

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, September 11, 2014 **3 PM**, Orleans, 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 (*August 14, 2014*)

F) GUESTS (*Ten Minutes Each*)

1.

H) OLD BUSINESS (*Five Minutes Each*)

1.

I) DIRECTOR REPORTS (*Ten Minutes Each*)

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

II) REQUESTS (*Five Minutes Each*)

1.

K) INFORMATIONAL (*Five Minutes Each*)

1.

M) CLOSED SESSION (*Five Minutes Each*)

1. CHS (dinner break)
2. Barbara Snider
3. Tribal Council Members

N) SET DATE FOR NEXT MEETING (*Thursday, October 9, 2014 at 3 PM in (Yreka)*)

OO) ADJOURN

**Karuk Tribe – Health Board Meeting
August 14, 2014 – Meeting Minutes**

Meeting called to order at 3:05pm, by Russell “Buster” Attebery, Chairman

Present:

Russell “Buster” Attebery, Chairman
Michael Thom, Vice -Chairman
Elsa Goodwin, Member at Large
Arch Super, Member at Large
Alvis “Bud” Johnson, Member at Large
Charron “Sonny” Davis, Member at Large
Josh Saxon, Member at Large

Absent:

Joseph “Jody” Waddell, Secretary/Treasurer

Sonny Davis completed a prayer and Buster Attebery read the mission statement.

Agenda:

Elsa Goodwin moved and Sonny Davis seconded to approve the revised agenda, 5 haa, 0 puuhara, 0 pupitihara.

Minutes of July 10, 2014:

Sonny Davis moved and Bud Johnson seconded to approve the minutes of July 10, 2014, 5 haa, 0 puuhara, 0 pupitihara.

Guests:

1.) David Arwood, II:

David is present to provide an update of what he will be working on for the community kids. He has been working with Tribal TANF on cultural projects. Recently, he is working on stick games and he is hosting stick games for the youth. He is requesting insurance coverage for use at the Ranch and access to the Ranch. He would like to request Kathy and Gina be allowed to cook for the event. David noted that the insurance request will include waivers signed by the youth and the legal guardian. Barbara noted that with all insurance policies the liability is provided, and waivers are required. His event is August 30, 2014. Elsa noted that there are fires out in that area so the safety needs to be observed. A water truck would be useful however he just needs the insurance and use of the cooks.

This will be moved to closed session.

David then returned to seek Council approval for use of the TANF vans and allow David Arwood to be an authorized driver. This overall project goes until September 6th.

2.) Annie Smith, IC Commander:

Annie is present to seek approval of an agreement with Red Cross for emergency preparedness. It is exactly the same as last time. Red Cross has already been contacted to assist with the air respite area. It is agreement 14-A-074.

Michael Thom moved and Elsa Goodwin seconded to approve agreement 14-A-014, 5 haa, 0 puuhara, 0 pupitihara.

She then sought approval to declare a state of emergency in the ancestral territory 14-R-088.

Josh Saxon moved and Elsa Goodwin seconded to approve resolution 14-R-088, 5 haa, 0 puuhara, 0 pupitihara.

She then noted that they are in a process of determining who is going to turn on the air quality monitor in Happy Camp. Sara distributed information on this but there isn't public access to the building.

3.) Emma Lee Perez, Grant Writer/Resource Developer:

Emma Lee is present to seek approval of a HRSA grant under resolution 14-R-080. Josh and Laura discussed the funding allotted for HRSA non-competing grant funding. This is semi-competitive however Josh inquired if there was an increase of non-Indian patients could the tribe get additional funding. Laura noted that yes that may be possible, however not until after the five year cycle.

Elsa Goodwin moved and Josh Saxon seconded to approve resolution 14-R-080, 5 haa, 0 puuhara, 0 pupitihara.

She then sought approval of resolution 14-R-079 to Modoc Siskiyou Action Agency.

Elsa Goodwin moved and Bud Johnson seconded to approve resolution 14-R-079, 5 haa, 0 puuhara, 0 pupitihara.

Director Reports:

1.) Lessie Aubrey, EDHHS:

Lessie is present to review her report. She presented the Tribal Health Board with a letter from a patient's family with a donation to the Orleans clinic in the amount of \$1,000. The Health Board discussed having some traditional photos from the museum put up at that clinic with a plaque noting that it was bought with the donation from the family. There were more discussions on what could be done including a picnic area but consistently noting that a plaque recognizing the family was suggested.

She then noted that she put out an RFP to include a business plan and marketing. There was only one responsive bidder. It is under contract 14-C-104 with Abigail Yeager. She was the only bidder but is well experienced to complete the tasks.

Josh Saxon moved and Bud Johnson seconded to approve contract 14-C-014 with Abigail Yeager, 5 haa, 0 puuhara, 0 pupitihara.

Lessie then noted that Indian Health Services has a buy back agreement. It is a part of Electronic Health Record. Indian Health Services requires the agreement for their support in moving toward EHR. It is under agreement 14-A-078. There was clarification on the dates on the document including clarification that this would be approved on going. The funding agreement is on a fiscal year and this agreement is on a calendar year.

Elsa Goodwin moved and Sonny Davis seconded to approve agreement 14-A-078, 5 haa, 0 puuhara, 0 pupitihara.

She then presented a letter from Nina Tinaka. She is required to complete a community project and requires the Tribe to provide its support of clients to complete a survey. Josh agrees that the concern of confidentiality aspects, unknown questions and the publication of such a survey should all be taken into consideration. Lessie noted that this is a research board but she isn't really up to speed on the exact agreements that the student has with their IRB. She did verify that the intern will sign confidentiality statements, HIPAA statements, and will complete other orientation requirements for the Tribal program. Laura commented that there needs to be an understanding what kind of research is going to be done.

Josh agrees that he would like to know what the research is going to be, when, where that information will go, and what assurances are in place to the Tribe with the information. Laura noted that the Tribe needs to know what kind of research is to be done, because there have been other projects done through the clinics that end up not benefitting the Tribe. Josh feels that there are cultural concerns with the research and the topics of discussion.

Buster was concerned with what the issues with the participation are. He re-read the letter. Josh still believes that there is not enough information being provided to confirm what is being provided and what is going to be asked of the clients/patients. Lessie will ask for a copy of the study questions. Josh then would like to know what will be done with it once it is received.

Josh noted that the information she is seeking belongs to the Tribe. The group and Council discussed what the concerns are on providing time and clients to complete a study. It belongs to the school, it may not be appropriate or culturally sensitive to the Tribe and/or it may provide for offending the Tribes elders, since it's an elder based survey.

Lessie then presented a revised position description for a Medical Clinic Receptionist/Medical Assistant. The Tribal Health Board assisted Lessie with revisions, as Babbie sent it last minute to Lessie to present. Michael noted that the Board shouldn't be approving position descriptions that aren't adequate. They need to revise the position description at that time. Lessie noted that Tamara or Babbie should be here to present this. It will be discussed with Babbie to attempt to resolve the concerns this evening, so that Lessie can get the position filled.

Michael Thom moved and Elsa Goodwin seconded to approve Lessie's report, 5 haa, 0 puuhara, 0 pupitihara.

2.) Patti White, Database Administrator:

Patti is present to review her report. She reviewed her monthly reports with the Health Board, including patient counts, electronic health record training and several different user requests.

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

3.) Rondi Johnson, Deputy Director:

Rondi is not present but her report was provided.

Bud Johnson moved and Sonny Davis seconded to approve Rondi's report, 5 haa, 0 puuhara, 0 pupitihara.

4.) Eric Cutright, IT Director:

Eric is not present, he is on vacation. However, Patti is present to seek approval of his items. He would like to seek approval of 14-A-001 (1). He also had other agreements.

Elsa Goodwin moved and Michael Thom seconded to table Eric's report, 5 haa, 0 puuhara, 0 pupitihara.

5.) April Attebury, Interim Director:

Not present, report provided late.

6.) Annie Smith, Director of Community Services:

Annie is present to seek approval of her report. She then sought permission for use of the gym for a public meeting.

Consensus: for use of the multi-purpose room. Tom will take care of this.

They staff are working to ensure they are staying connected to patients during this smoke emergency.

Annie noted that there is a big up-swing in bed bugs and head lice. She stated that when there are travelers they need to adhere to safe traveling practices.

There have been updates on the swimming areas are closed and not recommended. The staff infections have been picked up in the water and then the outbreak of rashes that later lead to MRSA or Staph. Annie will be following this to provide outreach to the community.

Annie provided the reports that are provided to the CHR's. Elsa asked if there were people dumping sewer on the creek. Public Health has already been out to check the creek. The Water Quality Department has the ability to test for staph. The link will be made to have the water tested.

Elsa inquired about the smoke masks but the Annie noted that there aren't recommended masks for use.

Elsa Goodwin moved and Josh Saxon seconded to approve Annie's report, 5 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Consensus: to table the CHS policies and procedures to Thursday to allow the Council time to review them.

Michael Thom moved and Bud Johnson seconded to uphold the CHS Denial and pay for CHS Case #258, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: to allow employee #IG extended leave. Council will follow policy regarding children in the workplace.

Michael Thom moved and Bud Johnson seconded to send \$24,354.16 to collections, 4 haa, 0 puuhara, 1 pupitihara.

Informational: Health Program financial information was provided to the Health Board.

Consensus: to schedule the Thursday Planning Meeting to begin one hour earlier.

Josh moved and Bud seconded to provide insurance, access to practicing areas, and become an eligible driver for stick games, until the end of tournaments, 4 haa, 0 puuhara, 1 pupitihara (Elsa Goodwin).

Michael moved and Bud seconded to approve credentialing and privileging for three providers, 5 haa, 0 puuhara, 0 pupitihara.

Next Meeting Date: September 11, 2014 at 3pm in Orleans.

Michael Thom moved and Elsa Goodwin seconded to adjourn at 8:05pm, 5 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell Buster Attebery, Chairman

Recording Secretary, Barbara Snider

APRIL E. ATTEBURY
Interim Director, Child & Family Services
 Report: Health Board Meeting September 11, 2014
 Reporting Period: August, 2014

ACTION ITEM: Credit Card Request for Angela Baxter, CADC II, Substance Abuse Program Coordinator

Project Title: Alcohol & Other Drug (AOD) Service Program (2.5 Counselors)

Deliverables:

Task One- Deliver AOD outpatient services including counseling for both individuals and groups.

- Support Services
- Referrals and Coordination for residential rehabilitation programs.

Progress: Yreka-Currently we have 9 clients attending our AOD groups which are the Red Road group and Relapse Prevention group.

Happy Camp-Reported by Robert Super there are 9 clients attending AOD groups

Orleans -Reported by Robert Super there are 4 clients attending AOD groups.

Task Two- Provide Batterer's Intervention Program

- Groups in all three communities

Progress: Yreka- We have 15 clients attending the men's Batterers Intervention Program. Due to being at maximum capacity, at this time, there is one individual on the wait list.

In the women's Batterer's Intervention Program there are two women attending group.

Happy Camp- Reported by Robert Super there is 1 client attending BIP group.

Orleans- Currently there are no clients enrolled in the BIP.

Task Three- Provide DUI Program

- Groups in all three communities

Progress: Yreka- The DUI program has 7 client attending group in Yreka.

FUNDING SOURCE	Code	Total Budget	Expensed to date	Balance	% Expended
Outpatient Services AOD-CALWorks	6400-15-	\$53,950.00	\$4,503.01	Not balanced in Microfund system	
Term Dates	Total Months	Month # for report period	# Months Remaining	% Completed.	Extension Option Y/N
7/1/2014 to 6/30/2015	12	2	10		
Progress Report Due Date	Completed?	Date Completed.	Fiscal Report Due Date	Completed?	Date Completed.
Comments: The amounts reflected are for 1- AOD counselor, vehicle/travel/mileage/gas					
FUNDING SOURCE	Code	Total Budget	Expensed to date	Balance	% Expended
REVENUES: DUI	6400-10-		\$18,363.25	\$-390.06	102.17
REVENUES BIP	6400-05	\$6,226.05	\$148.70	\$6,077.35	2.39%
Comments: The DUI revenues pays for the IDCR associated with CALWORKS FUNDING SOURCE					
The DUI program revenue was charged the Tribes full IDCR associated with the CALWORKS grant, \$4,880.00.					

Project Title: Mental Health Services Program (3 LCSW's =2.0FTE)

Deliverables:

Task One- Deliver Mental Health Services

- LCSW Services Provided: 51

Task Two- Deliver Psychiatry Services

- Psychiatry Services Provided: May 6, 2014- 22

SUMMARY UPDATE BY: Mental Health Division, Clinical Supervisor:

During the past month Holli Jackson LCSW and Patricia Hobbs LCSW participated in the Sobriety Camp held at Camp Creek in Orleans. Patricia Hobbs presented on dual diagnoses and how mental health and substance abuse affect each other. Participants were interested in learning about this and we hope to participate again next year.

The month was also spent supervising the expansion of mental health services in Happy Camp and Yreka. There have been many changes in the policies and procedures related to clients who have Partnership Health Plan of California (formerly Medi-Cal). The changes are related to how individual's access services and obtain authorization for services. Partnership Health Plan now covers the cost of adults who receive mental health services.

Patricia Hobbs LCSW also met with Health and Human Services Director, Lessie Aubrey about expanding psychiatry services to two times per month. We have tabled this discussion until we can review billing data to identify whether we can support another day per month. We have the service began we have had 51 referrals for psychiatry services. Our psychiatry provider Benton Kinney has 22 active patients at this time. We have an anticipated wait time for psychiatry services of three months for new patients.

Maymi Preston Donahue completed her student internship with the mental health department in August as well. Ms. Preston was a valuable asset in our psychiatry clinic and will be missed by our staff and patients. She continues to be employed by the Karuk Child and Family Services Department as an Indian Child Welfare Social Worker. We wish her the best in completing her Master of Social Work degree at Humboldt State University.

Program	Code	Total Budget	Expensed to date	Balance	% Expended
Mental Health-/BIA COMPACT- Travel Mileage Supplies	2130-56		\$1,023.34 \$1,918.00 \$2,161.61		144.44%
Term Dates	Total Months	Month # for report period	# Months Remaining	% Completed.	Extension Option Y/N
10/01/2013- 9/30/2014	12	11	1		
Progress Report Due Date	Completed?	Date Completed.	Fiscal Report Due Date	Completed?	Date Completed.
Comments: Travel, supplies and mileage/vehicle expenses are allocated from BIA Compact for the Mental Health Program. HERSA Grant funds the Salary and Fringe LCSW's however currently the BIA Compact pays 35 % of 1.0 FTE LCSW's salary and fringe.					
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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

PROCUREMENT DOCUMENTATION

Check One: Small Purchase (less than \$2,000) **Date:** 8/20/2014
 Mid-Level Purchase (\$2,000 to \$25,000)
 Large Purchase (more than \$25,000)
 Construction Contract
 Independent Contractor Agreement
 Other: _____

****Tribal Council approval is required for all purchases exceeding \$2,000 and all Agreements and Contracts.**

Requestor: Debbie Whitman
Department/Program: Happy Camp Dental
Funding Source: _____

COMPARATIVE SUMMARY (Minimum of Three Required)				
Company Name	Date	Price	Contact/Phone	Indian
<u>Burkhart</u>	<u>8/22/14</u>	<u>60,133.30</u>	<u>541-746-4886</u>	
		\$ 45,781.84	800-547-1883	N/A
Adec	9/17/2014		503-803-8330	N/A

Name of Selected Vendor: Patterson Dental 8/22/14 \$61,616 541-779-2001
Adec

Basis: Lowest Price Best Qualified Vendor
 Superior Product/Service Delivery Service Provided
 Sole Source Provider (MUST Attach Detailed Justification)
 Based on Annual Price Comparisons
 Only Qualified Local Provider Due to Geographic Disadvantage

Comments: Manufacturer direct order , best price, removal of old equipment and installation of new included. GSA Pricing. Funds for purchase fiscal code #3000-7601.04 HC Remodel.

** REQUIRED SIGNATURES **

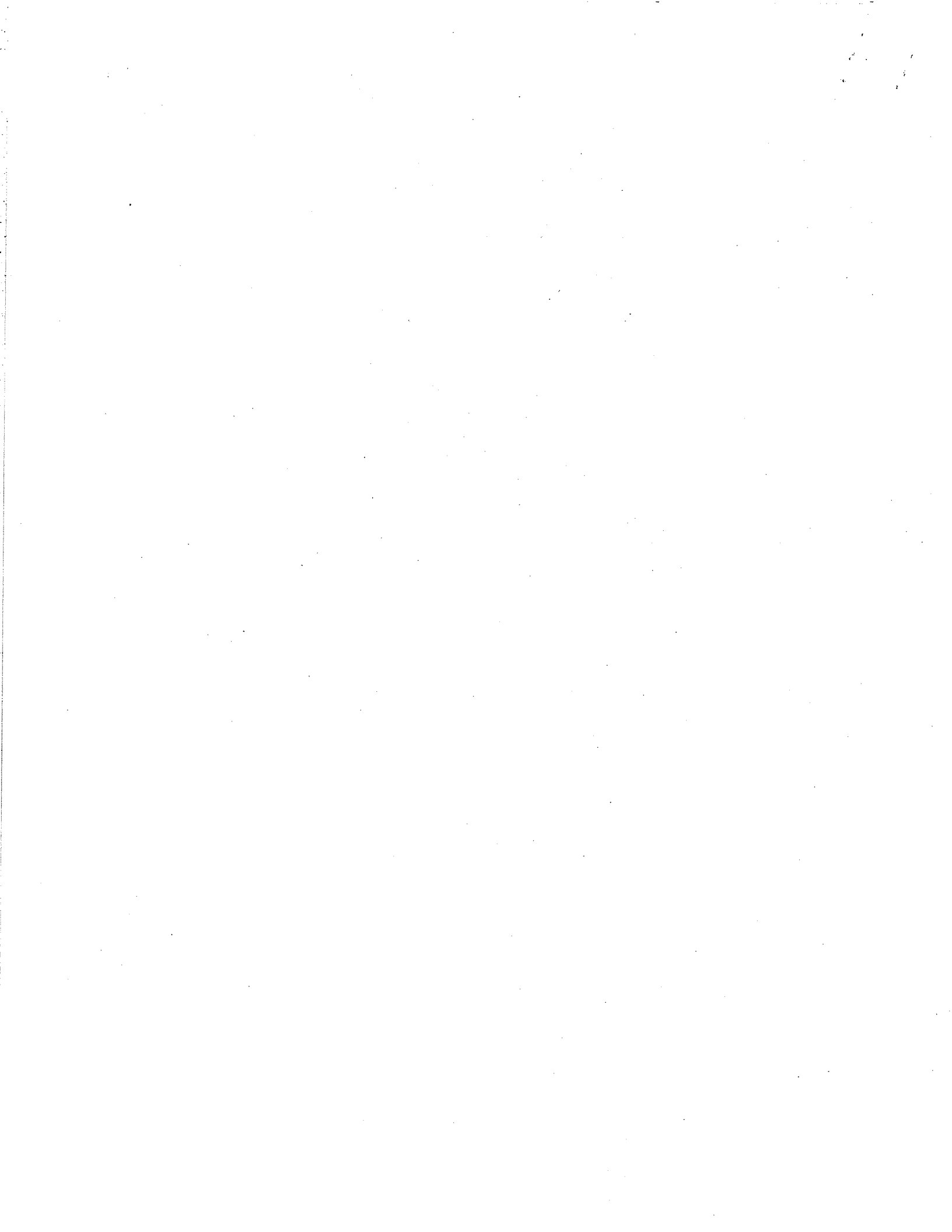
*** By affixing your signature, you acknowledge that you have reviewed the attached documentation for presentation to Tribal Council.*

Road B. [Signature] 8/22/14
Debbie Whitman 8/20/14
 Requestor Date

Laura Mayton 8-22-2014
 Chief Finance Officer Date

[Signature] 8/22/14
 Director of Administrative Programs & Compliance Date

Rll A. [Signature] 8-20-14
 Chairman Date



Debbie Whitman

From: Terri Greene <Terri.Greene@a-dec.com>
Sent: Monday, August 18, 2014 7:11 AM
To: Debbie Whitman
Cc: Brian Kline; Aaron Mangelsdorf
Subject: Quote - Happy Camp Dental Clinic
Attachments: Happy Camp IHS 081414.pdf; 511 Product Data Sheet_092413.pdf; 332 Product Data Sheet_060414.pdf; 551 Product Data Sheet_092413.pdf; 571L 572L Product Data Sheet 012814.pdf; 541 Product Data Sheet_060414.pdf; 577L Product Data Sheet 012814.pdf; 1601 Product Data Sheet_092413.pdf; 1622 Product Data Sheet_092413.pdf; 5744 Product Data Sheet 042414.pdf

Good morning Debbie,

At Brian Kline's request please find attached a quote for A-dec equipment. Also attached is product information for the items quoted. If you have any questions please let Brian Kline or me know.

Thank you,

terri greene

SCHOOL & GOVERNMENT ACCOUNTS COORDINATOR

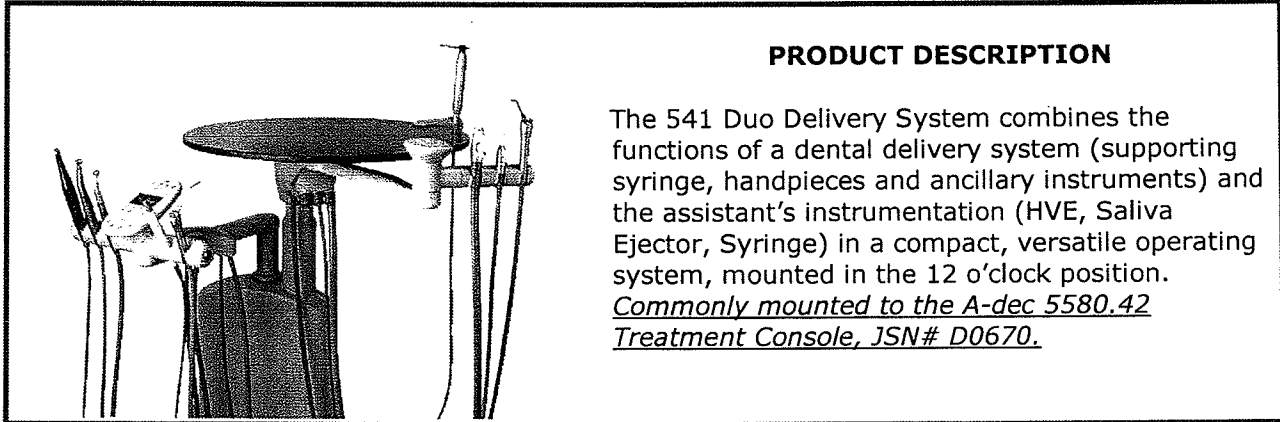
phone: 1-800-547-1883, ext. 2020

fax: 503-537-2702

terri.greene@a-dec.com







PRODUCT DESCRIPTION

The 541 Duo Delivery System combines the functions of a dental delivery system (supporting syringe, handpieces and ancillary instruments) and the assistant's instrumentation (HVE, Saliva Ejector, Syringe) in a compact, versatile operating system, mounted in the 12 o'clock position. Commonly mounted to the A-dec 5580.42 Treatment Console, JSN# D0670.

