only) or using drugs or alcohol while transportation services are being provided.**

F. **Transportation and use of medical marijuana is prohibited, and against Federal law. Refusal to comply will be grounds for termination of transportation privileges.**

G. **A Zero Tolerance Policy will be enforced upon patients, which includes:**

1. **Disruptive Behavior – yelling, using profanity, waving of arms or fists, or verbally abusing others; making inappropriate demands for time and attention; making unreasonable demands for action, or any lewd remarks.**
2. **Intimidation – an act towards another person to coerce, which causes fear for personal safety or safety of others.**

3. **Threat of Violence – a communicated intent to inflict physical or other harm on any person or on property.**
4. **Acts of Violence – exercise of physical force against another person or against property.**
5. **Carrying/Transporting Weapons – No weapons of any kind shall be permitted in Tribal vehicles at any time, or for any reason.**

An internal incident report will be filed each time any of the above concerns occur.

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H. Passengers must live in service area for local transportation services (Northern Siskiyou and Eastern Humboldt Counties).

I. Transports must fit into the schedule of the transporter/CHR.

J. Patients may be transported with other patients in the same Vehicle.

Procedures:

1. **Transporter will notify supervisor when patient fails to abide by transportation policies.**
2. **Supervisor will write letter to passenger warning them of penalties.**
3. **Upon second offense, supervisor will suspend passenger transportation services.**
    a. **No Shows will be suspended for one year**
    b. **Seat Belt Offenses are suspended indefinitely or until passenger begins to comply with policy.**
    c. **Transportation and use of illegal drugs according to Federal law, will result in immediate termination of transportation services.**
    d. **Suspension of transportation services will take place immediately for any act of violence, or weapons in their possession, regardless of location. The police will be notified of the patients whereabouts**

Program Responsibility

A. **Because of legal, and privacy regulations, transporter/CHR family members or visitors are not allowed to travel with staff while they are providing home visits and other personal care in the field. Exception: when travel is required for a referral to an outside provider. However, the transporter/CHR must obtain prior approval of his/her supervisor, and of the passenger, and then instruct visitor(s) of the need for them to adhere to the Confidentiality Policy.**

B. **It is not the Transporter's responsibility to pay for passenger expenses, i.e. meals, lodging, etc.**

C. **Reimbursement for personal vehicle expenses is provided for when a staff submits a mileage report. Current mileage reimbursement will be paid at the Council approved rate.**

D. **Whenever the transporter/CHR is unable to transport a scheduled patient, it shall be the responsibility of their supervisor to seek alternate transportation for their patient** if possible.

Eligibility Requirements for Transportation Services

1. **Transportation services are reserved for clients with no other means of transportation available to them at time of need/appointment.** It is the patient's responsibility to make every attempt to get transportation from family or friends and use this transportation service only as last resort.
2. **All clients must be eligible for Tribal health program direct care services.**
3. **All transports will be made to the nearest Karuk Tribal Health facility designated for the Transporter or CHR service area**
4. **Authorization to transport clients to outside providers must come from a KTHP provider as a referral and with authorization from supervisor.**
5. **CHR's will make appointments and place them on their individual schedule.**
6. **Emergencies are an exception!**
7. **Patient's missing two appointments without previously canceling appointment, will lose transportation services for one year.**

8. Passengers found smoking, using drugs, or alcohol, or not wearing the seat belt while being transported in Tribal vehicles shall not receive transportation services again. This includes transportation or use of medical marijuana while in transport. Appeals may be made to the Tribal Council.
9. Written authorization from a parent or guardian is required before transporting minors.
10. A parent or guardian must accompany minors when transporting to a referring physician or service.
11. Error on the side of Caution.

*****You can delete this as the signature line is in the heading.

Approved on the DATE
By the Chairman of the Karuk Tribe of California

_____

Signature and Date

I understand the policy and agree to abide by this policy.

_____

Signature and date
of person being transported

POSITION DESCRIPTION

Title: Medical and Community Outreach Transporter

Reports To: Director of Community Health Outreach

Location: Yreka Clinic

Salary: $10.00 per hour

Classification: Part-time

Summary: The Clinic Transporter will be based out of the Yreka Clinic and shall work ½ time transporting clinic patients to medical and dental appointments using available Tribal vehicles. Shall provide assistance to those patients needing special attention as indicated, (ex; handicapped).

Responsibilities:

1. Shall efficiently provide transportation to directed appointments.

2. Shall competently provide assistance to those patients needing special attention as indicated (ex; handicapped).

3. Shall efficiently and responsibly ensure that all patients comply with State Laws and Tribal Policies (ex; wearing of seat belts, not drinking alcoholic beverages, no smoking, etc.).

4. Shall proficiently keep documentation of mileage for each trip, vehicle usage sheets, MAA logs and credit card receipts.

5. Shall adequately be responsible for insuring vehicle maintenance including cleanliness.

6. Routine duties shall include providing medical outreach services, and other health care-related services in homes, schools, clinics, job sites, and other community locations within the Karuk Tribe's Service Area.

7. Shall be capably available for local and out of the area travel as required for job related training. Shall attend all required meetings and functions as requested.

8. Is courteous in accepting other job duties as assigned.

Qualifications:

1. Exhibits the ability to work effectively with Native American people in culturally diverse environments.

2. Displays the ability to manage time well and work under stressful conditions with an even temperament.

3. Demonstrates the ability to establish and maintain harmonious working relationships with other employees and the public.

4. Exhibits the ability to understand and follow written and oral instructions.

Requirements:

1. Two (2) years experience driving in local area and in various weather conditions preferred.

2. One (1) year experience working with the public preferred.

3. Knowledge and experience of body mechanics preferred, for assisting disabled persons.

4. Must possess valid driver's license, good driving record, and be insurable by the Tribe's insurance carrier.

5. Must strictly adhere to confidentiality and HIPAA policies.

6. Must provide documentation of immunity to measles and rubella or become immunized with the recommended vaccine and Hepatitis B vaccine. Must test annually for TB.

7. Must become certified in and remain current in CPR.

8. Must successfully pass a pre-employment drug and alcohol screening test and be willing to submit to a criminal background check.

Tribal Preference Policy: In accordance with the TERO Ordinance 93-0-01, Tribal Preference will be observed in hiring.

Council Approved: Date_____

Chairman Signature:_____

Employee Signature:_____

Executive Director of Health and Human Services

Board Report May 8, 2014 Lessie Aubrey, EDHHS

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CTN Telehealth Summit 2014

Patti White and I traveled to Newport Beach, CA April 27 – 30, 2014 to attend the annual Telehealth Summit. It was exciting and very enjoyable. We met many very nice individuals, and learned about equipment and new programs which include software. In addition, there was much to learn about specialty agencies and how they are using Telehealth to expand their services, save cost and the need for transportation. We currently have a small Telehealth program but I am quite convinced we need to move more aggressively on our Telehealth program.

CRIHB Quarterly Program Directors and Orientation

I traveled to the Quarterly CRIHB Program Director's meeting on April 24 – 26, 2014, in Sacramento. Mark LeBeau gave an excellent Director's Report which I will attach. Pain Management was presented by 3 programs as a previous request from a program director. We also discussed turf wars between employees. Time Management was discussed with tips being provided to us. Updates on CRIHB Options and the CA Tribal Epidemiology were presented.

The next day I attended the CRIHB Orientation for the Board of Director's and Program Directors. I think it was a good overview.

Region IX Consultation

I met with Herb Shultz, Margo Kerrigan, Travis Coleman, Tom Brookshire, HRSA and several others and presented pictures of the Happy Camp clinic and the overcrowding that they have to endure. I told them that we have written three grants for a Happy Camp clinic and none were funded. Tom reviewed the reasons HRSA did not fund us and thought two of the reasons were futile. However, there is no appeal with HRSA grants. The meeting was successful in convincing everyone that Happy Camp indeed needed a clinic and they are going to try to find someone to help us.

Then I joined in with the other Program Directors to discuss Contract Support Cost, Medicare Like Rates for specialty care, using HEDIS measures for quality instead of GPRA, and the definition of Indian. The IRS will not accept the same definition as the other agencies. This would cause more Indians to receive penalties in regards to ACA.

The next day Michael Thom and I attended the Region IX Consultation with all Tribes. Much of the issues were the same as the day before.

Fiscal Training

I attended the fiscal training held April 21st here in Happy Camp. As always it was a good review.

Nutrition Sites

Getting the Nutrition sites up and running was a goal this month. A Director was hired and we are looking at hiring the cook. Interviews were conducted for an on call cook but our selection must first be released from her physician.

Action Items

1. Veterans Agreement
2. 3 policies

Executive Director of Health and Human Services

Board Report May 8, 2014 Lessie Aubrey, EDHHS

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EXECUTIVE DIRECTOR'S REPORT

BACKGROUND:

Report Content:

- CRIHB Departmental Updates
- CRIHB Programs

Attached Documents:

- Affiliate Partnership Protocol
- US Department of Health and Human Services (HHS) Annual Budget Consultation – March 6-7, 2014
- HHS Invitation Re: Tribal Consultation to Develop California Health and Human Services Agency's Tribal Consultation Policy – May 21, 2014
- Office of Assemblymember Marc Levine – AB 2264: One Standard for all Tribal Clinics
- Assembly Bill No. 2264
- California Health and Safety Code Section 1206
- Letters of Support from THPs Re: Amend Section 1206 of the California Health and Safety Code
- Medi-Cal Tribal and Indian Health Program Designee Annual Meeting – February 26, 2014
- Letter of Support from NPAIHB Re: CDC-RFA-PS-14-004: Reduce Hepatitis Infections by Treatment and Integrated Prevention Services (Hepatitis-TIPS) among Non-urban Young Persons Who Inject Drugs

DESIRED ACTION:
Board Approval

CRIHB Executive Director's Quarterly Report

April 2014

I am pleased to present the California Rural Indian Health Board (CRIHB) Executive Director's Quarterly Report for April 2014. Since assuming this role in October 2013, it has been a tremendous honor to serve with our highly committed and talented staff in striving to attain the goals of CRIHB. It has also been a great honor to engage the Board of Directors and the Tribes and Tribal clinics that are members of CRIHB in this process.

In line with all of my duties and responsibilities, I have embraced and enjoy the challenge of increasing the membership of CRIHB. CRIHB is the leading and oldest Tribal health care association in California and provides substantial and critically important services to its members. These services would also greatly benefit the Tribes and Tribal clinics that are not members of CRIHB. It is very important that as many Tribes and Tribal clinics as possible stand together in the effort to achieve funding equity for the California Area Indian Health Service (IHS) and other shared Tribal priorities.

During the March 2014 California IHS Area/Tribal Leaders Consultation meeting in Reno, Nevada, I met with 10 directors of Tribal clinics who are not members of CRIHB about the potential of working together. Many of them expressed interest in working toward this goal. I will continue to follow-up with them on this initiative. CRIHB staff members are also preparing a two page cost benefit analysis that shows the positive impact to Tribes and Tribal clinics that join CRIHB. This document will be distributed to all Tribal entities that are not currently affiliated with the organization.

By effectively working together we will be successful in achieving our shared goals. Working in this way I am reminded of a quote by Mr. Henry Ford. Ford once said, "Coming together is a beginning; keeping together is progress; working together is success." On this topic of building and maintaining the structure to work together and then actually achieving this way of conducting business, I believe Henry has it right.

In line with the Strategic Plan approved by the CRIHB Board of Directors, CRIHB staff members and other organizational stakeholders are striving to:

1. Strengthen CRIHB as the Go-To Organization;
2. Invest in CRIHB's People;
3. Ensure CRIHB's Future;
4. Strengthen the Tribal Health Programs;
5. Grow the Network; and
6. Forge the Native American Voice.

With our commitment to service excellence and our continued support of Tribal partnerships, we believe that we can continue to help improve the health outcomes of Tribal clinic patients, and that CRIHB is gaining additional strength as the Go-To Organization for Tribal health care services in California. Again, all of our accomplishments can be directly credited to the dedicated and talented staff and Tribal leadership at CRIHB. I am thankful for their unyielding commitment to CRIHB's mission and grateful to them for their ongoing work to assist in protecting and promoting the health of Tribal clinic patients. I have no doubt that CRIHB will continue to meet all future challenges.

This Quarterly Board book contains information and documentation on how we are working to accomplish the priorities identified in the Strategic Plan.

CRIHB Finance Department

Finance finished the implementation of the new chart of accounts, as well as trained all CRIHB staff on the logic and use of the accounts. Department Directors used the new chart of accounts to create the FY 2015 budget, which was reviewed by the Finance Committee and is submitted for final review and approval. A new Revenue & Expense Summary report has been developed for use by CRIHB decision makers.

Blackbaud, the financial software used by CRIHB has a 'Dashboard' feature which has not been used. The dashboard lets the user see financial activity in real time. Access in Blackbaud has been set up for each department to have a dashboard for their projects. All Department Directors have been trained on how to use dashboards and how to develop and save reports for their department. Department Directors no longer have to wait until the monthly reports are sent out to see the status of a project.

A 'Return on Investment' report is being developed to provide the Board and Tribal Health Programs with the value of CRIHB membership starting with FY 2015.

CRIHB Comprehensive Services Contract

Annual Funding Agreement #2 for Contract #235-13-005 was executed March 25, 2014. The annual agreement runs from April 1, 2014 to March 31, 2015. Subcontracts are maintained with United Health Indian Services, Sonoma County Indian Health Project, Mathiesen Memorial Health Clinic, and Warner Mountain Indian Health. As of April 18, 2014, full funding of the AFA has been received from IHS and direct pass thru payments have been made to United Health Indian Services, Sonoma County Indian Health Project, and Mathiesen Memorial Health Clinic. Funding will be passed thru to Warner Mountain Indian Health upon receipt of their executed contract modification.

The IHS is the primary provider of health care to tribes. Through the Comprehensive Services Contract, tribes are able to receive the funding 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 Area Office Functions Contract

Annual Funding Agreement #1 for Contract #235-13-0012 runs from September 20, 2013 to September 19, 2014. Funds received from IHS for the Area Office Functions Contract are used by CRIHB to provide training and technical assistance to all full members. This includes all the tribal health programs that subcontract through the Comprehensive Services Contract, in addition to Tule River Indian Health Center. The Contract also provides Headquarter Shares, Maintenance and Improvement, and Equipment Funding for the tribes.

CRIHB negotiates for these funds on behalf of full member Tribal Health Programs each funding period. More information regarding the negotiation process will be covered at the California Indian Health Conference to be held in July.

CRIHB Operations Division

The Operations Division has been spending a lot of time ensuring the success of implementing the new policies and procedures for the organization both internally and externally. Some of the changes include

the new direction for conducting more site visits to our membership by our program staff to provide technical assistance and to provide training. This is a change for some staff but the transition is proceeding on a very positive note.

Other changes are more internal and are designed to ensure CRIHB's compliance with state policies related to human resources. A major review was conducted and many positions were brought into alignment with current policies. This was a very worthwhile activity to go through and it has been completed successfully.

The Human Resources (HR) Manager has assisted member Tribal Health Programs with their HR needs. To provide additional support, we have hired a new HR Generalist. The HR Manager has successfully recruited a grant writer for CRIHB, the first one we have had in many years.

The Operations Division is also guiding many of the departments as CRIHB develops its first statewide Indian health conference. To ensure the success of this big event, we are encouraging more teamwork and collaboration among the departments.

The Operations Division has drafted language regarding a new type of partnership pathway for Tribes and Tribal clinics that would like to join CRHB. This language will be discussed at this Board of Director's meeting.

CRIHB Compliance Department

The Compliance Department continued its work of supporting CRIHB and its member programs. The compliance activities during the last quarter included:

- Training: The Compliance Department staff finalized details for the CRIHB Billing and Compliance Conference, May 6-8. The Chief Compliance Officer began developing a presentation for the California Area Annual Dental Meeting, May 5-8.
- CRIHB Care/CRIHB Options: CRIHB Care/CRIHB Options payment reviews began. Five (5) programs were asked to submit documentation for randomly selected encounters for which the Tribal clinic was paid. Documentation is then reviewed to determine whether the client and the service met the eligibility requirements of the program.
- Technical Assistance: responded to questions and requests related to compliance, coding, release of information and contract health services from member Tribal clinics. Provided interim compliance services and support to the Tribal clinics. Assisted Tribal clinics in moving compliance data from one software program to another. Completed annual coding-documentation review for the medical, dental and behavioral health departments of one Tribal clinics.
- New Programs: Participated in team developing fee-for-service proposal for a tribal health program. Reviewed contract, met with Tribal clinic executives, assisted in identification of potential contractors to assist with billing and reimbursement tasks.
- CRIHB systems: Began review and revision of Institutional Review Board policies, developed Interim Compliance Work Plan, developed draft record retention policy, and re-drafted compliance questions for CRIHB staff survey. Reviewed suggested language and responded to questions related to AB2264, which proposes to exempt 638 funded programs from clinic licensure.

