KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, February 12, 2015 **3 PM,** *Happy Camp, CA*

A) CALL MEETING TO ORDER – PRAYER - ROLL CALL

AA) HEALTH MISSION STATEMENT

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

CH) APPROVAL OF THE AGENDA

EE)APPROVAL OF THE MINUTES *(January 8, 2015)*

F) GUESTS *(Ten Minutes Each)*

1. Lester Alford, TANF Director
2. Jeremy Diabaj, Tribal Member

H) OLD BUSINESS *(Five Minutes Each)*

1.

I) DIRECTOR REPORTS *(Ten Minutes Each)*

1. Rondi Johnson, Deputy Director (written report)
2. Lessie Aubrey, Deputy Director of Quality Management/Compliance (written report)
3. Patricia White, RPMS Site Manager (written report)
4. Eric Cutright, IT Director (written report)
5. Raul Recarey, Health CEO
6. April Attebury, Interim Director of Children and Family Services
7. Vacant, Director of Community Outreach

II) REQUESTS *(Five Minutes Each)*

1.

K) INFORMATIONAL *(Five Minutes Each)*

1.

M) CLOSED SESSION *(Five Minutes Each)*

1. CHS (dinner break)
2. James Phelps
3. Dale Josephson/Dr. Vasquez

4. Laura Olivas
5. Barbara Snider
6. Tribal Council Members

N) SET DATE FOR NEXT MEETING ***(Thursday, March 12, 2015*** *at 3 PM in* ***Orleans CA.***

OO) ADJOURN

Karuk Tribe – Health Board Meeting
Meeting Minutes – January 8, 2015
Yreka, CA.

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

Present:
Russell "Buster" Attebery, Chairman
Robert Super, Vice-Chairman
Joseph "Jody" Waddell, Secretary/Treasurer
Elsa Goodwin, Member at Large
Alvis "Bud" Johnson, Member at Large
Arch Super, Member at Large
Charron "Sonny" Davis, Member at Large
Josh Saxon, Member at Large
Renee Stauffer, Member at Large

Absent:
None

Prayer was done by Sonny Davis and the Health Mission Statement was read by Buster Attebery.

Agenda:
Jody Waddell moved and Bud Johnson seconded to approve the agenda with changes, 8 haa, 0 puuhara, 0 pupitihara.

Minutes of December 4, 2014:
Sonny Davis moved and Arch Super seconded to approve the minutes of December 4, 2014, 7 haa, 0 puuhara, 1 pupitihara (Josh Saxon).

Guests:

1.) **Abby Yeager, Marketing Consultant:**
Abby is present to provide the second portion of her business plan which focused on the Dental Program. This is a follow up to her November presentation which was for the medical clinics. The Indian Health Services marketing plan may have not been intended for dental programs however it is still beneficial.

She evaluated the Tribes weaknesses and identified that the Tribe has the market on Medi-Cal for Yreka. There are outside providers however they do not take Medi-cal. Anav takes medi-Cal patients (only children), but the remainder only take private pay patients.

She outlined that there needs to be a business model approach that takes into account benchmarking, marketing, and training.

There is a target population; the Tribe takes all patients, which is highly marketable. The issue is the resources. She noted that the support staff, management of the opportunities, providers, will make that work properly. The expenses have to make the Tribe deliver the value. The resources do not provide for meeting expenses. Happy Camp is seeing 170 per month and Yreka is seeing 173. The national benchmark is 207 or the industry on average. Some offices do more and less but this is a benchmark. She then evaluated what could increase that number. She also provided a breakout the dental hygienists. She noted that the providers require a hygienist visit with prior to

being seen, which is reducing the hygienist's numbers. The hygienists see 74 patients per month in Happy Camp and 71 patients in Yreka per month. The national average or industry is 108 per month. The requirement of seeing a dentist is a law, as explained by Vickie Walden. Abby explained that she cannot change that policy but the most important thing to work on is to make the providers more productive. Vickie noted that this is California Dental Act. Buster asked if this is California law and if all other providers are doing this. Vickie Walden noted that yes, they are similar, and that the Tribe is more restrictive because of funding. Abby noted that her focus isn't to stop this activity but to increase provider ability to get patients in. She noted that the dental providers are about 2 months behind last time she checked. Arch asked about the productivity on Happy Camp and Yreka. It is provider only not community based. Robert asked about the hygienist that travels and it was noted that there was a hygienist in each community. Abby then went on to discuss general providers rate of pay to be $145,000 and the Karuk salary is $110,000 - $126,000. She noted that the importance is to have a dental director in Yreka which costs a lot more averaging $178,000. She noted that the dentists are low because the salary is fixed. She would recommend initiating a performance based bonus program. This ties performance to productivity and helps them meet the national average. She would like to add a "potential" compensation package but they will have to earn it. This encourages employees to stay, measure goals over time, and promotes stability.