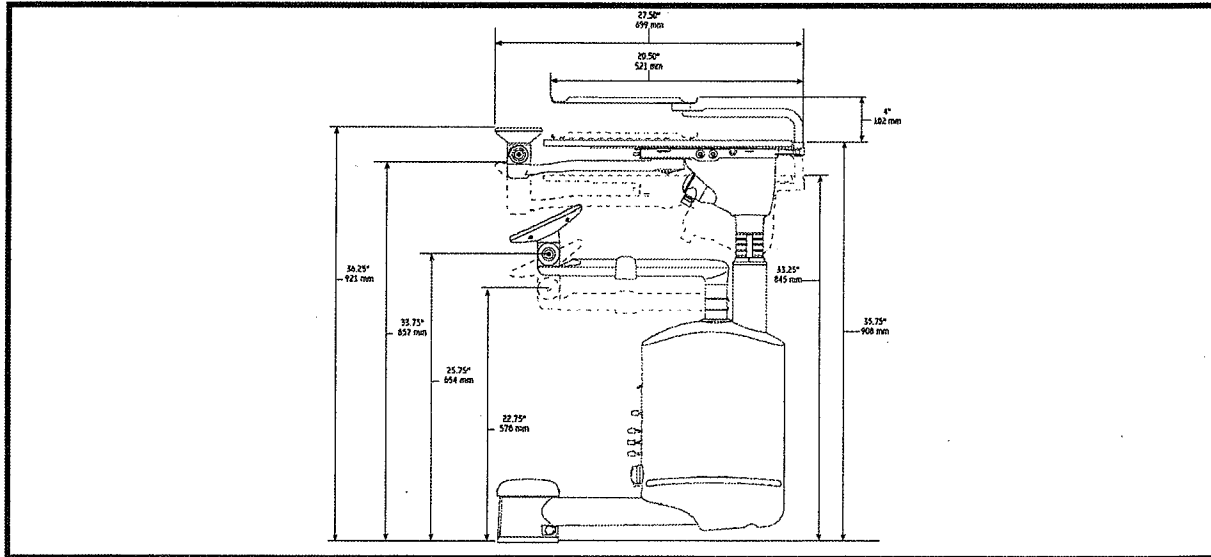
A-dec 541 Assistant's with Wilsonart Gibraltar work surface.

Salient Characteristics

- **Integrated four position handpiece control block** is capable of operating up to four active handpiece positions and is constructed of plated lead-free brass (per section 14.17 of the Safe Drinking Water Act). Each handpiece position has an individual drive air and water adjustment. Removable water cartridge valves allow for quick and easy servicing of the control block. A single sliding locking tab secures the handpiece tubing to the control block requiring no tools and allows easy access to connect or disconnect tubing. Unique water-flow system eliminates dead ends that can harbor stagnant water.
- **Data Control System (DCS)** is used to control all of the electrical components (fiber optics, heated syringe, touch pad, camera, electric micro-motor(s), and dental light). The DCS allows plug and play add-ons.
- Supports dual HVE's or single HVE, Saliva ejector and air water syringe. Capable of holding ancillary devices (such as curing light, warm water syringe and Isolite).
- The **internal water** lines contain an anti-microbial additive, **AlphaSan™**, providing added protection against microbial contamination.
- **Silicone handpiece tubing** contains anti-microbial **AlphaSan®** and quick-disconnects secured to the control block. Lighter, more flexible and more durable than vinyl tubing.
- **A Quad-volt intra-oral light source** provides up to four independently adjustable output voltages to accommodate intra-oral illumination.
- **Left/Right Hand Conversion** without tools. All instrument delivery positions may be fully duplicated on either side of the work surface to allow both the right and left handed operator complete and uncompromised utilization of the equipment.
- Built-in **handpiece flush system** provides the ability to flush individual handpiece water line or multiple handpiece water lines simultaneously without activating the foot control.
- **Individually articulating holders** for maximum flexibility in instrument positioning
- **Height adjustable round work surface** is 22 1/2" diameter, constructed of 1/2" thick Wilsonart Gibraltar (laminare and quartz options available). The adjustable height range is 33.5" to 36". The work surface and support pivots 320° on a height adjustable post to allow for variable positioning.
- **Modular, push-on connections** on both ends of vacuum tubings for reliable easy maintenance.
- **Integrated solids collector** with fine mesh screen to trap materials from entering vacuum system.
- **Deluxe and Standard multi-function touchpads** for both the dentist and assistant.
- A **self-contained water system** allows mounting remotely or to the 12 o'clock cabinet. Water system is pressurized with unit air and provides water to the syringe and water quick-disconnect (optional). The water bottle is a **quick-disconnect** design with an **internal pickup tube** to help reduce the opportunity for cross-contamination.
- **Proudly manufactured and assembled in Newberg, OR, USA** – certificate of origin available
- **UL Classified in USA and Canada. CE compliant.**



A-dec 541 12 O'clock Duo Delivery System No JSN # This Product



A-DEC PRODUCT SUPPORT

- Local and Regional Territory Managers to provide user-training and project consultation.
- A customer service representative is assigned specifically to each account.
- Live technical support 0630-1630 (Pacific Time) Monday-Friday at 1-800-547-1883.
- 95% of service parts can be shipped within 24 hours.
- Repair parts will be available a minimum of 10 years after product obsolescence.
- Technical repair training and certification is offered free of charge at the factory 4-7 times a year to choose from. Each class is 3 days in duration. Room, board and class cost is covered by A-dec. Transportation to Portland, Oregon not included.
- Installation service is available by a trained and experienced crew.
- Blanket-wrapped delivery service is available with pre-assembly at the factory to minimize waste and speed up the installation process.
- Service parts guides updated annually and available in both hard copy and PDF.
- VA Contract #V797P-3073M

ADDITIONAL SUPPORTING DOCUMENTATION

- 541/545 Pre-installation guide (part #86.003400)
- Regulatory Information and Specifications (part #86.0221.00)
- Instructions for Use (part # 86.0605.00)
- A-dec 500 Service Guide (part # 86.0348.00)
- Expanded technical specifications including features and benefits

Documents can be obtained online at www.us.a-dec.com in our document library, or by contacting A-dec Customer service at (800) 547-1883 or fedgov@a-dec.com or schools@a-dec.com.



brian kline

Territory Manager, Schools Government
 West/Asia-Pacific
 Mobile: 503.803.8330
 Email: brian.kline@a-dec.com

Quotation for A-dec Equipment*

This quotation is for Federal Agencies only. For Contractor Pricing please contact A-dec.

A-dec's warranty is one year parts only. Please provide a copy of this quotation with your order. All of the items contained within this quotation are covered under our VA Contract # V797P-3073M exp. 11/14/2015 unless noted.

These prices do not include installation or include taxes unless otherwise noted.

This quotation expires on 12/31/2014.

Date of Quotation: 8/18/2014

Facility: Happy Camp Dental Clinic

Facility Point of Contact

Contact: Ms. Debbie Whitman

Address 1:

City, State:

Phone: 530-493-1650 Ext. 2133

Email: dwhitman@karuk.us

Other A-dec Points of Contact

Coordinator: Terri Greene
Phone: (800)547-1883 x2020
Email: terri.greene@a-dec.com

Local Territory Manager: Aaron Mangelsdorf

Phone: 503-380-1113

Email: aaron.mangelsdorf@a-dec.com

Qty	Description	Gov't Price	Totals
2	A-dec 511 DENTAL CHAIR	\$6,259.30	\$12,518.60
	A-dec 511 Chair with seamless upholstery	\$5,893.60	
	White		
	Upholstery Color to Follow		
	Duplex with Air & Water QD 83.0491.01	\$365.70	
	Padded van		
2	A-DEC 332 RADIUS TRADITIONAL DELIVERY SYSTEM	\$3,535.63	\$7,071.26
	A-dec 332 with standard touchpad	\$2,464.50	
	A-dec 511 Chair Mount		
	Autoclavable QD syringe 23.1303.00		
	4-hole silicone tubing 98.1090.00	\$63.60	
	Fiber-optic w/ bulb silicone tubing 98.1088.00	\$219.95	
	6-pin silicone tubing 98.1089.00	\$98.05	
	Handpiece position without tubing		
	4 Position control block	\$270.30	
	Quad-voltage intraoral light source 90.1168.00	\$254.40	
	Standard tray holder 77.0933.00	\$127.20	
	Second brake handle kit 90.1281.00	\$37.63	
	Padded van		

Qty	Description	Gov't Price	Totals
2	A-DEC 551 ASSISTANT'S INSTRUMENTATION	\$1,200.45	\$2,400.90
	Long arm with dual 2-position holder	\$975.20	
	White		
	511 Dental Chair		
	Autoclavable Assistant's QD syringe 23.1303.00		
	Standard (boxed)		
	500 support link 77.1020.00	\$225.25	
2	A-dec 572L Radius-style Light LED	\$1,947.75	\$3,895.50
	A-dec 572L Radius-style Mount Light LED	\$1,947.75	
	511 Dental chair		
	Dual mount with delivery system		
	Padded Van		
1	A-DEC 541 12 O'CLOCK DUO DELIVERY SYSTEM	\$4,760.60	\$4,760.60
	A-dec 541 with no doctor's touchpad	\$3,736.50	
	White		
	Stand Alone Delivery System		
	Autoclavable QD syringe 23.1303.00		
	4-hole silicone tubing 98.1106.00	\$63.60	
	Fiber-optic w/ bulb silicone tubing 98.1107.00	\$219.95	
	6-pin silicone tubing 98.1108.00	\$98.05	
	No tubing		
	300-watt power supply 43.0260.00	\$280.90	
	Dual 2-position holders	\$111.30	
	Autoclavable Assistant's QD syringe 23.1303.00		
	Quick-disconnects for both air and self-contained water system	\$117.80	
	Standard tray holder 77.0462.01	\$132.50	
	Wilsonart Gibraltar		
	Color to follow worksurface Gibraltar		
1	A-dec 577L Track-mount Light LED	\$2,504.25	\$2,504.25
	A-dec 577L Track-mount Dental Light LED	\$2,504.25	
	Post to follow		
3	CASCADE 1601 DOCTOR'S STOOL	\$477.01	\$1,431.03
	Standard Product Price	\$477.01	
	White		
	Standard (Boxed)		
	Seamless Upholstery		
	Upholstery Color to Follow		
3	CASCADE 1622 ASSISTANT'S STOOL	\$556.50	\$1,669.50
	Standard Product Price	\$556.50	
	White		
	Standard (Boxed)		
	Seamless Upholstery		
	Upholstery Color to Follow		

Qty	Description	Gov't Price	Totals
2	5744 Oregon Cart	\$1,234.90	\$2,469.80
	5744 Oregon cart	\$1,009.65	
	Soft-close		
	Tile Casters		
	Wilsonart Gibraltar countertop	\$225.25	
	Color to Follow Work Surface Gibraltar		
	Color to Follow Accent Laminate		
	Color to Follow Decor Laminate		
	Padded van		
2	Flush Mount Floorbox Umbilical Mount 41.1414.00	\$130.20	\$260.40

EQUIPMENT TOTAL:	\$38,981.84
FCA (FOB) DESTINATION:	IS INCLUDED
BLANKET WRAP SERVICE:	\$1,100.00
*INSTALLATION:	\$5,700.00
PROJECT TOTAL:	\$45,781.84

***INSTALLATION INCLUDES:**

1. Remove existing equipment as follows:
 - Three 12 o'clock delivery systems (Proma)
 - Two dental chairs
 - One track light

NOTE: Equipment to be disposed of by owner

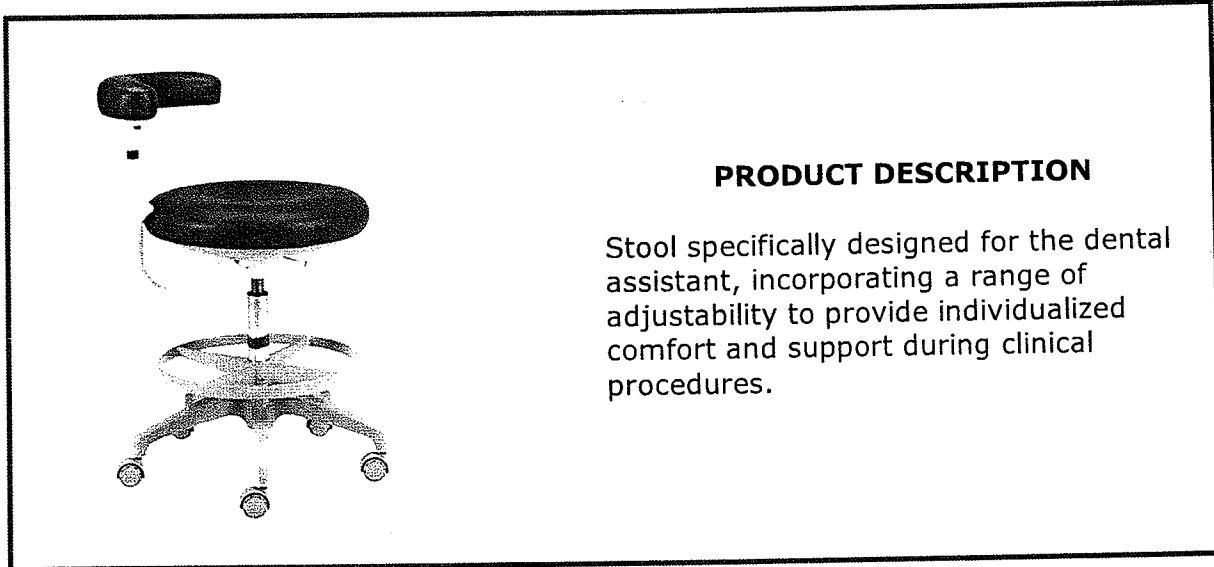
2. Chairs in DTRs #1 and #3 will be turned 180 degrees. Utilities will come from current 12 o'clock position.

3. Installation crew will need to modify existing 12 o'clock cabinets to accept umbilical in DTR's #1 and #3, and the 541 in DTR #2.

Qty	Description	Gov't Price	Totals
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EXPLANATION OF TERMS

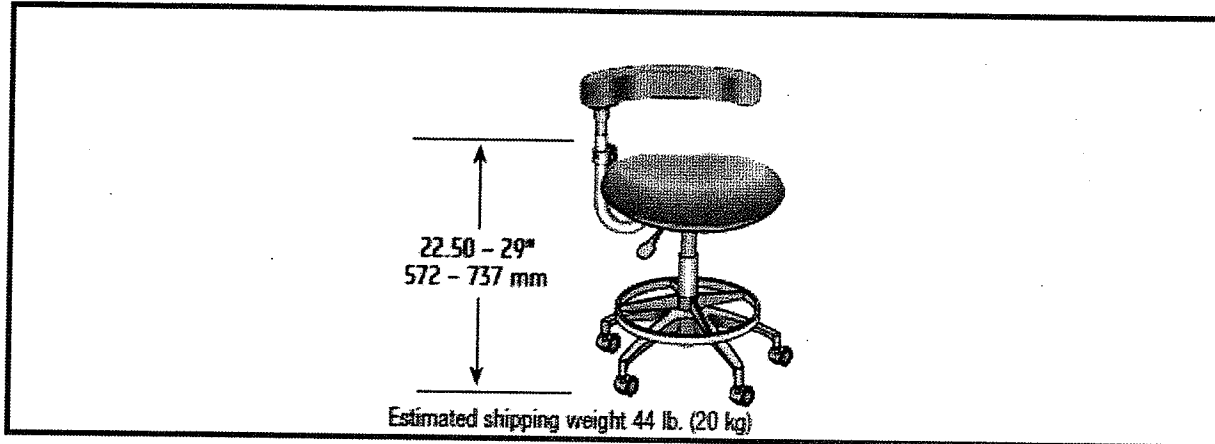
- **Warranty:** Parts only, covering defects in material and workmanship for one year from time of delivery.
- **Delivery date:** Based on factory lead times upon receipt of P.O. Extended delivery dates and split shipments are available. Note that split shipments will need to be requested during the quote process.
- **Lead times vary:** For preliminary planning please allow for the following estimated lead times:
 - Equipment: 6-8 weeks
 - Standard Cabinets: 8-10 weeks
 - Custom Cabinets/Equipment: 12-16 weeks
- **Boxed Deliveries:** Client is responsible for receiving boxed equipment deliveries, inclusive of offloading, handling and storage requirements and movement of goods to site if installation is provided. Undeliverable freight shipments may result in additional storage and handling costs at the client's expense. Client is responsible for disposal of all crating or packing materials with boxed deliveries unless specified in the quote.
- **Blanket-Wrapped Service:** An additional service offered by A-dec (not included in VA Contract V797P-3073M). With this service the equipment will be pre-assembled at the factory, blanket-wrapped, and delivered to the clinic. Upon delivery, movers will remove the wrapping and physically place the equipment into each operatory.
- **INSTALLATION**
 - **Includes:**
 - Placement of all items into specified location.
 - Assembly of all items per factory specifications and agency requirements.
 - Anchoring of all items per factory specifications and agency requirements.
 - Final air and vacuum connections.
 - Calibration and function testing of equipment.
 - Remove trash and packaging to a dumpster provided by owner unless otherwise specified in the purchase order.
 - A walk-through with the owner and/or contractor will be completed noting any punch-list items.
 - A "Customer Acceptance" sign-off letter will be requested upon completion.
 - **Does not include:**
 - Final plumbing connection
 - Final electrical connection
 - Removing old equipment unless specified in the P.O.
 - Transporting stored equipment to the clinic unless specified in the P.O.
 - **Installation labor charge is for a single scheduled trip unless otherwise specified.**
- **Project Delays:** In the event that project delays beyond A-dec's control impact the agreed upon delivery or installation date, the client must notify A-dec prior to 21 days of the scheduled delivery date to modify logistics and scheduling. In an effort to meet customer needs, A-dec will collaborate with the client to identify alternate delivery arrangements or offsite storage at client's expense. Deliveries and installations cancelled in less than 21 days are subject to additional charges associated with temporary storage/handling and mobilization expenses for the installation team. Site conditions that impede the scheduled installation (i.e., unfinished construction, incomplete utilities or safety issues) may necessitate installation delays or cancellation, resulting in additional charges to compensate for mobilization expenses.
- **Technical Training:** Technical Service Training is held at A-dec in Newberg, Oregon and is offered as a service at no additional cost to those agencies that procure A-dec equipment. Please contact your A-dec Territory Manager for details.



A-dec 1622 Assistant's Stool

Salient Characteristics

- Seat height range: 22.5" to 29" (572 mm-737 mm) (Shorter cylinder available).
- Height-adjustable foot ring.
- Round seat design with rolled edge on the seat reduces pressure on the legs.
- Cast-aluminum base with five tile casters (carpet casters available).
- Height-adjustable contoured torso support convertible for left or right hand operators.
- Integral gas cylinder for height adjustment.
- Upholstery choices: seamless or sewn.
- Easy-to-clean and easy-to-reach seat and torso adjustments.
- Durable Powder Coat finish.
- Upholstery vinyl is constructed of 62.5 ounce/.067-gauge superior grade vinyl. This meets flammability specifications for: California Flammability Regulation 117-75 Section E, Federal Spec. CCCA680A.
- Upholstery classified to California Technical Bulletin 133 available upon request.
- Proudly manufactured and assembled in Newberg OR, USA – certificate of origin available upon request.



A-DEC PRODUCT SUPPORT

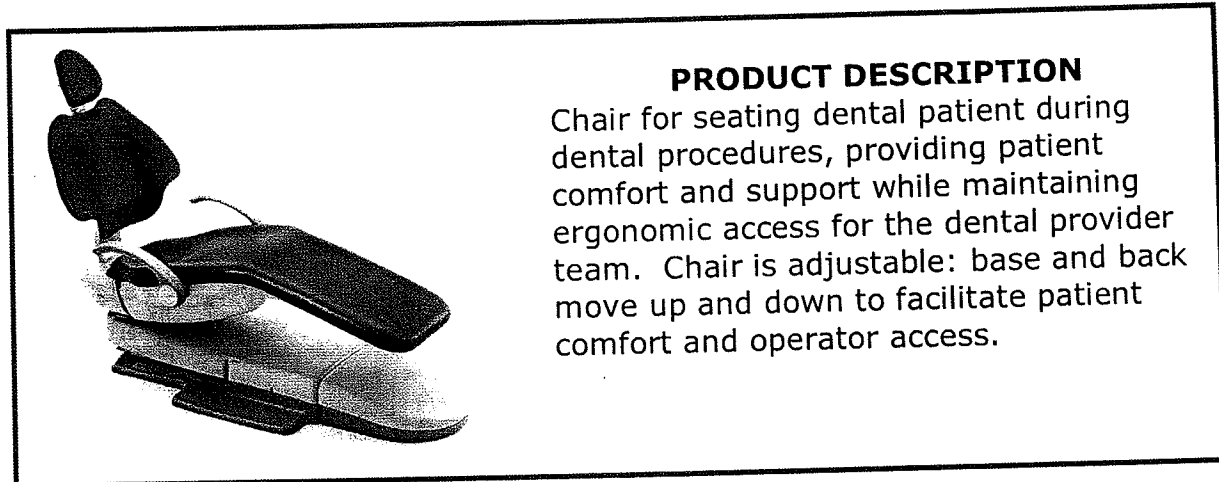
- Local and Regional Territory Managers will provide user-training and project consultation.
- A customer service representative is assigned specifically to each account.
- Live technical support 0630-1630 (Pacific time) Monday-Friday at 1-800-547-1883.
- 95% of service parts can be shipped within 24 hours.
- Service parts will be available a minimum of 10 years after product obsolescence.
- Technical repair training and certification is offered free of charge at the factory 4-7 times a year to choose from. Each class is 3 days in duration. Room, board and class cost is covered by A-dec. Transportation to Portland, Oregon not included.
- Installation service is available by a trained and experienced crew.
- Blanket-wrapped delivery service is available with pre-assembly at the factory, to minimize waste and speed up the installation process.
- Service parts guides updated annually and available in both hard copy and PDF.
- VA Contract #V797P-3073M

ADDITIONAL SUPPORTING DOCUMENTATION

- Product Independently Evaluated by USAF DECS, available upon request
- Regulatory Information and Specifications (part #86.0221.00)
- Instructions for Use (part # 85.2606.00)
- Stool Installation guide (part # 85.0504.00)
- Stool Brochure and Fact Sheet (part # 85.6072.00)
- Expanded technical specifications including features and benefits

Documents can be obtained online at www.us.a-dec.com in our document library, or by contacting A-dec Customer service at (800) 547-1883 or fedgov@a-dec.com or schools@a-dec.com

Contact your A-dec Territory Manager for questions, pricing and configuration options
(<http://us.a-dec.com/en/Company/Contact-Us/Schools-and-Government/Schools-Representatives>)



PRODUCT DESCRIPTION

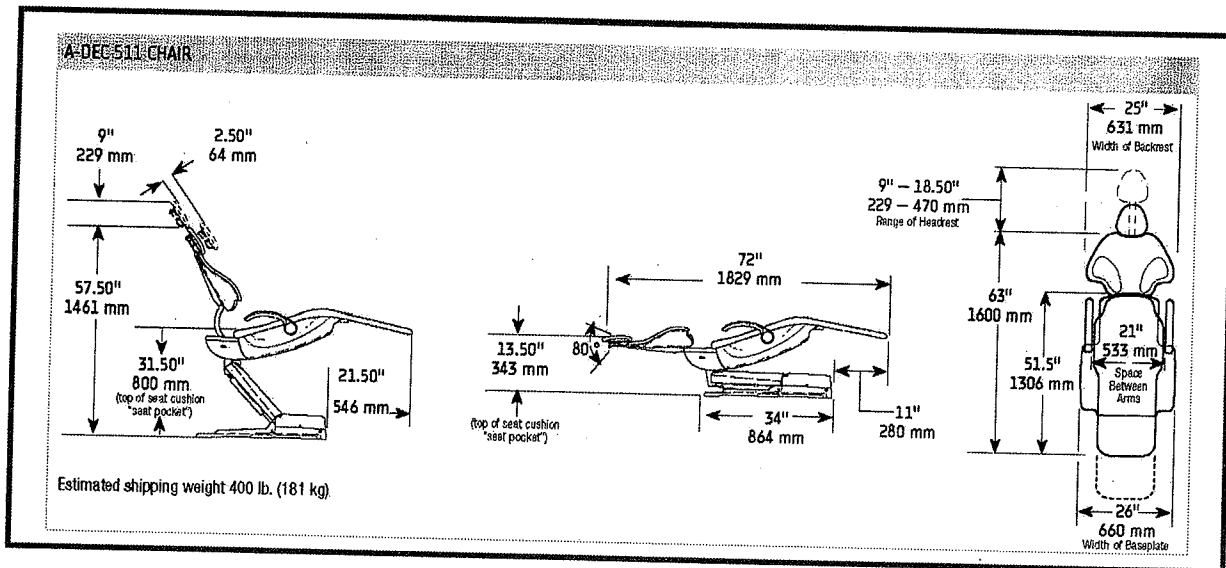
Chair for seating dental patient during dental procedures, providing patient comfort and support while maintaining ergonomic access for the dental provider team. Chair is adjustable: base and back move up and down to facilitate patient comfort and operator access.