CRIHB Office of the Executive Director

Tribal Health Program Facilities: Provided technical assistance to Toiyabe on considerations for a new clinic; provided technical assistance to SCIHP on possible alternative power for Santa Rosa clinic; provided space planning assistance to Mathiesen; met with Smith River tribal staff on healthcare services and facilities planning; prepared site plan for Yurok Tribe for improving parking at clinic; provided technical assistance on ramp issues at Pt. Arena Head Start; worked with UIHS on identifying various projects and priority use of M&I funds; and worked with Tule River on developing a scope of work for a clinic repairs project.

Health Policy/Advocacy: During the California Area IHS Tribal Leaders Meeting facilitated the tribal caucus session; produced tribal priorities based on tribal caucus session; and provided an overview of the ACA and Covered California to California IHS, Tribal Health Program, and tribal leaders. Researched grant opportunities to fund Medicaid Asset Recovery and other policy and research initiatives. Obtained no cost extension for Endowment grant and prepared proposal for new contract for Covered California. Worked with CRIHB Tribal Government Consultation Committee and drafted the Committee's priorities to present to IHS. Met with representatives of the California Assembly Health Committee on AB 2264. This bill was introduced by Assemblyman Levine and CRIHB is its organizational sponsor. The bill would provide an exemption from state licensing for any tribal health clinic operating pursuant to an Indian Self Determination Act P.L. 93-638 contract regardless of the fee or trust status of the land on which the clinic operates. AB 2264 will allow the tribal health clinics to have all their sites of service be similarly categorized as exempt from licensure, will result in no diminution in the quality of care provided, and will result in more services provided to more Medi-Cal clients in a more efficient and effective manner. Scheduled visits with Senators and Representatives in Washington, D.C. in preparation for the April March on Washington April 7-9, 2014.

CRIHB Research and Planning Department

Starting in January, the Research and Planning Department began developing monthly health data briefs to enhance awareness of the health status and data needs of American Indians. There has been a great deal of interest in our National Institutes of Health-funded, Native Oral Health Project (NOHP). As part of the California Tribal Epidemiology Center's (CTEC) Tribal Behavioral Risk Factor Community Survey, staff collected surveys statewide. CTEC was able to collect 975 surveys, which is more than the state of California collects for their population-based health surveys. Results from the survey on diabetes and health status were presented at the NIHB Public Health Summit. CTEC staff completed the STD linkage, linking state and IHS registration data to adjust for misclassification, the results will be released later this year. The Best Practices in American Indian & Alaska Native Public Health report, developed collaboratively by the twelve Tribal Epidemiology Center's was released in January. Lastly, CTEC conducted an evaluation of our services through feedback from Indian Health Program Directors. The results indicate that the areas of highest need are funding, data/statistics presented in the form of fact sheets, reports, health briefs, and newsletters, and Technical Assistance specific to data access and analysis.

CRIHB Tribal Child Development Department

The Head Start program has been notified by the Office of Head Start (OHS) that CRIHB Tribal Head Start is now eligible for a non-competitive five year grant and must complete a Baseline Application. The Baseline Application calls for very detailed information requiring an immense amount of time and work to compile. We have requested an extension of the due date to July 1, 2014. This month our T/TA Early

Childhood Education Specialist came to CRIHB to work with the teaching staff and the administration staff. CLASS observations were conducted at the Lytton site and went over some tools that will be useful for the teachers in the future. While the Education Specialist was here we also went over the requirements for our Parent and Family Engagement goals, which were established.

The three Head Start sites are winding down with parents/staff planning for their individual center graduations in May. Congratulation goes out to Kesley Edwards, Education Coordinator, for being awarded her Child Development Program Director Permit – Commission on Teaching Credentialing.

The CCDF program was notified by the Office of Child Care in Washington, DC, that Tribes and CCDF grantees grant proposal cycle will be changing. CRIHB's current CCDF grant will not have to be renewed on July 2015, but instead July 2016. Funding will not be affected due to this new grant deadline.

CRIHB Administration Department

The Administration Department is responsible for providing a strong infrastructure and support system that enables CRIHB Central Office staff to provide services effectively and efficiently. The CRIHB Operations Manual, an important resource for employees as a guide for CRIHB internal structural processes, is currently in review and revision by all Departments. The first draft of the updated Operations Manual will be submitted to the Chief Operations Officer for review and comment in June 2014.

In meetings held with department directors and staff, feedback was obtained to update the current website and create a plan for a new website for CRIHB. Funding sources for the new website is currently in the works. CRIHB utilizes Sharepoint (intranet) as an effective form of internal communication by storing, organizing, sharing, and accessing information. The Communications Specialist is in the process of converting data from the old version of Sharepoint to the current version, once completed; it will maximize the internal communication process for all CRIHB staff.

In anticipation of organizational growth and to meet the current needs of office space by departments, a Space Allocation Policy was created and approved to streamline the process of allocating offices and cubicles for employees. New cubicles were installed in the Family and Community Health Department which will give space to four employees and an area for printers. The building floor plan will be updated upon completion of the office move by departments and employees.

Training has been provided to Tribal Health Boards and Councils in the areas of Governance, Parliamentary Procedure: Roberts Rules of Order, and Board Roles and Responsibilities. Training recipients expressed the need for more training therefore training dates are still in the process of being scheduled. Staff has and will receive training in topics such as Eventzilla, Telephone Etiquette, Use of Company Logo, and Sharepoint for CRIHB staff.

CRIHB Health Systems Development Department

Information Management: The International Classification of Diseases - 10th revision - Clinical Modification (ICD-10-CM) Training for Certified Professional Coders's was held at CRIHB in February. Contract Health Service Training was completed at Warner Mountain Tribal Health Program for their staff and Executive Director. Provider On-Site ICD-10 Training completed for United Indian Health Services and Mathiesen Memorial Health Clinic. Provider On-Site Training for HIPAA Privacy and Confidentiality Training was held at Mathiesen Memorial Health Clinic.

Regional Extension Center: No-cost extension from the National Indian Health Board and Office of the National Coordinator was approved. Extension approved until March 2015. IHS Stage II-Meaningful Use Conference hosted by CRIHB in March.

Pharmacy 340B: CRIHB is poised to be the sole Indian organization that has an expert in the field of 340B who also understands how it may function in an Indian Health setting. CRIHB pharmacist is receiving dalls from IHS facilities because IHS purchases its drugs at FSS/VA prices and therefore IHS pharmacists are not that knowledgeable when it comes to 340B issues. This may be another revenue making opportunity for CRIHB.

TMAA: 3rd quarter 2012/13 invoice to the state is currently being compiled and is due at the end of April 2014. Provider On-Site Trainings were held in March and April at Northern Valley Indian Health and ANAV Tribal Health Clinic.

Medical Billing: HSD staff started Medical Billing Course through AAPC; two additional staff are taking the Anatomy and Physiology Module in preparation for the medical billing course. Anticipated course completion: June 2014.

Patient Centered Medical Home: Ongoing participation in PCMH training webinars in order to obtain PCMH CE certification.

CRIHB Options: CRIHB Care/Options 4th Quarter report to Department of Health Care Services was submitted on March 26, 2014. Total invoice - $1,599,840.00; representing 4,848 claims from participating Tribal Health Programs. CRIHB Options launched January 2014, program billing is currently underway.

Covered California: The 2014 Covered California Covered California Navigator Grant was submitted by CRIHB staff with award notice to be released May 2014. Potential funding in the amount of $250,000.

Information Technology Wide Area Network (WAN): During the first quarter of 2014 CRIHB migrated the CRIHB WAN from TelePacific Communications to AT&T. This change will save CRIHB $50K+ per year going forward. The entire migration was performed by the CRIHB IT staff with no monies being spent on consulting fees. In addition, CRIHB negotiated additional savings by ensuring that the lines would not be billed for until all sites in the CRIHB WAN were ready. Normally AT&T will bill for lines once they are brought up. Because some sites in the CRIHB WAN were brought up months before others CRIHB's negotiations prevented an expenditure of over $95K.

Telecommunications Consortium: In Quarter 1 (Q1) CRIHB formed the CRIHB Telecommunications Consortium with the Universal Service Administrative Corporation. Members of the consortium will be able to save 65% off of their Telecommunications fees. This will reduce CRIHB's spending on WAN services by over $140K per year.

Exchange 2010 Implementation: In Q1 of 2014 CRIHB IT staff upgraded the aging Exchange 2003 Server to Exchange 2010. All work on this project was completed in-house by CRIHB IT staff.
Data Replication for Tribal Health Programs: At the end of Q1 2014 CRIHB was receiving over 3.5TB (or 3,656GB) of replicated THP data. Replicated data provides THPs with Disaster Recovery and Business Continuity protection which is required to keep the THPs in compliance with Federal data storage and backup mandates. This service is provided to our member THPs at no cost, a direct saving to

the member THPs of over $10K per year at $.25 per GB cost (actual cost of offsite NetApp storage and replication services may be significantly more).

RPMS Site Manager: In Q1 of 2014 CRIHB IT received certification IHS as having an RPMS Certified Site Manager. RPMS sites can now use CRIHB as the frontline support service for RPMS and RPMS EHR applications. During Q1 CRIHB's RPMS Site Manager successfully migrated an aging RPMS installation to a new server, fixing numerous database issues and application failures for the THP in the process.

NextGen Upgrades: In Q1 of 2014 CRIHB has performed two complete NextGen upgrades (template and application) for member THPs. This saved the THPs thousands of dollars in staff or outside consulting services fees and provided a much more flexible upgrade path that would have been had if consulting directly with NextGen. CRIHB also assisted one of our member THPs with converting a lab interface from using an IPSEC VPN to utilizing hypersend.

CRIHB Family and Community Health Services (FCHS) Department

The FCHS Department was very busy during the first quarter of 2014. The Department: Tribal Head Start classrooms with evaluating nutritional support for the children served; CRIHB partners with writing their SDPI carryover budgets and mid-year reports; provided Covered California outreach and education to Indian communities in 23 counties; assisted in the development of the state's AIAN training module to be used to train all certified educators and certified enrollment counselors; delivered an evidence-based 12 week intervention program on teen pregnancy prevention, HIV and STI education; guided the Yurok Tribe to participate in TPREP bringing the total number of CRIHB programs to 4; assisted all CRIHB Area Office Function and Associate member programs with assessing their commercial tobacco control efforts and providing them with resources, materials and technical expertise; trained approximately 275 people in evidence based and promising practice suicide prevention topics to reduce stigma of mental health issues and support youth at risk; guided Warner Mountain, Tule, SCIHP, Yurok Tribe, Toiyabe, Greenville and Pit River in providing direct services through the HOOP program; coordinated a training series that served 47 Alcohol and Other Drug counselors to receive CEUs; and delivered car seat education and technical assistance to UIHS, SCIHP, Tule and Warner Mountain. Finally, the FCHS team has been focused on putting together this year's Traditional Indian Health gathering and is looking forward to this important event scheduled for May 16 through 18, 2014.

Around the Office

We have four new employees to tell you about.

Chris Cooper, CRIHB Health Education Specialist in the FCH Department, joined us in February. Chris graduated from Washington State University with a degree in Psychology and a Masters in Early Childhood Education from Heritage University. He previously worked in Head Start for 15 years as a teacher, community development manager, and child and family services manager. We are very happy to have Chris on board.

Joining the Research & Planning Department in March is Jamie Ishcomer. Jamie is our new CTEC Research Associate and is a member of the Choctaw Nation of Oklahoma. Jamie graduated in December with her MPH and MSW with a focus on health disparities within Native American and other Indigenous communities from Washington University in St. Louis.

Also new to CRIHB is Aron Vasquez, CRIHB HR/Payroll Technician in the Operations Division. She has a BS Degree in Business Management and is contemplating pursuing her Masters in Accountancy.

Alana Perez-White will join us on May 5th in a new role for CRIHB as a Planner/Grant Writer in the Operations Division. Alana has her Bachelor of Science degree in Biochemistry from the University of Nevada, Reno. After earning her BS, she was a Doctoral Student in Biomedical Science at the University of Montana, Missoula.

We are pleased to announce that Adrienne Lent has accepted the position as CRIHB's new HR Generalist in the Operations Division. Adrienne was formally in our Finance Department in the roll of Accounts Receivable Technician and before CRIHB she served as the HR Manager at SNAHC.

One more update, if you are looking for Danielle *Logan*, please take note that Danielle recently married and her new name is Danielle *Lippert*. Congratulations to Danielle!

And a final note, we celebrated spring by partaking in a St. Patty's Day Pot Luck. Besides the traditional corned beef, we also served tri tip roast which was cooked to perfection. Most folks remembered to wear their green and enjoyed the food and drink. Again the dessert table was overflowing and we even played a few rounds of Bingo!

Karuk Health and Human Services Policy Manual

Policy Reference Code: **01 (X) 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 ()**	**09() 10 () 11 () 12 ()**
Function: **Rights of Patients**	**Policy #:** **01-001-000**	**Policy Title:** **Patient Rights and Responsibilities**
Tribal Chairman: **Date: 4/10/14** **Signature:**	**Medical Director:** **Date: 4/9/14** **Signature:**	**Cross References:** **01-001-010 Advance Directive**
Supersedes policy dated 09/11/08		

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

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

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

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

Our patients, and when appropriate, family members have the right to be informed of and participate in care decisions regarding the patient's treatment plan or medical condition, which includes unanticipated outcomes. If the patient's treatment or diagnosis is not in the patient's

best interest to know, the patient has the right to choose another person to act in his/her behalf. These persons may be family, friends or a guardian. When the patient is a minor, family or guardians are legally responsible except in accordance with appropriate laws.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Complaints:

Every patient has the right to express a complaint about health services provided at a Karuk Tribal health clinic. If the patient wishes to complain, we request that the following two-step process be used:

Step 1

<u>Attempt to resolve the complaint at the clinic level</u>: The patient (or parent/guardian) can inform any clinic staff member if she/he has a complaint. If the staff member cannot resolve the complaint directly, the staff member will contact the office manager, or other designated staff member, to assist the patient in resolving the complaint. If a clinic staff member cannot resolve the patient's complaint, the patient (or parent/guardian) has the right to complete and to file a formal, written complaint.

***Step 2** (if necessary)*

<u>File a formal, written complaint</u>: Complaint forms are located in each clinic lobby. If no complaints forms are available in the lobby, the patient can obtain one from the receptionist. After the patient completes the form, it must be submitted to the Deputy Director for review, investigation, and response. The complaint may either be mailed to the Deputy Director at the address presented below, or request that the complaint be forwarded confidentially via the Karuk Tribe's courier service.

The procedures for making a complaint are:

1. Complaints must be in writing and submitted to:

The Deputy Director

Karuk Tribal Health and Human Services Program

P. O. Box 1016

Happy Camp, CA 96039

2. You may use the Patient Complaint Form available at each clinic as your written complaint.

3. Investigation of the complaint will begin within three working days after receipt.
4. Within five working days, the patient will receive notification by letter or telephone that their complaint is under investigation.
5. The Deputy Director will have 15 working days to resolve the complaint or to make a recommendation to the Karuk Tribal Health Board.
6. The patient may submit their complaint to the Karuk Tribal Health Board only after receiving an unsatisfactory response from the Deputy Director. Call the Tribal Administration Office at 530-493-1600 and ask to be placed on the agenda for a Tribal Health Board meeting.

Patient Responsibilities

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

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

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

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

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

3. Pain Management:
   It is the patient's responsibility to help the provider assess your pain, and to tell your provider when your pain is not relieved. It is the patient's responsibility to participate in

alternative therapies as pain relief options, and to follow your individualized Pain Management Plan, which may include a Pain Management Contract for Opioid treatment.

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

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

4. Dental Complications:

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

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

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

5. Patient Conduct:

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

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

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

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

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

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: **01 (X) 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20 ()**	**09() 10 () 11 () 12 ()** **21 () 22 ()**
Function: **Right of Patients**	**Policy #:** **01-001-005**	**Policy Title:** **Informed Consent**
Tribal Chairman: **Date: 06/09/2011** **Signature:**	**Medical Director:** **Date: 05/11/2011** **Signature:**	**Cross References:** **A mental health policy**
Supersedes policy dated 06/09/2011		

PURPOSE: To ensure that providers involve patients, and with the patient's consent, their family or representatives in all aspects of care and to either obtain verbal or written (informed) consent. For surgical procedures that present a risk an Informed Consent Form must be signed. **Informed consent** means to provide adequate information of the risk and benefits of the procedure or surgery to allow a patient or legal representative, who has a right by law to determine what shall be done with his or her body, to make rational informed decisions about his or her care or treatment.

POLICY: The Karuk Tribal Health and Human Services Program will establish a process for informed consent.

PROCEDURE:

Practitioners shall involve their patients, family or legal representative in all aspects of care. This shall include:

- The patient's condition
- Proposed treatment or procedures
- Benefits, risk, and alternate treatment or procedures
- Problems related to recuperation
- The practitioner who will be responsible for the patient's care, treatment, or procedure
- The risk of non-treatment

This information shall be documented in the patient's health record.

Practitioner's shall obtain a patient signed **Informed Consent Form** prior to exposure to a specific danger or risk and this form shall be maintained in the patient's health record. In our facilities, examples would include extractions in the dental department and surgical excision of moles or warts in the medical department.