She went on to explain that the base salary and bonus availability with no more than three goals is workable. She would like to set the goal to be 207 patients per month, per provider, and then weight about 33.4% incentive bonus and then the actual goal which is monitored monthly and averaged out for the correct pay. If they do not make their increase mark they get the bonus of what they actually met. There is an expanded function employee which the Tribe paid for the education and the goal was to make the providers more productive but if they don't use this employee then the staffing isn't needed and doesn't produce revenue. She noted that the employee does not earn a bonus, but there needs to be an upper threshold of 110% (which protects the provider from wheeling through the patients) and then set the bar of 60% that they must reach in order to get a bonus. The expanded employee received education, and functioning to the capacity should benefit the Tribe and the providers. She noted that as long as the providers are buy-in to this, it should work. The goals can be reviewed or revised at the end of each 6 months and they are done in meetings with the providers which allow them to partake in what they feel they can meet.

She then reviewed the resources portion of the model. She noted that provider turnover is high. The Yreka dentist's length of stay is about 15 months. This amounts to a lot of money and lost productivity. She noted that the Tribe is hiring staff just out of school which the staff is using the Tribe as a stepping stone. She then noted that staff that are entering retirement and the providers stop and rest to determine what they want to do next. She would recommend a clinic director and she would recommend that the clinic director be brought on with a sign-on bonus. With this, they stay on board for 3-5 years. She noted that this will build in protection for the Tribe.

The resources indicate that each provider have two dental operatories and two dental assistants. If there is an EF employee then there needs to be three operatories and use all three staff members. The dental hygienists should have two operatories and they have one dental assistant per provider. She noted that this may not work for Karuk because the Tribe doesn't do a lot of periodontal work. However, it's a good review for staffing and fully using providers.

She noted that the scheduling method is not functioning well. She would like to initiate a recall method because the providers are doing the recalls themselves, which they are high cost and

shouldn't be doing the calls but seeing patients. She would like to have the receptionist do that function and they are in need of a backup receptionist just in case there is someone out sick.

She provided two options for Yreka. Option 1) would be utilize the two or three years or until a new facility can be built or purchased. Based on this information she used to scale to fit, which is 2 1/2 operatory per provider, patient registration to the front office and be a multifunctional position. Also suggesting two dental assistant support staff. Josh then asked about the dental director being more productive with additional duties. Abby commented that the dental director should be just as busy if not more. It takes 10 years for a provider to be as productive as possible. She then noted that the clinic director should have the previous experience in managing or owning and operating a dental facility, so you shouldn't see a big downside to having this position. She would recommend the administrative functions be taken into discussions but they should still be productive and one with more experience will be worth the pay that they will need. She would then like to add an operatory for a dental director and the hygienist can have their own operatory, the move does have plumbing to it all ready as well. Option 2) would be to have three providers, two FTE RDA's and patient registration to the front and be a sterilization tech as well. Option two would like to have the conference room and make operatory 6 and operatory 7 and then make another second hygienist operatory that is previously an office. The more exam rooms will allow for more patients to be seen. She provided the funding that is received from Medi-Cal patients and she found that the private payers, medical patients and then based on visits to breakout where the funding is received to the Tribe. With incentives, the productivity would bring in approximately $21,000 per month. With option 2) with three providers it will be an extra $273,000 per year. She explained that the money is there and the provider compensation is possible as long as the Tribe puts goals into place. The hygienist position has the potential for growth as well with provider productivity. With option 1) there is the possibility of adding $100,000 per year. The Tribe will have to evaluate the pros and cons and the ROI. With both options (Scale to fit) and to (expand), the Tribe must consider marketing after planning to ensure stabilization of the patients. Improving compensation and encouraging providers to stay is important. The repayment program isn't enough of an incentive for providers. She reviewed both options that include the pros and cons and what to watch out for. With either option, implementation can take on when there is provider turnover. There is nothing to say that there needs to be a dental clinic director, however advertise and see what can be done and sought. Robert asked if the waiting time and referrals are taken into account. The Council believes that with more providers there will be patients seen. Vickie Walden commented that the referrals are from Native American patients and there shouldn't be an increase. Abby commented that the waiting room issues are that the scheduling isn't going well. The emergency appointment system is an issue.