A-dec 511 Chair shown with Seamless Upholstery.

Salient Characteristics

- **Ultra-thin flexible back rest**, measuring 1" thick on the seamless upholstery providing superior operator access to the oral cavity, reduces the chance of repetitive stress injury and provides excellent patient comfort and support over extended treatment periods.
- **Double articulating headrest** with gliding cushion, quick release adjustment lever, and ultra-thin memory foam. Interchangeable with Military "Bun" headrest to accommodate required hairstyles for female personnel.
- **3-position armrests**, mounted mid-thigh position on the chair to reduce interference with the dental provider team.
- **Lift range 13.5" -31.5"** (Note: measurements are made from the floor to the bottom of the seat cushion.) Low point: 14.5" when dual mounting.
- **Chair swivels 60°** (30° each side of center)
- **Advanced stop plate** is provided to reduce possible injury to people or damage to other operatory equipment.
- **Integrated 300 Watt power supply** provides electrical requirements for chair-mounted dental light and ancillary products.
- **UL rated to 400LB.** (181) kg. maximum patient load.
- **Accumulators in the hydraulic lift system** provide a soft chair start and stop. Lift cylinders are guaranteed for ten years.
- **Self-diagnosing circuit board** that is easily programmable, with "limp-along" lift activation.
- **Bi-directional hydraulic motor pump** is compact and requires fewer service parts.
- **Cast iron base-plate**, powder coat painted and sealed with an elastomeric polymer finish to prevent rust and scratch damage to the floor.
- **Vacuum-formed seamless upholstery** is constructed of 62.5 ounce/.067-gauge superior grade vinyl. A-dec vinyl meets flammability specifications for: California Flammability Regulation 117-75 Section E, Federal Spec. CCCA680A. Classified to California Technical Bulletin 133 available upon request.
- **Virtual-Pivot design** aligns the natural spine rotation of the seated patient with the chair's rotational axis. This unique design feature maintains patient position and comfort throughout the chairs entire range of motion.
- **Proudly Manufactured and Assembled in Newberg OR, USA** – certificate of origin available upon request.
- **UL Classified in USA and Canada. CE compliant.**





A-DEC PRODUCT SUPPORT

- Local and Regional Territory Managers will provide project consultation and user-training.
- A customer service representative is assigned specifically to each account.
- Live technical support 0630-1630 (Pacific Time) Monday-Friday 1-800-547-1883.
- 95% of service parts can be shipped within 24 hours.
- Repair parts will be available a minimum of 10 years after product obsolescence.
- Space planning and architectural support provided at no extra cost.
- Blanket-wrapped delivery service is available with pre-assembly at the factory, to minimize waste and speed up the installation process.
- Installation service is available by a trained and experienced crew.
- Technical repair training and certification is offered free of charge at the factory 4-7 times a year. Each class is 3 days in duration. Room, board and class cost is covered by A-dec. Transportation to Portland, Oregon not included.
- Service parts guides updated annually and available in both hard copy and electronic.
- VA Contract #V797P-3073M

ADDITIONAL SUPPORTING DOCUMENTATION

- DECS Evaluation Report
- Regulatory Information and Specifications (part #86.0221.00)
- A-dec 511 Instructions for Use (part # 86.0602.00)
- A-dec 511 Pre-Installation guide (part # 85.0052.00)
- A-dec 511 Installation guide (part# 86.0400.00)
- A-dec 500 Service Guide (part # 86.0348.00)
- Expanded technical specifications including features and benefits

Documents can be obtained online at www.us.a-dec.com in our document library, or by contacting A-dec Customer service at (800) 547-1883 or fedgov@a-dec.com or schools@a-dec.com

Contact your A-dec Territory Manager for questions, pricing and configuration options (<http://us.a-dec.com/en/Company/Contact-Us/Schools-and-Government/Schools-Representatives>)

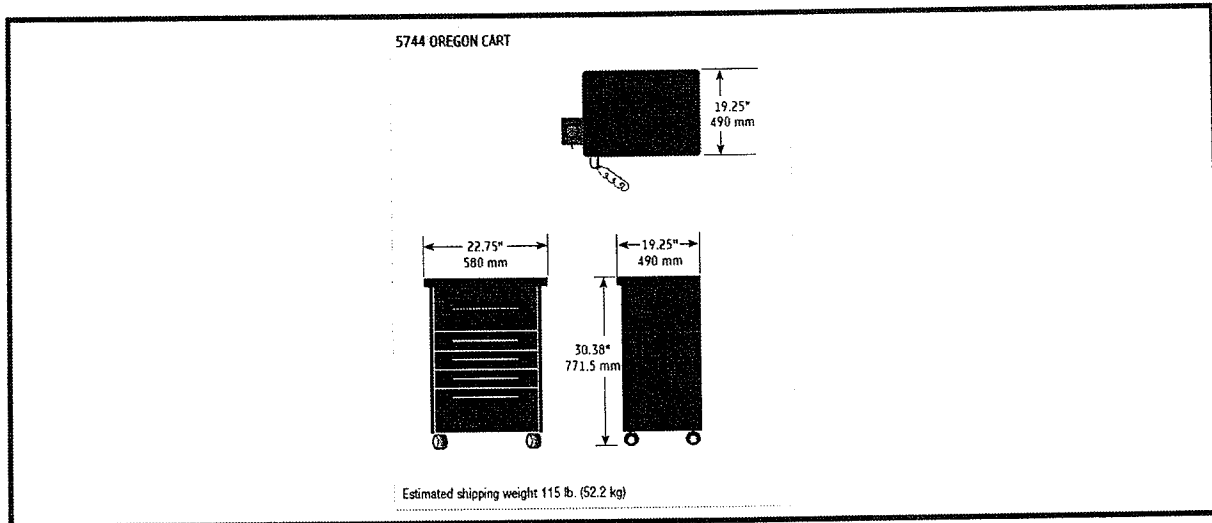
A-dec, Inc., (800) 547-1883 www.us.a-dec.com E-mail: fedgov@a-dec.com or schools@a-dec.com
Information subject to change. Rev 092413



A-dec 541 12 O'clock Duo Delivery System
No JSN # This Product

Contact your A-dec Territory Manager for questions, pricing and configuration options (<http://us.a-dec.com/en/Company/Contact-Us/Schools-and-Government/Schools-Representatives>)





A-DEC PRODUCT SUPPORT

- Local and Regional Territory Managers will provide user-training and project consultation.
- A customer service representative is assigned specifically to each account.
- Live technical support 0630-1630 (Pacific Time) Monday-Friday at 1-800-547-1883.
- 95% of service parts can be shipped within 24 hours.
- Repair parts will be available a minimum of 10 years after product obsolescence.
- Technical repair training and certification is offered free of charge at the factory 4-7 times a year to choose from. Each class is 3 days in duration. Room, board and class cost is covered by A-dec. Transportation to Portland, Oregon not included.
- Installation service is available by a trained and experienced crew.
- Blanket-wrapped delivery service is available with pre-assembly at the factory to minimize waste and speed up the installation process.
- Service parts guides updated annually and available in both hard copy and PDF.
- VA Contract #V797P-3073M

ADDITIONAL SUPPORTING DOCUMENTATION

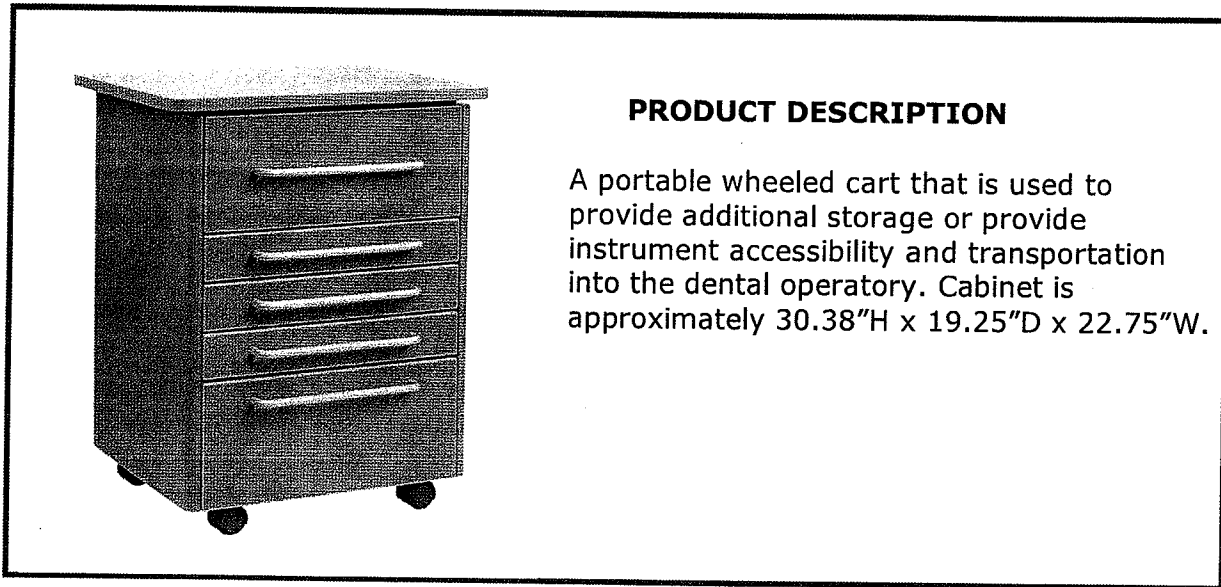
- Regulatory Information and Specifications (part #86.0221.00)
- Instructions for Use (part # 85.2642.00)
- Dental Furniture Pre-Installation guide (part # 86.0142.00)
- Expanded technical specifications including features and benefits

Documents can be obtained online at www.us.a-dec.com in our document library, or by contacting A-dec Customer service at (800) 547-1883 or fedgov@a-dec.com or schools@a-dec.com

Contact your A-dec Territory Manager for questions, pricing and configuration options (<http://us.a-dec.com/en/Company/Contact-Us/Schools-and-Government/Schools-Representatives>)



A-dec 5744 Oregon Cart JSN D2520



PRODUCT DESCRIPTION

A portable wheeled cart that is used to provide additional storage or provide instrument accessibility and transportation into the dental operator. Cabinet is approximately 30.38"H x 19.25"D x 22.75"W.

Salient Characteristics

- **Cabinet shell and related component** parts are 5/8" thick, 45# industrial grade particleboard.
- **All particleboard** is 100% pre-consumer recycled material and is California Air Resources Board (CARB) Phase I compliant. All plywood is CARB Phase II compliant. (Title 17, California Code of Regulations 93120-93120.12).
- **Door fronts** covered with high pressure V32 laminate (HPDL). Locks are available.
- **Exposed edges** are finished with rigid PVC (polyvinyl chloride) edge banding 1mm banding on cabinet component parts, and 3mm thick banding on all door and drawer edges.
- **Top work surface slides side to side to expose a 7" deep storage well.**
- **Top work surface is 19.25" x 22.75"**
- **Four storage drawers** lock open and have aluminum handles. Inside drawer dimensions: 16.12"W x 15"L. One drawer is 6.75" deep and three drawers are 2.12" deep.
- **Clear tile casters.**
- **Proudly manufactured and assembled** in Newberg OR, USA – certificate of origin available.

Justification for purchase of dental equipment for Happy Camp Dental Clinic Through Adec.

Manufacturer direct order.

As the manufacturer of the equipment can give us the lowest GSA pricing.

Removal of old equipment and installation of new is included in the price.





Proposal #: 182172
Karuk Tribal Health
 Happy Camp, CA
 Phone: 541-746-4866
 Account: 43*000043
 Effective: 08-21-2014 ~ 09-20-2014

890 BELTLINE ROAD
 SPRINGFIELD, OR. 97477

Account Manager:
 ANDY HUTSON

Presenter:
 MIKE HARCHUCK (ES)
Branch Phone: 541-746-4866

Qty	Description	Mfg. Price	BDS Price	Ext. Price
2	0120 - ADEC - 01200672 511 Dental Chair OPTION(S) INCLUDED: 1 Seamless Upholstery choices for 511 Chair 1 Accessory Power Cord 1 QD Kit 90.1138.00	\$11,688.50	\$8,824.39	\$17,648.78
2	0120 - ADEC - 01210998 A-dec 332 Radius-Style Traditional Delivery System OPTION(S) INCLUDED: 1 Standard touchpad for A-dec 332 Radius-Style Traditional Delivery System 1 Additional Handpiece position includes control block position and hardware (required for Position 1) 1 Quad-voltage Intraoral light source (applies to all handpieces) 1 Autoclavable syringe 1 4-hole silicone tubing 1 6-pin silicone tubing 1 Fiber-optic with bulb silicone tubing 1 Standard tray holder (does not include tray) 1 Second Brake Handle 1 Adec 500 Chair Mount Option for 300 delivery units (add this option if unit will be mounted to an adec 500 chair)	\$7,680.00	\$5,798.11	\$11,596.22
2	0120 - ADEC - 01200701 551 Assistant's Instrumentation- Long arm w/dual 2-position holder with dual HVE OPTION(S) INCLUDED: 1 Autoclavable QD syringe (Position 0) 1 Support Link w/Cover	\$2,340.00	\$1,766.61	\$3,533.22
2	0120 - ADEC - 01211157 Adec 500 LED 3-Axis Dental Light - select mounting choice OPTION(S) INCLUDED: 1 Radius Style 1 511 mounting kit	\$4,340.00	\$3,276.54	\$6,553.08
1	0120 - ADEC - 01203966 541 12 O'Clock Duo Delivery System with no doctor's touchpad OPTION(S) INCLUDED: 1 Autoclavable QD syringe (Position 0) 1 Autoclavable QD syringe (Position 0) 1 4-Hole Silicone Tubing 1 6-pin Silicone Tubing 1 Fiber-optic w/Bulb Silicone Tubing 1 541 Assistant's Instrumentation Dual 2-Position holder with dual HVE 1 Quick-disconnect for air 1 Quick-disconnect for self-contained water system 1 Standard tray holder (does not include tray) 1 300 watt power supply	\$9,126.00	\$6,889.80	\$6,889.80

1	Wilsonart Gibraltar Solid Surface color choice: 1 Stand Alone Mounting			
1	0120 - ADEC - 01211157 Adec 500 LED 3-Axis Dental Light - select mounting choice OPTION(S) INCLUDED: 1 Track Mount (include Ceiling Height)	\$5,055.00	\$3,816.35	\$3,816.35
3	0120 - ADEC - 01200276 Cascade 1601 Doctor's Stool OPTION(S) INCLUDED: 1 Cascade stool color choice:	\$920.00	\$694.56	\$2,083.68
3	0120 - ADEC - 01200284 Cascade 1622 Assistant's Stool OPTION(S) INCLUDED: 1 Cascade stool color choice:	\$1,070.00	\$807.81	\$2,423.43
2	0120 - ADEC - 01202582 Oregon 5744 Cart OPTION(S) INCLUDED: 1 Wilsonart Gibraltar Solid Surface color choice 1 Color choice to follow 1 Soft Close Drawers 1 4 Drawer, front to back sliding top	\$2,515.00	\$1,898.73	\$3,797.46
2	0120 - ADEC - 01206519 FLUSH MT FLBOX, 2" UMB	\$215.00	\$162.31	\$324.62
Proposal # 182172 Total:				\$58,666.64

EXISTING EQUIPMENT: DISPOSE DISCONNECT/REINSTALL (see separate agreement)

Customer Notes

This proposal includes the following: Delivery to your location, installation on proper utilities, disconnect and disposal of old equipment, pre-install office visit with your contractor and or electrician and plumber to lay out new equipment, in-service of new equipment after installation with office staff and ONE year labor and parts warranty.

Requested Installation Date:
 Payment Method
 Burkhart Equipment Finance (Powered by: US BANCORP)
 Burkhart Express Loan.
 Term:
 Other Financing Institution:
 Contact name:
 Contact phone#:
 Check Institution:
 Other credit card: Accounting to contact
 Tax I.D.

Purchase Recap
 Total Purchases \$58,666.64
 Freight Charges \$1,466.66
 Balance Due \$60,133.30

PRICE QUOTATION EXPIRES 09-20-2014 "This pricing is effective until expiration date or manufacture price increase."

Estimated Sales Taxes: are based on tax system data at the time of the proposal. Actual taxes may change prior to product invoicing.

This Agreement is subject to the terms and conditions hereon and on the Terms & Conditions page. By signing this Agreement the Client and Burkhart Dental supply agree to be bound thereby. It is expressly agreed and understood that the title of goods listed above is to remain with the seller until the full amount is paid.

Burkhart	Date	Customer	Date
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Burkhart Branch Location	Customer	Date
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Terms & Conditions

Product and Labor Warranties:

Burkhart honors warranties for parts on new equipment as specified by the manufacturer. Burkhart provides warranty labor for a period of one (1) year on new equipment. Used equipment has a 30-day labor warranty period with no warranty on parts.

The manufacturer provides a standard parts warranty on computer workstations.

Installation Services:

Burkhart will provide skilled, factory trained technicians to install equipment according to manufacturer's specifications.

The Client, or their designated contractor, will be responsible for providing necessary plumbing, high and low voltage electrical and support services for dental equipment as specified by the manufacturer, building codes and/or Burkhart.

Burkhart will coordinate with the tradesperson of the Client's choice for the installation of wires for communication systems and all other product control wires.

Burkhart will disconnect and reconnect existing equipment owned by the Client at normal labor rates. See separate agreement for terms and cost estimates. Client is responsible for moving or relocating existing dental equipment.

Burkhart will begin installation of equipment when it is determined, by Burkhart personnel, that the facility is adequately prepared.

Burkhart will charge for any additional parts that are needed for installation or reinstallation of dental equipment.

Payment Terms:

Full payment through either direct payment, Burkhart financing, non-Burkhart financing, or lease arrangement is due and payable upon substantial completion of the installation of the equipment. Payment may not be delayed due to requested returns, credits or exchanges which will be reflected in the normal 30-day account in the month following installation. A signed proposal and 25% deposit are required for a Client to receive a pre-invoice. A pre-invoice is an estimate of the final invoice.

Burkhart transfers ownership of all equipment upon delivery to Client's location. UCC documents will be filed after installation and invoicing for all US domestic orders in excess of \$25,000. Upon receipt of full payment, Burkhart will file to relinquish the title to Client.

Should a Client defer delivery beyond the agreed upon installation date, Client shall pay on that original date the full purchase price. If the Client defers delivery, or if contingencies exist which defer Burkhart's placement of the order with the manufacturer, Client will pay all applicable manufacturer price increases incurred by Burkhart during the deferral/contingency period.

A monthly finance charge will be applied on all accounts 30 days past due. That charge will be 1/12th of the allowable charge per the State in which Client receives delivery of equipment.

Cancelled Equipment Orders are subject to a 15% restocking fee or the individual manufacturer's restocking fee, whichever is greater, plus any additional freight costs incurred.

Burkhart Office Preparation and Planning Services:

Equipment selection and preliminary space plans valued at \$1.00 per square foot.

Final detailed plans and construction document for dental equipment and dental related cabinet elevations valued at \$2.00 per square foot.

Job site initial walk-through, rough-in inspections, and final pre-installation check, valued at \$1.00 per square foot.

NOTE: The charge for plans, walk-through, inspections and the pre-installation check, related to that actual equipment purchased from Burkhart, will be waived in consideration of equipment purchased from a Burkhart proposal

Additional Notes:

Delays, failures or additional expenses caused by forces beyond the control of Burkhart are solely the responsibility of the Client.

Clients should always consult a tax professional concerning deductibility and taxing of expenditures.

Burkhart Dental Supply does not provide tax advice to its Clients.