DOCUMENTATION:

The following shall be documented in the patient's health record:

- The diagnosis or reason for the procedure
- The use of local anesthesia
- The operative or invasive procedure(s), treatment(s) performed
- Medications given (if any)
- Complication (if any)
- Measures taken to manage complications (if any)
- Aftercare instructions
- Provider's signature
- *Patient, parent or guardian's Signature*

EXCEPTIONS UNDER NORMAL CONDITIONS:

1. When disclosure to the patient would pose a serious threat to the patient's well-being.
2. The unconscious patient who is in immediate need of emergency medical attention and irreparable harm and even death may result from the provider's hesitation to provide treatment.
3. Medical *or Mental* incompetence of the patient. The provider must assess whether the patient is medically or *mentally* incompetent and thus incapable of expressly providing informed consent. Even in this case the provider should try to obtain consent from a relative of the patient. If this is not feasible, the provider may treat the patient without consent if it is in the patient's best interest.
4. The minor patient, in an emergency situation where immediate injury or death could result from the delay associated with attempting to obtain parental consent.
5. The exception and reason shall be noted in the patient's health record.

NOTE:

The emergency doctrine is a form of implied consent and only lasts as long as the emergency. Formal consent must be obtained for procedures performed after the emergency has passed.

Karuk Tribal Health and Human Services Policy Manual

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Function: Right of Patients	**Policy #:** 01-001-020	**Policy Title:** Code of Ethical Behavior
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date: 4/16/24** **Signature:**	**Cross References:** **01-001-000 Patients Rights and Responsibilities**
Supersedes policy dated 07/30/2009		

The Karuk Tribal Health and Human Services Program (KTHHSP) has established this statement of organizational ethics in recognition of the program's staff, providers, and the community we serve. It is the responsibility of every member of the Karuk Tribal Health Board, administration, medical staff, and other staff to act in a manner that is consistent with this organizational statement and supporting policies. Our behavior will be guided by the following principles:

- Maintaining an organizational reputation that reflects credibility, honesty, morality, and ethics.
- That all patients, employees and visitors deserve to be treated with dignity, respect, and courtesy.
- That we will provide services to meet the identified needs of our patients, and will avoid providing services that are unnecessary or ineffective.
- That we will meet legal requirements for participation in Federal Health Care Programs, and will strive to prevent any likelihood of fraud, abuse or waste, and
- That we will adhere to a uniform standard of care throughout the organization.

The organization will constantly strive to adhere to and expand on these principles.

Responsibilities of Our Leaders:

Leaders are expected to be role models and observe approved policies and procedures. They shall ensure that employees receive the proper training and be available to clarify any questions regarding regulations, laws, this code or policies and procedures.

Leaders shall encourage everyone to express their ethical concerns, and to be fair and equal when discipline is required as a method of enforcing compliance policies.

Admissions and Referrals:
In all patient care settings, we shall follow well-designed standards of care based upon the needs of the patient. We will serve only those patients for whom we can safely care within our organization. Even as we strive to provide care in a manner economical to patients and providers, we will provide care that meets our established standards of quality.

We will not turn away patients who are in need of our services based on their ability to pay or based upon any other factor that is substantially unrelated to patient care.

We will provide care appropriate to the patient's needs and of consistent quality in all Tribal clinics.

Marketing:
We will fairly and accurately represent our capabilities and ourselves.

Respect for the Patient:
We will treat patients with dignity, respect, and courtesy. To the extent practical and possible, patients (or their significant others) will be involved in decisions regarding the care that we deliver, *parents, guardians, significant others*. We will inform patients about the therapeutic alternatives and risks associated with care they are offered. We will continually seek to understand and respect their objectives for care. Patients have a right to be informed of the price of care that they are about to receive.

In all circumstances, we will attempt to treat patients in a manner appropriate to their background, culture, religion, and heritage.

Resolution of Conflicts in Patient Care Decisions:
We recognize that from time to time conflicts will arise among those who participate in clinic and patient care decisions. Whether this conflict is between administrative staff, employees, or the Karuk *Health Board*, or between patient care givers and the patient, we will seek to resolve all conflicts fairly and objectively. In cases where mutual satisfaction can not be achieved, an appeal to the Karuk *Health Board* may be made for a final decision.

Recognition of Potential Conflicts of Interest:
We are aware that the potential for conflict of interest exists for decision-makers. It is our policy to request the disclosure of potential conflicts of interest so that appropriate action may be taken to ensure that such conflict does not inappropriately influence important decisions.

The Karuk Health *Board* is required to sign an annual Conflict of Interest Statement to assure that Council decisions are made in the best interest of the organization and the individuals served by it and to disclose potential conflicts related to decisions that arise during the course of a year.

Physicians and other staff members are encouraged to disclose financial Conflict of Interest. This will be done annually at evaluation and during reappointment.

The KTHHSP discloses that they negotiate preferred provider agreements with referral providers to obtain cost effective Contract Health Services, (CHS) and that no financial compensation is involved.

Fair Billing Practices:
The KTHHSP will bill patients or third parties only for services and care provided to patients and will provide assistance to patients seeking to understand the cost relative to their care. We will attempt to resolve questions and objections to the satisfaction of the patient while considering the organization's best interest as well.

Confidentiality:
The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, patient information will not be shared in an unauthorized manner and sensitive information concerning personnel and management issues will be maintained in the strictest confidence and utilized only by those individuals authorized to review and act upon such information.

Integrity:
Clinical decision making is based on patient need *not on CHS/PRC funds.*

Our commitment is to act with integrity to meet each patient's need.

The KTHHSP shall abide by the principle to treat employees, patients, physicians, and others we serve with utmost respect.

Government Inspections:
Karuk Tribal Health and Human Services Program (and relevant Karuk Tribe) employees are instructed to fully cooperate with government inspections conducted at our facilities. We emphasize that no altering, destroying, or concealing of documents be performed nor any lying, misleading of any kind, or making false statements. This also includes delaying or obstructing information.

Leaders (Executive Director, Program Manager, Chief Fiscal Officer, and Compliance Officer) shall take the lead in the investigation and shall encourage employees to provide accurate and honest information.

Accreditation:
We will be truthful and shall not deceive accrediting bodies or survey teams.

	MONTHLY REVENUE REPORT			**BUSINESS OFFICE**		
	APRIL 2014	**Happy Camp**	**Yreka**	**Orleans**	**KTHP**	
	Revenue Medical	$40,683.21	$32,406.10	$537.47	$73,626.78	
	PHC Capitation	$5,532.66	$9,003.25	$1,604.16	$16,140.07	
	HPSA Quarterly Incentive	$483.23	$1,999.74	$55.39	$2,538.36	
	Revenue Dental	$27,347.60	$40,783.76	$0.00	$68,131.36	
	Revenue Mental Health	$253.00	$525.14	$0.00	$778.14	
	Revenue Total					
		$74,299.70	**$84,717.99**	**$2,197.02**	**$161,214.71**	
		Happy Camp	**Yreka**	**Orleans**	**KTHP**	
	Billing APR Medical	$66,840.79	$ 76,209.94	$4,887.20	$147,937.93	
	Billing APR Dental	$58,528.30	$ 38,887.00	$591.00	$98,006.30	
	Billing APR Mental Health	$746.00	$ 98.45		$844.45	
	Billed Grand Total	**$126,115.09**	**$ 115,195.39**	**$5,478.20**	**$246,788.68**	
	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**	**$626,876.39**	**$228,147.83**	**53.62%**	**58.38%**	

KARUK TRIBAL HEALTH PROGRAM
BUSINESS OFFICE HEALTH BOARD REPORT
MAY 8, 2014

Most things in the Department are about the same. I have received numerous calls this first week of May from Dental Insurance companies wanting us to enroll and become a Provider for their program. I have asked a few of them why this big push to include us. The two that would answer said it is because something in the insurance industry just occurred and our area of the state has now been opened up to new contracting opportunities. I then inquired if there are any employers enrolling their employees or any private individuals requesting this opportunity and the answer was negative. I'm not sure, at this point, that I feel we should participate or not. A gentleman called from Blue Shield Dental and I will be gathering information on that opportunity.

IHS has attempted to correct the alignment problems with the new CMS paper billing forms. We have printed some of our private insurance claims and submitted them now as a test. We will see if the payers are accepting them with the new formatting. The medi-cal secondary billing is still on hold due to RPMS programmer issues. As I mentioned last month, this is not specific just to our Tribe but to all California Tribes using RPMS.

I have completed all the requested forms to get back on line with the Medicare Enrollment and have a telephone call into a couple of other insurers to see what the hold is on our accounts. In several months when all this this turmoil settles down I will probably take some personal, well deserved, time off. I will schedule it with Eileen so she will be able to handle things in the office for a couple of weeks.

April 30th I was invited to attend a "Covered California" presentation by CRIHB in Yreka. The young lady that spoke was excellent and shared a great deal of information. I personally do not have to deal with this since we are fortunate to have Debbie Bickford located in our office and when patients call with questions I am able to forward the telephone calls to her.

We have some ICD 10 training to attend in Sparks, NV from May 6-9th it is CRIHB' s annual Compliance and billling training. I send different people in the department each year. Eileen Tiraterra, April Spence and I will be attending this session.

Financial reports are attached

Respectfully Submitted
Suzanna Hardenburger, CCS-P

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting
May 7, 2014
Patricia White, RPMS Site Manager

Workload reports

Attached is the March 2014 "Operations Summaries" including Tribal Statistics. During March there were 1,762 visits at all locations. 916 of these were for Native American Patients (52%). The patient is count is up by 66 patients over February.

Meeting / Conference Calls and other Activities March 2014

- 4/3 - RPMS EHR Office Hours-Weekly Teleconference call.
- 4/4 - VistA Imaging Bi-weekly call for Karuk
- 4/8 - VistA Imaging training video-online
- 4/9 – CCDA (Consolidated Clinical Document architecture) Webinar
- 4/9 – UDS Webinar: Changes for 2014
- 4/10 – SNOMED Webinar – Integrated Problem List in EHR
- 4/16 – ACQI Monthly Meeting
- 4/16 – Childhood Obesity Clinical Recording
- 4/17 - RPMS EHR Office Hours-Weekly Teleconference call
- 4/18 - VistA Imaging Bi-weekly call for Karuk
- 4/22 – ED Advisory Meeting
- 4/22 – Vista Imaging Monthly CAO conference call
- 4/24 - RPMS EHR Office Hours-Weekly Teleconference call

Projects in process

- BMW- Practice Management Application-A graphical user interface (GUI) to handle Patient Registration and Scheduling. Dale has created/built the server to house the program, but we are waiting on technical assistance from IHS to complete the link to our RPMS database.
- VistA Imaging-This program will allow for the scanning and capture of data to be electronically placed in the EHR. Registration forms, health histories, and reports from outside providers are a few of the documents that will be scanned. Once the document is linked to the patient, the providers will be able to view through a connection in EHR. We have been working on creating our document list and setting up the note titles to be used. At this time we are scheduled for implementation during the third week in June 2014/
- Current Security Training has been pushed out to the employees of the Tribe. I am receiving certificates daily from users. I will be sending out a reminder to complete the training by the end of this month

Budget: For period ending April 30th, we are under budget for 7 months into the fiscal year.

Program	RPMS
Budget Code	4000-75
Program Year	2014-2014
Appropriation	$240,749.84
Expenses to Date	$115,368.86
Balance	$115,370.97
Percent used	50%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR MAR 2014
Prepared for May 7, 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 18,289 (+4.3) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC reports. There were 63 (-17.1) new patients, 1 (+0.0) births, and 1 (-75.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,743 (-0.1) patients enrolled in Medicare Part A and 2,624 (+0.2) patients enrolled in Part B at the end of this time period.

There were 94 (+1.1) patients enrolled in Medicare Part D.

There were also 6,383 (+4.1) patients enrolled in Medicaid and 5,323 (+20.8) 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 50,422.65 (-16.1). The number and dollar amount of authorizations by type were:

57 - DENTAL	13	12281.25
64 - NON-HOSPITAL SERVICE	814	38141.4

DIRECT INPATIENT

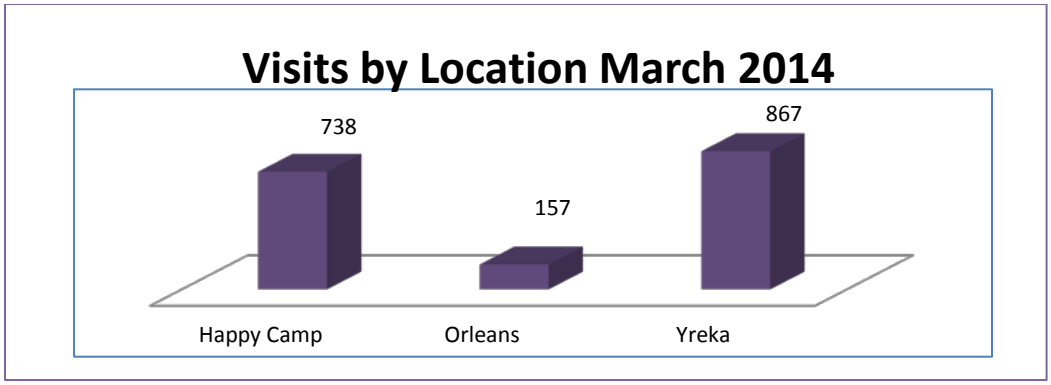
[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

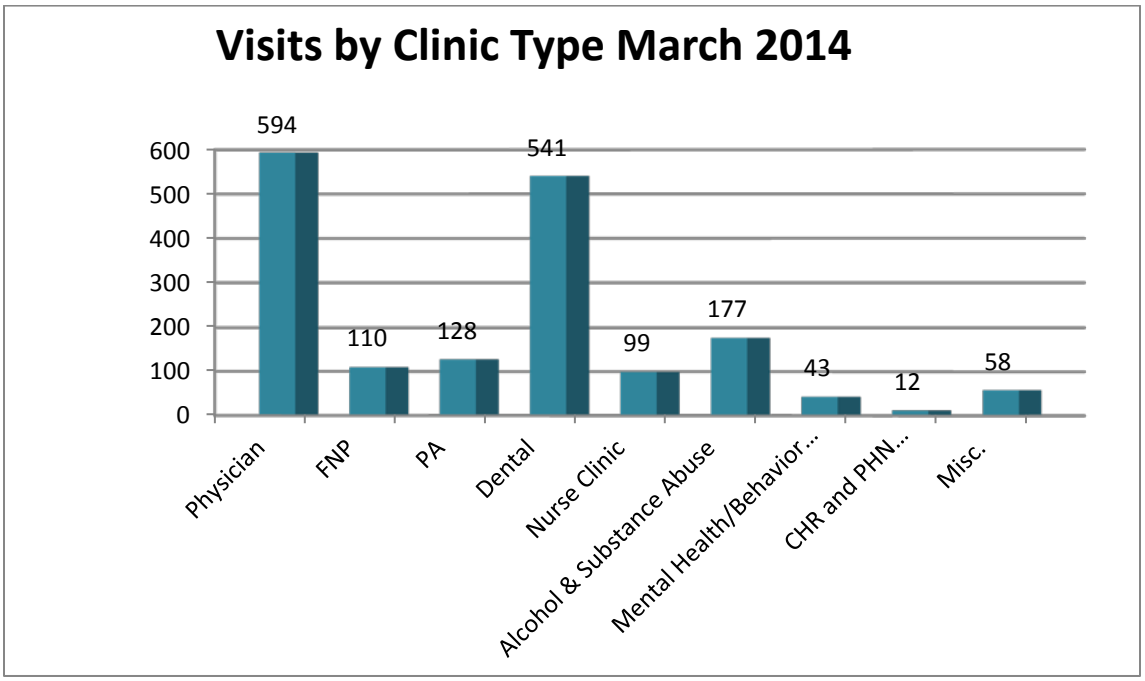
There were a total of 1,762 ambulatory visits (-7.4) during the period for all visit types except CHS.