She then reviewed Happy Camp Dental and incentivizes the provider as well. The scheduling method in Happy Camp is completely different. Currently the schedule only goes out a certain amount of time. She noted that the scheduling is not effective. Each patient that is seen shouldn't be lost, because the facility isn't as busy as Yreka. Patti interjected that the clinics just went to a new scheduling package so that may be a factor. Abby commented that one simple issue is no backup receptionist so if the person is not at work, patients are told to call back. The staff needs to be cross-trained. The receptionist can possibly be a backup dental assistant which will allow the clinic to keep moving. Patient registration should be moved up front to also do scheduling. She provided an example of herself and her husband's charts, and how the flow didn't work so she finally went somewhere else. She commented that this isn't something the Happy Camp facility can afford to do. The recall report doesn't work and there needs to be someone else in the office who knows how to do this.

She would like to have an EF person. There is enough operatory already and this would bring up productivity and the provider needs to use the EF, if this model would work. As well as incentivize the provider.

There needs to be infrastructure done prior to marketing. The market is there and the patients need to be seen, so marketing can help. She would like to target medical patients and partner with WIC as well as other factors.

Abby thanked Rondi Johnson, Lessie Aubrey, Amy Coapman, Vickie Walden, and Vickie Simmons for assisting her and working with her during the marketing contract.

The Health Board thanked Abby for her presentations and her work to provide a marketing plan.

2.) **Debbie Bickford, Outreach:**
Debbie is present to seek approval of agreement 14-A-008 modification (1) between the Health and Human Services and Covered CA. It is to renew the contract with covered California.

Jody Waddell moved and Sonny Davis seconded to approve agreement 14-A-008 (1), 7 haa, 0 puuhara, 1 pupitihara (Elsa Goodwin).

Old Business:
Arch inquired about Laura Mayton or Laura Olivas following up on an internal document. This has been assigned but will not be a priority until after audit time.

Director Reports:

1.) **Patty White, RPMS Site Manager:**
Patty is present to update her report. She noted that the providers are down 497 visits from October to November. She does not understand this and will need some time or possibly assistance in reviewing this cause. Eric checked the schedule and announced that there were minimal working days with Holiday's this year and weekends; in total there were only 17 work days in November, which could be a contributing factor.

She then provided her workload reports and visits for the sites.

Vista Imaging is moving along. There will be work done this weekend on technical support for upgrades.

Robert inquired about another possible cause for such a reduced amount of visits at the clinics. She noted that there were three providers on leave so with Holiday's and that leave that could be the justification. The loss was in medical, dental, mental health, all offices.

Dr. Vasquez noted that he and other PA's are recruiting for a provider in Orleans. He would like the board to consider using a head hunter firm to find a provider for Orleans because it was successful in the past. The position is being flown but the sooner a replacement is found, the better. The Tribal Health board agrees that this has been successful in the past and the Health Managers should pursue this alternative with Human Resources.

Josh Saxon moved and Jody Waddell seconded to approve Patty's report, 8 haa, 0 puuhara, 0 pupitihara.

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

Eric is present to review his report. He has one action item. It is procurement for renewal for anti-virus. There were four bids and they recommending the lowest because there is no difference in the product.

Josh Saxon moved and Bud Johnson seconded to approve procurement and allow the purchase of rain-works anti-virus program, 8 haa, 0 puuhara, 0 pupitihara.

He then updated the Council on a solution for a fix to the Happy Camp complex. It will be the purchase of a new battery system which provides a backup system that can be used if there is a failure. The grand total is $51,713.00 which includes parts, labor, 24-7 warranty service for five years and equipment. The two system set up would take a weekend and could allow a backup system in case the Tribes current system fails.