_____ PLEASE INITIAL to indicate review and acceptance of all items in this Agreement.

CUSTOMER ORDER



Branch: MEDFORD BRANCH

Proposed By: Chad Newman

Rep Phone#: (541) 779-2001

Rep Cell Phone#: (541) 227-4520

Rep Fax#: (541) 779-7467

Date Proposed: 8/22/2014

Approx. Install Date:

Expiration Date:

ID: 450419186
 Name: KARUK TRIBAL HEALTH
 Address: 64236 SECOND AVE
 HAPPY CAMP, CA 96039

Phone: (530) 493-1600
 Fax: () -

<u>Mfr</u>	<u>Mfr#</u>	<u>Description</u>	<u>Qty</u>	<u>Retail Price</u>	<u>Sell Price</u>	<u>Total</u>
ADEC		511 Chair w/ Seamless Upholstery	2	11,865.00	9,018.00	18,036.00
ADEC	83.0491.00	Duplex with Air / Water QD	2	710.00	540.00	1,080.00
ADEC		A-dec 332 Radius-Style Traditional Delivery System w/ Standard Touchpad	2	7,646.00	5,811.00	11,622.00
ADEC		551 Assistant's Long Arm w/ Dual 2-Position Holder Assembly	2	2,340.00	1,779.00	3,558.00
ADEC		A-dec 500 LED Dental Light	2	3,930.00	2,987.00	5,974.00
Note:	572L Radius Style Light					
ADEC		A-dec 541 12 O'Clock Duo Delivery System w/ Standard Doctor's Touchpad	1	9,550.00	7,258.00	7,258.00
ADEC		A-dec 500 LED Track-Mount Dental Light	1	5,055.00	3,842.00	3,842.00
Note:	577L Track Mount Light					
ADEC		1601 Doctor's Stool w/ Contoured Seat	3	920.00	700.00	2,100.00
ADEC		1622 Assistant's Stool w/ Contoured-Round Seat	3	1,070.00	814.00	2,442.00
ADEC		5744 Oregon Cart, 4 Drawer, Side to Side Sliding Top	2	1,980.00	1,737.00	3,474.00
ADEC		Wilsonart Gibraltar Work Surface for 5744 Oregon Cart	2	425.00	323.00	646.00
ADEC	41.1414.00	Flush Mount Floor Box Umbilical Mount	2	215.00	164.00	328.00

PRICE INCLUDES INSTALLATION

Subtotal:	\$60,360.00
Freight Charges:	\$1,250.00
Estimated Sales Tax(0.0000%):	\$0.00
Total Investment:	\$61,610.00
Less Downpayment:	\$0.00
Net Investment:	\$61,610.00

The prices in this proposal will remain in effect until the earlier of the expiration date set forth above or a manufacturer price increase. If Customer is applying for credit with Patterson Dental Supply, Inc., a Minnesota corporation ("Patterson"), Customer's order will not be binding on Patterson, even if Patterson has signed below, until Patterson, in its sole discretion, approves Customer's credit. Any sales tax and shipping/handling charges in this order are estimates. Patterson will invoice, and Customer agrees to pay, all applicable shipping/handling charges and taxes and other governmental charges.

By signing below, Customer contracts for the products and services specified in this Order on the terms contained in the schedules identified below (the "Schedules"). Customer acknowledges receipt of a copy of this Order and the Schedules (together, "this Agreement"). Customer agrees to be bound by the terms of this Agreement, including the WARRANTY LIMITATIONS.

Schedules

- General Terms and Conditions
- Equipment

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the undersigned within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is FDIC, 2345 Grand Avenue, Kansas City, MO 64108.

Patterson Dental Supply, Inc.

Customer Name:
KARUK TRIBAL HEALTH

Patterson Representative

[By] _____
Customer Signature Date

GENERAL TERMS AND CONDITIONS

1. **Order.** Customer hereby authorizes Patterson to procure and deliver the products and services described in the Order. Customer may cancel this Order only with the written consent of Patterson and the payment of reasonable cancellation charges.
2. **Payment.** Payment in full is due on or before delivery unless otherwise expressly provided in the Order or in a separate written agreement between Patterson and Customer. In the event Customer accepts partial delivery, Customer shall make a corresponding partial payment. If Customer fails to make any payment when due, Customer will pay a late charge not to exceed the lesser of 1.5% per month of the late payment or the maximum lawful amount. Customer agrees to pay all shipping and handling charges and all taxes and other charges of any kind imposed by any governmental entity in respect of this Agreement. To secure payment of amounts due, Customer grants Patterson a purchase money security interest in all equipment described in the Order.
3. **Business Purpose.** Customer represents and warrants that Customer will use all products ordered from Patterson solely in the operation of its business (and not for any personal, household or family purpose), for the purpose intended, and at the permitted location(s).
4. **Force Majeure.** Patterson shall not be liable for failure to deliver or delays in delivery or performance due to causes beyond its reasonable control including without limitation delays in manufacture or transportation, acts of Customer or others acting for or on behalf of Customer, strikes or other labor difficulties, governmental controls or actions, acts of God or other casualties. In the event of such failure or delay, the date of delivery or performance shall be extended for a period equal to the time lost by reason of the failure or delay.
5. **No Waiver.** Any representation, affirmation of fact, course of dealing, usage of trade, promise or condition in connection with this Agreement not incorporated herein shall not be binding on either party. No waiver, alteration or modification of any of the provisions hereof shall be effective unless in writing and signed by a duly authorized representative of Patterson. Waiver by any party of strict performance of any provision of this Agreement will not be a waiver of or prejudice any party's right to require strict performance of the same provision in the future or of any other provision of this Agreement.
6. **Identity of Customer.** If the dentist or other individual who signed the Order (the "signer") operates his or her dental practice or business as a corporation, partnership or other legal entity, "Customer" as used in this Agreement means the legal entity. The signer shall be deemed to have signed the Order on behalf of that legal entity with the intention and authority to bind it.
7. **DISCLAIMER OF LIABILITY.** IN NO EVENT WILL PATTERSON BE LIABLE FOR ANY (A) LOSS OF PROFITS OR ANY INDIRECT, SPECIAL, CONSEQUENTIAL, PUNITIVE OR INCIDENTAL DAMAGES, HOWEVER CAUSED, AND EVEN IF PATTERSON HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES OR LOSSES; OR (B) CLAIMS MADE AGAINST PATTERSON MORE THAN TWO YEARS AFTER THE RELATED CAUSE OF ACTION AROSE.
8. **Customer Obligations.**
 - (a) **Data Back-Up.** Customer shall keep up-to-date backup copies of all data for recovery purposes. Patterson shall have no liability for any loss of data arising out of the provision of maintenance and support services to Customer, including losses arising from the installation of upgrades or error corrections provided by Patterson.
 - (b) **Cooperation.** Customer shall provide Patterson all data, information and cooperation Patterson deems necessary for the performance of Patterson's obligations under this Agreement. Patterson shall have no liability for any delay in the performance of Patterson's obligations resulting from Customer's failure to provide data or information or to cooperate.
 - (c) **Data Security & PCI Standards.** Patterson has used commercially reasonable efforts to ensure that any products described in the Order that are subject to Payment Card Industry Data Security Standards (PCI DSS) comply as of the date of this Agreement with PCI DSS. In its use of such products, Customer shall comply with Customer's obligations under PCI DSS and other applicable data protection standards.
 - (d) **Compliance with Law.** Customer shall comply with all laws and contractual obligations, including requirements of insurers, credit card issuers and other third party service providers, applicable to Customer's use of any product described in the Order. Such laws and obligations include, but are not limited to, state and federal statutes, rules and regulations governing record retention, billing error resolution, confidentiality, data privacy and security, and claims and payment processing; state Medicaid rules and regulations restricting access to and use of eligibility information; rules and regulations of the federal Department of Health and Human Services; and PCI DSS.
 - (e) **Use in Accordance with Specifications.** Customer shall use the products described in the Order in accordance with the operator and user guides and other manuals and technical information and specifications, whether in hard copy, electronic or other format, furnished by Patterson to Customer.

GENERAL TERMS AND CONDITIONS

(f) **Indemnification.** Patterson shall have no liability for Customer's failure to comply with its obligations under this Section 8. Customer shall defend, indemnify and hold harmless Patterson from and against any loss or damage, including attorneys' fees, resulting from Customer's breach or claimed breach of any such obligation.

9. **Miscellaneous.** This Agreement shall be governed by the laws of the state of Minnesota. This Agreement and any other written agreement between Patterson and Customer expressly referenced in this Agreement constitute the entire agreement between the parties as to the subject matter of this Agreement and supersede all other communications, oral or written. The invalidity of any term or provision of this Agreement will not affect the validity of any other provision. The section and paragraph headings of this Agreement are for the convenience of the reader only, and are not intended to act as a limitation of the scope or meaning of the sections and paragraphs themselves.

EQUIPMENT

1. **Risk of Loss; Acceptance; Returns.** Risk of loss to the equipment described in the Order (the "Equipment") passes to Customer upon delivery to Customer. Customer is deemed to accept any Equipment it does not reject by written notice to Patterson and the carrier, if any, within ten (10) days after the Equipment is delivered to Customer. Customer may otherwise return Equipment to Patterson only with Patterson's prior written authorization.
2. **Preparation of Site.** Customer is responsible for all costs of labor, parts and material relating to plumbing, electrical, carpentry, or flooring work, disconnecting or reconnecting old equipment, moving old equipment, voice and data cabling, and all other site preparation costs. Customer is responsible for all costs of parts and material that are not Equipment and are required to install the Equipment. Customer is responsible for removal and disposal of any cardboard boxes, packages or any other materials. Customer assumes responsibility for work performed by persons other than employees of Patterson.
3. **Equipment Compatibility.** Patterson disclaims any responsibility for any computer hardware or other equipment now or later owned by Customer, including but not limited to whether such computer hardware or other equipment is compatible with any other hardware, software or other products purchased from Patterson. Customer is solely responsible for upgrading or replacing any such equipment to ensure its compatibility with any hardware, software or other products purchased from Patterson.
4. **Limited Warranty.**
 - (a) **Computer Equipment.** Patterson warrants that all Computer Equipment is free of material defects in materials and workmanship for 12 months following the date of purchase, and that related consumable goods such as backup media, print and toner cartridges are free from such defects for thirty (30) days following the date of purchase. "Computer Equipment" means Equipment consisting of central processing units and peripheral computer equipment attached to a central processing unit, and does not include software. This warranty extends only to the original purchaser, is not transferable, and does not apply to any Equipment sold as used. This warranty is void if the Equipment has been damaged by misuse, including accidental damage, by failure to maintain in accordance with Patterson's recommendations, or as the result of service or modification by anyone other than a service center authorized by Patterson, or, in the case of a CAESY Edge Server, if the seal on the CAESY Edge Server is broken. Patterson or a service center authorized by Patterson will use reasonable efforts to repair or replace, at its option and expense, any Computer Equipment that proves during the warranty period to be defective, provided Customer gives Patterson written notice of the defect during the warranty period. CUSTOMER'S EXCLUSIVE REMEDY FOR BREACH OF THE FOREGOING WARRANTY IS REPAIR OR REPLACEMENT, AT PATTERSON'S OPTION.
 - (b) **Extended Limited Warranty.** Unless Customer declines coverage, Patterson will extend for 24 months the 12-month limited warranty described above for workstations, personal computers, laptop computers, monitors, keyboards and mice, subject to the limitations described in this Section. For the extended warranty, Customer will pay \$20 per month per computer beginning at the end of the initial 12-month period. Extended warranty may not be purchased for fewer than all computers covered by the Order and is not available for Sejin® keyboards. Customer may decline extended warranty coverage at any time, effective from and after Patterson's receipt of Customer's written notice declining coverage. The 12-month limited warranty on the CAESY Edge Server will be extended automatically and without additional charge for up to two years, so long as Customer is enrolled in the support plan for CAESY Enterprise software. The CAESY Edge Server is not covered by the \$20 per month extended warranty described above.
 - (c) **Dental Equipment.** With respect to Equipment other than Computer Equipment and related consumable goods, for 90 days following installation Patterson will without a labor charge make reasonable efforts to repair Equipment that fails to operate properly, except when the failure is caused by misuse, including accidental damage, by failure to maintain in accordance with Patterson's recommendations, or as the result of service or modification by anyone other than a service center authorized by Patterson.
 - (d) **THE FOREGOING CONSTITUTE THE SOLE OBLIGATIONS OF PATTERSON WITH RESPECT TO THE EQUIPMENT AND ARE IN LIEU OF ALL OTHER WARRANTIES OR OBLIGATIONS, EXPRESS OR IMPLIED.** Customer, and not Patterson, is responsible for maintaining and upgrading software to protect computers from malicious intrusion such as viruses, spy-ware and ad-ware. Customer is also responsible for the cost of service related to repairing damage caused by and removing such intrusions. For service calls including software installation and troubleshooting or repair of equipment not covered by warranty, Customer is responsible for the cost of all parts and labor and will pay for labor at Patterson's standard rates.
5. **Disclaimer of Warranty.** EXCEPT FOR THE LIMITED WARRANTIES DESCRIBED ABOVE IN SECTION 4 OF THIS EQUIPMENT SCHEDULE, PATTERSON MAKES NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, OF ANY KIND, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, WITH RESPECT TO THE EQUIPMENT OR THOSE ARISING FROM A COURSE OF DEALING OR USAGE OF TRADE. NOTHING HEREIN SHALL BE CONSTRUED AS A WAIVER BY CUSTOMER OF ANY WARRANTY THAT MAY BE PROVIDED BY THE THIRD PARTY MANUFACTURER OF ANY EQUIPMENT, BUT CUSTOMER'S SOLE REMEDY FOR ALLEGED DEFECTS IN THE DESIGN OR MANUFACTURE OF THE EQUIPMENT SHALL BE AGAINST SUCH THIRD PARTY MANUFACTURER.

EQUIPMENT

6. **DISCLAIMER OF LIABILITY.** IN NO EVENT WILL PATTERSON BE LIABLE FOR ANY (A) LOSS OF PROFITS OR ANY INDIRECT, SPECIAL, CONSEQUENTIAL, PUNITIVE OR INCIDENTAL DAMAGES, HOWEVER CAUSED, AND EVEN IF PATTERSON HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES OR LOSSES; OR (B) CLAIMS MADE AGAINST PATTERSON MORE THAN TWO YEARS AFTER THE RELATED CAUSE OF ACTION AROSE. WITHOUT LIMITATION OF THE FOREGOING, PATTERSON SHALL HAVE NO LIABILITY FOR LOSS OF DATA HOWEVER CAUSED AND PATTERSON SHALL HAVE NO LIABILITY FOR DAMAGE CAUSED BY MALICIOUS SOFTWARE, AND WHETHER OR NOT PREVENTED OR PREVENTABLE BY ANTI-VIRUS OR INTRUSION PROTECTION SOFTWARE ACQUIRED FROM PATTERSON.
7. **Limitation of Liability.** NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, PATTERSON'S CUMULATIVE LIABILITY UNDER THIS AGREEMENT RELATING TO EQUIPMENT, WHETHER UNDER CONTRACT, TORT (INCLUDING NEGLIGENCE), WARRANTY, OR OTHERWISE, SHALL BE LIMITED TO DIRECT DAMAGES NOT TO EXCEED THE PURCHASE PRICE PAID TO PATTERSON UNDER THIS AGREEMENT FOR SUCH EQUIPMENT.
8. **Data Back-up.** In all circumstances, Customer and not Patterson is responsible for ensuring that its data is accurately backed up on a daily basis.

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting
September 11, 2014
Rondi Johnson
August Report



ACTION ITEMS: None.

AUGUSTACTIVITIES:

Command & General Staff Meeting Aug 20th, HC Clinic Ofc Meeting Aug 21st, ED Meeting Aug 26th, HC Clinic Ofc Meeting Aug 28th, Health Budget Follow up Meeting Aug 29th

AUGUSTTRAININGS/CONFERENCES & WEBINARS:

HANC Conf call Aug 18th, IPC5 Webinar Aug 19th, QIP Partnership Phone Conf Aug 20th, HRSA Quarterly Grantee Conf Call Aug 27th,

ACQI COMMITTEE MEETING:

The Aug 13th, ACQI meeting agenda, performance improvement projects, minutes and reports are attached.

BUDGETS:

See below. Budget through 8/31/14. At this time I'm under budget.

Program	CQI
Budget Code	300002
Program Year	2013-2014
Expenses to Date	\$154,992.60
Balance	\$38,372.03
Percent Used	80.18%
Period Usage	11 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
August 13, 2014
9:00 am-10:00 am**



1. Call Meeting to Order – Vickie Simmons
2. Roll Call/Sign In – Debbie Bickford
3. Approve Agenda – Vickie Simmons
4. Approve Minutes of July 9, 2014 – Vickie Simmons
5. Performance Improvement Reports Due
 - 5.1 KCHC Medical Records Audit – Carrie Davis
 - 5.2 OR Medical Records Audit – Babbie Peterson
 - 5.3 Yreka Medical Records Audit – Charlene Deala
 - 5.4 EHR Reminders – Mike Lynch
6. GPRA Reports
 - 6.1 GPRA Report/Increase Pap Smears Project – Vickie Simmons
7. New Business
 - 7.1 Complaints/Incidents/Suggestions –Rondi Johnson – tabled
 - 7.2 VFC Management Policy – Susanna Greeno
8. Old Business
 - 8.1 HIV/Aids – Mike Lynch
9. Next Meeting September 10, 2014 at 9:00 am
10. Adjourn

Karuk Tribe



**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 glyceimic 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

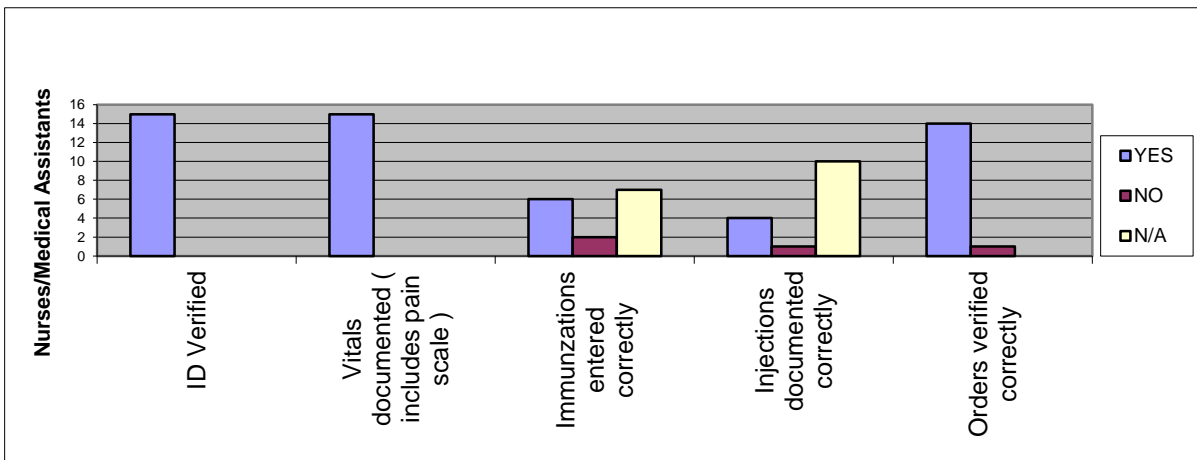
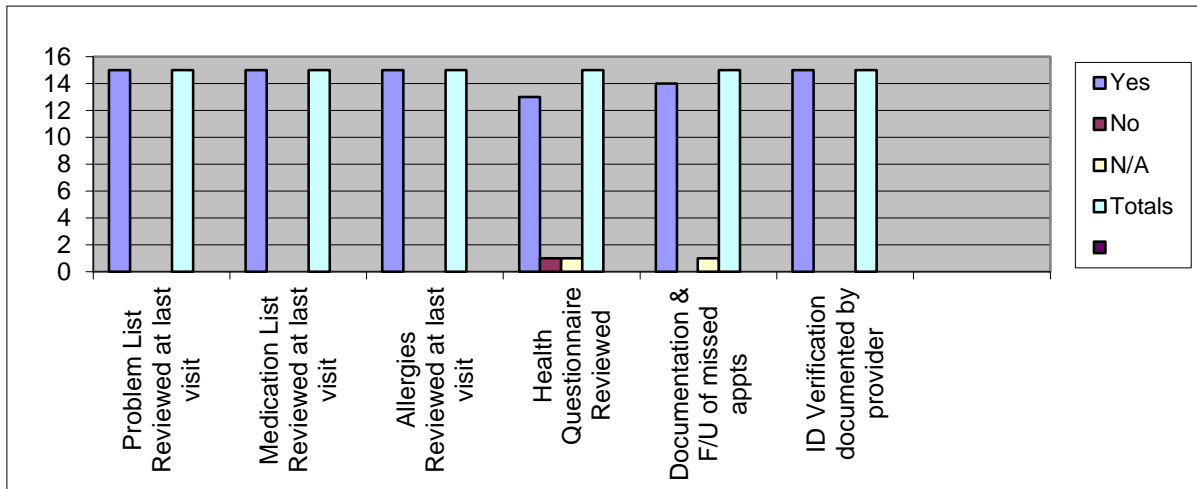
10. Adjourn

Dr. Vasques 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	13	1	1	15
Documentation & F/U of missed appts	14	0	1	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	2	0	0	15
Injections documented correctly	5	0	0	15
Orders verified correctly	8	0	4	15

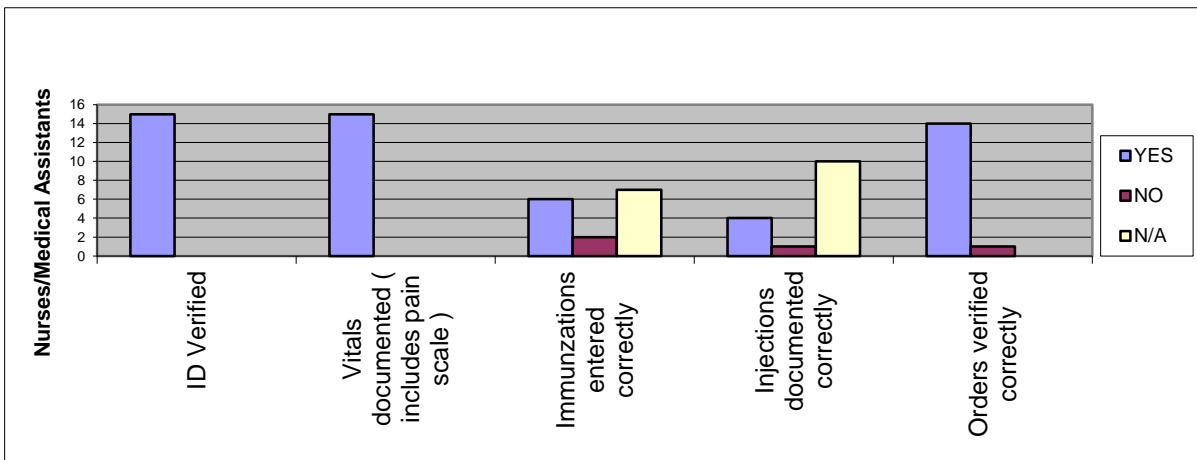
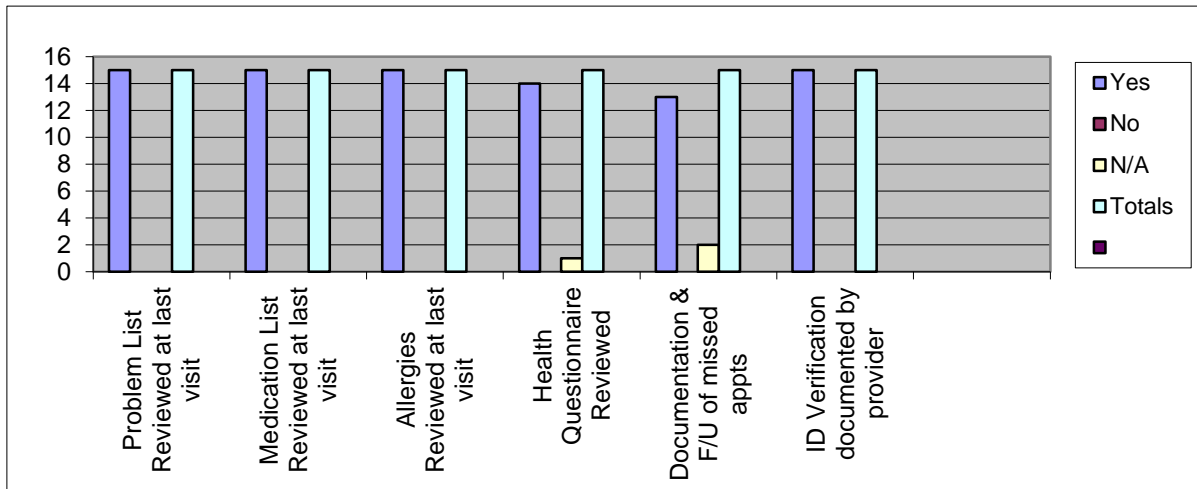


CHELSEA CHAMBERS PA
Record

	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	0	1	15
Documentation & F/U of missed appts	13	0	2	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	3	0	0	15
Injections documented correctly	7	0	0	15
Orders verified correctly	4	0	8	15



KARUK TRIBAL HEALTH CLINIC
HAPPY CAMP
(CHARTS PULLED- April-May-June 2014)

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 Dr. Vasquez MD and Chelsea Chamber, PA who are treating patients at the Happy Camp Clinic.