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	1,762	(-7.4)
By Location:		
YREKA	867	(-21.3)
KARUK COMMUNITY HEALTH CLINIC	738	(+4.5)
ORLEANS	157	(+65.3)

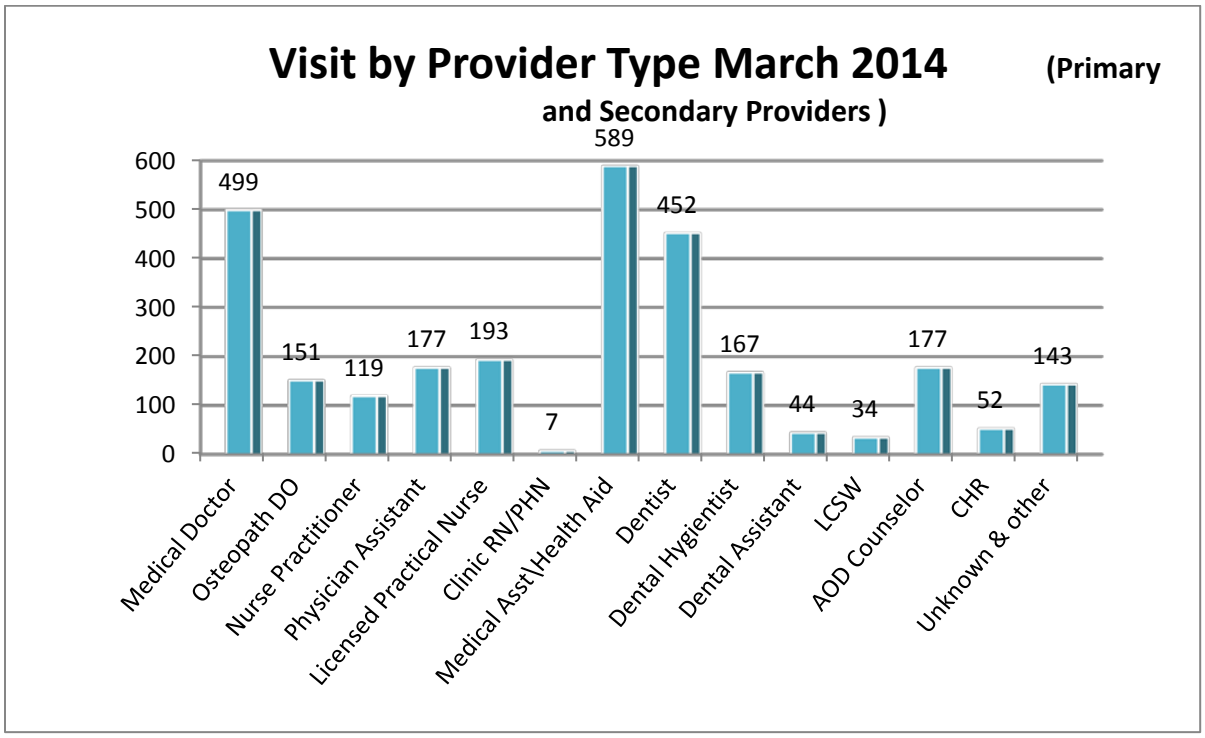


By Service Category:		
AMBULATORY	1,720	(-7.9)
TELECOMMUNICATIONS	42	(+27.3)
By Clinic Type:		
PHYSICIAN	594	(-2.0)
FAMILY NURSE PRACTITIONER	110	(-37.1)
PHYSICIAN ASSITANT	128	(-7.2)
DENTAL	541	(-8.6)
NURSE CLINIC	99	(+17.9)
ALCOHOL AND SUBSTANCE	177	(+41.6)
MENTAL HEALTH	43	(-34.8)
CHR	11	(-31.3)
PHN CLINIC VISIT	1	(-50.0)
TRANSPORT	40	(-47.4)
TELEPHONE CALL	12	(-25.0)
CHART REV/REC MOD	4	(+300.0)
NO CLINIC	1	(**)
PHARMACY	1	(**)



By Provider Type (Primary and Secondary Providers):

MD	499	(-20.9)
OSTEOPATHIC MEDICINE	151	(**)
NURSE PRACTITIONER	119	(-36.7)
PHYSICIAN ASSISTANT	177	(-10.6)
LICENSED PRACTICAL NURSE	193	(+91.1)
CLINIC RN	2	(-50.0)
PUBLIC HEALTH NURSE	5	(+66.7)
MEDICAL ASSISTANT	115	(-53.1)
HEALTH AIDE	474	(-18.3)
DENTIST	452	(-24.8)
DENTAL HYGIENIST	167	(+160.9)
DENTAL ASSISTANT	44	(**)
LICENSED CLINICAL SOCIAL WORK	34	(-48.5)
ALCOHOLISM/SUB ABUSE COUNSELOR	177	(+40.5)
COMMUNITY HEALTH REP	52	(-43.5)
UNKNOWN	143	(**)



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	545	(-7.9)
2). ALCOHOL ABUSE-UNSPEC	129	(+89.7)
3). HYPERTENSION NOS	101	(-11.4)
4). OBESITY NOS	79	(+19.7)
5). LUMBAGO	54	(+22.7)
6). OTHER SPECFD COUNSELING	54	(-19.4)
7). DMII WO CMP NT ST UNCNTR	53	(-30.3)
8). AMPHETAMIN DEPEND-UNSPEC	53	(+430.0)
9). CANNABIS DEPEND-UNSPEC	49	(**)
10). HEALTH EXAM-GROUP SURVEY	49	(+188.2)

CHART REVIEWS

There were 1,210 (+0.7) chart reviews performed during this time period.

INJURIES

There were 64 visits for injuries (-40.7) reported during this period.
Of these, 20 were new injuries (+11.1). The five leading causes were:

1).	ADV EFF SEDAT/HYPNOT NEC	4	(**)
2).	NONVENOM ARTHROPOD BITE	3	(**)
3).	OVERXRT-SUDN STREN MVMT	3	(+50.0)
4).	KNIFE/SWORD/DAGGER ACC	2	(**)
5).	MV COLLISION NOS-DRIVER	1	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 444 patients (-5.1) seen for Dental Care. They accounted for 541 visits (-8.6). The seven leading service categories were:

1).	PATIENT REVISIT	346	(-20.8)
2).	HYPERTENSION SCREENING	169	(-21.0)
3).	PREVENTIVE PLAN AND INSTRUCTION	162	(+86.2)
4).	FIRST VISIT OF FISCAL YEAR	137	(-13.8)
5).	LOCAL ANESTHESIA IN CONJUNCTION WIT	129	(-14.0)
6).	TOPICAL APPLICATION OF FLUORIDE VAR	117	(+120.8)
7).	INTRAORAL - PERIAPICAL FIRST RADIOG	115	(-20.7)

IN-HOSPITAL VISITS

There were a total of 0 In-Hospital visits (**) during the period for all visit types, including CHS.

PHARMACY

There were 1,464 new prescriptions (-23.7) and 0 refills (**) during this period.

KTHHSP Tribal Statistics for March 2014

	Registered Indian Patients	Indian Patients Receiving Services March 2014	APC Visits by Indian Patients March 2014
Karuk	2077	420	513
Descendants residing in CA	1872	222	286
All other Tribes	2143	116	117
Total	6092	758	916

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting
May 8, 2014
Rondi Johnson
April Report

ACTION ITEMS: None.

APRIL ACTIVITIES:

ACQI Meeting Apr 16th, Dentist Interviews in Yreka March 12th, HC Ofc Meeting Apr 17th, HC Dental Staff Meeting Apr 18th, ED Meeting Apr 22th, HC Ofc Meeting Apr 24th, C & P Meeting Apr 30th, CRIHB in Yreka Apr 30th,

APRIL TRAININGS/CONFERENCES & WEBINARS:

HCCA Training Mar 30th - Apr 3rd, IPC5 Workgroup Learning Session 1 Apr 8th – 10th, ACA Webinar Apr 16th, Fiscal Training Apr 21st, Keepin It Rural CFO Network Partnership Webinar & CPCA's Rural Managed Care Webinar April 28th

ACQI COMMITTEE MEETING:

The April 16th, ACQI meeting agenda, performance improvement projects, minutes and reports are attached.

BUDGETS:

See below. Budget through 4/30/14. At this time I'm under budget.

Program	**CQI**
Budget Code	300002
Program Year	2013-2014
Expenses to Date	94,488.99
Balance	98,903.78
Percent Used	48.91
Period Usage	7 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
April 16, 2014
9:00 am-10:00 am

RESCHEDULED FROM APRIL 9, 2014

1. Call Meeting to Order – Rondi Johnson

2. Roll Call/Sign In – Debbie Bickford

3. Approve Agenda – Rondi Johnson

4. Approve Minutes of March 12, 2014 – Rondi Johnson

5. Performance Improvement Reports Due
   - 5.1 BMI Project – Patti White/Dr. Milton
   - 5.2 HIV/Aids – Mike Lynch
   - 5.3 Yreka Dental Records – Susan Beatty
   - 5.4 Happy Camp Dental Records – Cheryl Tims
   - 5.5 HTN – Dr. Colas

6. GPRA Reports
   - 6.1 GRPA Report and Clinical Benchmarking – Vickie Simmons– (Written report-on vacation)

7. New Business
   - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson
   - 7.2 Pat Hobbs – Behavior Health Policy changes
   - 7.3 Lessie Aubrey – Health Policy changes

8. Old Business
   - 8.1 KCHC Medical Records Audit – Carrie Davis
   - 8.2 Orleans Medical Records Audit – Isha Goodwin (Tabled)

9. Next Meeting May 13, 2014 at 9:00 am (This is a Thursday due to the Bi-Annual Health Staff Meeting)

10. Adjourn

Karuk Tribe

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
April 16, 2014
9:00 am-10:00 am
MINUTES

1. Meeting called to Order by Rondi at 9:05 am
2. Roll Call:
   Happy Camp: Elsa Goodwin. Patti White, Dr. Colas, Suzanna Hardenburger, Dr. Brassea, Dr. Vasquez, Cheryl Asman, Rondi Johnson, Lessie Aubrey, Vickie Walden, Debbie Bickford, Chelsea Chambers, and Patricia Hobbs,
   Yreka: Mike Lynch; Annie Smith, Dr. Milton, Dr. Walters, and Susan Beatty
   Orleans: Babbie, Dr. Colas
3. Motion to approve Agenda was made by Patti and seconded by Vickie W.
4. Minutes from March 12, 2014 Motion to approve by Patti; seconded by Vickie W.
5. Performance Improvement Reports Due
   - 5.1 BMI Project (Patti White/ Dr. Milton) - see attached report
     - 5.1.1 Lessie suggested set % goal of BMI measurements. Check improvement.
     - 5.1.2 Annie stated Public Health considers BMI as a vital / Height and Weight
     - 5.1.3 Mike disputes the #'s of recorded BMI's, have to do with cross over with computer systems?
   - 5.2 HIV/Aids (Mike Lynch) see attached report
     - 5.2.1 Lisa leaving end of May.
     - 5.2.2 Only HIV clinic in Siskiyou County per Annie
   - 5.3 Yreka Dental Records (Susan Beatty) see attached report
     - 5.3.1 Need to get info out of charts and into the computer
     - 5.3.2 Goal is to have charts in order and correct in the paper charts as well as EDR to reach goal of 90%.
   - 5.4 Happy Camp Dental Records (Cheryl Asman)
     - 5.4.1 Back at 100%
   - 5.5 HTN (Dr. Colas) see power point presentation on hypertension
     - 5.5.1 Lessie – make project at Reunion with big signs with symptoms?
   - 5.6 Goal 10% improvement in those treated every year. Not sure if this is too high.
6. GPRA Reports
   - 6.1.1 GPRA Report and Clinical Benchmarking (Vickie Simmons -absent, report attached)
7. New Business
   - 7.1 Rondi - Complaints/ Incidents / Suggestions –
     - 7.1.1 Getting a lot of rave reports, a few complaints
     - 7.1.2 More incident reports this year than last year
   - 7.2 Pat Hobbs (see attached report
     - 7.2.1 Need to replace crisis section -07. Lessie moved to approve changes to policy. Suzanna 2nd the motion.
   - 7.3 Lessie Aubrey – changes to policies
     - 7.3.1 Informed Consent, Chelsea move to approve, Patti 2nd
     - 7.3.2 Code of Ethical Behavior – change significant other / Suzanna move to approve and Patti 2nd.
     - 7.3.3 Patient Rights – as revised – Annie move to approve, Patti 2nd
8. Old Business
   - 8.1 KCHC Medical Records Audit –(Carrie Davis - absent, report attached)
   - 8.2 Orleans Medical Records Audit – Isha Goodwin (TABLED)

Meeting adjourned at 10:10.

Karuk Tribe

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
March 12, 2014
9:00 am-10:00 am
MINUTES

1. Meeting called to Order by Patti at 9:00 am
2. Roll Call by Vickie Walden
   Happy Camp: Vickie W, Patti, Chelsea, Nadine, Suzanna, Tracy, Dr.Brassea, Dr. Vasquez,
   Yreka: Mike Lynch; Annie, Dr. Milton, Dr. Walter
   Orleans: Babbie, Dr. Colas
3. Motion to approve Agenda was made by Dr. Vasquez and seconded by Chelsea.
4. Minutes from February 12, 2014 correction by Mike Lynch, Motion to approve by Dr. Vasquez; seconded by Vickie W.
5. Performance Improvement Reports Due
   5.1 Happy Camp/ Orleans Eligibility Report -Nadine –
      - Medi-Cal applications, changed assets requirements
      - Debbie and Sharon doing Covered Ca.
      - Disability and SSI applications.
      - Returns due to lack of evidence.
      - Picked up this first quarter.

   5.2 Yreka Eligibility Report Oct/Nov 2013 for Sharon Denz (out of town)
      5.2.1 Patti read written report– see attached

   5.3 HC CHDP Call back – Tracy Burrell
      5.3.1 Follow up system to track patients
      5.3.2 Currently 89 patients (0-18) with 8 delinquencies – habitual no show patients.
      5.3.3 New system allows us to keep track who moved, etc... it can easily updated.
      5.3.4 Chelsea suggested we discontinue this report. Patti suggest continue through end of next quarter

   5.4 Diabetes Report – Annie Smith
      5.4.1 Past 3 years, steady improvement in statistics.
      5.4.2 Due to recent staff turnover, the audit numbers have significantly declined.
      5.4.3 Corrective Action: The Community Outreach Team, consisting of a Public Health Nurse nd Community Health Representative, are taking on the task of dividing up the patients that are registered on the diabetes grant. Each CHR will be assigned to a list of patients in insure tracking through their Medical Providers.
      5.4.4 Patti – UDS Report, fell down in diabetic area, patients not being treated in clinics, A1C and Hypertension – need to address and see patients, document purpose of visit. Report for HRSA grant, quality measures, number of patients, nurse/doctor visits. Must report to government.
      5.4.5 Suzanna – need documentation, must make comments for compliance audits.
      5.4.6 Mike commented he assumes providers will need to make the documentation and may need some education on how it should be done. Start having meetings on the 27th. Some discussions about MA's helping out with this.
6. GPRA Reports
      6.1.1 Improve Childhood Immunization Rates Project – Vickie Simmons See written report
7. New Business -Complaints/ Incidents / Suggestions – Rondi Johnson TABLED
8. Old Business
   8.1 KCHC Medical Records Audit – Carrie Davis (TABLED)
   8.2 Orleans Medical Records Audit – Isha Goodwin (TABLED)

Meeting adjourned at 9:40.

Karuk Tribe

Karuk Tribal Health & Human Services
Performance Improvement Project
Prepared for ACQI Meeting
April 16, 2014
BMI/Obesity Project 2013-2014

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

   a) Problem: Epidemic of obesity in all age groups. Obesity leads to a variety of physical and mental complications.

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

2. **Goal of this Performance Improvement Project:** To reduce weight in patients with a BMI $\geq$ 30.
   - **a)** All patients will have their BMI measured at each visit.
   - **b)** A count of patients with BMI $\geq$ 30 will be run each quarter.
   - **c)** Compare number of patients with BMI $\geq$30 to number from previous quarters.

3. **Description of Data-Baseline data ran for CY 2012**
   For CY 2012 there were 1255 patients who had visits and a BMI $\geq$ 30. I will use this number for the baseline.

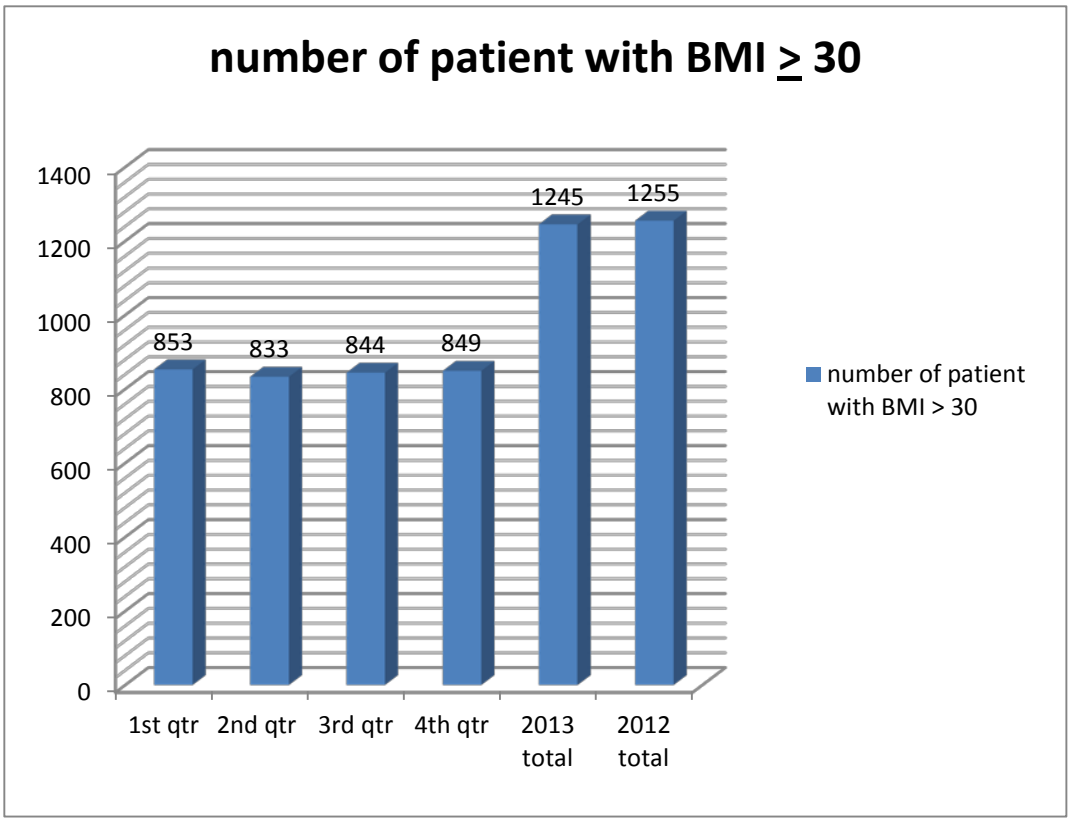
4. **Evidence of Data:**
   All data will be run as query report from RPMS. This will be a total count of patients who had a visit during the time period and a BMI documented that was equal to or greater than 30. A more detailed list of patients can be produced upon request.

