KARUK TRIBE
ANNUAL HEALTH BOARD MEETING AGENDA
Thursday, August 14, 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 *(July 10, 2014)*

F) GUESTS *(Ten Minutes Each)*

1.

H) OLD BUSINESS *(Five Minutes Each)*

1.

I) DIRECTOR REPORTS *(Ten Minutes Each)*

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

II) REQUESTS *(Five Minutes Each)*

1.

K) INFORMATIONAL *(Five Minutes Each)*

1.

M) CLOSED SESSION *(Five Minutes Each)*

1. CHS (dinner break)
2. Bobbiesue Goodwin
3. Isha Goodwin
4. Vickie Simmons

5. Jeanna Weeks
6. Laura Olivas
7. Tribal Council Members

N) SET DATE FOR NEXT MEETING ***(Thursday, September 11, 2014*** *at 3 PM in* ***(ORLEANS)***

OO) ADJOURN

Karuk Tribe – Health Board Meeting
July 10, 2014 – Meeting Minutes

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

Present:
Buster Attebery, Chairman
Michael Thom, Vice-Chairman
Joseph Waddell, Secretary / Treasurer
Arch super, Member at Large
Elsa Goodwin, Member at Large
Alvis Johnson, Member at Large
Josh Saxon, Member at Large
Sonny Davis, Member at Large

Absent:
Vacant Orleans Seat

Sonny Davis provided the prayer and Arch read the health mission statement

Agenda:
Arch Super moved and Michael seconded to approve the agenda with changes, 7 haa, 0 puuhara, 0 pupitihara.

Minutes of June 21, 2014:
Elsa has one correction; she cannot find it but will notify Barbara of what it is.

Arch Super moved and Josh Saxon seconded to approve the minutes of June 12, 2014 with changes, 6 haa, 1 puuhara (Elsa Goodwin), 0 pupitihara.

Guests:

1.) **Dr. Richard Gierak:**
Dr. Gierak is present to seek a proposal with the Karuk Tribe. He has been a charge nurse, recovery room tech and now he is in his 50th year in practice. He holds a degree in biology and his doctrine. He is a chiropractic provider and he travels to Happy Camp to treat patients. He is present to see if the tribe would like to engage him in serving tribal members. He would like to propose one day per month at the facility, 12-16 patients per day, $400 for minimum. He would give a discounted rate for any given 11 patients in one day. He would charge $150 per hour for any other services. He is also a founder in a program which uses hypnosis, and can do that similar type of work. He is interested in teaching Tribal Members this lost technique at $500 for two hour sessions. In return, he would like to become an honorary medicine man of the Tribe and the documentation to back that up by a letter from the Council on letterhead. Michael asked if this is 4 hours in each community and he noted that he may be interested in Yreka and Happy Camp but Orleans may be too far. He noted that he can do hours based on how many patients there are assigned to him.

   He thanked the Health Board for hearing his proposal.

Old Business:
Arch Super inquired about the sign that was not removed at the DNR / Clinic facility and Arch would like to ensure that is done.

A staff directive was issued to draft a policy on remote access for the providers; he asked if that was done. Patti noted that Eric found a policy draft and it has to go through the review process. Patti noted that it has to go through the ACQI Committee first, and this notes that any provider will have that remote access. A provider could request access but the procedure isn't outlined. It will come to the Council after approval by the Committee.

Arch noted that the information distributed in regards to the veterans' healthcare system. Josh asked how this information is being distributed to the Tribal Membership. He inquired if this is moving along. Lessie noted that it hasn't been distributed to date, as she is getting it through the VA. The VA wants to have changes to the original approved agreement and then it will be sent back to the Tribe for signature. The Karuk Tribe signed it, but it isn't in a format that the VA wants. Lessie is actively working on this.

Josh inquired about the credentialing and privileging for KCDC counselors. Lessie noted that that is on the agenda for today.

Michael questioned when the patient handbooks are going to be updated. He noted that the turnover is very high and the information in the booklets is outdated. Lessie noted that the handbooks are outdated and currently they are out of them. She will address this when she moves into marketing.

Director Reports:

1.) **Annie Smith, Director of Community Services:**
Annie is present to distribute her report. Michael commented that the Managers/Directors must have their reports tabled due to not having it turned in in time for the Council to review.

Annie then provided a report to the Health Board. She has two action items. She first requested a VISA card for Karen Hogue, transporter. Then she sought approval for a VISA card for Dolores Jioia, CHR, both with $1,500 limits. The transporters and CHR's are working with program resources to provide transportation services to the most benefit of the clients and savings for the Tribe.

Annie noted that an 8 passenger van is fine for a regular licensed driver and they will use as necessary. Elsa noted that there is a special licensing requirement for the Tribes multi-passenger van and she would like Annie to review that. Laura Olivas noted that the requirement is needed even with another bench seat.

<u>Michael Thom moved and Bud Johnson seconded to issue VISA cards for both employees with $1,500 limits, 7 haa, 0 puuhara, 0 pupitihara.</u>

She then reviewed her report. She has not discussed emergency operations with Tom Fielden this week, but there next project will be the installation of a very large generator. The Tribe has been given the opportunity to receive this donation, if the Tribe can pick it up. It is large enough to feed the Yreka Clinic. She believes that it would be worth the funding to go and pick up this generator. Annie has left multiple messages for Fred but hasn't heard back. Siskiyou County has received funding for switches that are very expensive to link a generator to the clinic and they will be accessing that resource.

She updated the Health Board and the STD outbreak in the County. This is keeping her very busy providing community outreach and education. She thanked Dr. Vasquez because he has been identifying these cases and takes them very seriously. She will be giving youth hacky- sacks and Frisbees at the reunion.

There are quarterly CPR trainings in Happy Camp and Yreka. They are not scheduled in Orleans yet. When Annie discussed this with the Orleans staff they noted that they will drive up. The CPR training is in-house not open to the community. Josh would like to have on scheduled in Orleans and it include DNR, library staff, as well as clinic staff.

She then reminded the community and Health Board to notify them if there are Tribal Members or others that need checked on with this weather or fires then notify them as well. Jody commented that some reports are done but the staff aren't responding. Sonny also commented that the CHR's and Elders workers are not checking blood pressures but they are seen in the community. Annie will direct her staff to go house to house.

She will be referring all requested transporting services to one person, to assist in getting a ride and then if not, set appointments for scheduling. Buster commented that he volunteered to do transports, however this needs to be reviewed.

Josh asked that Annie provide a report on the transporting services and break it down by services or actual transports, home visits, blood pressure checks, etc.

Josh Saxon moved and Jody Waddell seconded to approve Annie's report, 7 haa, 0 puuhara, 0 pupitihara.

2.) Lessie Aubrey, EDHHS:

Lessie is present to provide a contract extension request for the Yreka Clinic janitorial services. The renewal begins back in February. It is modification #3 to contract 11-C-035 with the Karuk Tribe and Nean's Cleaning. The Council identified that this is late and is approving the modification after the work has been done.

Laura commented that this company has an expired contract, which means that invoices can't be paid. Laura commented that Sammi is working on a system for reminders to be issued to Directors to ensure their contracts are updated in a timely manner. Josh isn't recommending this being stalled and to work on it being updated prior to February. Lessie noted that there are other players in this other than her. Contracts go through compliance, finance, clinic manager, etc., before it may come to her. Elsa noted that the contracts should be done every year and includes the language for renewal.

Barbara explained that the modification is to clarify for time extension and the reminder of the contract is unchanged unless specifically noted in the contract modification.

Josh Saxon moved and Bud Johnson seconded to approve modification (3) to contract 11-C-035, 6 haa, 1 puuhara (Elsa Goodwin), 0 pupitihara.

Lessie provided a support letter from CRIHB that requires her approval. It is a support letter to the Center of Disease Control. It is to support CRIHB's grant application for the Diabetes, health Disease and Stroke Prevention Program. Josh inquired if the notation of "commercial use" as opposed to "traditional use", the group believes that yes that is the clarification.

Josh asked how much is CRIHB applying for and of that how much is being identified for the Karuk Tribe. Michael noted that as Associate Members of CRIHB the Karuk Tribe gets training funding. Michael also commented that there was also tobacco funding in the 1990's but the Tribe didn't have the capacity to keep it, which CRIHB maintains. Josh noted that he is asking how it works for the Tribe to be identified for funding. She commented that CRIHB works with the Karuk Tribe. Lessie then commented that CRIHB noted that they had suicide prevention funding

which no one was applying for and they wanted to see the Karuk Tribe receive that funding. Lessie noted that she is no longer a part of Behavioral Health but she did arrange a conference call to work toward achieving this funding.

It was discussed how CRIHB provides assistance to Tribes and the services that are provided. Also, being Associate Members vs. Full Members.

Elsa Goodwin moved and Arch Super seconded to send the letter of support to CRIHB's grant, 7 haa, 0 puuhara, 0 pupitihara.

Each year there are dues for Darrell Hostler are due from CRIHB. Federal funds cannot be spent on lobbying but they seek approval from Tribes to contribute toward lobbying.

Arch Super moved and Elsa Goodwin seconded to approve paying the $10,000 contribution fund to CRIHB for the Daryl Hostler fund, 7 haa, 0 puuhara, 0 pupitihara.