PROBLEMS:

During this quarter I did not see that many errors with the random review that consist of a total of 30 patients.

The one common outcome that I have notice is that there is a pattern that effects our outcomes. Changes that effects our outcome is due to changes in staff (new hires, temps, short). This is something that I do not see ending but makes the results go from good to bad or vice versa.

I would like to take this moment to thank all the Karuk Tribal Health Program Staff for their hard work because I have noticed that there have been improvements that make these transitions smoother.

Carrie L Davis
Medical Records Clerk
April 2014

KARUK TRIBAL HEALTH CLINIC
Orleans Clinic-Medical Records Report
(CHARTS PULLED- April, May & June 2014)

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.

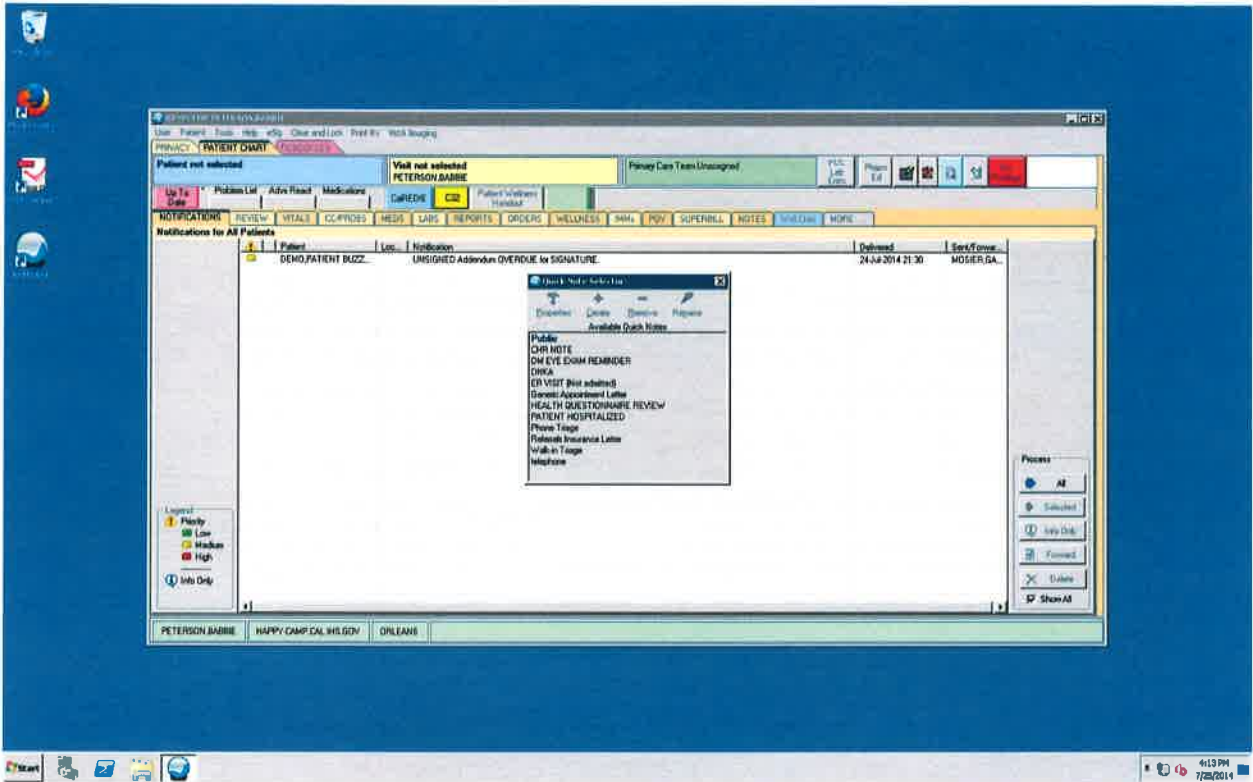
DATA:

A collection of 5 females and 5 males, and 5 pediatric patient chosen randomly to review data from Dr. Chuck Colas, D.O.

PROBLEMS: Need to document that ID is verified; Need to document that medication list was reviewed; need to document that vitals were taken even for physicals.

Our team reviewed the problems and investigated the reasons the data did not show up in the electronic note. We did on the job training – learning to better utilize the E.H.R. program templates and keys to reflect the information gathered at each visit. I talked with Carrie Davis and Virginia Moehring about E.H.R. and what I might be missing or doing wrong – we came to realize I possibly do not have enough keys in the quick note drop down box. I am not sure as I do not have the no-show or Orleans correspondence as they indicated I should have to capture the information to make a clean audit. In conclusion – it might be beneficial to have more training on E.H.R. for new employees.

Babbie Peterson
Clinic Manager
July 25, 2014

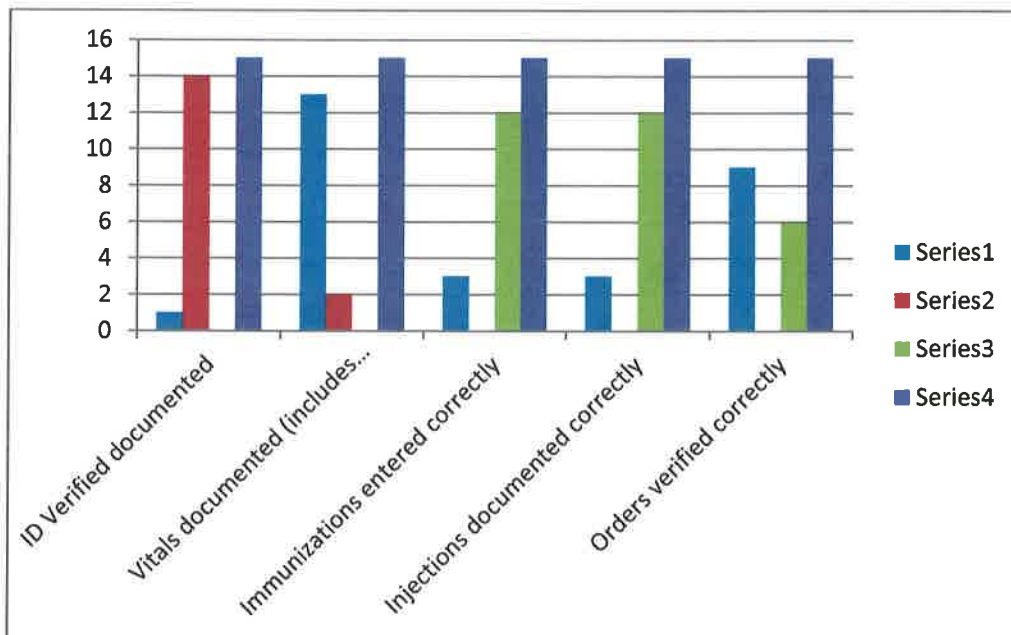
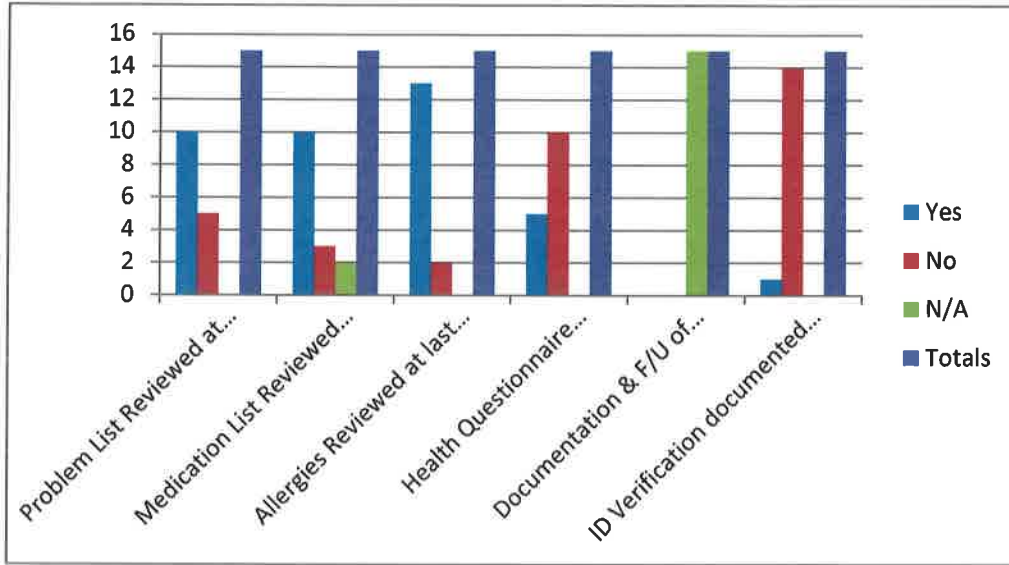


Dr. Chuck Colas, D.O.
Record

	Yes	No	N/A	Totals
Problem List Reviewed at last visit	10	5	0	15
Medication List Reviewed at last visit	10	3	2	15
Allergies Reviewed at last visit	13	2	0	15
Health Questionnaire Reviewed	5	10	0	15
Documentation & F/U of missed appts	0	0	15	15
ID Verification documented by provider	1	14	0	15

Nurses/Medical Assistants

	Yes	No	N/A	Totals
ID Verified documented	1	14	0	15
Vitals documented (includes pain scale)	13	2	0	15
Immunizations entered correctly	3	0	12	15
Injections documented correctly	3	0	12	15
Orders verified correctly	9	0	6	15



Audit for April-June 2014

PURPOSE:

Identify areas for improvement in electronic health records management and documentation process

Data:

A collection of 5 females and 5 males 5 pediatric patients were chosen randomly to review data in electronic health records

Goal:

To improve electronic medical records

Summary: The audit from April through June 2014

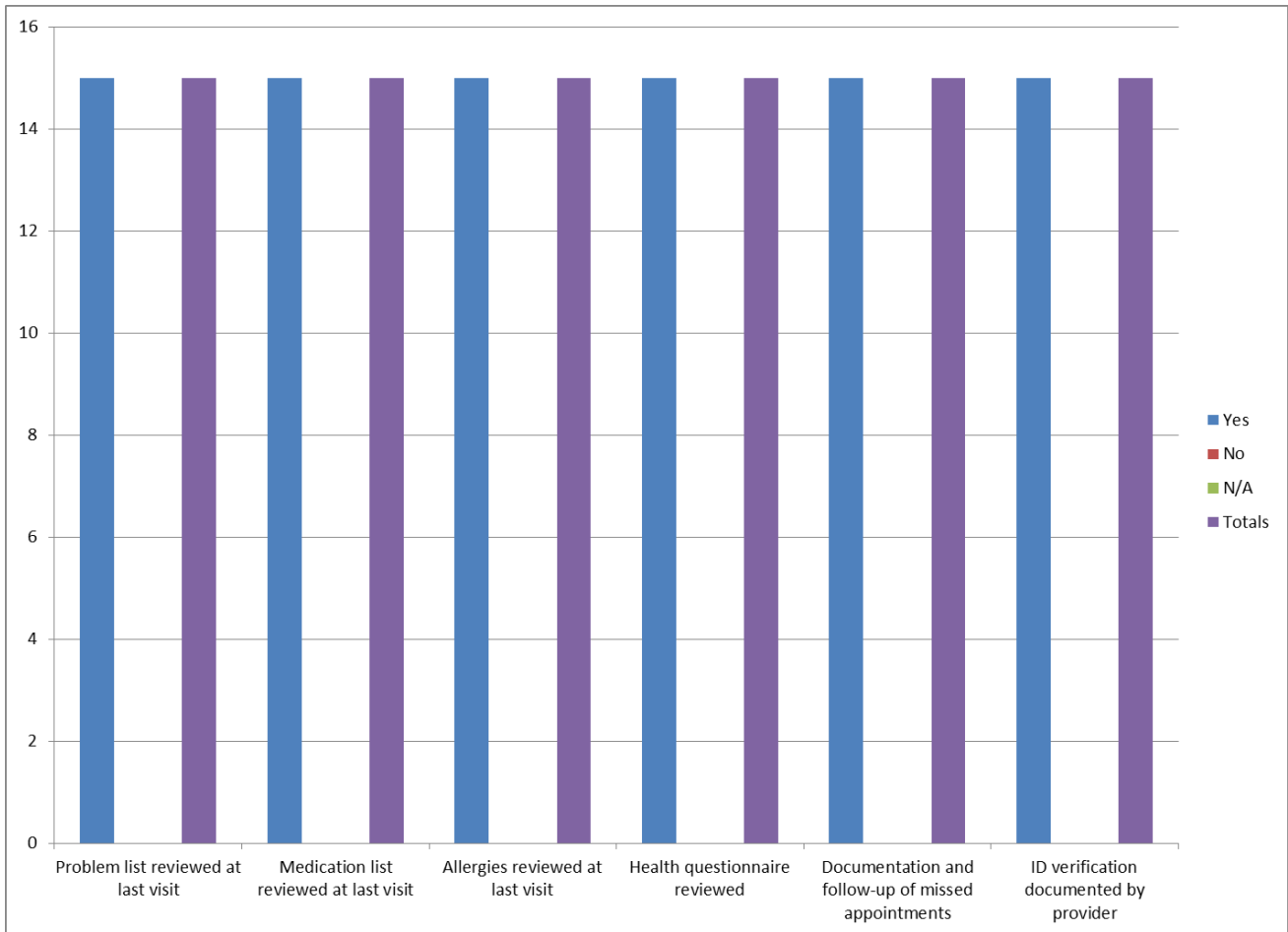
showed not reviewing medication lists or allergies by a provider in one case. Everything else was great.

Charleen M. Deala

Medical Records

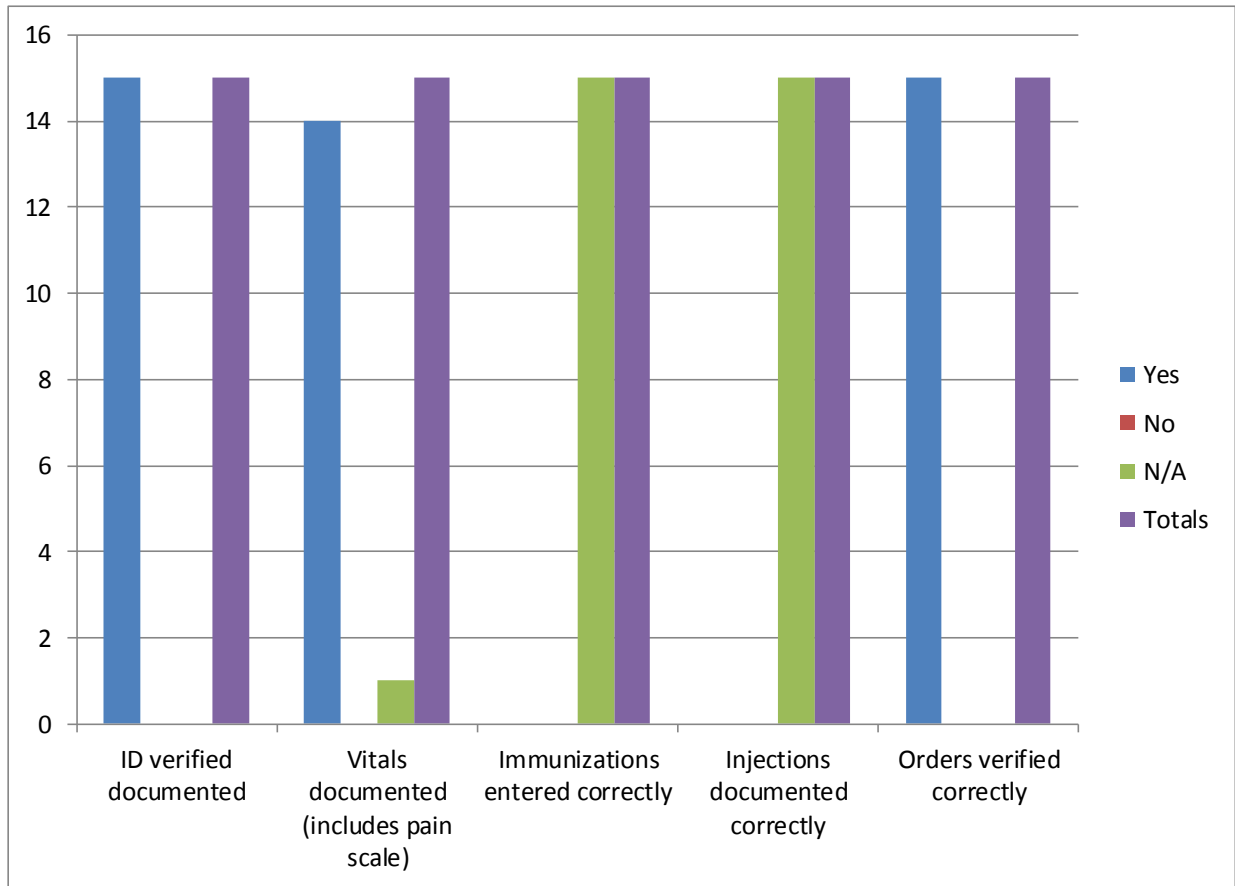
Dr. Milton

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



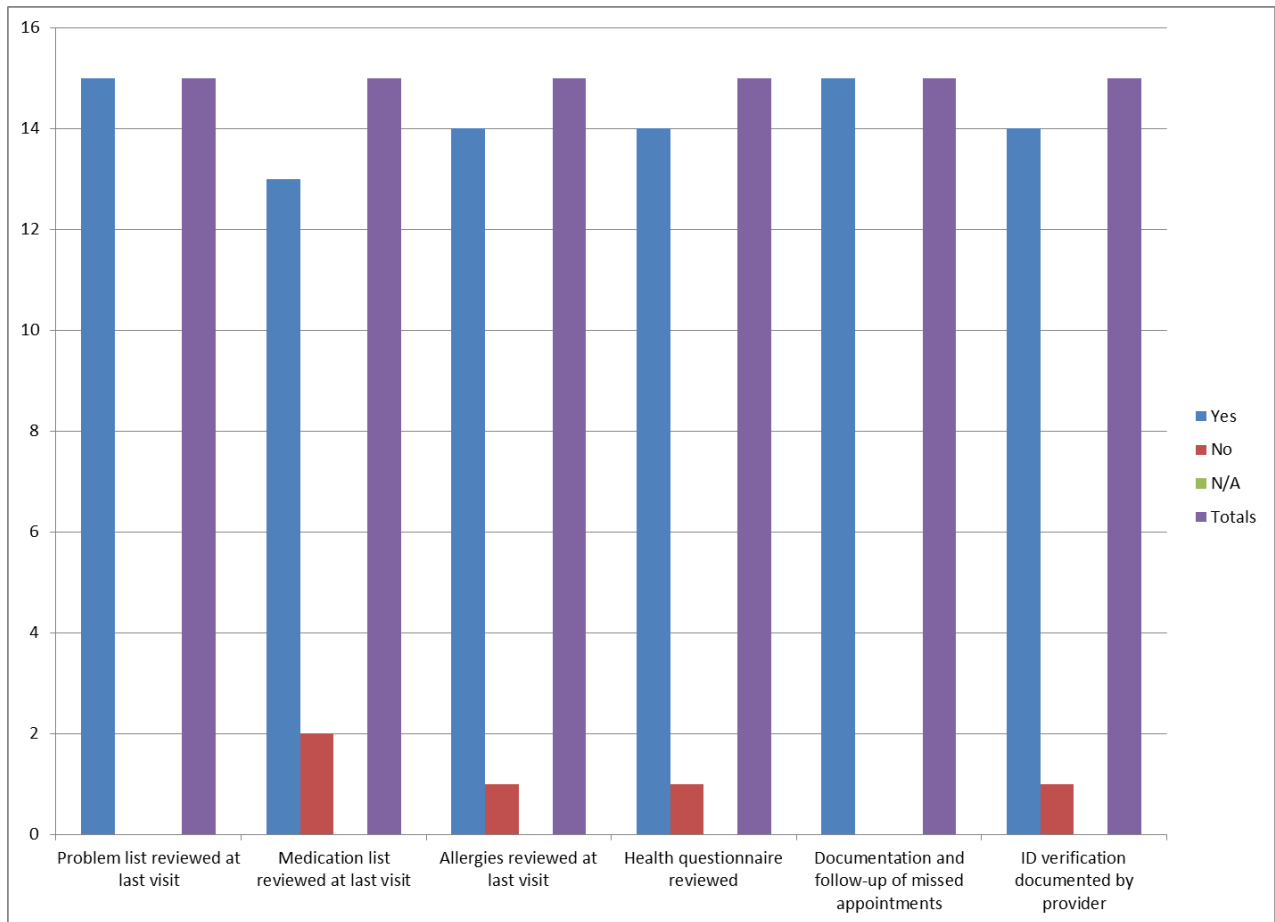
Dr. Milton's LVN/MAs

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



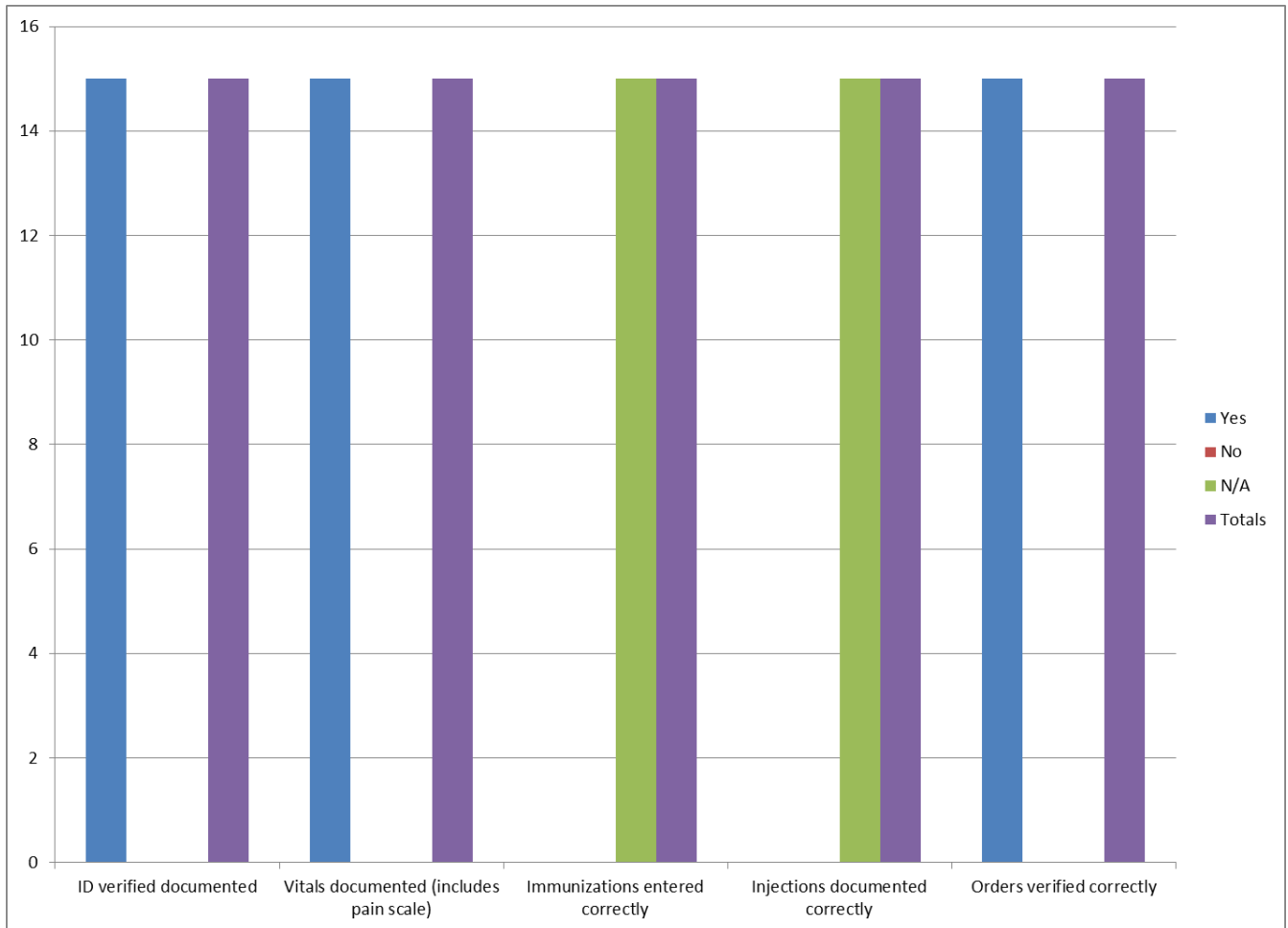
Dr. North

	Yes	No	N/A	Totals
Problem list reviewed at last visit	15	0	0	15
Medication list reviewed at last visit	13	2	0	15
Allergies reviewed at last visit	14	1	0	15
Health questionnaire reviewed	14	1	0	15
Documentation and follow-up of missed appointments	15	0	0	15
ID verification documented by provider	14	1	0	15