The existing units that the Tribe has are way oversized and the engineer noted that which is causing an issue. The new units will provide for space and availability to grow but not too large to hinder the operation. This will come from Ishpook Leasing and then paid from the IT budget. Josh asked if there would be any grants that could cover the cost. They attempted the repairs and replacements on site in a grant but it was not funded. The Tribe cannot wait to plan for a replacement but the IT department will continue to seek grant funding for these types of purchases.

Josh Saxon moved and Sonny Davis seconded to approve procurement and the purchase of IT equipment from Facility Gateway Corporation, 8 haa, 0 puuhara, 0 pupitihara.

Jody commented that there are issues at the DNR facility since the clinic move. Eric noted that the satellite service is working and Broadband is coming in about 6 months. He would like to move possibly a couple persons to the Work Center which may help. Verizon has no bandwidth available. There are T1 lines set for the health program, Orleans clinic may not need all four and if the Tribe cancels its service for one, then Verizon cannot guarantee the Tribe would get the T1 line back and it could be issued to another entity. He advised to keep the current T1 lines for the health program and seek better service once broadband is available.

Josh Saxon moved and Jody Waddell seconded to approve Eric's report, 8 haa, 0 puuhara, 0 pupitihara.

3.) Rondi Johnson, Deputy Director:
Not present, report provided.

Jody Waddell moved and Sonny Davis seconded to approve Rondi's report, 8 haa, 0 puuhara, 0 pupitihara.

4.) April Attebury, Judicial Systems Coordinator:
No report provided.

Angela introduced Cheryl the new AOD counselor. She is certified counselor and is looking forward to working for the Tribe. The Health Board welcomed her.

5.) Lessie Aubrey, EDHHS:
Present, no report provided.

She did note that this is her third day back from leave so she hasn't done a report. She was updated by Jody Henderson and there are 60 senior citizens using the facility and previously there were only 15. She noted that the cost to feed this large group is high. This cost plus the restaurant being closed two days a week is increasing it even more. This is informational at this point but she will be evaluating a recommendation to bring forward.

Lessie noted that the loss of Dr. Colas' resignation was a loss to the Health program. Josh commented that a PA, FNP and others need to fit in the community, so while recruiting he asked that a provider be sought that interacts and feels at home serving the community. Lessie agrees and would like to begin using a head hunter firm to bring services to the community, and allow the covering providers to resume their operations at their current clinics. Robert noted to contact KTHA because they may be able to assist in housing as it is on their list of responsibilities.

Elsa Goodwin moved and Robert Super seconded to approve Lessie's verbal report, 8 haa, 0 puuhara, 0 pupitihara.

Closed Session:
Elsa Goodwin moved and Robert Super seconded to approve $855 for CHS Case #261, 8 haa, 0 puuhara, 0 pupitihara.

Consensus: to send the revised dental position descriptions to HR for Vickie Walden and James to provide a final version for review.

Consensus: to review complaint and request from employee #TA.

Josh Saxon moved and Renee Stauffer seconded to approve the health program financial report, 7 haa, 0 puuhara, 1 pupitihara (Elsa Goodwin).

Consensus: for HR to notify or update the Council when people are off on medical leave when there is impact to departments and/or Directors.

Consensus: Buster and Robert to ask employee for a doctor's release for work related purposes.

Consensus: for Josh to work with James on the GIS position descriptions.

Consensus: for two staff members to be present at the Planning Meeting. The Tribal Council will determine oversight, issues, ongoing communication, and overall decision at that time which will be final.

Informational: Council addressed reports from staff regarding body language, potential conflicts of interest or the appearance of and reiterated their stance on providing a positive public image for the Membership.

KTHA BOC appointment roll call vote: TM#SM (Haa; Arch, Josh, Bud, Renee, Sonny, Robert) and TM #RH (Haa; Jody).

Consensus: for clarification on corrective action plans to be discussed. To have HR in the room for the discussion to ensure proper documentation of those CAP have what the Council has set forth.