Lessie went on to explain that the staffing is stabilizing including providers and dental providers. The head hunter agency is working well and they have possible funding coming through from HRSA which she has the hook on a good candidate for a PA position Lessie will bring back a formal agreement but would like to obtain the Council's interest in this opportunity. The candidate was very well liked and the health program will be losing a PA within 30 days as well. Josh noted that he believes they will begin to see a lot more of this in order to obtain more candidates and this is becoming a trend of the cost of doing business.

Elsa inquired about the dental provider interviews. Lessie noted that there are vacancies but there are possible candidates. Dr. Walters will be resigning to relocate with her spouse so interviews will need to be filled.

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

3.) Patti White, RPMS Site Manager:
Patti has no action items. She is excited to have Amy Coapman return back to work. Patti provided her workload reports and graphs. She goes back two months to ensure the data is included and correct. The visit count is down by 343 visits, and this is provider time off and the absence of a provider.

Activities are included in her report. July 16-19, 2014 was VISTA training in Yreka. This is the next step to move toward Electronic Health Record.

Josh asked about the notation of scanners having issues. Patti noted that there was a work around and there was a conference call with the VA and Jitsu, which included a work-around program being developed. Indian Health Services provided assistance in obtaining support to get it completed.

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

4.) Rondi Johnson, Deputy Director:
Rondi is present to provide her report. She has no action items. Elsa inquired about Nadine's report and concerns from it. Elsa noted that those concerns need to be addressed.

Immunization reports, STD education, fire, emergencies, diabetes, health choices and fruit as well as carbonated drinks when the diabetic patients can have educational items have been identified for the Health Fair at the Tribal Reunion. There will be a breast cancer booth, and weight loss booth. Rondi noted that there are quite a few informational booths that provide a lot of information.

Elsa Goodwin moved and Sonny Davis seconded to approve Rondi's report, 7 haa, 0 puuhara, 0 pupitihara.

Josh then asked Rondi about the VISTA imaging policy and she explained that that is under review with staff, she will bring it back at a later time.

5.) **Eric Cutright, IT Director:**
Eric announced that there was an invitation to a California Tribal Consultation for broadband. The consultation is August 19, 2014 and he invited a Council Member to Rancho Cardova. Arch will attend and if there are scheduling conflicts then Buster will attend.

He updated the Council on battery back-ups in Happy Camp. They are up and running with both systems. Josh inquired about information from USDA and the ability to receive payment. It will be discussed later in closed session.

Michael Thom moved and Elsa Goodwin seconded to approve Eric's report, 7 haa, 0 puuhara, 0 pupitihara.

6.) **April Attebury, Children and Family Services:**
April is not present, her report was provided.

Arch Super moved and Elsa Goodwin seconded to approve a credit card for Angela Baxter with a $1,500 limit, 6 haa, 0 puuhara, 1 pupitihara (Josh Saxon).

Elsa Goodwin moved and Arch Super seconded to approve April's report, 6 haa, 0 puuhara, 1 pupitihara (Josh Saxon).

Closed Session:
Laura Olivas – is present to provide a financial statement and overview of the health program's finances. She noted that they provided the year projection of revenue remains steady. The supplies were severely high in 2005 and then it went drastically down. The Health Board noted that in planning of a new facility or equipment purchases then identifying what services could be provided needs to be done

Consensus: information provided regarding the dire situation of the Broadband project and the game plan for identifying fixes to the issues.

Arch Super moved and Michael Thom seconded to approve out of state travel for Eric Cutright to Worley ID., July 22-24, 2014, 7 haa, 0 puuhara, 0 pupitihara.

Arch Super moved and Josh Saxon seconded to credential and privileges, Milton, Mandelkern, and Water, 7 haa, 0 puuhara, 0 pupitihara.

Next Meeting Date: August 14, 2014 in Happy Camp, CA.

Elsa Goodwin moved and Michael Thom seconded to adjourn the meeting at 6:02pm, 7 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

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Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider

Executive Director of Health and Human Services

Board Report August 14, 2014 Lessie Aubrey, EDHHS

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EDHHS Leave

I will be taking leave as of August 26, 2014 for surgery. I am having a total left knee replacement of which I anticipate being out 2 months. During my absence Rondi Johnson, Deputy Director will be in charge. She may leave Vickie Simmons, Patti White, or Suzanna Hardenburger in charge if she is called away or must travel during that time.

VA MOU

I just received word that all papers related to the VA MOU have been received and will be sent to the Tribal Agreements office for final approval. We should be hearing from them soon. When things are set up and ready to go then we will announce it through various avenues including Social Media.\

Thanks Buster

It was a blessing to have you accompany me to the CA DHCS Tribal Leadership Consultation on August 5, 2014. Thank you for your tremendous support and leadership. I've never before felt so appreciated. You're leadership qualities were outstanding. Thank you.

HRSA Non-competing Application is due on August 27, 2014

The team is well on to this application of which we hope to have ready for your approval at this Health Board meeting. It will be presented by Emma Lee Johnson Perez.

Health Fair and Tribal Reunion

From my perspective I thought the health fair and Tribal reunion was quite successful. It seems like there were loads of activities for everyone. A good job well done!

The Last Look

I believe we have all our vacancies filled! Jennifer Cronin, PA accepted our offer letter and will be starting at the Yreka clinic on September 8, 2014. I hear that Chris Rotin, PA,(began work on 8/21/14) is doing well. So things are finally looking up.

IC400

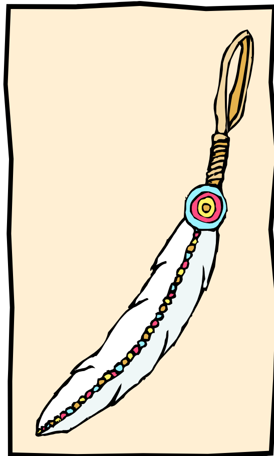
Annie Smith and I traveled to Trinidad on July 20 to attend a meeting with FEMA, that Jody Waddell, Tom Fielden, and Sammi Offield also attended. The purpose was to work on an agreement and learn how FEMA operated, which included eligibility for help and what grants included. Then Annie and I stayed to participate in the ICS400 training for the next two days. We both received our certification.

CA DHCS Tribal Leaders Consultation

I attended this meeting on August 5, 2014. It turned out to be a work group for the development of a Consultation Policy. The question: should it be a general policy covering all their departments or should each department have their own? They State felt they wanted a general statement (s) at the top and then adapt it to the different departments as it moved down. Some work

was being done but other health programs said that they had already submitted a draft. However, although they said it was good draft, they didn't refer to it during the work session. I believe this was the first of the work sessions regarding this consultation policy.

I'm not sure it was well announced because only about 5 Tribes attended.



Senior Nutrition Site Update

I've been working with Louie Tiraterra, Senior Site Supervisor, Rondi Johnson, Laura Olivas and Babbie Peterson trying to get Louie trained and organized. I asked Eileen Tiraterra, and Dolores Jioia to sit in on the training for back-up coverage. It has taken some time but he is learning and is very interested. I believe once he learns what he needs to do he will do well.

Budget Reviews

Laura Olivas, Rondi and I completed the annual budget reviews during the month of July. There isn't much to report except that they went well. Not much news for the amount of time it takes to do them, however.

Action Item

The IHS/CAO Buy Back Agreement needs to be approved.

Budget as of August 7, 2012

I will try to have a report for you at the meeting.

	MONTHLY REVENUE REPORT			**BUSINESS OFFICE**	
	JULY 2014	**Happy Camp**	**Yreka**	**Orleans**	**KTHP**
	Revenue Medical	$95,574.92	$89,426.97	$1,710.80	$186,712.69
	PHC Capitation	$6,760.95	$10,305.53	$1,980.67	$19,047.15
	HPSA Quarterly Incentive	$233.57	$533.83	$10.10	$777.50
	Revenue Dental	$60,218.15	$13,425.55	$0.00	$73,643.70
	Revenue Mental Health	$323.06	$320.74	$85.44	$729.24
	Revenue Total	**$163,110.65**	**$114,012.62**	**$3,787.01**	**$280,910.28**
		Happy Camp	**Yreka**	**Orleans**	**KTHP**
	Billing JULY Medical	$138,232.68	$ 117,543.22	$6,063.07	$261,838.97
	Billing JULY Dental	$68,277.90	$ 87,384.80	$0.00	$155,662.70
	Billing JULY Mental Health	$1,433.00	$ 7,574.00	$436.00	$9,443.00
	Billed Grand Total	**$207,943.58**	**$ 212,502.02**	**$6,499.07**	**$426,944.67**
	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**	**$375,445.41**	**$115,333.35**	**76.55%**	**83.40%**

KARUK TRIBAL HEALTH PROGRAM
BUSINESS OFFICE HEALTH BOARD REPORT
AUGUST 14, 2014

Good news, Medi-cal finally paid us monies they have owed us since 2013.

Working on and completing the HRSA financial analysis report at this time.

Attempting to complete more payer enrollment for our new providers. Working on paperwork for enrollment with Beacon the managed medi-cal payer for Behavioral Health; again each provider must be enrolled as well as each clinic site. And this also means we will have to complete two billing claims now for each visit as well as two claims to adjudicate for each visit. The same as we now do in medical.

April Spence, data analyst for Happy Camp Clinic has received her scanner and thus will be doing more work in her position, just as Sheila Super does for the Yreka Clinic to make each patients registration part of the scanned documents.