Dr. North's LVN/MAs

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



Performance Improvement Project
Yreka Medical Clinic
2nd Quarter CY2013/3rd Quarter FY 2014

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

Rationale:

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

Measures Selected for Performance Improvement:

- Height (BMI calculation) [NOTE: Discontinued in 4th quarter CY2013 due to consistently high performance.]
- Lipid profile – female (CVA screen)
- Lipid profile – male (CVA screen)
- Pap smear (cancer screen)
- Mammogram (cancer screen)
- Colon cancer (cancer screen)
- DM foot exam (DM screen)
- DM eye exam (DM screen)
- DM HgbA1c (DM screen)

Measures selected were those which are related to the greatest health risk of our clients, and are current grant-related performance standards. The data was compiled by Amy Coapman regarding performance during the period 3/1/2014 through 6/30/2014. Monitoring the height measure was discontinued after the first year, due to consistent high performance, and to the exceptional work of our LVN/MA staff members.

The chart on page 4 presents performance-by-provider on the eight reminder types listed above. It presents the percentage of reminders that were resolved during applicable examinations for the period. It should be noted that Dr. Milton was absent from the clinic for an extended period during this quarter. The legend also includes the number of patient visits by that provider for which a reminder was present. With two exceptions Dr. North's performance was superior.

The charts on page 5 present individual provider performance comparisons, from the first report period (2nd quarter FY2013) through this report period (2nd quarter FY2014). Dr. Milton's data indicates better performance when compared to the last quarter on six of the eight measures. Dr. North's performance is similar.

As projected in the last report, weekly staff meetings were implemented at the end of March. EHR reminder performance was discussed at one meeting, but no final resolution has been achieved. This has primarily due to the cancellation of all but five staff meetings in the last five since that time due to the shortage of providers and the need to see patients. At the one meeting reminders were discussed,

the staff agreed that performance improvement would better be achieved if the focus were on fewer reminder types, perhaps three. However, the discussion regarding which three reminders on which to focus has not been achieved, since only 5 of 17 possible staff meetings have been convened since resuming “weekly” meetings. Staff meetings were cancelled due to provider shortages and the need to see patients. Staff meetings have also been cancelled for the remainder of July and through the month of August due to staffing shortages.

Since Dr. Hess and Lisa have resigned, further discussions will focus on Dr. Milton’s and Dr. North’s assessment of which reminders would be the most promising for improvement. Although the lowest performing reminders might be the most satisfactory, the chances of improvement are perhaps the least promising. The addition of Chris Rotin, and the anticipated employment of another provider, may have some effect upon the decision-making process.

The following language appeared in the last report, but is included due to its importance and potential impact on future reporting:

With the implementation of IHC’s Improved Patient Care (IPC) initiative, and the upcoming application for AAAHC Medical Home certification, we might consider cancelling this study to enable us to better comply with IPC and AAAHC quality improvement requirements. The Yreka clinic IPC Aim Statement has adopted seven quality improvement projects that blend, as far as possible, the requirements of both IPC and AAAHC Medical Home requirements. The ongoing pursuit of these quality improvement projects will leave little time for any other project for the Yreka clinic, and may prove to be difficult to complete in any event.

AAAHC quality improvement projects alone must include one study every three years regarding five topics. These requirements were clarified in a telephone conversation with an AAAHC staff member. The IPC quality improvement requirements seem less specific, but require consistency with current IPC measures. The seven projects adopted in the Yreka clinic’s IPC Aim Statement include improvement in the following topics, that are all scheduled to be completed on-or-before September 30, 2015:

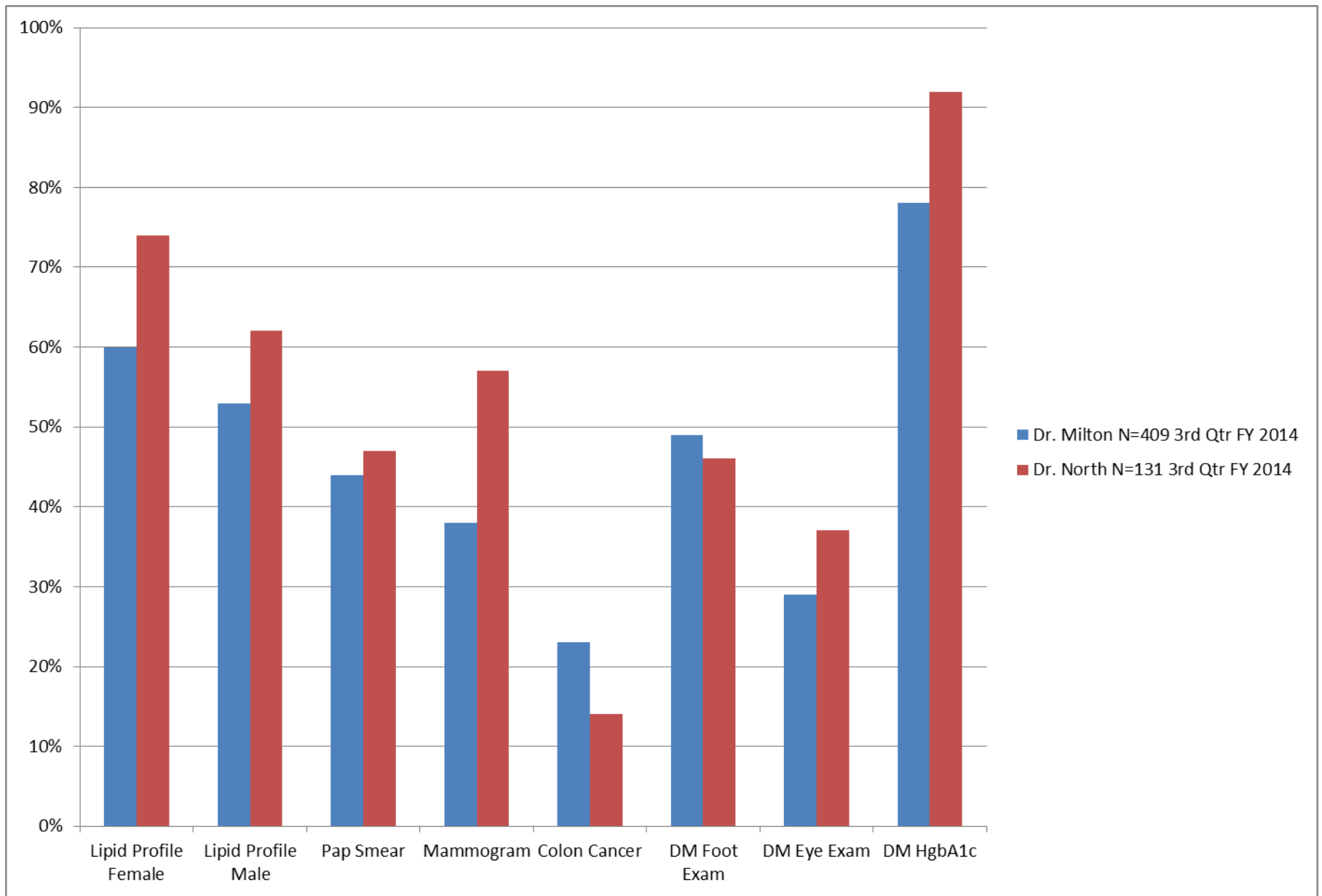
- Management of Chronic Disease (IPC) [Comprehensiveness of Care (AAAHC)]
- Prevention (IPC)
- Costs (IPC)
- Patient Experience (IPC) [(Patient/PCP Relationship (AAAHC))],
- Accessibility to care (AAAHC)
- Continuity/Coordination of Care (AAAHC)
- Clinical Study (AAAHC)

Initial Aim statement goals, specific to the above projects are:

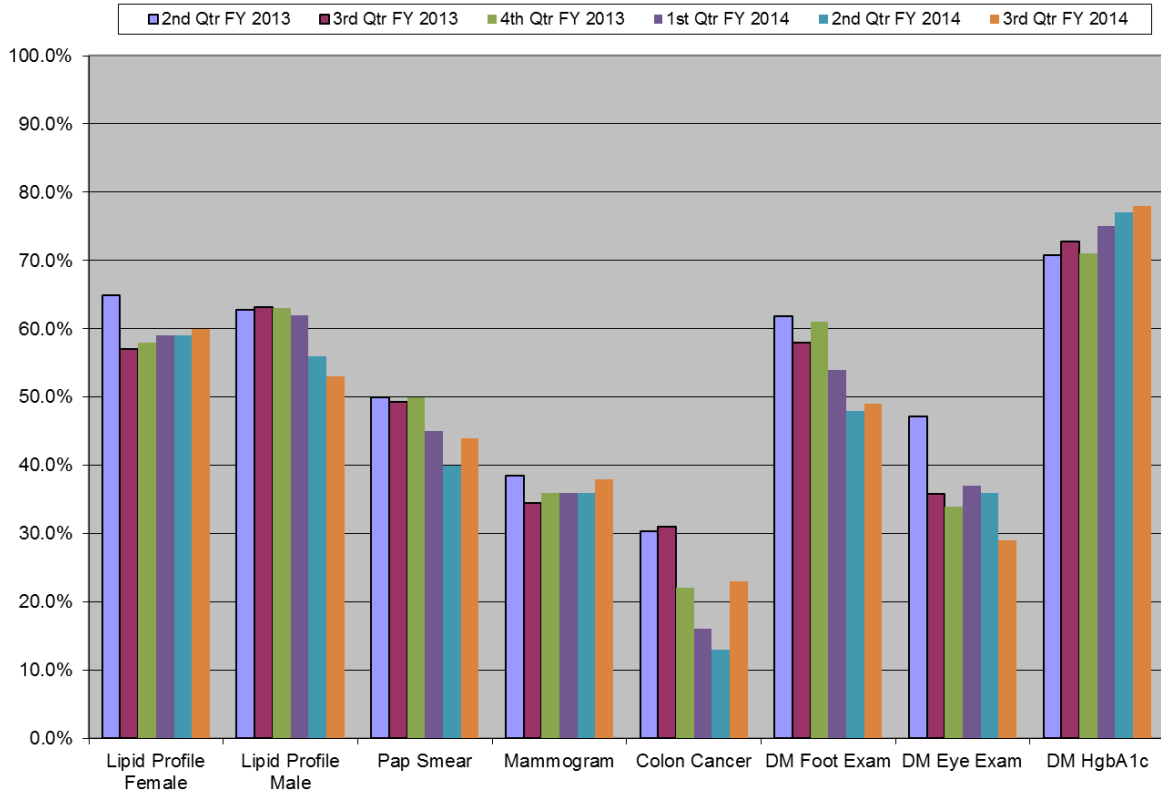
- Management of Chronic Disease / Comprehensiveness of Care: By September 30, 2015, to meet the minimum standard (70%) of all empanelled patients with diabetes mellitus for whom A1c, blood pressure, LDL, neuropathy, retinal scans, and foot exams are measured, assessed, conducted, and documented.
- Prevention: By September 30, 2015, to meet the minimum standard (80%) of all empanelled patients for whom BMI, tobacco use/exposure, domestic violence/intimate partner violence, depression/diagnosis, alcohol screenings, and blood pressure assessment have been completed and documented, and for whom blood pressure has been assessed.

- Costs: By September 30, 2014, to increase staff satisfaction with practice at their top of scope by 10%.
- Patient Experience / Patient/PCP Relationship: By March 31, 2015, to demonstrate a 10% improvement in overall patient satisfaction with their primary care provider.
- Accessibility to Care: By March 31, 2015, to demonstrate a 10% improvement in overall patient satisfaction with access to care.
- Continuity/Coordination of Care: By September 30, 2015, at least 50% of all patient visits occur with her/his primary care provider.
- Clinical Study: By September 30, 2015 to achieve 100% compliance with prescribed hand-washing regimen.

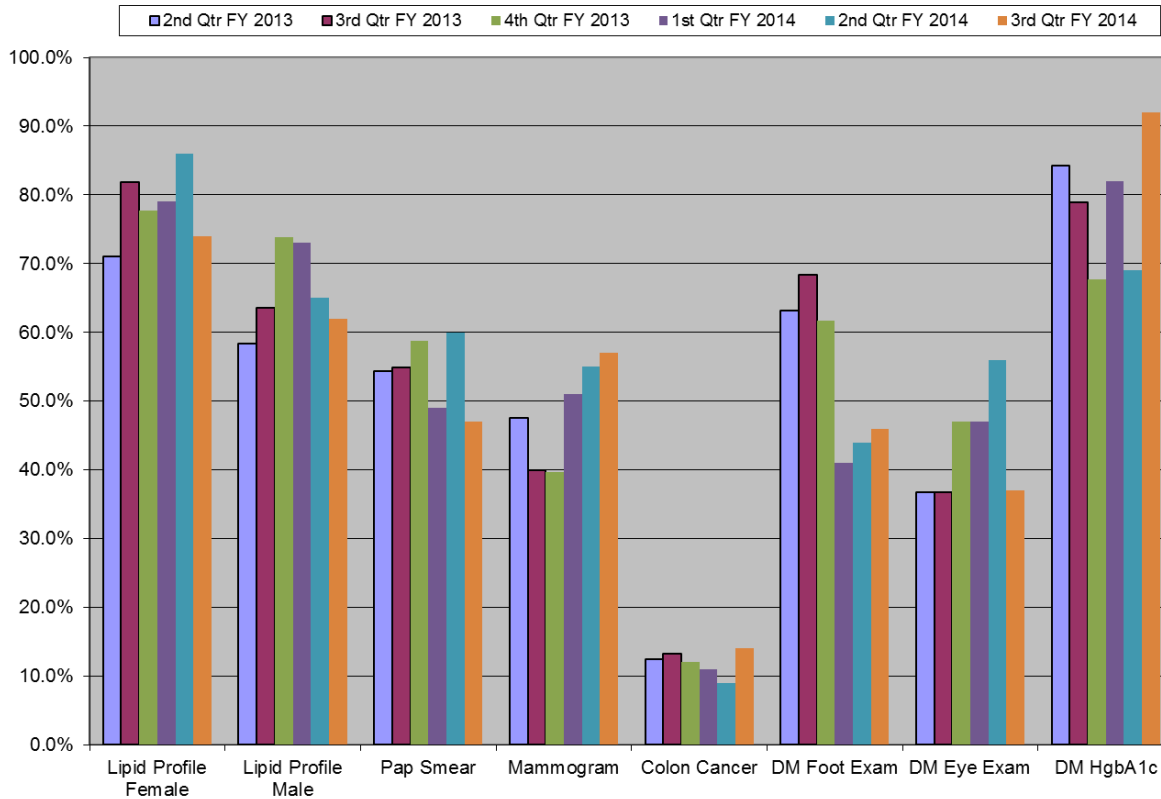
A more detailed action plan and a timeline for completion of the above objectives have been established. The above information only presents the ultimate project goals.



Dr. Milton Reminder Performance - Quarterly Comparison



Dr. North Reminder Performance - Quarterly Comparison



KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM

August 6, 2014

Major Change to CQI Project in 2013

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

I. Purpose of Study

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

II. Identification of the Performance Goal

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

Past Data: The UDS report for 2008 indicated that 36% (**41.5% in 2009, 45.2% in 2010, 53.2% in 2011, 48.6% in 2012, 41.8% in 2013 and 40.9% to date**) of our female population received a pap smear. The Karuk Tribal Health and Human Services (KTHHSP) program serviced 935 (**853 in 2009, 757 in 2010, 767 in 2011, 771 in 2013**) female patients between the ages of 24 and 64 in 2008. A Pap test can save a woman's life. Pap tests can find the earliest signs of cervical cancer. If caught early, the chance of curing cervical cancer is very high. Pap tests also can find infections and abnormal cervical cells that can turn into cancer cells. Treatment can prevent most cases of cervical cancer from developing.

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

III. Description of the Data

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

IV. Evidence of Data Collection

We will use 2013 data as our baseline for future reports. The KTHHSP computer system has the capability of monitoring Pap test data. The program will use the UDS report data to track our Pap smear rates.

V. Data Analysis

We will use the 2013 result of 41.8% as our baseline for future reports.

VI. Comparison of Current Performance Against Performance Goal

Patti White pulled a 2014 'to date' UDS report. Our Pap rate was **40.9%**. This is close to our 2013 baseline rate of 41.8%. We need to be at 43.8% or above to meet our goal.

VII. Implementation of Corrective Actions to Resolve Identified Problem

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

- Define when pap smears are due (i.e. every three years or every 5) and define parameters for providers.
 1. Parameters to be given to the Karuk providers and their assistants by 2/12/14. See attached. Completed.
 2. Find out what is involved in HPV testing of 30 to 64 year old women. Should we have an EHR reminder for this?
- Identify women needing Paps. (EHR reminders, lists, WH package)
 1. Vickie Simmons will interoffice mail the entire list to the providers in confidential folders. However, until we are empanelled properly the list will not be by provider.
- Contact patients in need of Paps by phone/letter to schedule appointment during Pap clinics.
 1. Decide how this will be done and by whom.
- Update the list of women who have had hysterectomies.
 1. Vickie will work on this and ask for help as needed.
- Send out letters explaining the importance of cancer screens and offering incentives to women who are compliant each year; small non-coercive incentives. Begin as soon as possible.
 1. Ideas needed.
 2. Account number needed.

VIII. Re-Measurement

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

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

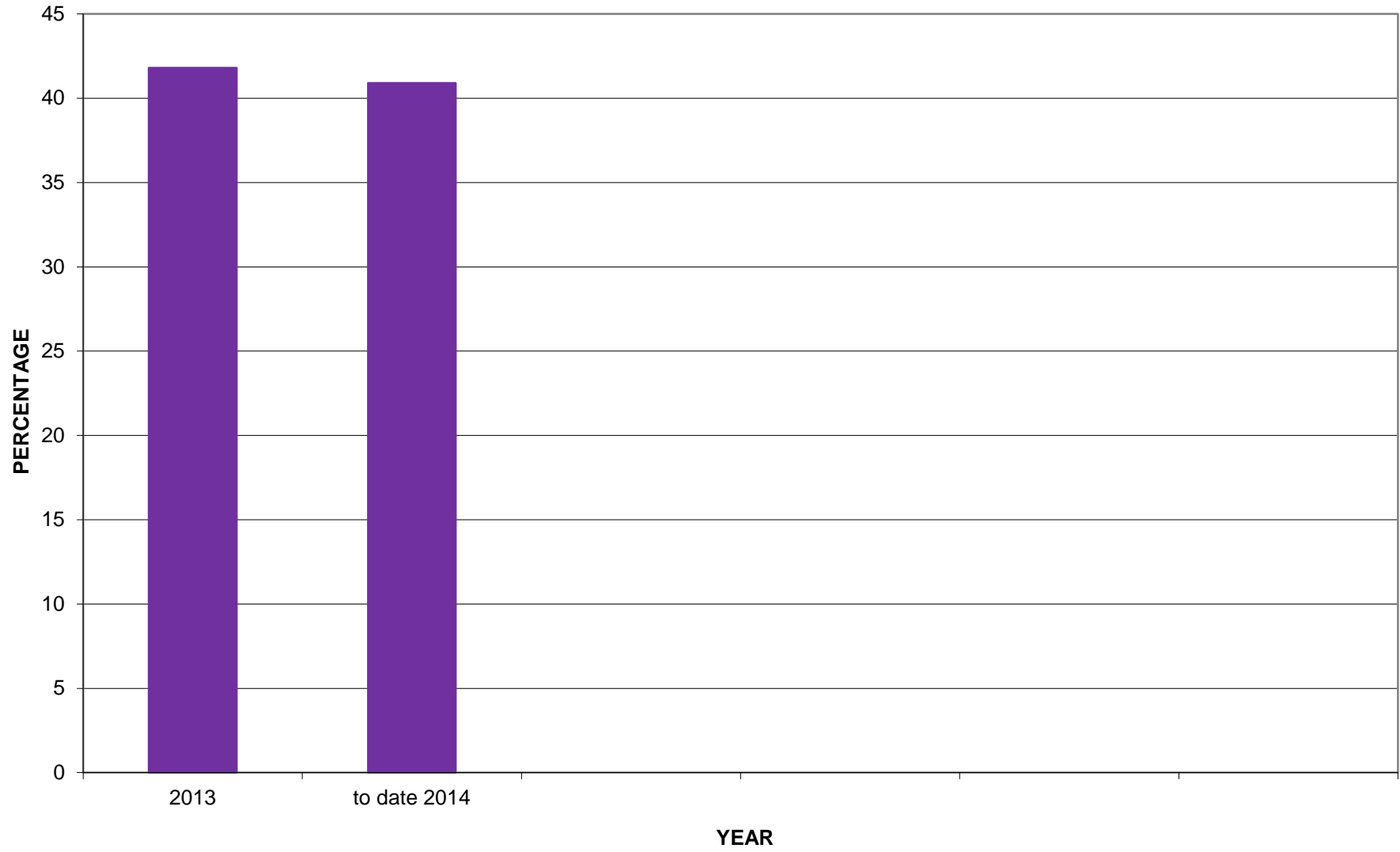
If the initial corrective actions did not achieve and/or sustain the desired improvement in performance, implementation of additional corrective actions and continued re-measurement will be instituted until the problem is resolved.