Next Meeting Date: February 12, 2015 at 3pm in Happy Camp, CA

Arch Super moved and Renee Stauffer seconded to adjourn at 7:45pm, 8 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

_____

Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider

Karuk Tribe

Karuk Tribal Health Program
Dental Program Overview & Scope of Dental Services

Oral diseases is a significant health problem in our communities, access to care, health promotion, prevention, and treatment have a key role in our goal to improve oral health in our communities. This oral health guide and scope of services describes a comprehensive schedule of oral health services available in the Karuk Dental Clinics. The Karuk Clinics provide care under the direct supervision of the Health and Human Services Director and the direction of the Karuk Tribal Health Board.

The Karuk Tribal Health Program has organizational wide guidelines, protocols, criteria, policies, and set process for all services i.e. patient services, travel and training, ordering supplies and conducting other routine business. The program works within and strives to maintain the approved fiscal year budget, which is based on I.H.S funding, other available resources, along with their projected revenue.

Professional care is to be provided by qualified staff working together within; the scope of their licenses', which governed by The California Dental Practice Act; the programs current budget; and by adhering to the Karuk Tribes current program policies.

The Karuk Dental Employees will do their best to provide equal access to: emergency evaluations; preventive care; basic restorative: limited Periodontal Treatment and maintenance: and some endodontic procedures. The Clinics will maintain adequate flexibility in their appointment scheduling systems for evaluation of emergency problems, walk-in patients, patients with special problems, and new patients. It being understood that should demand for care exceed a clinic's capability to provide such care, measures to place limitations on the availability and type care, may be necessary and appropriate.

The Karuk Dental Providers must always recommend the best treatment options for every patient, then patient can chose the treatment to be done. Due to limited resources, the Karuk Health Program works within an approved Scope of Services and offers an income based discount program for some preventive and restorative dental services. Their scope of services includes a list conditions and things that can be used as treatment modifiers when developing and presenting treatment options to patients. If patients choose a treatment option not offered within the Karuk Tribal Health Program's Scope of Services and a referral will be done to the appropriate provider.

Treatment Modifiers -

-Arch Integrity
-Patients behavior or motivation
-Treatment Longevity >3 years
-Diabetes
-Patients Oral Hygiene
-Periodontal Status
-Patients dependability
-Disease Activity

Scope of Services-

Level I – Acute Emergency Services:

Includes those dental services which are necessary to relieve pain or control acute oral conditions, such as serious bleeding, a potentially life-threatening difficulty, maxillo-facial fractures, and swelling, severe pain, or signs of infection. Such as:

-Diagnosis
-Tooth Extractions
-Temporary Restorations
-Periodontal Therapy
-Endodontic Access
-Pulp Therapy
-Palliative Treatment
-Fillings
-Prescriptions of Medications
-Other conditions that require urgent attention e.g. prosthodontic repairs, denture adjustments, and Etc .-

Level II – Primary Care - Prevention and Diagnosis:

The procedures classified as primary care are those that prevent the onset of oral disease. Clinical Services to individual patients and community health activities are included.

-Patient & Community Education on Self Maintenance and Disease Prevention
-Dental Sealants
-Topical Fluorides-
-Supplemental prescriptions
-Prophylaxis (Cleaning)
-Periodontal Maintenance
-Pediatric Screenings to access need
-Group Education
-Tobacco Education & Cessation
-Nutrition Education
-Sports Mouth Guards
-Occlusal Guards for Bruxism
-Periodontal Debridement to enable Comp. Exam and Diagnosis-

Level III – Secondary Dental Care

The procedures deemed necessary for routine diagnosis and treatment to control the early Stages of disease. The procedures are generally not complicated in nature, and one or more of these services can usually be completed in one appointment.

-Comprehensive Exam
-X-rays
-Amalgam fillings
-Stainless Steel Crowns
-Therapeutic Pulpotomy (primary teeth only)
-Endodontic Therapy on Anterior teeth
-Periodic Exams
-Periodontal Scaling and Root Planing
-Composite Fillings
-Space Maintainers
-Biopsy, excision of lesion
-Diagnostic casts

Level IV – Limited Rehabilitation

Rehabilitative care is that which restores oral structures in an improved condition and form. Limited rehabilitation is defined by the Karuk Tribe as those dental procedures which are more complex and costly to provide then Level III care in controlling disease and restoring function.