During August and September we will have one Data Analyst out on leave of absence; her data entry will be divided between the other two Data Analysts and myself and Eileen in attempt to keep things up to date as much as possible. I have little hope of keeping it 100% up to date but we will do as best we can.

Attached is the financial report.

Respectfully Submitted
Suzanna Hardenburger, CCS-P

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting-Yreka
August 14, 2014
Patricia White, RPMS Site Manager

Action Items

I have no action items for this month

User Assistance and requests

During July there were 21 documented items for HHS user support and program issues. 14 were assigned to Amy Coapman and 7 were assigned to me.

Workload reports

Attached is the June 2014 "Operations Summaries" including Tribal Statistics. During June there were 1624 visits at all locations. 825 of these were for Native American Patients (51%). The visit count is up by 21 visits compared to May visits.

Meeting / Conference Calls and other Activities June 2014

- 07/02 – AAAHC Monthly Planning Meeting
- 07/03 – RPMS/EHR Office hours Call
- 07/09 – ACQI Monthly Meeting
- 07/09 – VistA Imaging –eLearning class
- 07/10 – Health Board Meeting, Yreka Council Chambers
- 07/12 – Tribal Reunion/Health Fair
- 07/12 to 07/14 – RPMS Ensemble Cache Training-Sacramento (see report below)
- 07/22 – VistA Imaging IHS Monthly Conference Call
- 07/24 – Henry Schein Dentrix trouble shooting call
- 07/29 – Executive Directors Advisory Meeting/Call

Travel Report-RPMS Ensemble/Cache Training:

The week of July 15-18, 2014, I traveled to Sacramento to attend a 3-day course on managing the Ensemble/Cache' database. The class was hosted by IHS and taught by Mike Banovsky and Chad Severnson form InterSystems Corporation. The ensemble is an integration engine that allows different systems to communicate with each other. This platform allows the various RPMS programs and modules to work together by letting data flow between the modules. For example information entered into patient registration will cross into the billing and account receivable modules. Data from the Graphic User Interfaces (GUI's) can flow into RPMS by being configured in the Ensemble platform. Much of the class covered, tasks that are usually done at the California Area Office (CAO) for Karuk. It covered installation of patches, upgrades, and configuration. These are done by programmers at CAO as part of our support agreements. I do not have the ability to do these items at this end. There is a terminal login to configure upgrades that is not available at our end. Although during majoring installs, there are tasks that need to be done on our side to complete an install. I usually have the CAO on the phone walking me through these steps.

The three days covered a lot of information about the database. The course had 17 chapters that covered installations, architecture of ensemble, system configurations, managing the database, managing the processes, journals, regular operations and more. Each section included a hands on section designed to test what was covered. Although the class covered a lot of programmer level tasks that will not be done by us, we will be able to monitor the system, run audits of who as accessed the system and what operations they have performed, review the logs and journals, and do some basic trouble shooting when need.

Just learning to navigate the Ensemble/Cache platform was worth attending the class. I am able to add users to that level as needed. At this time Eric, Dale, and myself along a few technicians from CAO/IHS are the only people with access to this program in our RPMS. This keeps the security of our system at a

high level. At certain times we need to give an IHS person access to assist us at this level, but can disable the access when the task is completed. We have total control over who can access and work in our database.

I am grateful to this Board for allowing me and others in our program to attend these trainings, so that we can better do our jobs. Thank you.

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 still waiting on technical assistance from IHS to complete the link to our RPMS database. I did speak with the Theresa Cameron at CAO/ IHS, who heads the BMW project while I was in Sacramento. I am to schedule a time when Dale and I are both available to work with Theresa to make the program link to RPMS.
- **VistA Imaging**- Amy and I audit the scanners work each day and work with them on corrections and rescans. At this time we are doing a 100% audit, looking at each scan for correctness. Once a clerk can scan at a high level we will only audit a percentage of their work. If we see an issue with someone we will be able to audit more if needed. We will always audit a 100% of a new clerks work until they are proficient in their work. We work with the scanners on a routine basis to make corrections and rescan. If a document needs to be rescanned, we delete the one scanned in error. This will be an ongoing process for Amy and me. At this time we have five trained to scan in Happy Camp, one in Orleans, and six in Yreka. That includes Amy and me if needed.
- **HRSA Non competing Progress Report**- I have been assisting Lessie and others with data needed for this progress report. The report is due August 27, 2014.

RPMS Budget: For period ending July 31, 2014, we are under budget for 10 months into the fiscal year at 71.67% used.

Program	RPMS
Budget Code	3000-75
Program Year	2014
Appropriation	$240,739.83
Expenses to Date	$165,369.48
Balance	$65,370.35
Percent used	71.67%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR JUN 2014
Prepared for the August 14, 2014 Health Board Meeting
Happy Camp, CA

(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 18,459 (+4.2) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 53 (-39.1) new patients,0 (**) births, and 3 (-25.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,788 (+0.5) patients enrolled in Medicare Part A and 2,667 (+0.8) patients enrolled in Part B at the end of this time period.

There were 97 (+3.2) patients enrolled in Medicare Part D.

There were also 6,618 (+5.9) patients enrolled in Medicaid and 5,569 (+22.5) patients with an active private insurance policy as of that date.

CONTRACT HEALTH SERVICES

Total CHS expenditures (obligations adjusted by payments) for this period were 59,286.41 (+31.1). The number and dollar amount of authorizations by type were:

57 - DENTAL	11	7384.75
64 - NON-HOSPITAL SERVICE	806	51901.66

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,624 ambulatory visits (-6.5) 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.

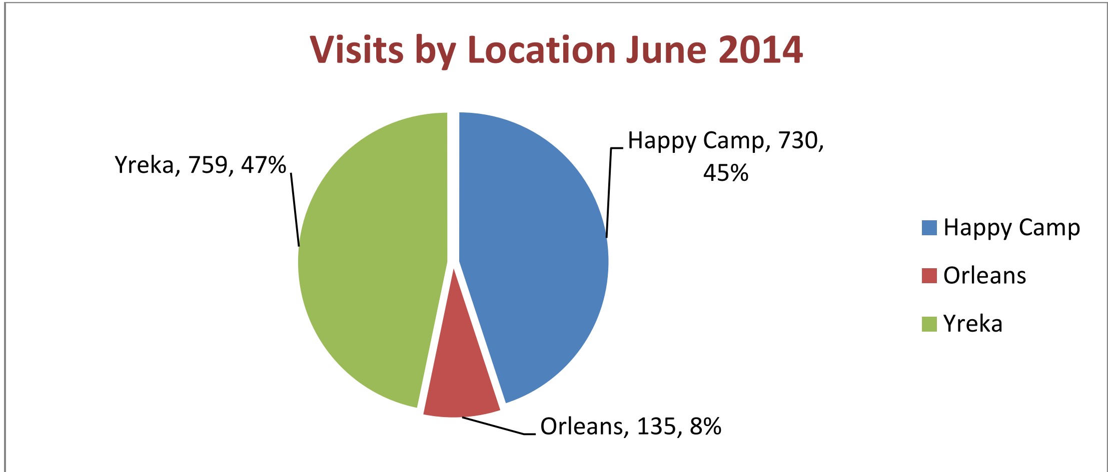
By Type:

TRIBE-638 PROGRAM	1,624	(-6.5)

By Location:

YREKA	759	(-20.5)

KARUK COMMUNITY HEALTH CLINIC	730	(+13.2)
ORLEANS	135	(-1.5)

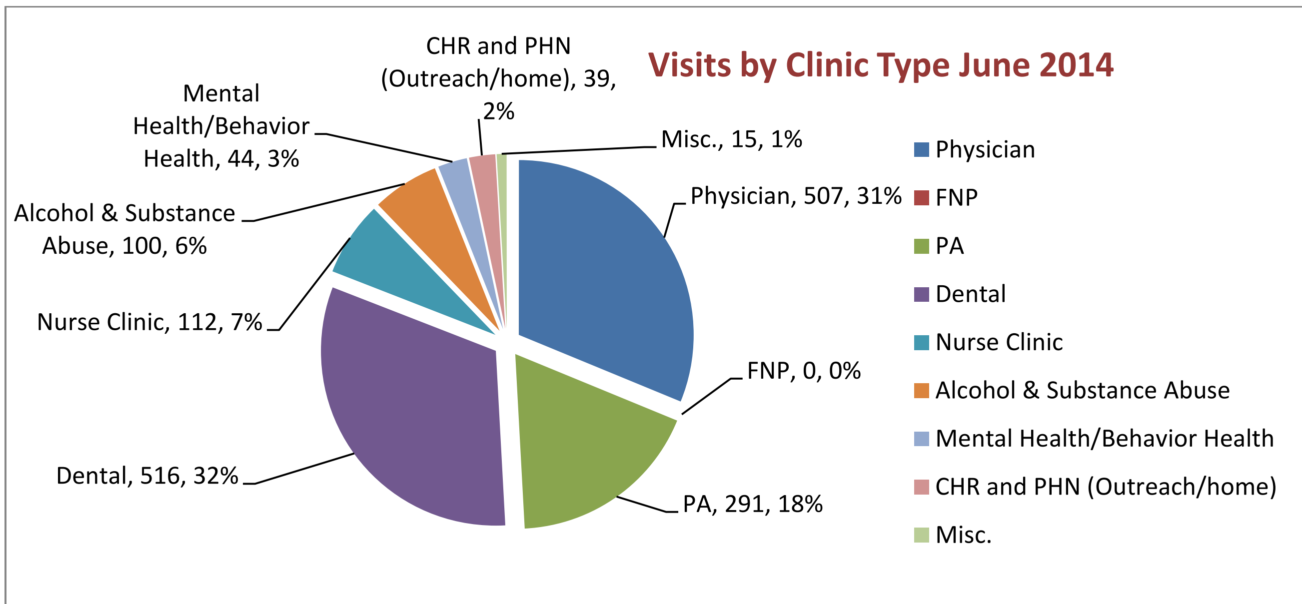


By Service Category:

AMBULATORY	1,591	(-7.0)
TELECOMMUNICATIONS	33	(+26.9)

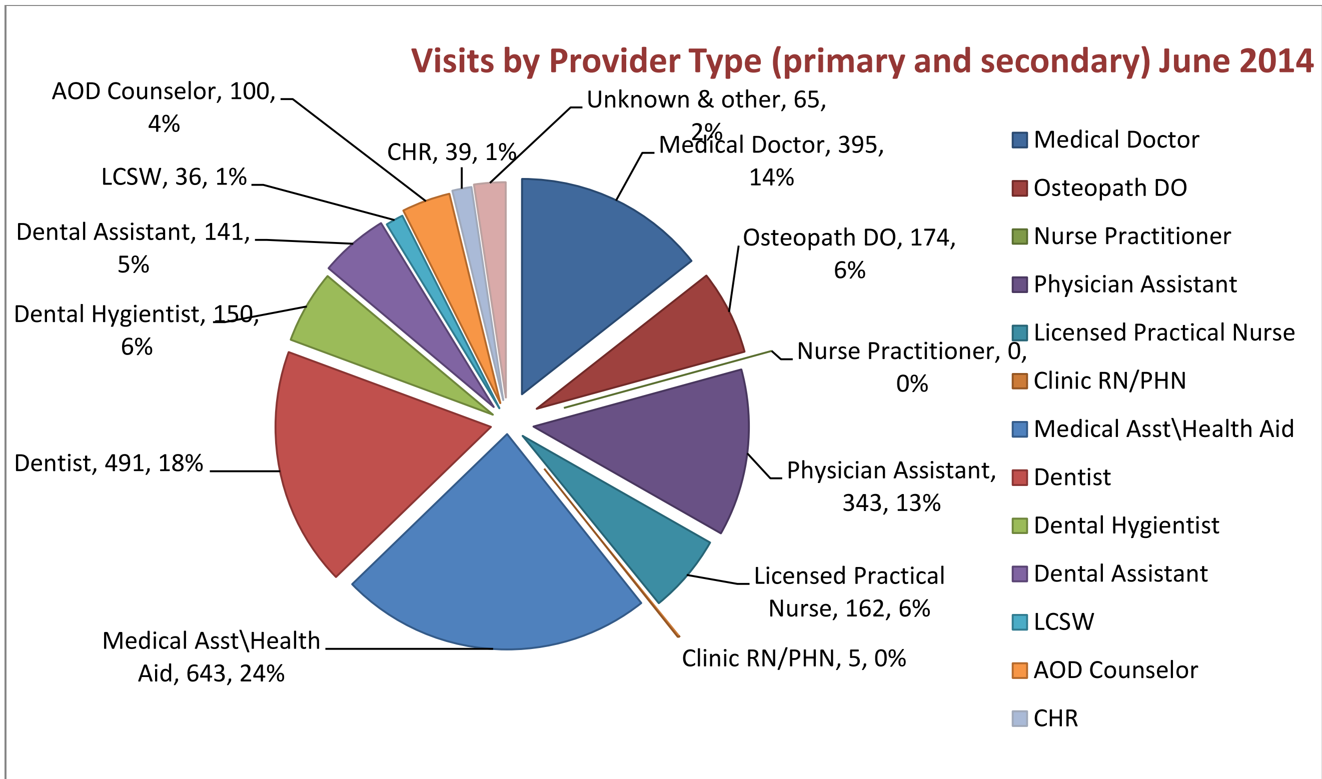
By Clinic Type:

DENTAL	516	(-10.7)
PHYSICIAN	507	(-4.9)
PHYSICIAN ASSISTANT	291	(+110.9)
NURSE CLINIC	112	(+72.3)
ALCOHOL AND SUBSTANCE	100	(-7.4)
MENTAL HEALTH	44	(-43.6)
TRANSPORT	25	(-40.5)
CHR	14	(-48.1)
CHART REV/REC MOD	6	(-25.0)
TELEMEDICINE	3	(**)
TELEPHONE CALL	3	(-75.0)
PHARMACY	2	(-33.3)
NO CLINIC	1	(**)



By Provider Type (Primary and Secondary Providers):

HEALTH AIDE	515	(+59.9)
DENTIST	491	(-15.5)
MD	395	(-26.6)
PHYSICIAN ASSISTANT	343	(+64.9)
OSTEOPATHIC MEDICINE	174	(**)
LICENSED PRACTICAL NURSE	162	(-31.1)
DENTAL HYGIENIST	150	(+17.2)
DENTAL ASSISTANT	141	(**)
MEDICAL ASSISTANT	128	(-36.3)
ALCOHOLISM/SUB ABUSE COUNSELOR	100	(-7.4)
UNKNOWN	65	(+6,400.0)
COMMUNITY HEALTH REP	39	(-42.6)
LICENSED CLINICAL SOCIAL WORK	36	(-53.8)
CLINIC RN	5	(-28.6)



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

By ICD Diagnosis

1).	DENTAL EXAMINATION	497	(-13.9)
2).	HYPERTENSION NOS	80	(-20.8)
3).	ALCOHOL ABUSE-UNSPEC	64	(-9.9)
4).	CANNABIS DEPEND-UNSPEC	59	(+2,850.0)
5).	AMPHETAMIN DEPEND-UNSPEC	59	(+1,375.0)
6).	LUMBAGO	57	(-20.8)
7).	HYPERLIPIDEMIA NEC/NOS	56	(+14.3)
8).	OTHER SPECFD COUNSELING	52	(+0.0)
9).	DMII WO CMP NT ST UNCNTR	49	(-2.0)
10).	OBESITY NOS	47	(-44.0)

CHART REVIEWS

There were 1,072 (+1.7) chart reviews performed during this time period.

INJURIES

There were 64 visits for injuries (-34.0) reported during this period. Of these, 28 were new injuries (-3.4). The five leading causes were:

```
     1). ACC-HOT LIQUID & STEAM                    5    (**)
     2). NONVENOM ARTHROPOD BITE                   4    (+100.0)
     3). FALL NEC                                  2    (**)
     4). OTH OFF-ROAD MV ACC-DRIV                  1    (+0.0)
     5). DOG BITE                                  1    (**)
```

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 403 patients (-12.6) seen for Dental Care. They accounted for 516 visits (-10.7). The seven leading service categories were:

```
     1). PATIENT REVISIT                         393    (-14.2)
     2). HYPERTENSION SCREENING                  182    (-19.1)
     3). LOCAL ANESTHESIA IN CONJUNCTION WIT    142    (-19.3)
     4). PREVENTIVE PLAN AND INSTRUCTION         136    (+10.6)
     5). TOPICAL APPLICATION OF FLUORIDE VAR    109    (+14.7)
     6). INTRAORAL - PERIAPICAL FIRST RADIOG    106    (-22.6)
     7). LIMITED ORAL EVALUATION - PROBLEM F     77    (-15.4)
```

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,263 new prescriptions (-14.7) and 0 refills (**) during this period.

KTHHSP Tribal Statistics for May 2014

	Registered Indian Patients	Indian Patients Receiving Services May 2014	APC Visits by Indian Patients May 2014
Karuk	2084	393	463
Descendants residing in CA	1881	204	243
All other Tribes	2163	109	119
Total	6128	706	825

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting
Aug 14, 2014
Rondi Johnson
July Report

I'M OUT ON VACATION ☺

ACTION ITEMS: None.

JULY ACTIVITIES:

AAAHC Workgroup Meeting July 2nd, HC Clinic Budget Meeting July 2nd, HC Clinic Ofc Meeting July 3rd, Budgets Meetings July 8th, ACQI Meeting July 9th, PA Interview July 9th, HC Clinic Ofc Meeting July 10th, Health Board Meeting July 10th, HC Clinic Ofc Meeting July 24th, Sr. Nutrition Budget Meeting July 24th, ED Meeting July 29th, PA Interview in Yreka July 30th, HC Clinic Ofc Meeting July 31st,

JULY TRAININGS/CONFERENCES & WEBINARS:

CRIHB Conference July 14th – 18th, IPC5 Webinar July 22nd, Medi-Cal 1115 Wavier Renewal Webinar July 25th, CalPIM Network Conf Call July 28th,

ACQI COMMITTEE MEETING:

The July 9th, ACQI meeting agenda, performance improvement projects, minutes and reports are attached.

BUDGETS:

See below. Budget through 7/31/14. At this time I'm under budget.