5. **Data Analysis**
   - **a)** First quarter 2013 (1/1/13 to 3/31/13) - there were a total of 853 patients with a BMI $\geq$ 30 who had a visit during the quarter.
   - **b)** 2nd quarter 2013 (4/1/13 to 6/30/13) there were a total of 833 patients with a BMI $\geq$ 30 who had a visit during the quarter.

c) 3rd quarter 2013 (7/1/203 to 9/30/2013) there were a total of 844 patients with a BMI ≥30 who had a visit during the quarter.

d) 4th quarter 2013 (9/30/13 to 12/31/2013) there were a total of 849 patients with a BMI ≥30.

e) There 1245 patients with a BMI ≥ 30 for the calendar year 2013. (1/1/13 to 12/31/2013)

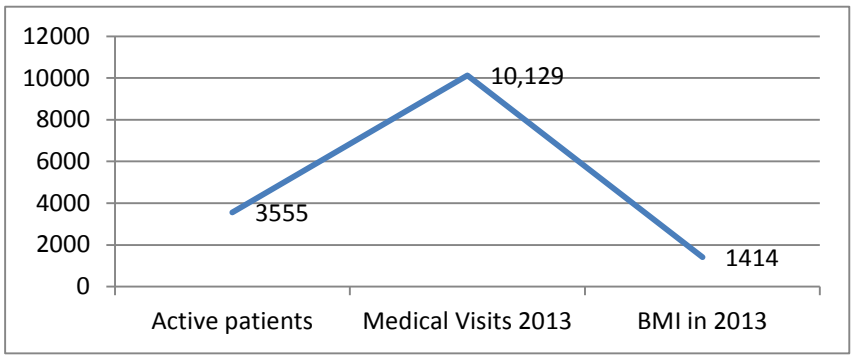


6. Comparison-

The CY 2013 we have 1245 patients with visits and a BMI 30 and higher. This is 10 less than all of CY 2012. I had thought we would have a number larger than 2012, but we did have a small decrease of just under 1%.

On average we are seeing 843 patients each quarter with a BMI 30 and over.
Many patients may be seen in more than one quarter. The total for each year is an unduplicated count.

I was asked to compare to total number of patient visits. We had 10,129 medical visits in 2013 for 3,555 active patients. Of those only 1,414 had a BMI recorded. If height and weight were being done at visits the BMI would show. We really need to look at this closer on the clinical side. (see graph next page)



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

   We need to make sure that when a child or adolescent has a BMI that the parents or the patient are counseled on nutrition and activity and this is documented. Documentation can be done by using codes 97802-97804-15 minutes or more of nutrition counseling and using ICD-9 Code V65-41 for physical activity counseling. Codes V85.5x is used for recording the BMI percentile. For patients over 18, providers should document a follow up plan for weight loss.

   By measuring the BMI at each visit and following through with patient counseling on obesity, diet, and, weight loss, we should be able to lower the number of patients with a BMI over 30.

8. **Re-measure-**
   Data and reports will be done on a quarterly basis and compared to previous data. Losing weight is a hard task, so we may not see improvement in these numbers for a while.

9. **Implementation of Additional corrective Actions if Performance Goals are not Met-N/A at this time**
   We will continue to look at the data on a quarterly basis and compare to annual data for the time. If the numbers continue to grow, providers may have the need come up with some plans for this project in the future to help these patients to achieve weight loss.

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

Submitted by Patti White
4/16/2014

Plumas County HIV/AIDS Project

4/15/14

For the first quarter reporting period (1/1/14 to 4/15/14) we had 17 active patients consisting of 13 males, one transgender, and 3 female patients. One patient has moved from the area, and we have gained 3 patients who have returned for care. All but one of our patients are on highly active antiretroviral therapy (HAART). The one patient not on therapy is scheduled to be seen this month after being lost from care. It does not appear he is compliant with his medication, and his virus has multiple drug resistances. One returning patient has been restarted on HAART just last month and has yet to return for his viral load recheck. Another patient is showing low detectable HIV virus on current therapy and is due, at our next clinic, for re-evaluation of appropriate therapy now that she is post-partum. Otherwise, all of our other patients have excellent CD4s and undetectable viral loads on current therapy.

Quality Improvement Outcome Measures for 2014

Quality improvement measures for 2013 have been met: osteoporosis screening and Prevnar-13 immunization. New quality improvement measures for 2014 proposed are:

- Fecal occult blood testing for all patients
- Colonoscopy for those patients > 50
- Substance abuse cessation in > or =3/17 patients by 2015 by combined interventions of counseling and patient hand-outs regarding risks of substance abuse and benefits of being alcohol-, marijuana-, methamphetamine-, and tobacco-free.

MEDICAL RECORDS ANALYSIS REPORT
1st Quarter 2014
YREKA DENTAL DEPT

PURPOSE:

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

GOAL:

To have our charts in order and correct in the paper charts as well as EDR to reach our goal of 90%.

DATA:

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

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

MEDICAL ALERT LABELS – See Chart Attached.

FINDINGS:

This quarter we would have met our goal of 90% if we didn't have to include the medical alert findings, because out of the twenty charts with the eleven items listed above, all were at 90% or above. Looking at the medical alert label chart we see that we went down in two areas of the five. First was the Allergic to entry where we went down from 85% to 70% and the second is the NKDA (no known drug allergy) where we dropped down from 70% to 50%.

.

CORRECTIVE ACTIONS:

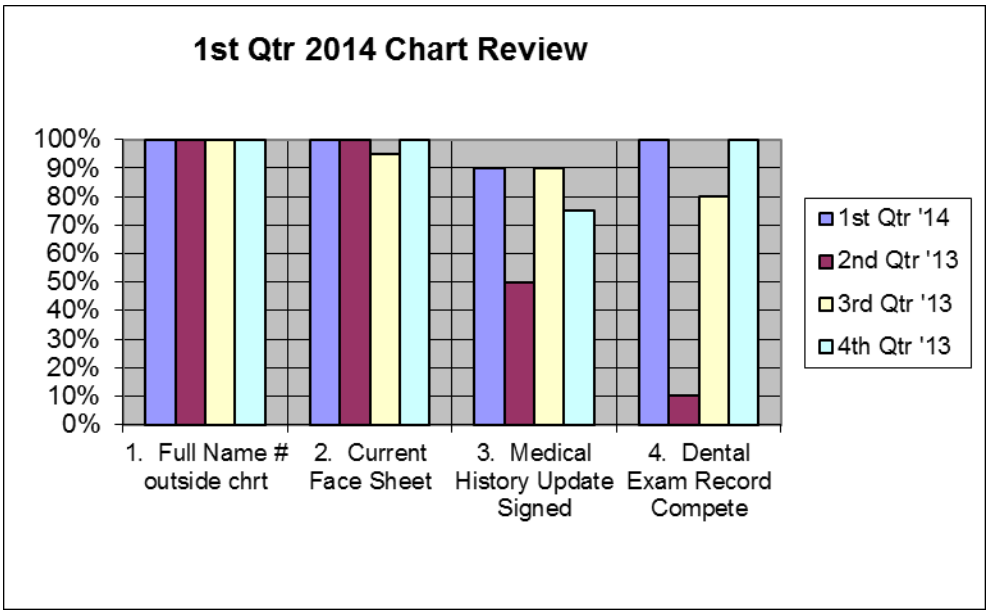
Our goal for 2013 was to reach 90% in all areas of this report and we came close, so we will continue to make this our goal to reach by the 4th quarter in 2014. I believe we can do this with closer attention to the detail in getting the data from the paper chart into the EDR.

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

Respectfully Submitted, Susan Beatty, RDA

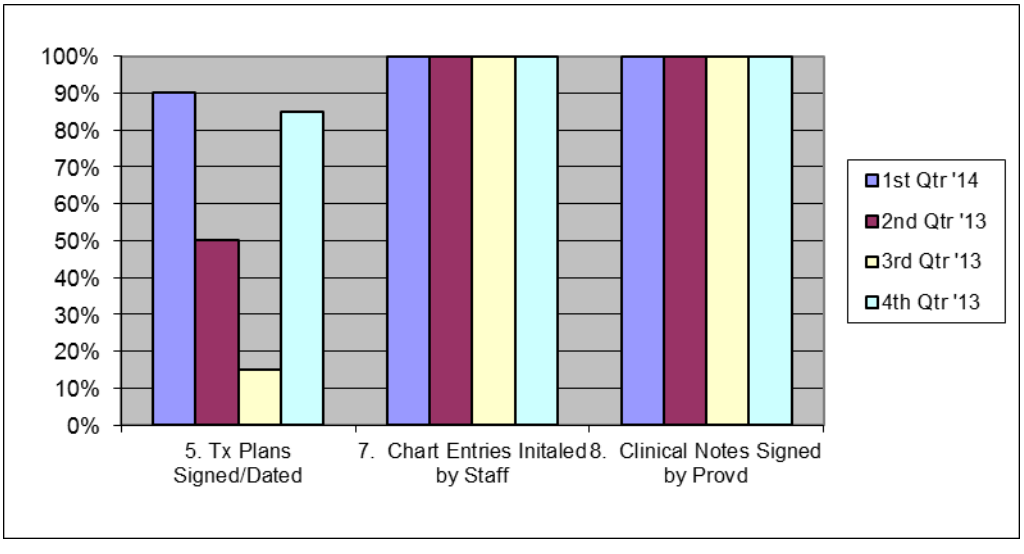
1st Qtr 2014 CHART REVIEW / YREKA DENTAL

	1st Qtr '14	2nd Qtr '13	3rd Qtr '13	4th Qtr '13
1. Full Name # outside chrt	100%	100%	100%	100%
2. Current Face Sheet	100%	100%	95%	100%
3. Medical History Update Signed	90%	50%	90%	75%
4. Dental Exam Record Compete	100%	10%	80%	100%

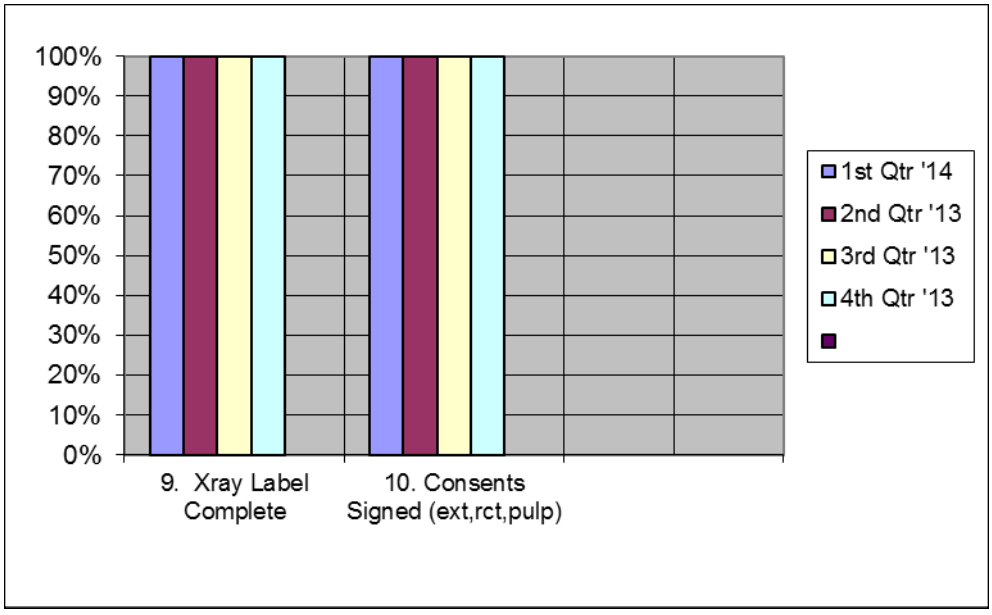


Medical Alerts - See Chart Attached

	1st Qtr '14	2nd Qtr '13	3rd Qtr '13	4th Qtr '13
5. Tx Plans Signed/Dated	90%	50%	15%	85%
7. Chart Entries Initaled by Staff	100%	100%	100%	100%
8. Clinical Notes Signed by Provd	100%	100%	100%	100%

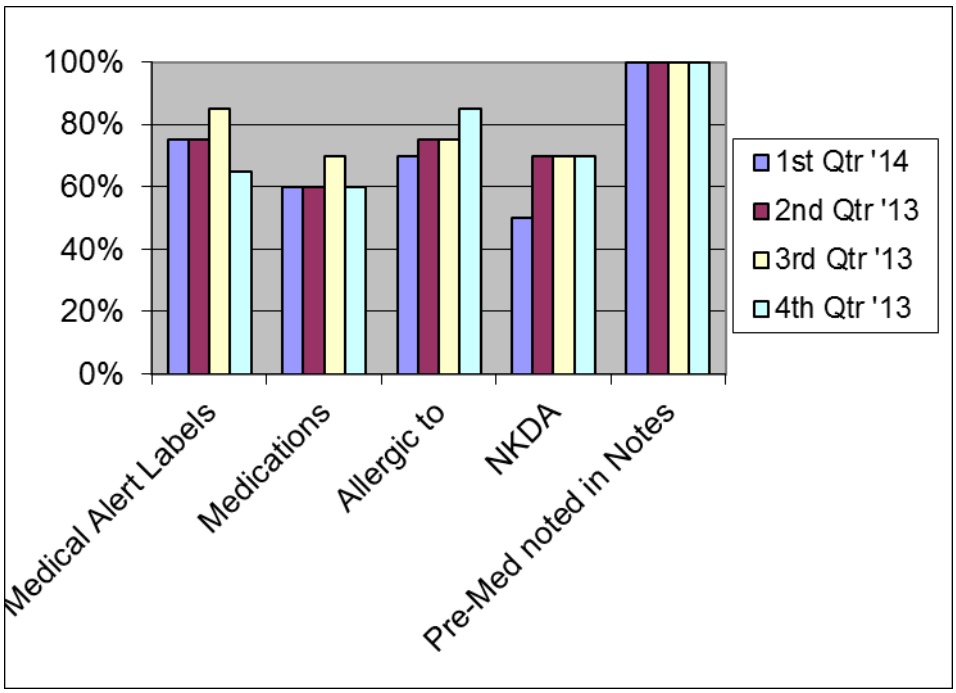


	1st Qtr '14	2nd Qtr '13	3rd Qtr '13	4th Qtr '13
9. Xray Label Complete	100%	100%	100%	100%
10. Consents Signed (ext,rct,pulp)	100%	100%	100%	100%



Medical Alert Labels

	1st Qtr '14	2nd Qtr '13	3rd Qtr '13	4th Qtr '13
Medical Alert Labels	75%	75%	85%	65%
Medications	60%	60%	70%	60%
Allergic to	70%	75%	75%	85%
NKDA	50%	70%	70%	70%
Pre-Med noted in Notes	100%	100%	100%	100%



Performance Improvement Project

Blood Pressures

1st Quarter 2014

Yreka Dental Dept

Purpose:

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

GOAL:

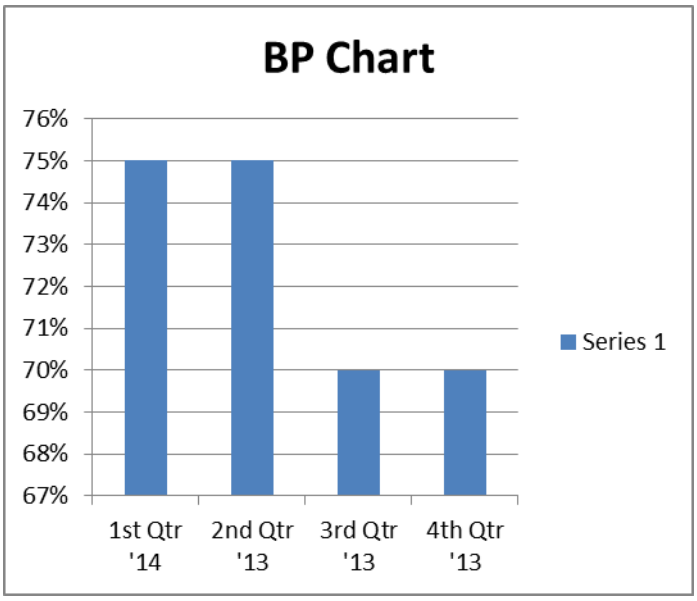
To ensure that our patients have their blood pressure taken at every visit and to raise our percentage goal of 90%.

DATA:

Twenty charts were randomly pulled for each quarter to collect the data for this report.