X. Communication to Governing Body

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

Respectfully Submitted by Vickie Simmons

UDS: KARUK PAP SMEAR RATES



Karuk Health and Human Services Policy Manual

Policy Reference Code: 01 () 02 () 03 (X) 04 0 13 () 14 () 15 () 16 ()	05 () 06 () 07 () 08 () 17 () 18 () 19 () 20()	09() 10 () 11 () 12 () 21() 22()
Function: Administration	Policy #: 03-002-150	Policy Title: Policy on Panamnik Facility Usage
Tribal Chairman: Date: 11/03/2011 Signature:	Medical Director: Date: 10/12/2011 Signature:	Cross References:
Supersedes Policy 03-002-150 dated 8/14/2008		

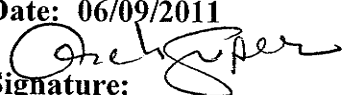

Purpose: To provide a system for fair and uniform scheduling and usage of the Karuk Tribal Panamnik Center facility.

Policy: All usage by programs requiring keyed entry to the Panamnik Center must be approved by Tribal Council and key issued by the Personnel Office at the administration office in Happy Camp. Usage of the facility during work hours are scheduled by the Panamnik Center Tribal staff. The building usage is reserved for Tribal and community program events that have been pre-scheduled.

Procedure:

1. Panamnik Center is open from 8:30am – 5:00pm Monday through Friday; building usage for these times can be scheduled with Center Staff, Senior Center Supervisor, Senior Center Cook, or Computer Center Director.
2. Tribal and community programs that require keyed entry must check with center staff to set up proposed schedule of usage to assure there are no usage conflicts and then schedule to be on the Tribal Council agenda to request approval for program usage of the facility with approval for a key.
3. Upon Tribal Council approved usage, program representative will meet with a center staff member to go over building orientation and security for building’s nightly closure.
4. Programs will leave the building clean and not remove furniture or other items from the building.

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:			
Supersedes policy dated 07/30/2009										

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

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 incompetence of the patient. The provider must assess whether the patient is medically 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 Program

Mission Statement

The mission of the Karuk Tribal Health Program is to provide quality health care for Native Americans, and other people in the communities we serve as resources allow. Our purpose is to appropriately assess or reassess conditions of illness, disease, or pain and to provide culturally appropriate educational, preventative and therapeutic services in an environment of continuous quality improvement.

*Approved on the 12th day of April 2012
By the Chairman of the Karuk Tribe*

Russell Attebery

Value Statement

We work together recognizing the power of our combined effort, treating those we serve and one another with care and respect.

We achieve excellence and quality by continuing to educate all patients, clients, and staff to empower themselves to take an active part in the maintenance and improvement of their own health status.

We continue to exercise our sovereign right to self-determination, self-governance and strive for AAAHC accreditation excellence.

*Approved on the 12th day of April 2012
by the Chairman of the Karuk Tribe*

Russell Attebery

Karuk Tribal Health and Human Services Program

Goal Statement

Our goal is to meet the needs of our communities by providing open access to quality health care.

To remain competitive in the changing environment, we will assess community satisfaction and adhere to current health care standards.

*Approved on the 12th day of April 2012
by the Chairman of the Karuk Tribe*

Russell Attebery

Karuk Tribal Health and Human Services Policy Manual

Policy Reference Code: 01 () 02 () 03 (X) 04 () 13 () 14 () 15 () 16 ()			05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 ()				09 () 10 () 11 () 12 () 21 () 22 ()			
Function: Human Resources			Policy #: 03-001-136				Policy Title: Impaired Health Care Provider			
Tribal Chairman: Date: 04/12/2012 Signature:			Medical Director: Date: 03/20/2012 Signature:				Cross References: Policy # 02-001-045 Credentialing and Privileging			
New Policy 2012										

Purpose: To provide guidance on what to do when a health care provider is suspected of being impaired.

Definition: The California Business and Profession Section 821.5 define the impaired physician as someone who “may be suffering from a disabling mental or physical condition that poses a threat to patient care”. The American Medical Association defines an impaired physician as “one unable to fulfill professional or personal responsibilities because of psychiatric illness, alcoholism, or drug dependency.”

Policy: It is the policy of the Karuk Tribal Health and Human Services Program (KTHHSP) to protect the health and safety of its patients and staff while providing the highest quality of care. KTHHSP will take immediate action to protect patients and to help the impaired provider get treatment.

Procedures: It is an employee’s ethical duty to report impaired health care providers. If an employee suspects a provider is impaired they shall take the following steps:

1. Report it to their immediate supervisor or to the Medical Director immediately.
2. Give an accurate description of the incident in which the provider is suspected of being impaired.
3. The employee need not provide proof, but must give the facts that led to the suspicion.

If the Medical Director, after discussing the incident thoroughly with the person who filed the report believes the information warrants a suspension or more thorough investigation, he/she will consult with the Executive Director (ED). If the Executive Director determines that the health care provider does have a valid impairment, the Medical Director shall place the provider on suspension and call for a more thorough investigation by the Credentialing and Privileging Committee (C and P).

The C and P Committee will then investigate the report while following the Corrective Action section of the *Credentialing and Privileging Policy 02-001-045*.

If necessary, the ED will assist the provider in locating treatment, therapy, or a rehabilitation program. Once the provider has successfully completed their program the C and P Committee may reappoint the provider following normal C and P procedures.

Karuk Tribal Health and Human Services Program Employee Orientation Checklist

Name: _____ Job Title: _____ Date: _____

Location/Facility: _____ Supervisor _____

<i>Training Videos</i>	Quizzes attached**	<i>Viewed</i>	<i>Test Scores</i>
Confidentiality:			
1. Privacy Security and You (DVD) **	*		
2. HIPAA Privacy Compliance Scenario's (DVD) **	*		
Patient Satisfaction			
3. "It's a Dogs World" (VHS)			
Safety in Health Care:			
4. Infection Control in Outpatient Facilities - (DVD) **	*		
5. BBP In your World-Don't Risk it (DVD) **	*		
6. Office Ergonomics – It's Your Move (DVD) **	*		
7. Hazard Communications HAZCOM-It's a Two-Edged Sword (DVD) **	*		
Fire Safety:			
8. Fire Safety for Ambulatory Care – Mission Possible (DVD) **	*		
9. Fire Extinguishers – Your Pass to Safety (DVD) **	*		
For Professional Staff (physicians, mid-levels, nurses, etc.):			
10. Age Specific Competencies ** (DVD)	*		

Date of Hire: _____

Review the following and initial in gray box

Computer Access Request Form (to Patti White)		Flu Immunization Policy	
Patient Handbook:		Location of Health Policies in your facility	
Mission Statement		Note : _____	
Vision Statement		Incident and Occurrence Reporting Policy	
Value Statement		Educational Activities Policy	
Goal Statement		Right to Be Excused Policy	
Emergency Codes		Sign and Return Acknowledgements for:	
Safety: Fire and Fire Emergencies/Plan		Patient Rights and Responsibilities Policy	
Electrical		Code of Ethical Behavior Policy	
MSDS		Confidentiality Statement Policy	
Hazard Communication Plan Policy		Sexual Harassment Policy	
Fire Exits (Facility diagrams)		Substance Abuse Policy	
Staff Responsibilities during emergencies			

Employee Health Exam-(must be completed within 15 days) -- Form Attached
(California Health and Safety Code, Section 1226.1)

The topics listed above have been reviewed with me:

Signed _____ Date _____

Supervisor _____ Date _____

**Return this checklist with tests and acknowledgements to the
GPRA Officer.
Copies will be forwarded to your personnel file.**

Plumas County HIV+/AIDS Project
2nd Qtr CY2014 Report

This report regards the period April 1, 2014 through June 30, 2014. Some information is anecdotal, and not available on electronic-health-record-derived summaries. The provider whose had been caring for these patients would be familiar with specifics, and able to report them. That provider recently resigned her position, and her replacement has had only minimal contact, and has participated in one quarterly group meeting. She was unable to create this report. This new provider has recently resigned her position, and will be replaced by another, newly hired, provider.

Upcoming reports will be created by the newest provider, but it may require a significant amount of time before she is able to produce detailed reports. This report was created by the Yreka medical clinic RN/Business Office Manager, who has minimal familiarity with these patients. Information was derived from electronic health record summaries, and some detailed examination of individual client electronic records. However, some information could not be derived without an examination of hundreds of provider visit notations, and consequently, was not collected or reported.

According to electronic summaries, the Karuk medical clinic in Yreka, California has 18 active patients involved in the program:

- Gender: 5 patients are female and 13 are males.
- Ages Range: 24 to 58 years old
- Viral Load Range: <20 to 6991 copies/mL
 - 3 patients have a viral load in excess of 20 copies/mL, ranging from 28 copies/mL to 6991 copies/mL.
 - 1 patient has had no viral load assessment documented.
- CD4 Level Range: 314 to 1180 cells/uL
 - 2 patient had CD4 levels of <490 cells/uL, ranging from 314 to 415 cells/uL.
 - 1 patient has had no viral load assessment documented.
- Pneumococcal Immunization:
 - 15 patients have been immunized with a 13-valent vaccine within the past 12 months.
 - All other patients have received 23-valent polysaccharide pneumococcal immunizations.
 - Some patients have been immunized with both types of vaccines, with 2 patients receiving the 23-valent polysaccharide immunization after the 13-valent immunization.
- Tobacco Usage Screening:
 - All patients have been screened for tobacco usage within the past year.
 - Specific usage information was not collected for this report.
- Substance Abuse Screening:
 - 17 patients have been screened for alcohol use in the past 12 months.
 - Specific usage information was not collected for this report.
 - Alcohol usage screening, as reported above, does not imply alcohol abuse.

- Screening for abuse of any other controlled substance is anecdotal, and was not collected.
- Osteoporosis Screening:
 - A data summary indicates that 6 patients have been referred for DXA imaging, none of whom has undergone this testing.
 - Vitamin D-25 TOT levels have been assessed for 14 patients.
 - 6 patients were within normally anticipated values.
 - 8 patients had deficient levels of the substance, ranging from 13 ng/mL to 27 ng/mL.
 - 16 patients have been advised of the necessity of calcium supplementation. The number of patients actively ingesting these supplements was not collected for this report.

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting-Orleans
September 11, 2014
Patricia White, RPMS Site Manager

Action Items:

I have no action items for this month.

User Assistance and requests

During August there were 34 documented items for HHS user support and program issues. 20 were assigned to Amy Coapman and 14 were assigned to me.

Workload reports

Attached is the July 2014 "Operations Summaries" including Tribal Statistics. During July there were 1,715 visits at all locations. This is an increase of 91 visits over June numbers. 922 of these visits were for Native American Patients (54%).

Meeting / Conference Calls and other Activities August 2014

- 08/06 – AAAHC Monthly Planning Meeting
- 08/07 – RPMS/EHR Office Hours Web Call
- 08/13 – ACQI Monthly Meeting/Conference Call
- 08/14 – RPMS/EHR Office Hours Web Call
- 08/14 – Health Board Meeting-Happy Camp
- 08/15 – Immunization Training Patch 8- web based
- 08/26 – Executive Directors Advisory Meeting
- 08/27 – Medical Records Quarterly Meeting/Tele-video
- 08/28 – RPMS/EHR Office Hours Web 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 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 Update**- 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.
- **Immunization Package version 8.5 Patch 8** – This version/patch is needed for EHR certification and/or Meaningful Use. The patch will update the forecasting portion of the immunization package in RPMS/EHR from the TCH (Texas Children's Hospital) software with ImmServe software. This involved having Dale build me a web based server for the software to be housed. We hope to have all the software installed and working by mid-September. Dale created a web based service the last week in

August that will be used for this update. I have been in contact with IHS to complete the RPMS configurations and patches to finish the update.

- **Risk Analysis 2014** - I am beginning the process of reviewing to 2013 Risk Analysis to update for 2014. We will review items that needed mitigation at the end of 2013 and complete any that need further work. This review is an annual process that is due each December. We look at all the areas where computers are in use in the Health Program to make sure that patient/client information is protected and that we have things in place to prevent unauthorized use and access of and to the Health Program systems. Eric, Dale, Amy, and I are all part of the process for this analysis.

RPMS Budget: For period ending August 31, 2014 we are under budget for 11 months into the fiscal year at 78.53% used.

Program	RPMS
Budget Code	3000-75
Program Year	2014
Appropriation	\$240,739.83
Expenses to Date	\$181,205.68
Balance	49,534.15
Percent used	78.53

Respectfully Submitted,

Patricia C White, RPMS Site Manager



OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR JUL 2014

Prepared for the September 11, 2014 Health Board Meeting
Orleans, 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 18,528 (+4.1) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 71 (-6.6) new patients, 0 (**) births, and 2 (-60.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,792 (+0.4) patients enrolled in Medicare Part A and 2,669 (+0.6) patients enrolled in Part B at the end of this time period.

There were 98 (+3.2) patients enrolled in Medicare Part D.

There were also 6,661 (+6.0) patients enrolled in Medicaid and 5,664 (+24.2) 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 45,393.64 (+7.1). The number and dollar amount of authorizations by type were:

57 - DENTAL	11	4619.5
64 - NON-HOSPITAL SERVICE	1143	40774.14

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,715 ambulatory visits (-10.1) 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.

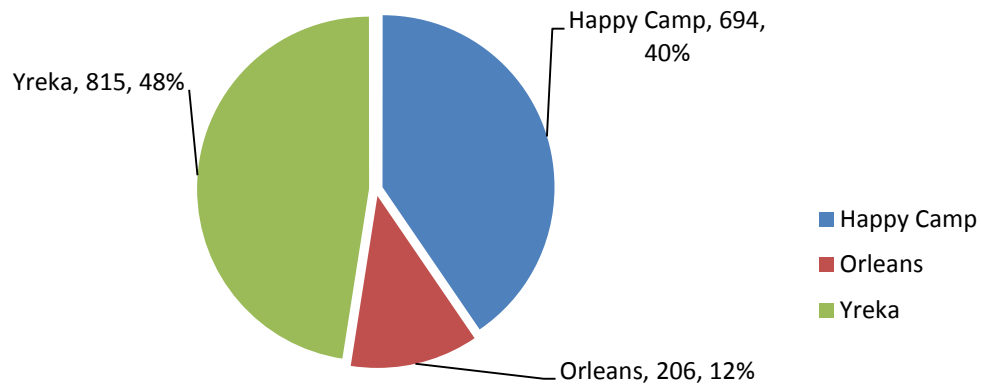
By Type:

TRIBE-638 PROGRAM	1,715	(-10.1)
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By Location:

YREKA	815	(-18.7)
KARUK COMMUNITY HEALTH CLINIC	694	(-11.0)
ORLEANS	206	(+64.8)

Visits by Location July 2014



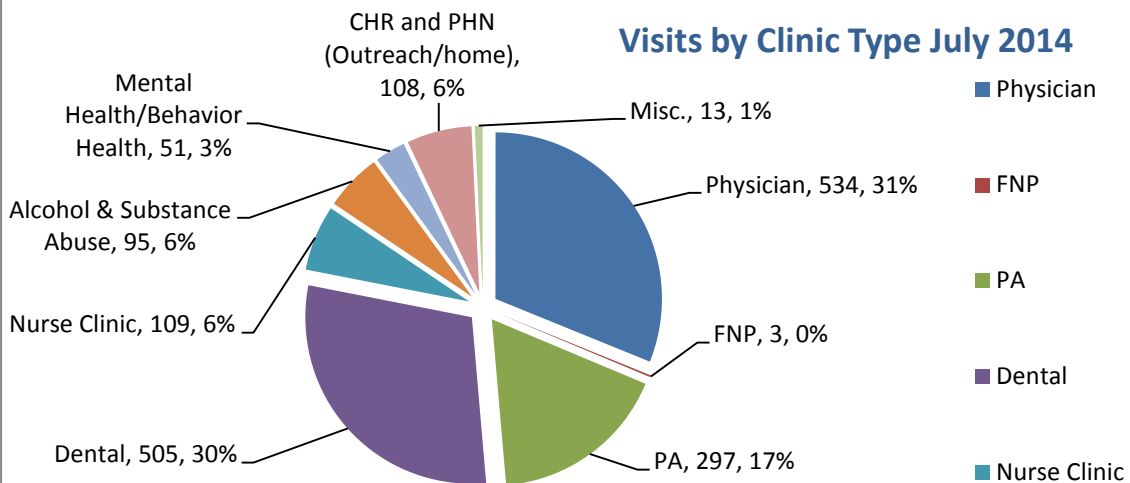
By Service Category:

AMBULATORY	1,693	(-8.8)
TELECOMMUNICATIONS	22	(-56.0)

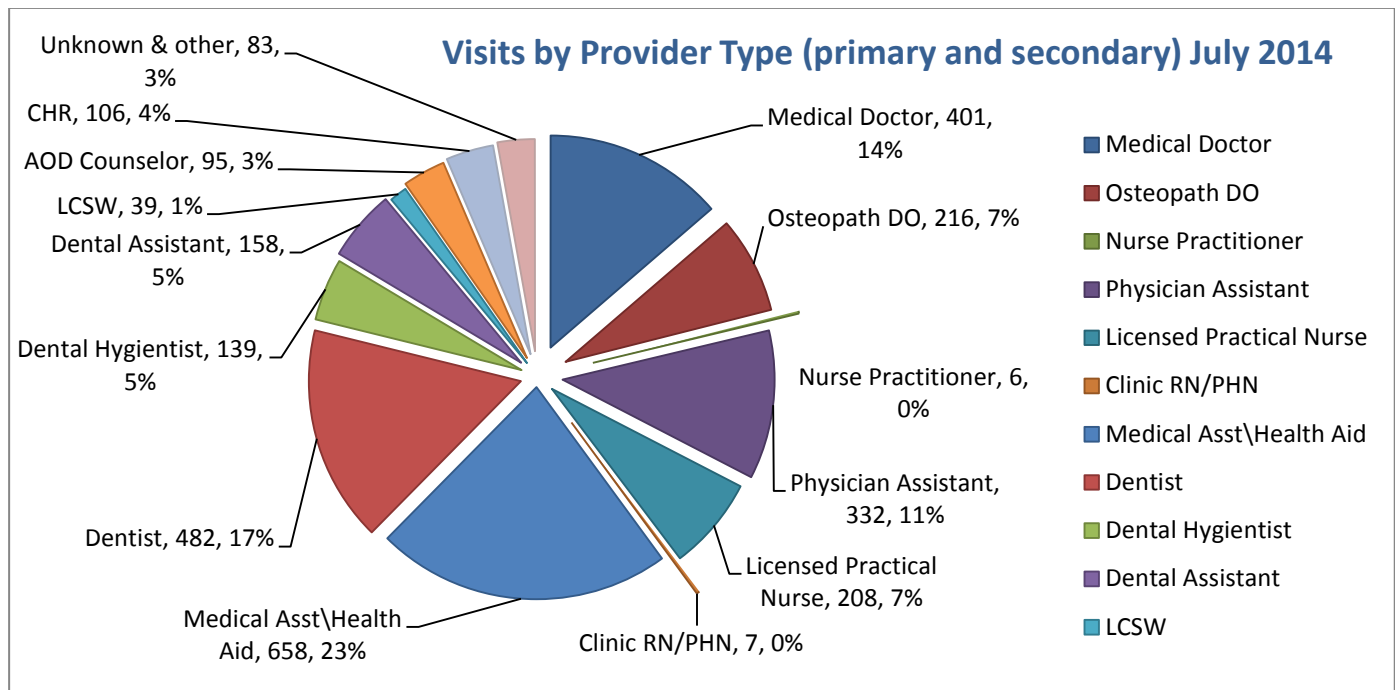
By Clinic Type:

PHYSICIAN	534	(-14.1)
DENTAL	505	(-19.8)
PHYSICIAN ASSISTANT	297	(+106.3)
NURSE CLINIC	109	(+14.7)
ALCOHOL AND SUBSTANCE	95	(-10.4)
TRANSPORT	77	(-19.8)
MENTAL HEALTH	51	(+50.0)
CHR	29	(-45.3)
TELEPHONE CALL	7	(-30.0)
TELEMEDICINE	5	(+25.0)
FAMILY NURSE PRACTITIONER	3	(-97.0)
PHN CLINIC VISIT	2	(+100.0)
NO CLINIC	1	(**)

Visits by Clinic Type July 2014



By Provider Type (Primary and Secondary Providers):		
HEALTH AIDE	524	(+15.4)
DENTIST	482	(-24.9)
MD	401	(-37.2)
PHYSICIAN ASSISTANT	332	(+38.3)
OSTEOPATHIC MEDICINE	216	(**)
LICENSED PRACTICAL NURSE	208	(-23.5)
DENTAL ASSISTANT	158	(**)
DENTAL HYGIENIST	139	(-20.1)
MEDICAL ASSISTANT	134	(-16.8)
COMMUNITY HEALTH REP	106	(-27.9)
ALCOHOLISM/SUB ABUSE COUNSELOR	95	(-10.4)
UNKNOWN	83	(**)
LICENSED CLINICAL SOCIAL WORK	39	(+11.4)
NURSE PRACTITIONER	6	(-94.0)
CLINIC RN	4	(-33.3)
PUBLIC HEALTH NURSE	3	(-25.0)



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	475	(-24.2)
2). OTHER SPECIFD COUNSELING	124	(-13.9)
3). HYPERTENSION NOS	104	(-8.8)
4). HEALTH EXAM-GROUP SURVEY	81	(+44.6)
5). LUMBAGO	62	(+6.9)
6). ALCOHOL ABUSE-UNSPEC	55	(-31.3)
7). THERAPEUTIC DRUG MONITOR	50	(-5.7)
8). LONG-TERM USE ANTICOAGUL	46	(-13.2)
9). DMII WO CMP NT ST UNCNR	44	(-30.2)
10). CANNABIS DEPEND-UNSPEC	44	(**)

CHART REVIEWS

There were 930 (-20.8) chart reviews performed during this time period.