Program	**CQI**
Budget Code	300002
Program Year	2013-2014
Expenses to Date	$139,690.44
Balance	$53,538.70
Percent Used	72.34%
Period Usage	10 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** **July 9, 2014** **9:00 am-10:00 am** 	

1. Call Meeting to Order – Rondi Johnson

2. Roll Call/Sign In – Debbie Bickford

3. Approve Agenda – Rondi Johnson

4. Approve Minutes of June 11, 2014 – Rondi Johnson

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

6. GPRA Reports
   - 6.1 GPRA Report/Clinical Benchmarking – Vickie Simmons

7. New Business
   - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson

8. Old Business
   - 8.1 Diabetes – Annie Smith

9. Next Meeting Aug 13, 2014 at 9:00 am

10. Adjourn

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
July 9, 2014

Minutes

1. The meeting was called to order by Rondi Johnson at 9:05 am.
2. Attendance:

Happy Camp: Susanna Greeno, Patti White, Debbie Bickford, Lessie Aubrey, Chelsea Chambers, Suzanna Hardenburger, Vickie Simmons, Elsa Goodwin, Cheryl Asman, Dr. Brassea, and Vickie Walden

Yreka: Mike Lynch, Susan Beatty, Annie Smith

Orleans: Dr. Colas

3. Motion was made by Patti White and seconded by Susanna G to approve the agenda.

4. Motion made by Lessie and seconded by Patti to approve the Minutes of June 11, 2014, with the following corrections. Chelsea stated that under the GPRA report "eye care" should read "i-care".

5. Performance Improvement Reports

5.1 BMI Project (Patti White) – See written report. Changed goal to 1 % under # 2 goal. The numbers have increased pertaining to BMI 30+. 10% is too high. There has been no reduction in people with BMI 30+. It was suggested it may have to do with lack of providers. Patti responded that more people are being seen, but the number is just not improving. Lessie wondered if offering a reward would help. Elsa commented that when TANF moves from building, the back room will have exercise equipment available for use. Debbie is still working with Annie to get a "chair exercise" program started.

5.2 HIV/Aids (Mike Lynch) - Tabled

5.3 Yreka Dental Records (Susan Beatty) See written report**.** 20 charts and 10 areas were pulled. At 75%. Happy with results on track to meet year end goal.

5.4 Happy Camp Dental Records (Cheryl Asman) See written report. Down 10% perhaps due to her being absent and substitute not properly entering data.

5.5 HTN (Dr. Colas) See written report. Lessie requested graphs to accompany report.

6. GPRA Reports

6.1 GPRA Report/Clinical Benchmarking (Vickie Simmons) See attached report**.** Not much movement. Unofficial report includes 4th quarter results. Met glycemic control goal but many not met. It was again suggested that the lack of providers affects the numbers. People are being called and reminded of appointments. Suggestions made to hold summer immunization clinics, mail reminders, call patients, send letters. And of course, there is a problem with no shows, even with reminders.

- Immunizations for children under the age of 3 are a problem. HC has 50 children, 31 are fully immunized. Yreka has 37 inactive and 16 active with only 6 fully immunized. Need a solution.
- Discussion about importance of using checklists and following through – it is imperative we get clients in for appointments.
- Breast feeding data - % ?? red flag that something is being done incorrectly with data entry because info is on charts.
- All education needs to be documented. With a stable workforce, our numbers should only go up.
- Vickie will type up criteria and send out to MA's.

7. New Business

7.1 Complaints/Incidents/Suggestions (Rondi Johnson) – only 9 complaints YTD.

8. Old Business

8.1 Diabetes (Annie Smith) Medical records send every report.

- I-camera $11.00 per pic, send 6-8 per person. Monthly report $25.00.
- Natives need diabetes checked regularly.

Chelsea asked if all clinics were holding am/pm huddles. Mike reported that Dr. Milton and Lisa refuse to participate. He holds them periodically, depending on workload.

9. Next Meeting Aug 13, 2014 at 9:00 am

10. Adjourn

Karuk Tribal Health & Human Services
Performance Improvement Project
Prepared for ACQI Meeting
July 09, 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

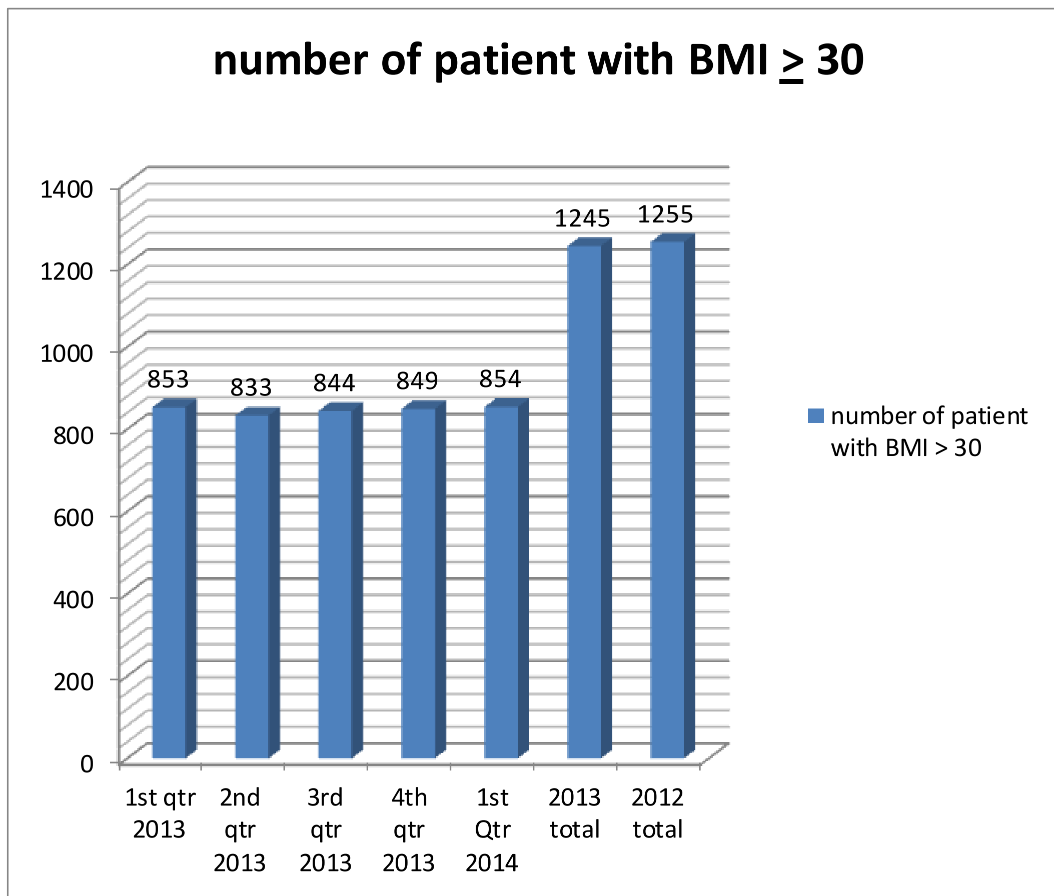
2. **Goal of this Performance Improvement Project:** To reduce weight in patients with a BMI $\geq$ 30 by 10% each year.
   a) All patients will have their BMI measured at each visit.
   b) A count of patients with BMI $\geq$ 30 will be run each quarter.
   c) Compare number of patients with BMI $\geq$30 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 $\geq$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 $\geq$30.

e) 1st Quarter 2014 (01/01/14 to 03/31/14) there were a total of 854 patients seen with a BMI ≥30.
f) There 1245 patients with a BMI ≥ 30 for the calendar year 2013. (1/1/13 to 12/31/2013)
g) Baseline was CY 2012 with 1,255 patients with BMI ≥30.

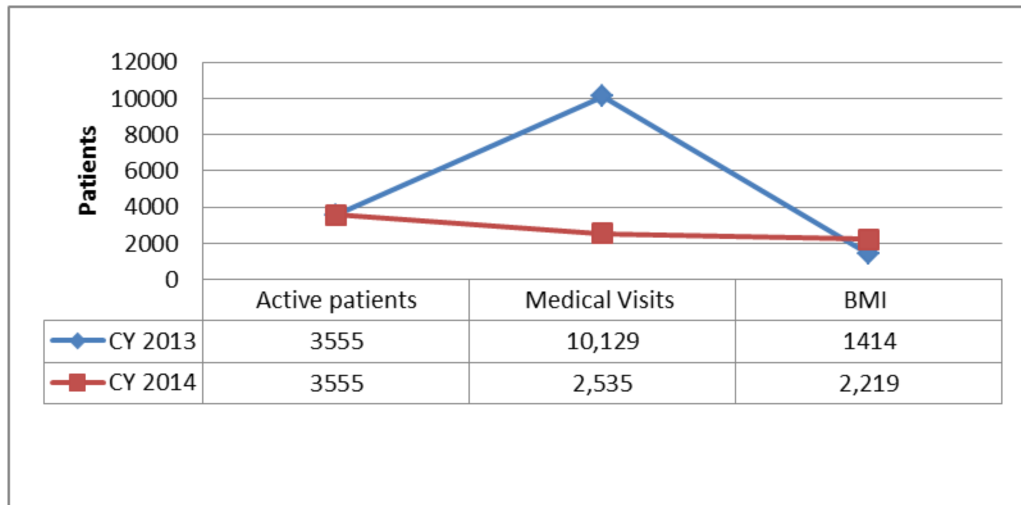


6. Comparison-

The CY 2013 we had 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%.