FINDINGS:

1ST Qtr 2014: 75% were correct.



2nd Qtr 2013: 75% were correct.

3rd Qtr 2013: 70% were correct.

4th Qtr 2013: 70% were correct

Out of the twenty charts for each quarter reviewed either the blood pressure was not taken or they didn't have one taken at every visit within that quarter.

COORECTIVE ACTIONS:

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

Respectively Submitted,

Susan Beatty, RDA

Karuk Tribe

Karuk Dental Records Report
ACQI Meeting Date 4/16/14
1st Quarter Report of 2014 by Cheryl Asman

1. **Purpose of the report.**
   We would like to ensure that we have a complete, well organized Dental Record, which includes:
   a. Patient identifiers and contact information,
   b. Patient medical information including but not limited to: health history, allergies, dental history, medications and etc.
   c. Accurate visit documentation including provider signatures, visit dates, and POV-Purpose of visit.
      i. Documentation of appropriate oral evaluations and re-evaluations: that include; existing oral conditions, periodontal evaluations, cancer/soft tissue evaluation, x-rays, findings, diagnosis, treatment plans and/or treatment, oral hygiene instruction, referrals & follow, treatment rendered and recommendations, and etc.
      ii. Indicators and Contra Indicators for Treatment
   d. Informed consents
   e. Treatment Plans
   f. Patient Consents

2. **Description Data Collection**
   a. I reviewed and collected data from ten adult dental records.
   b. I reviewed and collected data from ten children dental records
3. **Evidence of Data**
   The data was collected from the visits in the third quarter of calendar year 2013

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

11	Informed consents completed & signed by patients and providers	10	10	0	0	100%		

Ten Child charts		Record Count	complete	incomplete	NA	Percent
1	Full name and health record number on outside tab of chart	10	10	0	0	100%
2	Current Face sheet (Within last 12 months)	10	10	0	0	100%
3	Medical history updated within 12 months + Update review box initialed within Quarter	10	10	0	0	100%
4a	Medical Alerts	10	4	0	6	100%
4b	Medications	10	1	0	9	100%
4c	Allergic to	10	0	0	10	100%
4d	Pain Level	10	10	0	0	100%
4e	NKA	10	9	0	1	100%
4f	Pre-Med noted	10	0	0	10	100%
5	Dental Examination for patients that have exam within reporting period is complete	10	5	0	5	100%
6	Completed Tx Plan	10	2	0	8	100%
7	All Chart entries include provider and/or staff initials	10	10	0	0	100%
8	Dentrix Clinic notes show provider who saw patient & signed	10	10	0	0	100%
9	Local anesthesia used	10	2	0	8	100%
10	X-rays label complete	10	6	0	4	100%
11	Informed consents completed & signed by patients and providers	10	10	0	0	100%

4. In the 1st quarter of 2014, I am happy to say that we have moved back up to 100% on all the charts that I reviewed.

HYPERTENSION

Quality Improvement Project

Hypertension may be a boring topic to discuss. However, it is one of the most important. So please try to remain awake...

Relax and enjoy yourself, go to your “Happy Place”

What is the *other* name for hypertension?

This explains why it is so important to treat...

The Silent Killer!

Why the Silent Killer?

Most people with severe hypertension feel great! They have no idea that they have the disease...When they finally realize they have this problem, it is often too late.

One out of three adults in the United States of America has Hypertension right now as we speak.

Actor and comedian Marty Feldman died at the young age 48 from sudden cardiac death. His blood pressure was off the charts... Besides having a thyroid problem, He smoked 6 packs of cigarettes daily and usually drank 4 pots of coffee.

Lifestyle changes are so important...

But they are so hard to do...

Purpose of this Study

To determine how many individuals with an actual diagnosis of hypertension, are being successfully treated...

Goals of the Study

- To have a normal blood pressure reading in all patients. <140/90

- To try to improve our results every year through our findings and discussion.

Data and Parameters

- Adult patients, ages from 18-85

- Must have a diagnosis of HTN, and have been seen at least twice during the reported year.

- Their last blood pressure reading had to be normal (<140/90)

Comparison

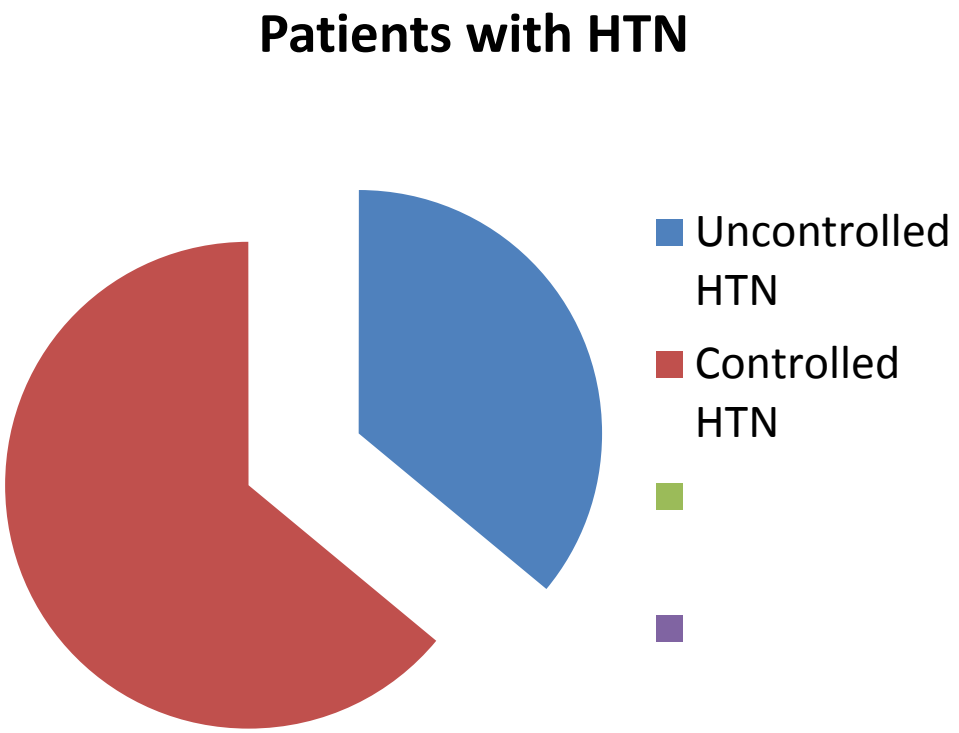
- 3rd quarter 2013
- 4th quarter 2013

- Cumulative for the year 2013

- Comparison to the US results

This is the exciting part...

3rd Quarter Results
July 1, 2013 – September 30, 2013

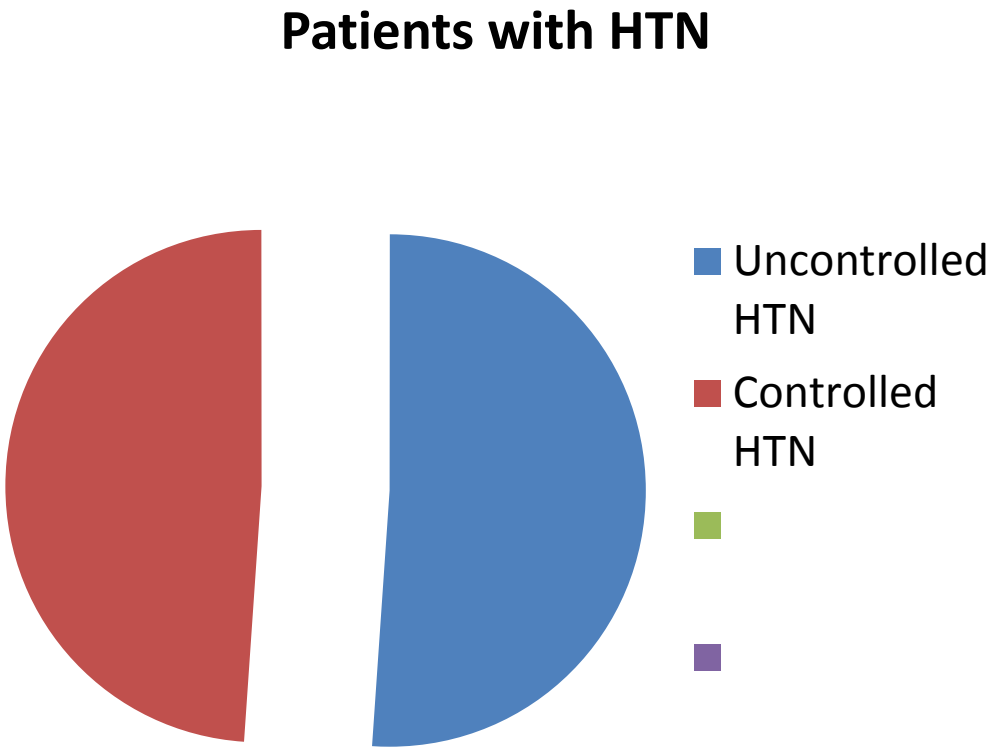


Out of 311 patients, all with a current diagnosis of HTN,

63.9%

showed good control of their HTN.

4th Quarter Results
October 1,2013 – December 31, 2013

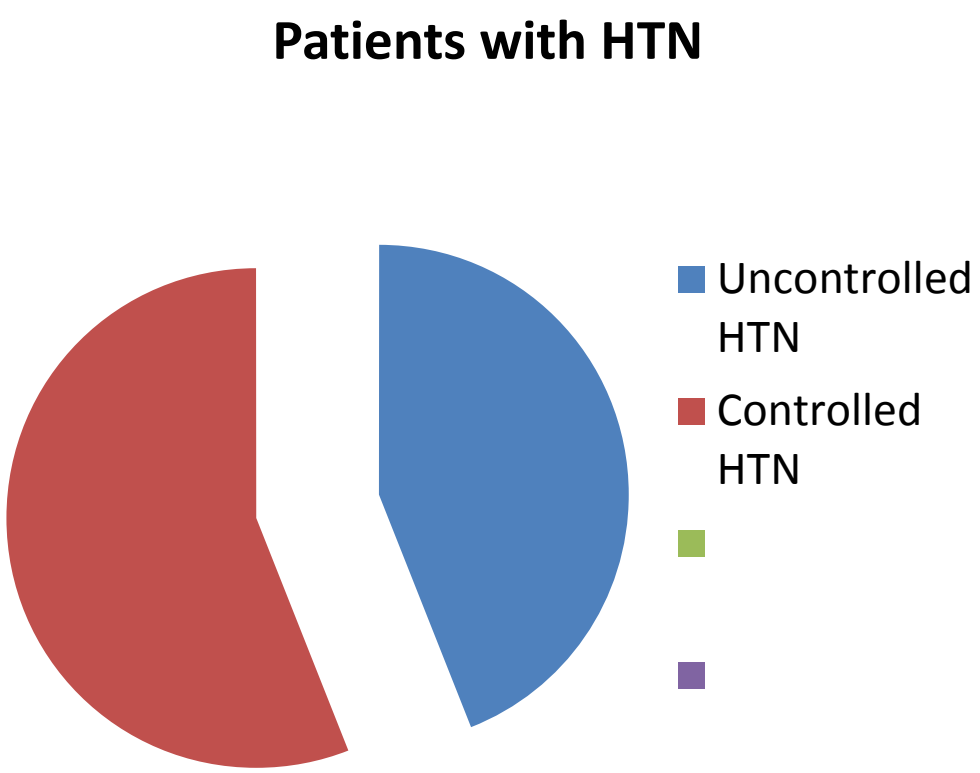


Out of 276 patients, all with a current diagnosis of HTN,

48.9%

showed good control of their HTN.

Results for the Year 2013



Out of 824 patients, with a diagnosis of HTN,

53.5%

showed good control of their HTN.

How did we do here compared to the United States as a whole?

From the CDC- Percentage of patients in the entire United States, with good control of their HTN...

- 67 million people have a diagnosis of HTN in the United States

- Only 47% of these folks have their blood pressure under control

We did better than the National average!

But, Is that good enough???

Discussion…

- Roughly a 50% success rate isn't that successful.
- Why is that that we only have a 50% success rate in this country?
- What can be done to remedy this problem and have greater success in the treatment of Hypertension? …

Patient Non Compliance

- Patients usually don't feel sick, therefore they don't think they have a problem
- Often these patients are coming in for a different problem, the last thing they want to accept is that they have something else wrong.
- Younger patients especially, are very opposed to having to take medication daily, that normally "older" people need to take.
- Some folks have financial reasons and they can't afford medication
- Old habits are difficult to change. One of the hardest things to change in people is the lifestyle that they have grown accustom to living.
- *Some folks have not been told by their provider just how serious HTN is…*

Some folks, including doctors and nurses, are just too stubborn!

Recommendations

- Any patient, that doesn't have a diagnosis of HTN and their blood pressure is >140/90, should get re-checked that day, and have a 2 week follow up to re-check the pressure. (Pt needs to have some time to calm down)
- Explain to the patient the problems that come with uncontrolled HTN *besides* stroke and heart attack. Like renal failure, congestive heart failure, blindness, and end organ damage.
- Especially to the younger patients, explain why HTN is called the silent killer and that just because they feel fine, doesn't mean they shouldn't be treated for a disease process. (very difficult to do)
- Advise lifestyle changes to all patients.
- Use discretion where it is appropriate.

Everyone is different....

- Not all people like to “harped on” or “nagged” at when they come to the doctor. These people will often do the opposite!
- Some folks do not react well to medicines...
- Lifestyle changes may mean something different to some one else.
- Some folks will do everything the doctor says to the letter, and some will forget everything they were told the minute they leave the office, some will only do part of what they were told.

The provider must make this call, and render the appropriate treatment to the appropriate patient. This isn't “cookbook” medicine. We need to be more attentive to each individual patient. We cannot force them to take their medicine. But, we can provide them with better education regarding their problem and treatment.

Don’t be afraid of your doctor….

Summary

- 53.5% of our patients with HTN were treated successfully last year. That is slightly better than the Nation as a whole.
- We providers need to provide more aggressive and vigorous education about the need to treat HTN and prevent further disease.
- Pt should be double checked in the office if their pressure is high, and then have a follow up in 2 weeks at least to re-check.
- Discretion needs to be used with each patient. Because no single patient is the same, once the standards of care are meant, each patient may require different approaches to achieve success.


That's all Folks!

Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 ()	05 () 06 () 07 () 08 () 17 (X) 18 () 19 () 20()	09() 10 () 11 () 12 () 21() 22()
Function: **Behavioral Health**	**Policy #:** **17-000-01 to 17-000-07**	**Policy Title:** **Child and Family Services Clinical Social Work**
Tribal Chairman: Date: 1-17-13 Signature:	**Medical Director:** JC E Milton MD Date: 11/14/12 Signature:	**Cross References:**
Supersedes 17-001-960 CFS Service Plan dated 07/30/2009		

POLICIES AND PROCEDURES FOR OBTAINING BEHAVIORAL HEALTH SERVICES THROUGH THE CHILD AND FAMILY SERVICES DEPT.

17-000-01 Screening at Initial Contact

Procedure:

Administrative Assistant will obtain initial information and assist potential client with requested services. Child and Family Services Department will maintain a current waiting list, to be evaluated on a monthly basis.

17-000-02 Eligibility / Intake and Assessment

No person shall be refused services or discriminated against because of race, creed, color, religion, sexual orientation, or disability.

All adults and minor children with parental permission, may access Behavioral Health Services at any site where the Karuk Tribe maintains a licensed clinical social worker. Referrals from other Tribal entities or outside programs will be accepted.

Procedure:

All new patients may telephone or contact the Child and Family Services Office of their choice to schedule an Intake and Assessment appointment.

All new patients must complete the Patient Registration packet, containing documents needed before they can be seen. Patients shall be advised of the necessary supporting documents needed to obtain services.

Referred patients shall be contacted by the Child and Family Services Administrative Assistant and scheduled for an appointment. Intake packets may be requested via mail or in person. All new patients will be required to fill out this packet upon their first visit.

Patients refusing to complete the necessary paperwork may be refused services.

Once a year a new assessment will be conducted and a review of the treatment plan will be conducted.

Discharge planning will be discussed with the patient at the appropriate stage of treatment.

17-000-03 **Payment**

All patients referred to or seeking Behavioral Health Services will need to comply with payment policies of the Karuk Tribe Health Program.

Procedure:

Upon scheduling and before being seen, all clients must present proof of insurance or submit the necessary documentation to be approved for other payment related programs available through the Tribe or other sources.

If needed, the Administrative Assistant or Eligibility Worker may be available to help the client seek insurance or other coverage in order to receive services.

Copayments must be paid at the time of the appointment.

17-000-04 **Scheduling Appointments**

Scheduling appointments are performed according to assessment by the therapist and taking the patient's views and needs into account. Decisions as to session frequency and duration of care are based upon the professional discretion of the therapist.

Procedure:

Scheduling will be performed by the Administrative Assistant according to instructions given by the therapist. Clients shall be given appointment cards specifying the date and time of their appointment. Reminder calls will be made when possible.

17-000-05 Privacy Rights of Patients

Child and Family Services provider will adhere to all HIPPA requirements and patient privacy standards.

Procedure:

All protected health information developed in the Child and Family Services Department will be secured according to applicable State and Federal laws.