INJURIES

There were 76 visits for injuries (-30.9) reported during this period. Of these, 26 were new injuries (-29.7). The five leading causes were:

1). ACC-CUTTING INSTRUM NEC	3	(-57.1)
2). FALL NEC	2	(+0.0)
3). OVERXRT-SUDN STREN MVMT	2	(+100.0)
4). EXCESSIVE HEAT NOS	1	(**)
5). EXPOSURE NEC	1	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 410 patients (-17.0) seen for Dental Care. They accounted for 505 visits (-19.8). The seven leading service categories were:

1). PATIENT REVISIT	375	(-26.9)
2). HYPERTENSION SCREENING	195	(-22.6)
3). LOCAL ANESTHESIA IN CONJUNCTION WIT	145	(-15.2)
4). PREVENTIVE PLAN AND INSTRUCTION	133	(-19.9)
5). TOPICAL APPLICATION OF FLUORIDE VAR	105	(-22.8)
6). INTRAORAL - PERIAPICAL FIRST RADIOG	99	(-29.3)
7). FIRST VISIT OF FISCAL YEAR	88	(-22.1)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,404 new prescriptions (-11.3) and 0 refills (**) during this period.

KTHHSP Tribal Statistics for July 2014

	Registered Indian Patients	Indian Patients Receiving Services May 2014	APC Visits by Indian Patients May 2014
Karuk	2086	406	539
Descendants residing in CA	1883	206	253
All other Tribes	2170	119	130
Total	6139	731	922

Eric Cutright Health Board Report

August 7, 2014

Project Title: Improving IT Services in Orleans

Deliverables:

Task One – 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 Two – Continue to track and monitor phone outages

1. In August the phone problems in Orleans have increased. On August 25 there was a complete outage of all phone service in Orleans, in fact the outage extended all the way to Willow Creek. The outage lasted from roughly 1 PM to 4:15 PM. On September 2 another two outages occurred, one from 2 PM to 4 PM and another from 5 PM to 9 PM. Verizon claims the outages were caused by equipment failure in their primary radios feeding the region. They have been unable to tell me if the problem has been fully resolved.

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	\$287,386.00	\$25,797.26	91.76%
Term Dates	Total Months	Month # for report period	# Months Remaining	% Completed.	Extension Option Y/N
10/1/2013 to 9/30/2014	12	11	1	92%	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 and Josh Hillman attended the FCC Tribal Broadband Consultation hosted by the Yurok Tribe at their new casino hotel. Both travel report are attached.
- Dale Josephson attended the California Tribal Broadband Consultation hosted by the Office of the Tribal Advisor, in partnership with the California Emerging Technology Fund (CETF) and CENIC in Rancho Cordova, CA. His travel report is attached.

Project Title: Happy Camp Server Room Equipment Failure and Repair

Deliverables:

Task One – Replace Redundant Battery Backup Systems

1. One of the battery systems has entered a failed state again. Instead of another costly repair, IT is pricing new units, using our existing units as trade-ins.
2. IT intended to use a homeland security grant to replace the battery systems, but the grant was not awarded.
3. IT is seeking quotes to replace the existing systems with systems that are cheaper to repair and maintain.

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

The letter from USDA approving the new budget and scope change for this project is attached to this report.

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	34	2	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
- September 3, 2014 – Scope and budget change conditionally approved by 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 to see if the process can be expedited. The Tribe has received support for our project from the following:

- California Emerging Technology Fund
- California Center for Rural Policy
- Access Humboldt
- State of California Office of the Tribal Advisor
- California Public Utilities Commission

Construction Contracts:

- Tower construction contract approved September, 2013; change order waiting for reimbursements from USDA
- Fiber Optic installation contract – still needs to be reviewed; waiting for USDA reimbursements
- Wireless installation contract – still needs to be reviewed; waiting for USDA reimbursements

Project Title: Klamath River Rural Broadband Initiative (KRRBI)

Deliverables:

Project Management Services:

- Federal NEPA review initiated by both the Forest Service and the National Park Service
- 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	10	14	5%	Y
Progress Report Due Date	Completed?	Date Completed.	Fiscal Report Due	Completed?	Date Completed.
10/10/2014	No		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:

- USDA RUS scope change and budget change approval letter
- Eric Cutright’s travel report to Klamath, California
- Josh Hillman’s travel report to Klamath, California
- Dale Josephson’s travel report to Rancho Cordova, California
- Cell phone usage report for July-August 2014 billing period



KARUK TRIBE

Print Close Window

*Should you experience any difficulty printing this page, please adjust your printer margin settings or set printer layout to landscape. If report has many columns, use legal size paper and select the "Advanced..." printer options to Fit to Page.

Usage per Line

User Name: Eric Cutright

Structure Name: Default

Location: KARUK TRIBE

Report Details

Period Range Aug-14 To: Aug-14

Summary by WirelessNumber

Wireless Number	User_Name	Billing Cycle Date	Total_Allowance_Mins	Used_Mins	Data_Usage
530-598-2248	APRIL ATTEBURY	08/18/2014	400	1,615	492,167KB
530-598-6829	TANYA BUSBY	08/18/2014	400	1,538	340,357KB
530-598-7940	LESTER ALFORD	08/18/2014	400	1,401	143,903KB
530-598-7067	LISA AUBREY	08/18/2014	400	1,358	--
530-598-7089	RICHARD BLACK	08/18/2014	450	1,343	1GB
530-598-8790	CLARENCE BARGER	08/18/2014	400	1,286	--
530-598-4615	ANN ESCOBAR	08/18/2014	1,000	1,154	352,625KB
530-643-2625	RUSSELL ATTEBERY	08/18/2014	400	1,076	151,131KB
530-598-7357	LISA MARIE SOBOLIK	08/18/2014	400	1,019	489,814KB
916-207-8294	CRAIG TUCKER	08/18/2014	400	993	66,303KB
530-643-0799	CAROL THOM	08/18/2014	400	972	--
530-643-2565	ANNIE SMITH	08/18/2014	400	960	1,453,526KB
530-643-6177	BRIAN GONZALES	08/18/2014	400	930	12,641,640KB
530-643-0921	KAREN HOGUE	08/18/2014	400	848	--
530-598-9992	LESLIE MOORE	08/18/2014	400	808	213,802KB
530-598-8654	MELODEE BREWINGTON	08/18/2014	400	798	--
530-598-8652	KRISTEN KING	08/18/2014	400	697	--
530-643-2015	ROBERT SUPER	08/18/2014	400	685	--
530-643-6569	THOMAS FIELDEN	08/18/2014	400	677	2,132,690KB
530-598-8467	JUSTINA HARRISON	08/18/2014	400	646	297,460KB
530-643-6176	BUCKY LANTZ	08/18/2014	400	602	--
530-598-8006	ERIC CUTRIGHT	08/18/2014	400	502	93,112KB
530-598-8628	DANIEL GOODWIN	08/18/2014	400	467	--
530-643-6292	KELLY WORCESTER	08/18/2014	400	459	260,175KB
530-215-8191	ARCH SUPER	08/18/2014	400	450	1,931,774KB
530-598-8745	MIKE TIRATERRA	08/18/2014	400	419	--
530-215-8192	JOSHUA SAXON-WHITECRANE	08/18/2014	400	416	290,724KB
530-643-2654	** **	08/18/2014	400	405	--
530-598-8944	BARRY HOCKADAY	08/18/2014	400	402	--

Travel notes for: Meeting with the Office of the Governor on Aug 19, 2014,

On Aug 18 Arch Super met me at my home in Redding where we left his car and I took the two of us to Rancho Cordova, where we stayed in two hotels just across the street from each other.

Then on the morning of the 19th I picked Arch up and we went two long blocks to our meeting with the Office of the Governor. At this meeting there was Judge Cynthia Gomez (Tribal advisor), Luis Arteaga (Director of Emerging Markets), Geoffrey Blackwell, (Chief of the Office of Native Affairs and Policy (ONAP) at the Federal Communications Commission (FCC)), and Kathy Sandoval (commissioner at California Public Utilities Commission). There were about 15 government representatives to meet with six Native American representatives (2 from Karuk, 2 from Hoopa, 1 from Yurok and 1 from the Southern California Chief's Association).

Inside the meeting the Karuk Tribes lack of response from the United States Department of Agriculture (Community Connect Grants division) was about 25% of the focus. In my opinion every person in attendance including those from different branches of USDA was appalled at the way the Karuk have been treated since being awarded a \$1.1 million grant.

25% of the focus was on California Emerging Technology Fund. The CETF report was mostly on the progress of broadband deployment for most of the state and the very slow progress in the sparsely populated rural areas of the state. It was reported that in some sparsely populated areas wireless 4G was becoming the answer for broadband but that was not a good option for most sparsely populated areas do to month to month costs.

Our friends at the California Public Utilities Commission presented a report on the well-received California Advanced Services Fund (CASF). CASF took about 25% of the time and there was an important date highlighted. CASF has the goal of having their funding all approved by December 31, 2015 so if any entity needs the CPUC help they need to get busy now!

FirstNet by the Numbers had about 25% of the time also. The FirstNet by the Numbers is a nationwide \$7 billion program being federally funded to provide Emergency Responders Law Enforcement, Fire Services, Medical Services, Federal Government, State Government, Tribal Government and Public Utilities access to 20MHz of bandwidth in the prime 700MHz frequency range. This program will provide a set-aside area of bandwidth for things like tele-health video conferencing, law enforcement cross department communication, fire service communication to law enforcement and public utilities. FirstNet will eventually cover 3,800,000 square miles, 60,000 public safety agencies, 3,250 counties and 566 Tribes.

At the end of the conference as Arch Super and I were driving back to Siskiyou County Arch made a comment that I hope does not happen but if it does it may be one of our last straws. We were talking about the lack of reimbursement from the USDA Community Connect people and Arch said "It might be time for Buster and Eric to take a flight to Washington DC and speak to the USDA face to face".

One other item happened after the main meeting and that was a tour of the State Data Center. It was interesting to see the R&D Servers setup to conduct testing on. It was also interesting to see that tape as backup is apparently going away. The tour guide said they had fewer than 1,000 tape units then he said there were no moving parts inside the tape units? Not sure but my guess is the State is doing backup on Solid State Drives of some type.

FCC Tribal Broadband, Telecom, and Broadcast Training Report

Josh Hillman

The FCC Tribal Broadband training I attended from August 26th through the 28th down in Klamath was a great experience from seeing and staying in the newly built Yurok hotel to meeting and learning from the Office of Native American Programs personnel. Learning from other tribal governments and their obstacles they had to overcome in the fight for broadband was both informative and eye-opening. This opportunity to meet and coordinate with other tribal governments, the FCC, and other individuals is invaluable which the tribe can benefit from in many different ways.

During the training I was introduced to the ONAP Chief Geoffery Blackwell and his team along with other tribal representatives from both the Hoopa and Yurok tribes. Initially, the training covered FCC rule making, spectrum, the Electronic Comment File System and the Universal Service Fund which provided a foundation of what will be covered in the next couple days. There were also other panels informing attendees of other available grants and funds such as CASF (Calif. Advanced Services Fund). I believe one of the most beneficial programs that our tribe's people can take advantage of is the programs available through the USF. I learned that the USF is issued \$4.8 billion a year and is divided between several different programs one of which called Life-Line where the low-income families on tribal lands can take advantage of immediately if they were informed of the benefits.

One of the panelists, Paul Romero, the Information Services Director for the Yurok tribe, spoke about the setbacks he encountered while trying to obtain broadband for the Yurok tribe which was quite an eye-opener. In his case the current provider in that area would not bring a decent network connection to their facilities or to the Yurok people. He fought with them for two years trying to bring in a better connection and what it boiled down to was the service provider didn't want to spend funds in order to repair damaged lines. The cost of the repairs was greater than the benefits of providing service to the locals. Paul didn't give up though; he said if they won't provide us service then we will provide our own service which is exactly what he did. After a great deal of work and taking advantage of available state and federal funds they created a wireless link from their location to Crescent City and now have a high speed connection. On Thursday he was kind enough to give us a tour of one of their 60' tower sites that make their broadband link possible. What I took from his story is to never give up and don't take no for an answer.

The information and tools I have learned about from this trip will not only make the IT department stronger, but it will make the tribe stronger as a whole. Knowing that the FCC and other tribal governments are there to support each other is also very beneficial in both their attempts and our attempts to expand. I plan on utilizing the knowledge I have gained to help the tribe and its people to become a better community. Thank you for this opportunity.



United States Department of Agriculture
Rural Development

September 3, 2014

Mr. Russell Attebery
Chairman
Karuk Tribe
64236 Second Avenue
Happy Camp, California 96039

Dear Mr. Attebery:

We have reviewed the Scope Change and the revised budget submitted by the Karuk Tribe on August 15, 2014, for the CA 1406-A23 Community Connect Grant. Based on our review, we understand that the scope change consists of changing the wireless design from a mesh network to point-to-multi-point network. As part of this design change, a new 90-foot tower will be constructed outside of the community of Orleans that will be primary source of delivering broadband services throughout the Orleans community. However, in areas that cannot be reached from the tower site, wireless access points will be installed to provide coverage.

The proposed scope change and the revised budget are approved subject to the following conditions:

1. Reimbursement of Project Management and Engineering Services will be approved based on detailed invoices that clearly specify the types of services that were provided with reference to the Community Connect Grant and the dates that the services were delivered.
2. The letter from the Orleans Community Services District for installing equipment at Nodes 2 and 3 is not acceptable because the letter is dated over a year ago and it doesn't indicate the term of the lease or the payment terms. In addition, lease agreements must be provided for Nodes 6, 9, and 11, that clearly indicate the lease and payment terms. Funds will be restricted from advance for these 5 nodes until the respective agreements have been provided to RUS.

Please note that your Community-Connect Grant award is currently set to expire on October 24, 2014. Please submit a written time extension request with a suggested revised expiration date as soon as possible so that the executed Grant Agreement can be amended to accommodate additional time needed to complete your obligations under the Grant.

If you have any further questions, please feel free to contact our office at (202) 720-7276.

Sincerely,

A handwritten signature in black ink, appearing to read "FARWA NAQVI".

FARWA NAQVI, Chief
Post-loan Servicing Engineering Branch
Portfolio Management & Risk Assessment Division
Telecommunications Program
Rural Utilities Service

cc:

Mr. Eric Cutright – IT Director 1400 Independence Ave, S.W. · Washington DC 20250-0700
Web: <http://www.rurdev.usda.gov>

Committed to the future of rural communities.

Eric Cutright
Travel Report

TRIBAL NATION TRAINING AND CONSULTATION WORKSHOP ON THE YUOK INDIAN RESERVATION, AUGUST 26-28, 2014

This training was conducted by the Federal Communication Commission's (FCC) Office of Native Affairs and Policy (ONAP) as part of the FCC's ongoing outreach to Tribal governments. The ONAP office was created in 2010 because the FCC recognized that Tribal Lands were not receiving an appropriate share of FCC services, such as spectrum, broadcasting, and broadband. This workshop, hosted by the Yurok Tribe in their newly opened Redwood Casino Hotel, was attended by several Tribes from the California North Coast and Oregon.

On Wednesday, August 27, I gave a joint presentation with Information Services Manager Paul Romero of the Yurok Tribe discussing broadband in the region, and the successes and trials faced by the Karuk Tribe during our broadband efforts. The workshop was titled "The Klamath River Tribal Communications Experience."

During the workshop, in addition to learning about many of the programs the FCC has initiated to assist Tribal Nations, I received an hour long consultation with the Chief of ONAP, Geoffrey Blackwell, and his legal advisors. We discussed ways to overcome the current challenges to the Orleans Broadband Project, and also ways the FCC may be able to assist the Tribe in sustaining the broadband network after the building is complete. There are several programs as part of the FCC's universal service fund that may provide ongoing subsidies to the Karuk Tribe, if the Tribe chooses to participate. Each program has positives and negatives that must be weighed before committing.

There is also a new broadband fund announced by the FCC called Rural Broadband Experiments. The fund has made \$100,000,000 available to rural America to prove concepts for providing extremely fast internet access to rural locations. I am currently evaluating the funding opportunity to see if the Karuk Tribe may benefit from the funds.

The FCC is primarily a rule-making organization, and all rules issued by the FCC are put out for public comment, both before and after the rules are adopted. There is currently a rule making underway for "Protecting and Preserving the Open Internet." If any council members feel strongly about this issue, please let me know. The FCC is directly inviting comments from Tribal governments about this issue.

Two other rulemakings that affect tribes are also available for comment, although the rules have already been adopted. The rulemakings are "Spectrum Over Tribal Lands" and "Tribal Government Engagement Obligation." I have more information on both of these rules, if the Karuk Tribe would like to provide comments on these rules.



Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

August 14, 2014

Annie Smith RN, BSN, PHN

Action Items: No Action items this month.

August Items:

Emergency Operations:

Our Team has been very busy with the fire and smoke emergency situation. We have been tracking everyone in all the evacuation areas. The air filters first truckload arrived and they have been given out as requested. The first air purifiers that were bought locally were given out according to medical need but once the truckload arrived the purifiers were given as requested. We have supplied Happy Camp schools, Junction school, and Seiad. We have supplied both of our Headstart schools and have been running the clean air centers as we have volunteers available. We have made numerous telephone calls and hope we have everyone covered. I have also been in touch with the Siskiyou County Sheriff Department to insure everyone is accounted for.

I have been in daily contact with Tom Fielden seven days a week during this emergency. We monitor the air quality daily. As you all know, I am active in the Emergency Command Staff as Operations section chief. I am afraid we are far from over on these fires.

Public Health Issues:

School has started. As I stated, we have supplied the schools with air purifiers so school can begin. We also have seen many colds and flu-like symptoms as is usually the start of the school year. Children have been isolated to their own families and now they are all passing daily germs to each other. This is a part of life. Additionally, we have seen an increase in the request for lice medications. I purchase those for families that can afford the medicine. If they do not get the medicine, the children are sent home from school until treated. I think we have a handle on the few cases we have had and I have spent time with parents and caregivers explaining the steps needed to remove lice from homes.

The Siskiyou County Department of Public Health (SCPH) called me concerning the water quality and the patients we have seen with rashes after being in the creeks and river. I followed their instruction and called each family to find out exactly where they were in the water and then reported that to public health, without any names of course. The SCPH was thankful for the water quality testing done by our DNR Department. The compliments were sent to DNR for their information.

I will notify everyone when the flu vaccine arrives. I will bring then immunizations to you.

Diabetes Program:

We did not have the Diabetes Lunches this month due to the smoke issues but resume this month.

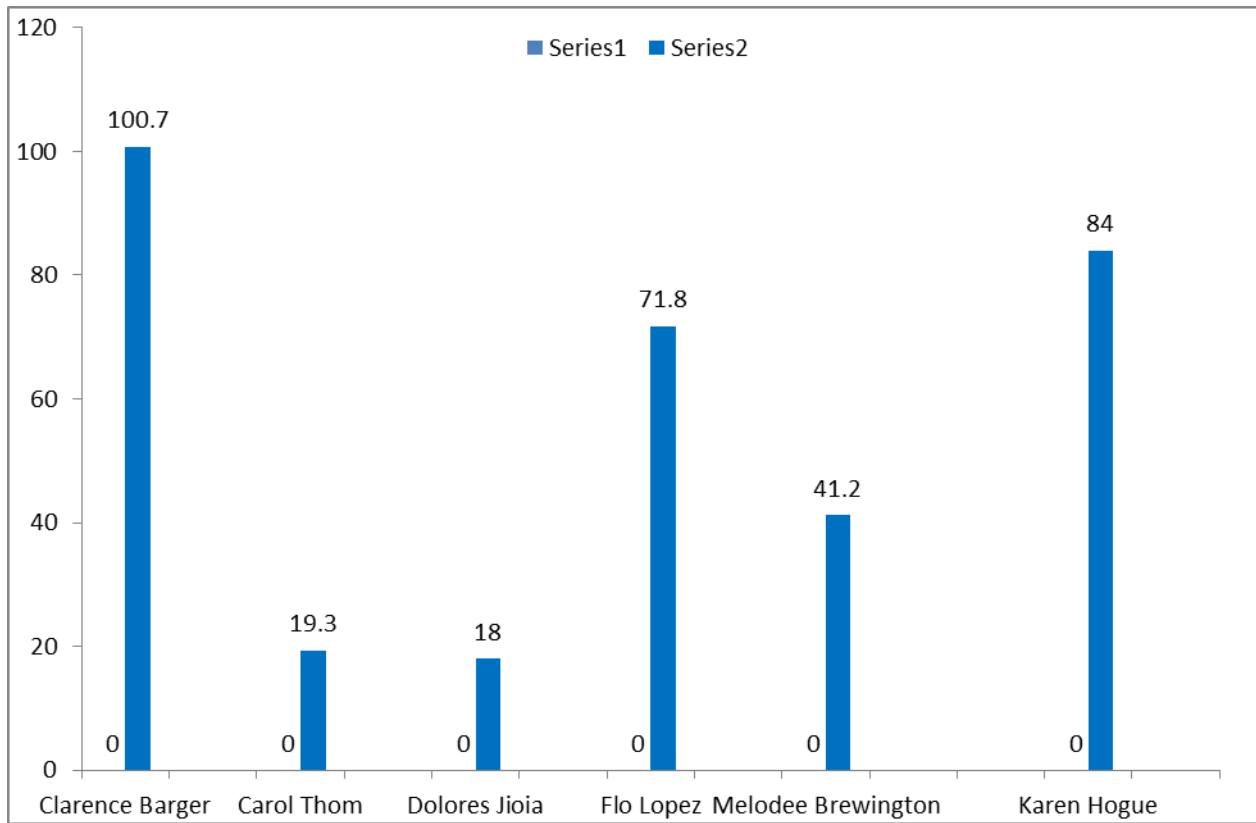
Elder Outreach:

Per my instruction, the calls from our call list are continuing, while we have stayed connected to our Elders during the fires, we still check on everyone. We have made a master list in which we have the preference of each Elder. Do they want calls monthly, weekly, or never? Some ask us not to call or visit at all and some want to see us regularly. We customize our approach to honor their wishes.

Committees:

I am on the following committees; ACQI, Safety and Infection Control, P&T, Contract health, Outreach, Emergency Operations, AAAHC.

Workload Report for CHR's:



Financial Report:

	<i>Unencumbered Balance</i>	<i>Percent used</i>
Public Health Nurse:	\$ 21,544.59	77.03%
CHR:	\$62,317.81	78.58%
IHS Diabetes Grant:	\$21,580.30	86.30%