For the past 5 quarters we are seeing an average of 847 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. For 2014 so far, we have 2,535 visits in 2014 for the active patient count. So far we have 2,219 with a recorded BMI. We are collecting the data but the number of patients with a BMI over 30 still remains at around 850. It does not seem like that number is going down. We are collecting the information, but no change in number of patients with BMI over 30. This graph shows the numbers for 2013 and 2014 to date of patients who have had a BMI.



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
07/09/14

MEDICAL RECORDS ANALYSIS REPORT
2ND QUARTER 2014
YREKA DENTAL DEPT

Purpose:

With the overload of patients and the hurry to get everyone seen as soon as possible, it's very easy to overlook the details of charting. This review is to improve our thoroughness of charting patient information and treatment plans in our Electronic Dental Records (EDR) and paper charts.

GOAL:

To have our charts/EDR in order and correct in order to reach our goal of 90% complete.

DATA:

Twenty charts are randomly pulled to collect the 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. Dental Exam Record Complete
5. Treatment Plans Signed/Dated
6. Chart Entries Initialed by Staff
7. Clinical Notes Signed by Provider
8. Local Anesthesia Noted
9. X-ray Label Complete
10. Informed Consents Endo/Extraction

MEDICAL ALTERS LABELS – See Chart Attached.

FINDINGS:

This quarter we would have met our goal of 90% if we would have had 3 more charts signed by the patient and the providers. Our percentage is 75%

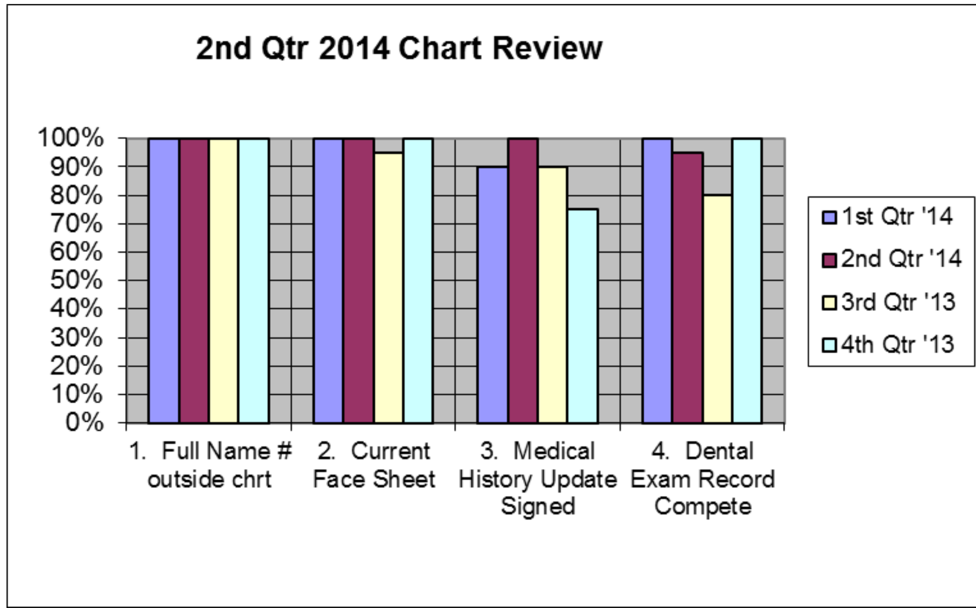
CORRECTIVE ACTIONS:

We will try harder to get the treatment plans signed before the patient's leaves their appointment or at least get it signed at the next appointment before treatment is started. 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.

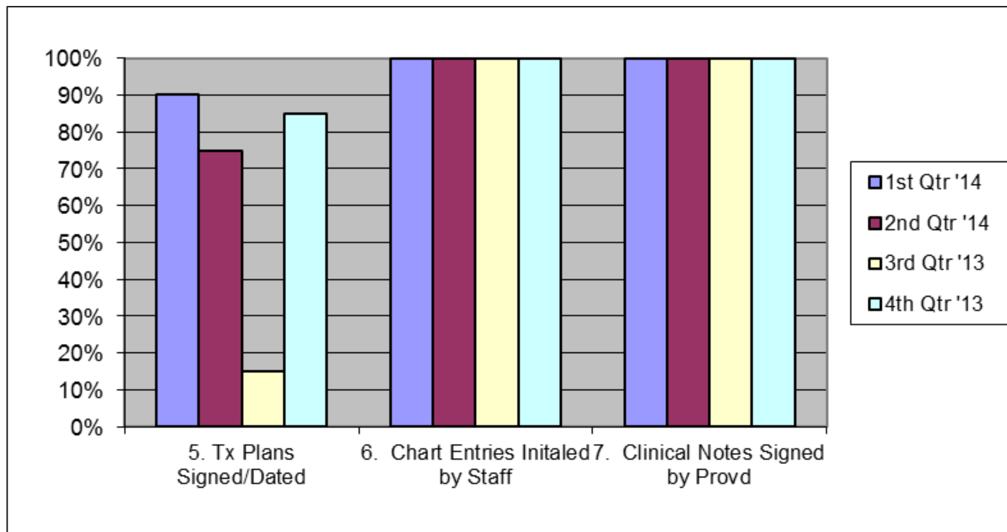
Respectfully Submitted,
Susan Beatty, RDA

2nd Qtr. 2014 CHART REVIEW / YREKA DENTAL

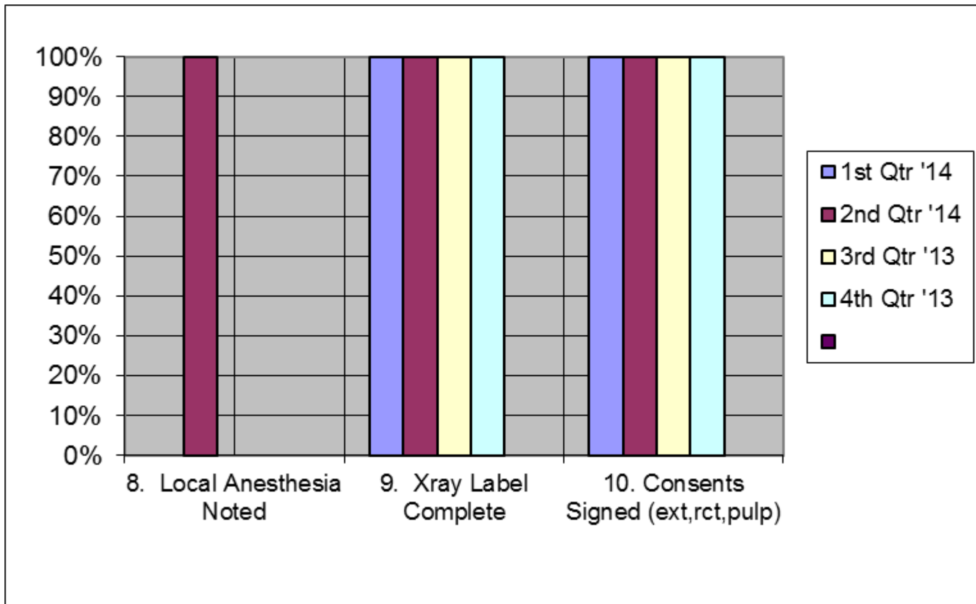
	1st Qtr 14	**2nd Qtr 14**	3rd Qtr 13	4th Qtr 13
1. Full Name # outside chrt	100%	100%	100%	100%
2. Current Face Sheet	100%	100%	95%	100%
3. Medical History Update Signed	90%	100%	90%	75%
4. Dental Exam Record Compete	100%	95%	80%	100%



	1st Qtr '14	**2nd Qtr '14**	3rd Qtr '13	4th Qtr '13
5. Tx Plans Signed/Dated	90%	75%	15%	85%
6. Chart Entries Initialed by Staff	100%	100%	100%	100%
7. Clinical Notes Signed by Provd	100%	100%	100%	100%



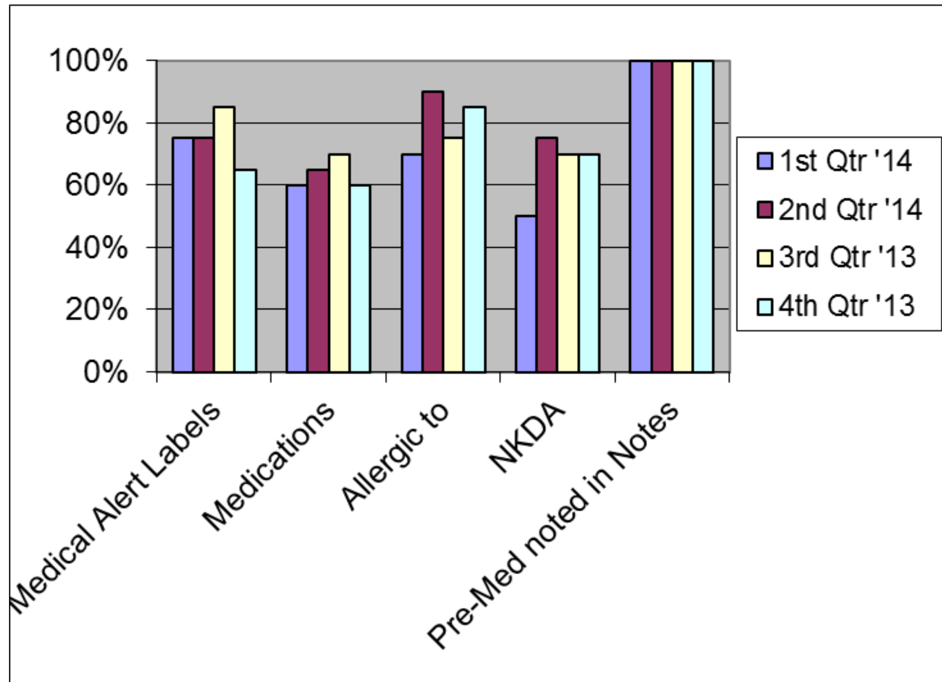
	1st Qtr '14	**2nd Qtr '14**	3rd Qtr '13	4th Qtr '13
8. Local Anesthesia Noted		100%		
9. Xray Label Complete	100%	100%	100%	100%
10. Consents Signed (ext,rct,pulp)	100%	100%	100%	100%