17-000-06 Closing Charts

Procedures:

Patient's mental health chart will be placed on an inactive status if there has been no contact or request for services for 1 year. Patient's mental health chart shall be closed after 3 years of inactivity. A letter of intended inactive status will be mailed to the patient with instructions on how to re-access services if necessary.

A discharge summary will be completed and placed in the chart along with a note indicating termination of services.

17-000-07 Crisis Services

Procedures:

A sign will be posted outside of the Child and Family Services building indicating how to obtain crisis services after hours. The main telephone line will have instructions on how to obtain crisis services after hours.

Responding to Mental Health Emergency

Purpose: The purpose of this procedure is:

- To define what constitutes a mental health emergency, and
- Describe how non-clinically trained staff should respond when on duty and confronted with a patient or community member experiencing a mental health emergency.

Definition: Mental Health Emergency

An individual may be experiencing a mental health emergency when he or she is feeling overwhelmed by internal or external stresses that result in a feeling of helplessness. Coping with those stresses or feelings of helplessness may lead an individual to behave in ways that might create a danger to the individual or to other people. Examples include:

- Someone considering self-harmful behavior; like suicide or self-injury.
- Someone behaving in a manner likely to cause death or injury to another person.
- Someone who, because of mental illness, may be unable to care for self in a safe manner.
- Someone who may be severely impaired by drugs or alcohol.
- Someone behaving in a highly erratic or unusual way, indicating an inability to care for themselves.

Procedure:

When a health care employee, while on duty, has reason to believe that any patient or potential patient may be experiencing a mental health emergency, the employee should alert the mental health professional on staff. If a mental health staff member is not available, the employee should call 9-1-1, or refer the patient to the nearest emergency room. If an emergency room is not within a practical distance, the employee should alert emergency responders by dialing 9-1-1. Please see the appendix for contact numbers.

The health care employee should not offer treatment advice, or attempt to manage the situation themselves without contacting resources as described above, but may offer

supportive comments or otherwise engage the patient while another employee alerts the emergency response system by dialing 9-1-1.

Special Circumstances

If the person in Mental Health Emergency is calling by telephone:

1. Attempt to get the person's name, phone and location (street address and community).
2. Keep the person on the phone, while you get a co-worker's attention and depending on the level of urgency, contact appropriate assistance.

Mental Health Emergency Resources

Yreka and Happy Camp:

Fairchild Medical Center

444 Bruce Street

Yreka, California 96097

530 842-4121

Siskiyou County Mental Health Crisis Line:

1-800-842-8979

Orleans:

St Joseph's Hospital

2700 Dolbeer Street

Eureka, California

(707) 269-4250

Humboldt County Mental Health Crisis Line:

888-849-5728 or (707)-445-7715

Mad River Community Hospital

3800 Janes Road

Arcata, California 9552

707 822-3621

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: **01 () 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20 ()**	**09() 10 () 11 () 12 ()** **21 () 22 ()**
Function: Right of Patients	**Policy #:** 01-001-020	**Policy Title:** Code of Ethical Behavior
Tribal Chairman: **Date:** **Signature:**	**Medical Director:** **Date: 4/16/24** **Signature:**	**Cross References:** **01-001-000 Patients Rights and Responsibilities**
Supersedes policy dated 07/30/2009		

The Karuk Tribal Health and Human Services Program (KTHHSP) has established this statement of organizational ethics in recognition of the program's staff, providers, and the community we serve. It is the responsibility of every member of the Karuk Tribal Health Board, administration, medical staff, and other staff to act in a manner that is consistent with this organizational statement and supporting policies. Our behavior will be guided by the following principles:

- Maintaining an organizational reputation that reflects credibility, honesty, morality, and ethics.
- That all patients, employees and visitors deserve to be treated with dignity, respect, and courtesy.
- That we will provide services to meet the identified needs of our patients, and will avoid providing services that are unnecessary or ineffective.
- That we will meet legal requirements for participation in Federal Health Care Programs, and will strive to prevent any likelihood of fraud, abuse or waste, and
- That we will adhere to a uniform standard of care throughout the organization.

The organization will constantly strive to adhere to and expand on these principles.

Responsibilities of Our Leaders:

Leaders are expected to be role models and observe approved policies and procedures. They shall ensure that employees receive the proper training and be available to clarify any questions regarding regulations, laws, this code or policies and procedures.

Leaders shall encourage everyone to express their ethical concerns, and to be fair and equal when discipline is required as a method of enforcing compliance policies.

Admissions and Referrals:
In all patient care settings, we shall follow well-designed standards of care based upon the needs of the patient. We will serve only those patients for whom we can safely care within our organization. Even as we strive to provide care in a manner economical to patients and providers, we will provide care that meets our established standards of quality.

We will not turn away patients who are in need of our services based on their ability to pay or based upon any other factor that is substantially unrelated to patient care.

We will provide care appropriate to the patient's needs and of consistent quality in all Tribal clinics.

Marketing:
We will fairly and accurately represent our capabilities and ourselves.

Respect for the Patient:
We will treat patients with dignity, respect, and courtesy. To the extent practical and possible, patients (or their significant others) will be involved in decisions regarding the care that we deliver, *parents, guardians, significant others*. We will inform patients about the therapeutic alternatives and risks associated with care they are offered. We will continually seek to understand and respect their objectives for care. Patients have a right to be informed of the price of care that they are about to receive.

In all circumstances, we will attempt to treat patients in a manner appropriate to their background, culture, religion, and heritage.

Resolution of Conflicts in Patient Care Decisions:
We recognize that from time to time conflicts will arise among those who participate in clinic and patient care decisions. Whether this conflict is between administrative staff, employees, or the Karuk *Health Board*, or between patient care givers and the patient, we will seek to resolve all conflicts fairly and objectively. In cases where mutual satisfaction can not be achieved, an appeal to the Karuk *Health Board* may be made for a final decision.

Recognition of Potential Conflicts of Interest:
We are aware that the potential for conflict of interest exists for decision-makers. It is our policy to request the disclosure of potential conflicts of interest so that appropriate action may be taken to ensure that such conflict does not inappropriately influence important decisions.

The Karuk Health *Board* is required to sign an annual Conflict of Interest Statement to assure that Council decisions are made in the best interest of the organization and the individuals served by it and to disclose potential conflicts related to decisions that arise during the course of a year.

Physicians and other staff members are encouraged to disclose financial Conflict of Interest. This will be done annually at evaluation and during reappointment.

The KTHHSP discloses that they negotiate preferred provider agreements with referral providers to obtain cost effective Contract Health Services, (CHS) and that no financial compensation is involved.

Fair Billing Practices:
The KTHHSP will bill patients or third parties only for services and care provided to patients and will provide assistance to patients seeking to understand the cost relative to their care. We will attempt to resolve questions and objections to the satisfaction of the patient while considering the organization's best interest as well.

Confidentiality:
The organization recognizes the extreme need to maintain patient and other information in a confidential manner. As such, patient information will not be shared in an unauthorized manner and sensitive information concerning personnel and management issues will be maintained in the strictest confidence and utilized only by those individuals authorized to review and act upon such information.

Integrity:
Clinical decision making is based on patient need *not on CHS/PRC funds.*

Our commitment is to act with integrity to meet each patient's need.

The KTHHSP shall abide by the principle to treat employees, patients, physicians, and others we serve with utmost respect.

Government Inspections:
Karuk Tribal Health and Human Services Program (and relevant Karuk Tribe) employees are instructed to fully cooperate with government inspections conducted at our facilities. We emphasize that no altering, destroying, or concealing of documents be performed nor any lying, misleading of any kind, or making false statements. This also includes delaying or obstructing information.

Leaders (Executive Director, Program Manager, Chief Fiscal Officer, and Compliance Officer) shall take the lead in the investigation and shall encourage employees to provide accurate and honest information.

Accreditation:
We will be truthful and shall not deceive accrediting bodies or survey teams.

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: **01 (X) 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 () 19 () 20 ()**	**09() 10 () 11 () 12 ()** **21 () 22 ()**
Function: **Right of Patients**	**Policy #:** **01-001-005**	**Policy Title:** **Informed Consent**
Tribal Chairman: **Date: 06/09/2011** **Signature:**	**Medical Director:** **Date: 05/11/2011** **Signature:**	**Cross References:** **A mental health policy**
Supersedes policy dated 06/09/2011		

PURPOSE: To ensure that providers involve patients, and with the patient's consent, their family or representatives in all aspects of care and to either obtain verbal or written (informed) consent. For surgical procedures that present a risk an Informed Consent Form must be signed. **Informed consent** means to provide adequate information of the risk and benefits of the procedure or surgery to allow a patient or legal representative, who has a right by law to determine what shall be done with his or her body, to make rational informed decisions about his or her care or treatment.

POLICY: The Karuk Tribal Health and Human Services Program will establish a process for informed consent.

PROCEDURE:

Practitioners shall involve their patients, family or legal representative in all aspects of care. This shall include:

- The patient's condition
- Proposed treatment or procedures
- Benefits, risk, and alternate treatment or procedures
- Problems related to recuperation
- The practitioner who will be responsible for the patient's care, treatment, or procedure
- The risk of non-treatment

This information shall be documented in the patient's health record.

Practitioner's shall obtain a patient signed **Informed Consent Form** prior to exposure to a specific danger or risk and this form shall be maintained in the patient's health record. In our facilities, examples would include extractions in the dental department and surgical excision of moles or warts in the medical department.

DOCUMENTATION:

The following shall be documented in the patient's health record:

- The diagnosis or reason for the procedure
- The use of local anesthesia
- The operative or invasive procedure(s), treatment(s) performed
- Medications given (if any)
- Complication (if any)
- Measures taken to manage complications (if any)
- Aftercare instructions
- Provider's signature
- *Patient, parent or guardian's Signature*

EXCEPTIONS UNDER NORMAL CONDITIONS:

1. When disclosure to the patient would pose a serious threat to the patient's well-being.
2. The unconscious patient who is in immediate need of emergency medical attention and irreparable harm and even death may result from the provider's hesitation to provide treatment.
3. Medical *or Mental* incompetence of the patient. The provider must assess whether the patient is medically or *mentally* incompetent and thus incapable of expressly providing informed consent. Even in this case the provider should try to obtain consent from a relative of the patient. If this is not feasible, the provider may treat the patient without consent if it is in the patient's best interest.
4. The minor patient, in an emergency situation where immediate injury or death could result from the delay associated with attempting to obtain parental consent.
5. The exception and reason shall be noted in the patient's health record.

NOTE:

The emergency doctrine is a form of implied consent and only lasts as long as the emergency. Formal consent must be obtained for procedures performed after the emergency has passed.

Karuk Health and Human Services Policy Manual

Policy Reference Code: **01 (X) 02 () 03 () 04 ()** **13 () 14 () 15 () 16 ()**	**05 () 06 () 07 () 08 ()** **17 () 18 ()**	**09() 10 () 11 () 12 ()**
Function: **Rights of Patients**	**Policy #:** **01-001-000**	**Policy Title:** **Patient Rights and Responsibilities**
Tribal Chairman: **Date: 4/10/14** **Signature:**	**Medical Director:** **Date: 4/9/14** **Signature:**	**Cross References:** **01-001-010 Advance Directive**
Supersedes policy dated 09/11/08		

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

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

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

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

Our patients, and when appropriate, family members have the right to be informed of and participate in care decisions regarding the patient's treatment plan or medical condition, which includes unanticipated outcomes. If the patient's treatment or diagnosis is not in the patient's

best interest to know, the patient has the right to choose another person to act in his/her behalf. These persons may be family, friends or a guardian. When the patient is a minor, family or guardians are legally responsible except in accordance with appropriate laws.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Complaints:

Every patient has the right to express a complaint about health services provided at a Karuk Tribal health clinic. If the patient wishes to complain, we request that the following two-step process be used:

Step 1

<u>Attempt to resolve the complaint at the clinic level</u>: The patient (or parent/guardian) can inform any clinic staff member if she/he has a complaint. If the staff member cannot resolve the complaint directly, the staff member will contact the office manager, or other designated staff member, to assist the patient in resolving the complaint. If a clinic staff member cannot resolve the patient's complaint, the patient (or parent/guardian) has the right to complete and to file a formal, written complaint.

***Step 2** (if necessary)*

<u>File a formal, written complaint</u>: Complaint forms are located in each clinic lobby. If no complaints forms are available in the lobby, the patient can obtain one from the receptionist. After the patient completes the form, it must be submitted to the Deputy Director for review, investigation, and response. The complaint may either be mailed to the Deputy Director at the address presented below, or request that the complaint be forwarded confidentially via the Karuk Tribe's courier service.

The procedures for making a complaint are:

1. Complaints must be in writing and submitted to:

The Deputy Director

Karuk Tribal Health and Human Services Program

P. O. Box 1016

Happy Camp, CA 96039

2. You may use the Patient Complaint Form available at each clinic as your written complaint.

3. Investigation of the complaint will begin within three working days after receipt.
4. Within five working days, the patient will receive notification by letter or telephone that their complaint is under investigation.
5. The Deputy Director will have 15 working days to resolve the complaint or to make a recommendation to the Karuk Tribal Health Board.
6. The patient may submit their complaint to the Karuk Tribal Health Board only after receiving an unsatisfactory response from the Deputy Director. Call the Tribal Administration Office at 530-493-1600 and ask to be placed on the agenda for a Tribal Health Board meeting.

Patient Responsibilities

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

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

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

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

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

3. Pain Management:
   It is the patient's responsibility to help the provider assess your pain, and to tell your provider when your pain is not relieved. It is the patient's responsibility to participate in

alternative therapies as pain relief options, and to follow your individualized Pain Management Plan, which may include a Pain Management Contract for Opioid treatment.

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

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

4. Dental Complications:

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

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

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

5. Patient Conduct:

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

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

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

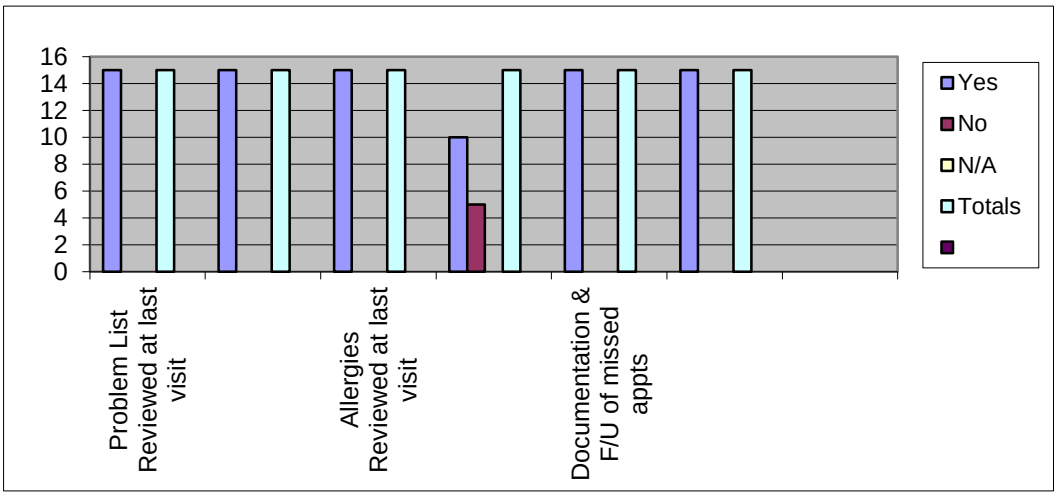
It is the patient's responsibility to be respectful and considerate to all staff members.

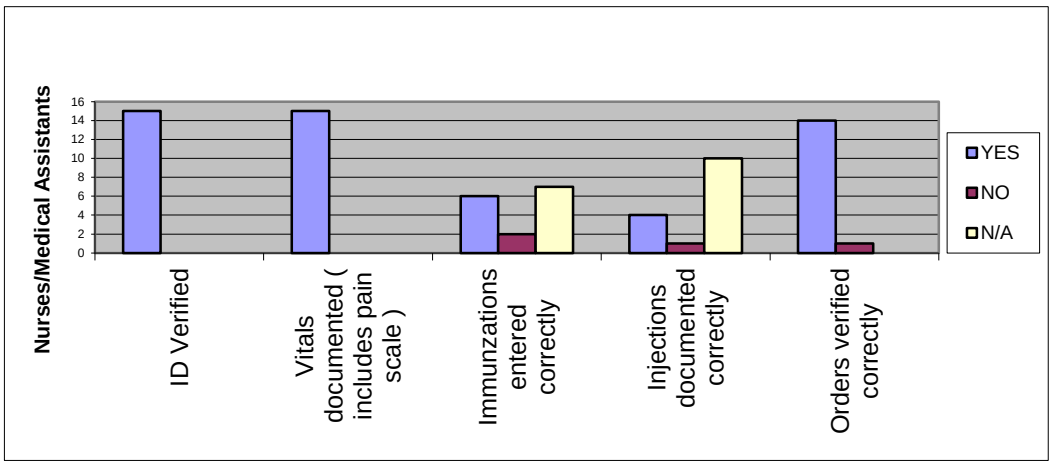
It is the patient's responsibility to understand that disruptive behavior will be cause for refusal of services. Services may be continued, at a later time, if proper behavior has been established.