Medical Alerts - See Chart Attached

Medical Alert Labels

	1st Qtr '14	**2nd Qtr '14**	3rd Qtr '13	4th Qtr '13
Medical Alert Labels	75%	75%	85%	65%
Medications	60%	65%	70%	60%
Allergic to	70%	90%	75%	85%
NKDA	50%	75%	70%	70%
Pre-Med noted in Notes	100%	100%	100%	100%



Performance Improvement Project
Blood Pressures
2nd 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:

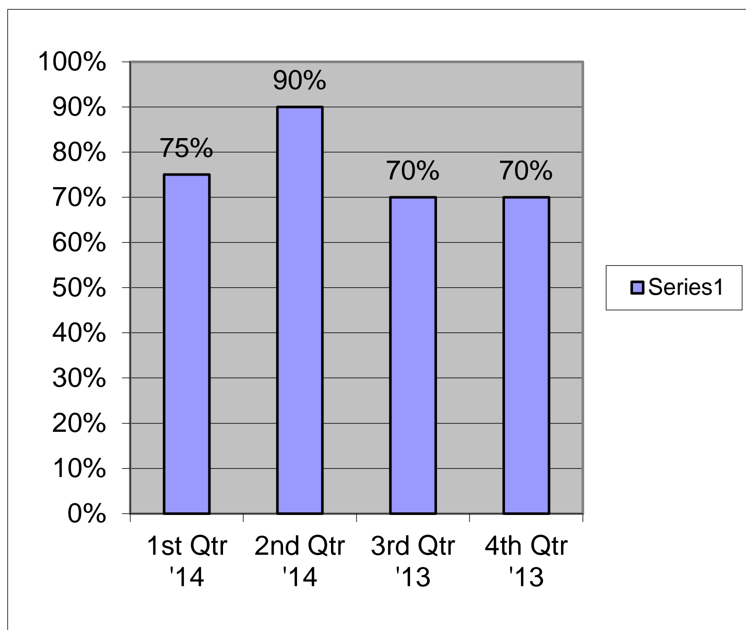
To ensure that our patients have their blood pressure taken at every visit and to meet our goal of 90%.

DATA:

Twenty charts were randomly pulled for the collection of the data for this report.

FINDINGS:

2nd Qtr. 2014: 90% were correct.



1st Qtr. 2014:75% 2nd Qtr. 2014:90% 3rd Qtr. 2013:70% 4th Qtr. 3013:70%

Out of the 20 charts that were pulled, either the blood pressure was not taken or they didn't have one taken at each visit in that quarter audited.

CORRECTIVE ACTIONS:

To communicate the problem with our staff so they are aware of the progress we are making and if needed correct our actions. We will also communicate with our governing body and throughout the organization.

Respectfully Submitted
Susan Beatty, RDA

Karuk Dental Records Report
ACQI Meeting Date 7/9/14
2nd 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	9	1	0	90%
4a	Medical Alerts	10	10	0	0	100%
4b	Medications	10	5	1	4	100%
4c	Allergic to	10	4	0	6	100%
4d	Pain Level	10	10	0	0	100%
4e	NKA	10	6	0	4	100%
4f	Pre-Med noted	10	0	0	10	100%
5	Dental Examination for patients that have exam within reporting period is complete	10	4	0	6	100%
6	Completed Tx Plan	10	0	0	10	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	6	0	4	100%
10	X-rays label complete	10	4	0	6	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	7	0	3	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	10	0	0	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	1	4	90%
6	Completed Tx Plan	10	0	0	10	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	3	0	7	100%
11	Informed consents completed & signed by patients and providers	10	10	0	0	100%

4. In the 2ND quarter of 2014, We fell by 10% in both adult & child charts. I feel the reason we dropped 10% in the adult charts was because the one adult chart that was not complete was done when I was in Sacramento for training.

HYPERTENSION

PERFORMANCE IMPROVEMENT PROJECT

FIRST QUARTER
JAN, FEBRUARY, MARCH
2014

PURPOSE OF STUDY

TO DETERMINE HOW MANY INDIVIDUALS WITH AN ACTUAL DIAGNOSIS OF HYPERTENSION, ARE BEING SUCCESSFULLY TREATED…

GOALS

TO HAVE A NORMAL BLOOD PRESSURE READING IN ALL PATIENTS. <140/90

TO IMPROVE IN THESE RESULTS EVERY YEAR BY 10% AT LEAST

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)

DATA

NON-HISPANIC- 286 TOTAL

156 SHOWED CONTROL

54.5%

HISPANIC-7 TOTAL

6 SHOWED CONTROL

85.7%

NON-REPORTED ETHNICITY

17- TOTAL

10 SHOWED CONTROL

55.4%

TOTAL NUMBER- 310

172 SHOWED CONTROL

55.4%

COMPARISON TO LAST QUARTER

2013

TOTAL PATIENTS

48.9%

TOTAL THIS QUARTER

55.4% !

There has been a marked improvement in this quarter… The goal was made to achieve a 10 % increase overall in the number of patients achieving control of their blood pressure. This quarter alone we nearly had a 7 % increase, and we also had 34 more patients

Submitted by

Chuck R. Colas DO

Karuk Tribal Health and Human Services Program

Performance Improvement Activity

July 2014

Improve the Performance of Eye Exams for Karuk Diabetic Patients

Part Two

I. **Purpose of this study:** The purpose of this study is to improve the Best Practice we have chosen for our Diabetes Program, Grant, and Eye Exams. The current eye exam rate for the last diabetes audit ended on 12/31/2013 and was 50%. Current to date the eye exam rate is 38%. We are half way through the audit year. It is important to improve these rates to screen for and to prevent Diabetic Retinopathy and to insure that all patients diagnosed with retinopathy are referred to a higher level of care for retinal treatment and for continuing care.

II. Our Electronic Health Records (EHR) and RPMS programs provide a reliable way to document and follow the path of any of our Diabetic patients for retinopathy. The EHR also provides reminders if the patient has not been screened for retinopathy for the past year. The standard we follow is the Indian Health Service (IHS) Special Diabetes Program for Indians (SDPI) which list eye exam rates target for year 2014 at 58.6%. Our records show we currently have 142 patients in our diabetes register.

III. The data for this report is received through the EHR/RPMS and we only track accurate and consistent recording through our records.

IV. If any of our medical staff in our system that enter into EHR are not consistent in entering the current status of each patient, or if the direct care nursing staff do not follow through with both questioning the patient and entering the data, then our records are inaccurate. If the data was not entered it was not done. Additionally the Community Outreach staff continues to call, visit and track the patients through questions and screening to insure we have all patient information. The call list for current patient within the diabetes registry has been split up and assigned to each member of our team and they are continually making home calls. Additionally, We have had staff turnover within our system this past year. It appears that we now are fully staffed and have a new Medical Director that is working on developing strong teams within each clinic. I look forward to this support as a means to improve all of our diabetes program targets.

V. **Corrective action:** The Community Health Outreach Team has been trained on what to ask during their quarterly calls to patients on their portion of the list. The direct care staff at each clinic are reminded regularly, at each meeting to question each patient at every visit if

and where they were screened for retinopathy and to refer those that have not had their screenings to the diabetes nurse or to a local optometrist. Annie was able to straighten out the software problem with UC Berkeley and the pictures now translate without incident.

VI. This project will be re-measured in three months. Hopefully we will see an increase to 60% in our eye exams screenings for retinopathy by the end of the next audit year end December 31, 2014.

Eric Cutright Health Board Report
August 7, 2014

I will be out of the office on August 14 and 15 visiting family

Project Title: Improving IT Services in Orleans

Deliverables:
Task One – Improve local Orleans connection for management and e-mail
1. After receiving many complaints where users cannot access e-mail using Outlook, IT has tested and improved the wireless connection between the computer center and the council chambers in Orleans. This has also improved the connection for the security cameras at the council chambers.

Task Two – Install Phone Server for KTHA and Transportation
1. June — Issues identified with Caller ID and Call Waiting
2. July 2 — New phone server installed
3. August 31 — Expected time to repair issues with Caller ID and Call Waiting

Task Three – Continue to track and monitor phone outages
1. As the weather continues to grow warmer, additional outages and phone problems are anticipated throughout Orleans. Several times in July DNR reported phone call drops and quality issues such as static on the phone line. The errors reported by the phone server are also increasing, but most occur after business hours.