Dr. Vasquez MD
Record

	Yes	No	N/A	Totals
Problem List Reviewed at last visit	15	0	0	15
Medication List Reviewed at last visit	15	0	0	15
Allergies Reviewed at last visit	15	0	0	15
Health Questionnaire Reviewed	10	5	0	15
Documentation & F/U of missed appts	15	0	0	15
ID Verification documented by provider	15	0	0	15

Nurses/Medical Assistants	Yes	No	N/A	Totals
ID Verified documented	15	0	0	15
Vitals documented (includes pain scale)	15	0	0	15
Immunizations entered correctly	8	1	6	15
Injections documented correctly	11	0	4	15
Orders verified correctly	8	1	6	15

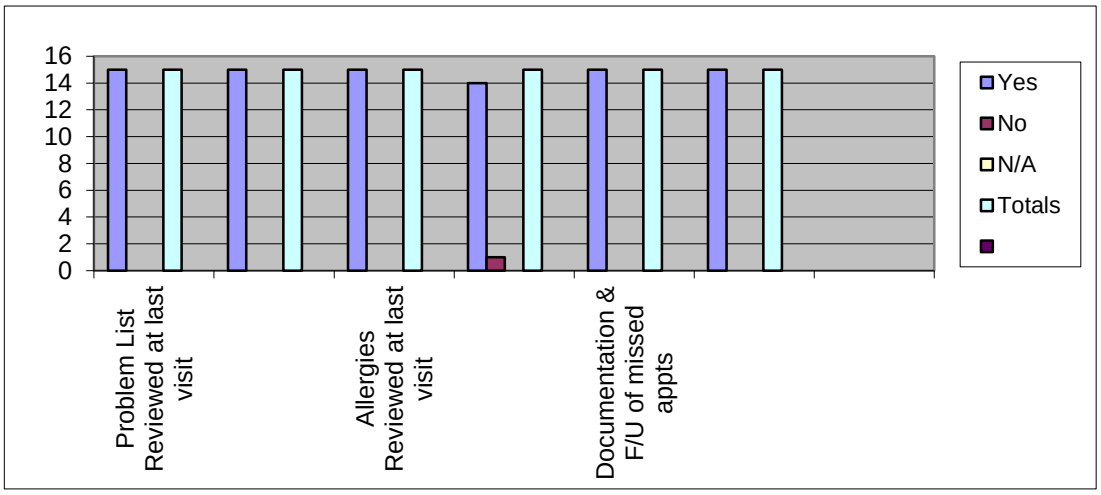


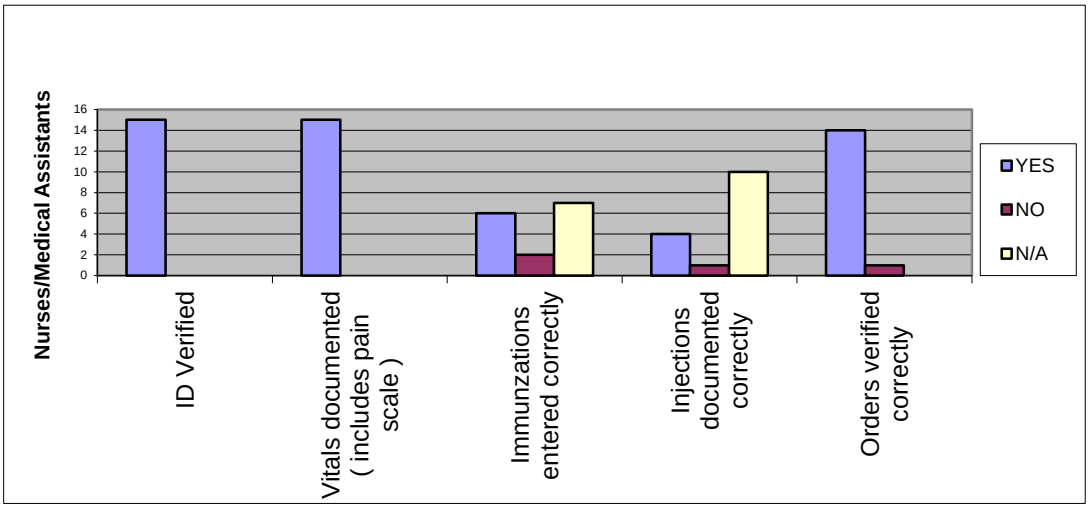


CHELSEA CHAMBERS PA
Record

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

Nurses/Medical Assistants	Yes	No	N/A	Totals
ID Verified documented	15	0	0	15
Vitals documented (includes pain scale)	15	0	0	15
Immunizations entered correctly	8	2	5	15
Injections documented correctly	8	2	5	15
Orders verified correctly	10	2	3	15





KARUK TRIBAL HEALTH CLINIC
HAPPY CAMP
(CHARTS PULLED- October, November, December 2013)

PURPOSE:

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

GOALS:

Identify problems and find ways make changes to improve them.

DATA:

A collection of 5 females and 5 males, and 5 pediatric patient chosen randomly to review data from both of our providers; Dr. Vasquez & Chelsea Chamber, PA-C.

It was agreeed on in a previously that it would be waste of time to do a report on the temporary doctors since they would be gone before a report or reporting time was due. We would not have been able to make any needed improvements on our data because the providers would have left before we would have found any areas needing improvement.

Now I am happy to say that we can get back to doing our report with two providers in our Happy Camp Clinic. Dr. Vasquez is now with us full time.

PROBLEMS:

As I have stated in past reports, "I still believe that having Data Entry working closer to staff has been a benefit to not only the patients at registration but to the visit over all". However, I have found a few cases where the HQ's did not make it to the provider during the time of visit and was put into the chart without the providers review or the HQ made it to the provider days after the patient was seen. At a staff meeting it was brought up that the providers preferred to have the HQ during the visit or at least when they made the chart note. In some cases, during this quarter, the patient was not given the HQ to fill out with their yearly updates. As a result our scores are lower than our last report. However, I feel that this problem has been address and is improving once again as new staff is trained.

I also found that our scores were lower in the areas of immunizations', orders, and injections. I believe this is going to improve as we get back to a full staff and become more educated with EHR.

Carrie L Davis
Medical Records Clerk
February 2014

Eric Cutright Directors Report

Health Board on May 8, 2014

Reporting Period: March 1, 2014 to April 30, 2014

Project Title: Improving IT Services in Orleans

Deliverables:

Task One - Run new network cable in Orleans between Clinic and Senior Nutrition Site

1. April 8-10 Dug trench and installed conduit
2. April 11 Hooked up Senior Site and Computer Center to new line

Task Two – Install Phone Server for KTHA and Transportation

1. March 18-28 Procure necessary equipment
2. March 31-April 7 Setup, configure and test new phone server
3. April 11-14 Install new phone server in Orleans

Task Three – Improve Radio Link between Council Chambers and Computer Center

1. April 1-4 Work with KTHA to remove interposing trees
2. April 8 Swap out existing radios and retest connection
3. April 9 Adjust and repoint radio antennas
4. April 10-18 Radio link monitoring and continued tweaks to improve signal

Task Four – Repair Hughes Net Satellite connection

1. March 20 First technician visit to repair the satellite
2. March 27 Second technician visit to repair the satellite
3. Marcy 31 Satellite internet turned on and made default internet
4. April 2 Satellite internet cap reached.
5. April 2-April 30 Daily monitoring of satellite to prevent bandwidth cap
6. May 1 New Exede satellite service ordered for DNR & Council Chambers
    a. The new satellite service should be installed within 7 to 14 days

Task Five – Repair DNR Server after equipment failure

1. April 1 Alarm in DNR server room indicating hard drive failure
    a. DNR and TANF were able to continue working because of the redundancy built into the server
2. April 2 Replacement hard drives ordered
3. April 5 Replacement hard drives installed. Server repair complete

Expenditure/ Progress Chart – IT Dept Indirect Budget April 30, 2014

Program	Code	Total Budget	Expensed to date	Balance	% Expended
IT Systems	1020-15	$313,183.26	$175,615.68	$137,567.58	56.07%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/1/2013 to 9/30/2014	12	7	5	58%	N
Comments:					
This is the budget to maintain the IT Department and all of the IT resources spread throughout the tribal offices. The majority of the budget goes to salaries for the IT personnel paid out of the indirect cost pool.					

Project Title: Security Camera installation for Orleans

Deliverables:
Task One – Obtain quotes for security camera parts and installation

1. December 23, 2013 Send out security camera proposal to known local consultants
2. January 2, 2014 First security bid walkthrough
3. January 7 Second security bid walkthrough
4. January 30 Present bids to council who approved Advance Security proposal

Task Two – Oversee Installation of security cameras

1. February 24-28 Initial camera installation by Advanced Security
2. March 11 Camera installation at DNR
3. March 13 First camera repair / warranty swap by Advanced Security
4. April 16 Second camera repair / warranty swap by Advanced Security

Other IT Department Activities:

- Amy Coapman has been on leave for most of the month of April. In order to cover for her, at least one person from IT has been traveling to Yreka every Wednesday to assist the clinic with work orders that Amy typically manages.
- The project to update all desktop and laptop computers to Windows 7 and Office 2010 is complete. IT is still finishing upgrading servers in all 3 communities to Windows 2008.
- IT has started giving trainings alongside the fiscal and compliance departments for new employees. Initial trainings have been completed in Yreka, Happy Camp and Orleans.

Project Title: Orleans Broadband Project

Deliverables:
Engineering Services:

- Fiber Engineering originally complete summer of 2012. Due to the requirements of the Verizon Pole Attachment agreement, engineering is still being updated to meet Verizon Business standards
- Wireless engineering originally complete spring of 2013. Due to budget update and scope change for the funder, USDA RUS, wireless engineering updated most recently in April of 2014

Permitting Services:

- All government permits in hand as of December, 2014
- List of Permits:
    - USDA Rural Utilities NEPA Approval
    - USDA Forest Service Special Use Permit
    - CalTrans Encroachment Permit
    - Humboldt County Special Permit for Tower Construction
    - Humboldt County Building Permit for Tower Construction
    - Humboldt County MOA for Right-of-Way on Ishi Pishi Road
    - Humboldt County Encroachment Permit for Ishi Pishi Road
    - SHPO Cultural Resources Approval
    - THPO Cultural Resources Approval
    - Karuk Resource Advisory Board Approval

Scope and Budget Change:

- Tower wireless delivery model determined to be ideal over mesh model during wireless engineering
- Scope change originally requested in May of 2013; response received October 2013
- January, 2014 – USDA requests updated budget to go with scope change
- February 2014 – Updated budget submitted to USDA
- March 2014 – Significant changes requested to scope change and budget by USDA
- April 2014 – Changes prepared for delivery to USDA
    - Updated budget and scope change under final review before submission to USDA as of May 1, 2014

Construction Contracts:

- Tower construction contract approved September, 2013
- Fiber Optic installation contract – still needs to be reviewed; waiting for USDA budget approval
- Wireless installation contract – still needs to be reviewed; waiting for USDA budget approval

Expenditure/ Progress Chart – USDA Community Connect Grant

Program	Code	Total Budget	Expensed to date	Balance	% Expended
USDA RUS Orleans Broadband	2061-00	$1,141,870	$349,834.72	$792,035.28	30.63%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/24/2011-10/24/2014	36	30	6	75	Y
Progress Report Due Date	**Completed?**	**Date Completed.**	**Fiscal Report Due Date**	**Completed?**	**Date Completed.**
10/17/2014	No		10/17/2014	No	
Comments:					
This grant is to fund the construction of fiber optic cable and wireless infrastructure to the community of Orleans. The project is waiting for a budget revision approval from the USDA before construction can begin.					

Project Title: Klamath River Rural Broadband Initiative (KRRBI)

Deliverables:
Project Management Services:

- Draft of project description completed and submitted to CPUC environmental team for review
- 1st quarterly report completed and submitted on April 9, 2014
- 2nd quarter report due July 10, 2014

Engineering Services:

- Fiber engineering contract approved and executed December, 2013
- Wireless engineering contract approved and executed December, 2013

Permitting Services:

- Initial contact with permitting agencies made
- Required Federal permits:
    - USDA Forest Service Special Use Permit
    - National Park Service Special Use Permit
    - US Army Core of Engineers Klamath River Crossing Consultation
    - BIA Land Use – **Resolution 14-R-017 attached to this report for approval**
- Required State Permits:
    - CalTrans Encroachment Permit

    - CEQA State of California Environmental Report
    - California State Parks Special Use Permit
    - California State Lands Commission Easement
    - California Dept Fish and Wildlife Endangered Species Impact Report
- Required County Permits:
    - Humboldt County Special permit for tower construction
    - Humboldt County Building permit for tower construction
    - Humboldt County MOA for Right-of-Way Amendment
    - Humboldt County Encroachment Permit for County Roads
- Cultural Resources Reports:
    - SHPO Cultural Resources Approval
    - Yurok THPO Cultural Resources Approval
    - Karuk THPO Cultural Resources Approval
- Required Tribal Permits:
    - Karuk Resource Advisory Board Approval
    - Yurok Tribe Transportation Encroachment Permit
- Other Required Permits:
    - Right-of-Way Easements with Independent Landowners

Expenditure/ Progress Chart – KRRBI – California Advanced Services Fund (CASF)

Program	Code	Total Budget	Expensed to date	Balance	% Expended
KRRBI - CASF	N/A	$6,602,422.00	$0.00	$6,602,422.00	0.00%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/17/2013-10/17/2015	24	6	18	5%	Y
Progress Report Due Date	**Completed?**	**Date Completed.**	**Fiscal Report Due Date**	**Completed?**	**Date Completed.**
04/10/2014	Yes	04/09/2014	At 25% Expended	No	
Comments:					
This grant expands on the Orleans Broadband Project and partners with the Yurok Tribe to provide internet service to several unserved and under-served communities in Northern Humboldt County. No funds have yet been extended because the contractors were hired on a "pay-when-paid" basis, meaning they get paid once we receive reimbursement from the CPUC.					

Report Attachments:

- Resolution 14-R-017 requesting the BIA be the KRRBI permitting federal lead agency
- Cell phone usage report for March-April 2014 billing period

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

Karuk Tribe

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

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

REQUEST FOR RESOLUTION

Check One: ☑ **Resolution** **Karuk Tribe Number Assigned:** **14-R-017**

Prior Amendment:

Requestor: **Eric Cutright** **Date:** **April 30, 2014**

Department/Program: **Klamath River Rural Broadband Initiative**

Brief Description of Purpose:

This resolution authorizes the Bureau of Indian Affairs (BIA) to act as the federal lead agency to meet the National Environmental Protection Act (NEPA) requirements for the Klamath River Rural Broadband Initiative (KRRBI). Also included is a request that the BIA make this project a priority so we can meet the KRRBI project deadlines.

**** REQUIRED SIGNATURES ****

**Self-Governance Coordinator w/ changes — 5-1-14 Date

Other — Date

Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
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RESOLUTION OF THE
KARUK TRIBE

Resolution No: **14-R-017**
Date Approved: **May 8, 2014**

RESOLUTION AUTHORIZING THE REQUEST THAT THE BIA SHOULD BE THE LEAD FEDERAL AGENCY FOR THE KRRBI PROJECT

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

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

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

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

WHEREAS; The Karuk Tribe has been awarded a California Advanced Services Fund (CASF) grant through the California Public Utilities Commission for the Klamath River Rural Broadband Initiative (KRRBI Project) to work with the Yurok Tribe to bring internet to the remote rural communities within the ancestral territories of each tribe; and

WHEREAS; The CASF grant has a very aggressive schedule for permitting and construction of just 24 months; and

WHEREAS; Permission for construction of the KRRBI project requires California environmental permitting outside of reservation lands, federal environmental permitting project-wide, and a right-of-way from the Redwood National Park and the USDA Forest service for the fiber optic cable; and

WHEREAS; The federal environmental permitting process, when headed by either the National Park Service or the Forest Service, will take at least two years and possibly longer; and

WHEREAS; The Bureau of Indian Affairs (BIA) is typically involved in federal environmental permitting where trust lands are concerned; and

WHEREAS; The BIA has indicated a willingness to partner with the Karuk and Yurok Tribes and to serve the tribes as the federal lead agency for federal permitting for the KRRBI project; and

WHEREAS; the Karuk Tribe is willing to partner with the BIA for the KRRBI project in order to facilitate federal environmental permitting and right-of-way permit issuance; now

THEREFORE BE IT RESOLVED; that The Karuk Tribe is in agreement that the BIA should be the lead federal agency for the KRRBI Project in close cooperation with both the Karuk and Yurok Tribes; now

THEREFORE BE IT FINALLY RESOLVED; that the Karuk Tribal Council authorizes the request that the BIA to be the lead federal agency for the KRRBI Project.

CERTIFICATION

I, the Chairman, hereby certify the foregoing resolution 14-R-017 which was approved at a Health Board Meeting on May 8, 2014, was duly adopted by a vote of _____ AYES, _____ NOES, _____ ABSTAIN, and said resolution has not been rescinded or amended in any way. The Tribal Council is comprised of 9 members of which _____ voted.

_____ _____

Russell Attebery, Chairman Date