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

Program	**Code**	**Total Budget**	**Expensed to date**	**Balance**	**% Expended**
IT Systems	1020-15	$313,183.26	$263,972.28	$49,210.98	84.29%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/1/2013 to 9/30/2014	12	10	2	83%	N
Comments:					
This is the budget to maintain the IT Department and the IT resources spread throughout tribal offices. The majority of the budget goes to salaries for the IT personnel paid out of the indirect.					

Other IT Department Activities:

- Eric Cutright attended the ATNI FCC Tribal Broadband Consultation at the Coeur d'Alene Tribal Casino in Idaho. His travel report is attached.

Project Title: Happy Camp Server Room Equipment Failure and Repair

Deliverables:
Task One – Replace Redundant Battery Backup Systems

1. IT intended to use a homeland security grant to replace the battery systems, but the grant was not awarded
2. IT is seeking quotes to replace the existing systems with systems that are cheaper to repair and maintain. Quotes that give trade in value for the existing systems are given special consideration

Task Two – Replace Data Storage System in Happy Camp IT Room

1. The data storage system in the IT server room in Happy Camp is getting close to its natural end of life. IT intended to replace this system using the homeland security grant, but that grant was not awarded.
2. IT is doing research into building our own storage system in order to save funds. Storage systems for environments like the Karuk Tribe are very expensive when purchased directly.

Project Title: Orleans Broadband Project

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	33	3	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 broadband infrastructure to the community of Orleans. The project is waiting for revision approval from the USDA before construction can begin.					

Engineering Services:

- Fiber engineering originally complete summer of 2012. Final engineering complete on June 6, 2014, when Verizon approved make ready work on their utility poles in Orleans.
- 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
- May 2014 - Updated budget and scope change re-submitted to USDA
- June 2014 – Budget rejected by USDA, additional scope information requested
- July 2014 – Scope documents and new budget prepared for USDA
- August 2014 – Focusing on scope change first, new scope documents sent to USDA

Because the process approving this scope and budget change is holding up reimbursements from the USDA, and because it is putting the project behind schedule, I have reached out to get support letters from local congressmen and other important federal leaders to see if the process can be expedited. The letters received have been attached. The Tribe has received support letters for our project from the following:

- California Emerging Technology Fund
- California Center for Rural Policy
- Access Humboldt

Construction Contracts:

- Tower construction contract approved September, 2013; change order waiting to be reviewed after USDA budget approval
- 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

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
- 3rd quarter report due October 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 – Application attached to this report
  - National Park Service Special Use Permit – Application attached to this report
  - US Army Core of Engineers Klamath River Crossing Consultation
  - BIA is acting as the federal lead agency for NEPA compliance
- 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	7	17	5%	Y
Progress Report Due Date	**Completed?**	**Date Completed.**	**Fiscal Report Due**	**Completed?**	**Date Completed.**
07/10/2014	Yes	07/10/2014	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:
- Agreement 14-A-001 Amendment #1 Special Use Permit in Six Rivers National Forest
- Agreement 14-A-080 Special Use Permit Application in Redwood National Park
- Eric Cutright's travel report to Oakland, California
- Cell phone usage report for June-July 2014 billing period

Eric Cutright, IT Director
Travel Report

FCC Tribal Broadband, Telecom, and Broadcast Training and Consultation Workshop
July 22-24, Coeur d'Alene Casino Resort and Hotel

This consultation with the Federal Communications Commission (FCC) was hosted by the Affiliated Tribes of Northwest Indians (ATNI) and the FCC's Office of Native Affairs and Policy (ONAP). In addition to participating as an attendee, I was invited to speak as a panelist by the Chief of ONAP, Geoffrey Blackwell. Alongside representatives from 5 other ATNI members, I gave an overview of the Karuk Tribe's work in broadband and I gave my advice to other tribes that wish to start down a similar path. This presentation and panel made up the session called "The Pacific NW Tribal Communications Experience; The Perspectives of Tribal Telecom and IT Managers on How to Build Capacity and Deploy Services".

In addition to the session above, I also attended informational sessions on several new FCC and federal government programs. The information provided by ONAP at this conference may assist the Karuk Tribe future endeavors. Here is a summary of programs I think may benefit the tribe.

- The FCC has a program for education called e-rate that the head start and library programs may subscribe to. The e-rate program has recently been updated to make the application process easier, and the program has been expanded from $2.5 billion to $4.5 billion dollars.
- Another FCC program called LifeLine allows tribal members living on tribal land to receive large discounts to their phone bill. The program can apply to either a cell phone bill, or a regular telephone bill, but only once per household. The program is very broad, and many of our tribal members living in housing should qualify. I will pass the information on the program to KTHA and to TANF to see if we can assist our members in taking advantage of the LifeLine program.
- The National Telecommunications & Information Administration (NTIA) will soon start deploying a nationwide broadband network for public safety first responders called "FirstNet". Joining FirstNet is voluntary, but may provide a funding opportunity for the Tribe for broadband and public safety.
- There is a program run by the FCC called the Mobility Fund which in phase 2 will provide ongoing subsidies for cellular providers in rural and tribal lands. The Mobility Fund will also enable Tribes to provide their own cell phone service if they choose to. The Mobility Fund phase 2 funding has not yet been finalized, but will probably be announced in 2015.
- The FCC Audio Division has setup a program call Tribal Priority designed to gives Tribes preference when creating a broadcast radio station on Tribal land. The Tribal Priority allows tribes to apply for a broadcast license at any time, without waiting for an application window, and it also waives the auction requirement for a FM frequency, potentially saving hundreds of thousands of dollars in startup costs. I have plenty of information and documentation about starting a tribal radio station available upon request.

In addition to attending the consultation, I took a tour of the Coeur d'Alene Tribal IT Office, their Internet Service Provider (ISP) business called Red Spectrum, and their broadcast radio station, KWIS 88.3 FM. I found the tour very valuable, and I intend to implement some of the technologies I witnessed in our IT department and also in the Orleans Broadband Project.

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

Karuk Tribe

Administrative Office
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64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

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

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

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

Karuk Tribe Number Assigned: 14-A-001 Amend #1

Funder/Agency Assigned: CASF

Prior Amendment:

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

Requestor: **Eric Cutright** **Date: August 1, 2014**

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

Name of Contractor or Parties: **United States Forest Service - Six Rivers Forest**

Effective Dates (From/To): **October 1, 2013** **Decmber 31, 2033**

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

Funding Source: **N/A - This application is part of the project funded by the California Advanced Services Fund**

Special Conditions/Terms:

* There is no fee associated with amending this special use permit. If the Forest Service decides fees are necessary after reviewing the permit application, a further amendment to this agreement will be presented to the tribal council

Brief Description of Purpose:

This application amends the existing special use permit with the Forest Service, ORL-181, to include additional lands along highway 96 in which the Karuk and Yurok Tribes will run fiber optic cable as part of the Klamath River Rural Broadband Initiative. The fiber on Forest Service Lands will be both overhead on poles, and buried underground.

**** REQUIRED SIGNATURES ****

Eric Cutright — Requestor — Date 8/1/14

Laura Mayton — **Chief Financial Officer — Date 8-4-2014

[signature] — **Director, Administrative Programs & Compliance — Date 8-4-14

[signature] — **Director of Self Governance(MOU/MOA) or TERO (Contracts) — Date 8/5/14

Other — Date

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REQUEST FOR CONTRACT/ MOU/ AGREEMENT

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

Karuk Tribe Number Assigned: 14-A-080
Funder/Agency Assigned: **CASF**
Prior Amendment:

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

Requestor: **Eric Cutright** **Date: August 1, 2014**

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

Name of Contractor or Parties: **National Park Service**

Effective Dates (From/To): **October 1, 2014** **December 31, 2024**

fyi - other agreement/permit is for 20yrs

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

Funding Source: **N/A - This application is part of the project funded by the California Advanced Services Fund (CASF)**

Special Conditions/Terms:

There is no fee associated with this application

Brief Description of Purpose:

This application is for a special use permit to cross the Redwood National Park with fiber optic cable as part of the Karuk and Yurok Klamath River Rural Broadband Initiative.

**** REQUIRED SIGNATURES ****

Eric Cutright — Requestor — Date: 8/1/14

Laura Mayton — **Chief Financial Officer — Date: 8-4-2014

Summi Othied — **Director, Administrative Programs & Compliance — Date: 8-4-14

Darly Goodwin — **Director of Self Governance(MOU/MOA) or TERO (Contracts) — Date: 8-5-14

Other — Date

Karuk Tribe
Health Program
July 31, 2014 Balance Sheet

ASSETS	
Current Assets:	
Cash	4,509,347
Accounts Receivable	294,457
Prepaid Expenses	373
Grants Receivable	572,824
Total Current Assets	5,377,001
Other Assets:	
Capital Assets (Net of depreciation)	3,436,428 ***
Total Assets	**8,813,429**
LIABILITIES	
Current Liabilities:	
Accounts Payable	288
Accrued Liabilities	19,804
Deferred Revenue	1,864,778
Total Current Liabilities	1,884,870
Total Liabilities	1,884,870
EQUITY	
Retained Earnings	3,492,131
Investment in Capital Assets	3,436,428
Total Equity	6,928,559
Total Liabilities and Equity	**8,813,429**

*** This balance represents buildings net of depreciation that are currently in use by the health program. Some of these buildings were purchased or built with non health program funds, so their use could change in the future. If this happens, the amounts will be removed from this balance sheet.