-1 to 6 Single Cast onlays or crowns with or without porcelain, per treatment plan-
-Non-Cosmetic 1 -3 Labial Veneers-
-Direct (in-house) Crown Build-ups-
-Acid Etch Bridge (Maryland)-
-Direct (in-house) Post and Core restoration
-Gingivalplasty / Gingivectomy
-Bicuspid Endodontic Tx. (two canals)

Level V – Rehabilitation

The dental services classified in this level are rehabilitative procedures which require more clinical chairtime, additional knowledge and skill of care provider, and usually greater expense

then the limited rehabilitative services listed in Level IV care. Level V services usually require multiple appointments to complete, are usually associated with a rehabilitative plan for the entire mouth and could require a substantial patient copayment to cover professional fees in dental insurance and other third party programs.

-Surgical Extractions-
-Molar Endodontic treatment-
-Endodontic re-treatment-
-Removable Complete Dentures (including Immediate)-
-Removable Acrylic Partial Dentures-
-Removable Cast Partial Dentures (Not included in the tribal discount program)-
-Fixed Partial Dentures (3-6 Unit Bridges) (Not included in the tribal discount program)-

Level VI – <u>Complex Rehabilitation</u>

The dental services classified in this level are rehabilitative procedures which require more clinical chairtime, additional knowledge and skill of care provider, and usually greater expense then the limited rehabilitative services listed in Levels VI and V care. A substantial portion of the patients may require referral to a specialist for complex rehabilitative treatment.

-Cephalometric X-Rays-
-Overdentures-
-Complete Occlusal Adjustment-
-Bony Impaction Surgical Extractions-

Level VII - <u>Program Exclusions – Dental Treatment Procedures not done in Karuk Dental Clinic's</u>

- Most Cosmetic Procedures, including external bleaching
- Endodontic Apicoectomy / Periradicular Procedures
- Limited, Interceptive and Comprehensive Orthodontic Treatment Procedures
- Any treatment plan that calls for 7 or more single crowns, inlays, veneers, and onlays per-plan (requires special permission by the Karuk Health Board)
- Any Fixed Bridge that includes 6 or more unit's i.e. 4 crowns (retainers) and/or 3 Pontics per-plan (requires special permission)
- Full Mouth Rehabilitation-
- TMJ Treatment Procedures other than minor occlusal adjustments or occlusal guards-
- Bone Grafts
- Tissue Grafts
- Osseous Surgical Procedures –(Other than when done in conjunction with Surgical Extractions)
- Implants and implant prosthetics

Date

Karuk Tribal Chairman <u>Russell Attebery</u>

Date

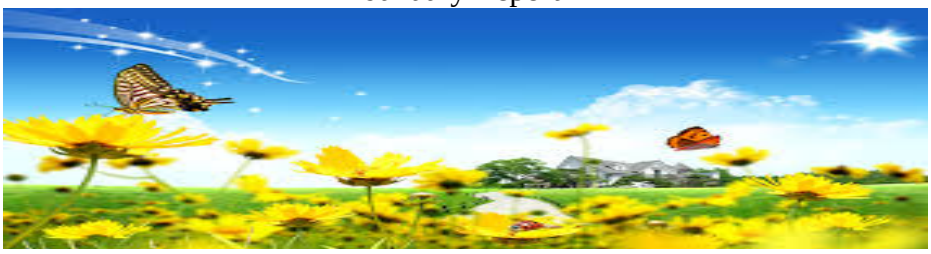
Karuk Vice-Chairmen <u>Robert Super</u>

Date

Secretary/ Treasurer <u>Joseph Waddell</u>

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting
February 12, 2015
Rondi Johnson
January Report



ACTION ITEMS: 1. Physician Dr. North Contract extension #15-C-051

JANUARY ACTIVITIES:

Meeting with Buster January 13th, Meeting with April re: Yreka move January 13th, ACQI Meeting January 14th, Yreka Clinic visit January 14th, HC Ofc Meeting January 15th, Meeting with Laura O/fiscal January 15th, Worked in Yreka Clinic January 20th, Meeting w/Laura O-Connecting Kids to Coverage January 26th, Yreka Clinic visit January 28th, Yreka Medical Clinic staff meeting January 29th, HC Ofc Meeting January 29th,

JANUARY TRAININGS/CONFERENCES & WEBINARS:

IHS FY 2015 Budget Conference January 6th – 8th, (Summary attached) CalPIM Network Webinar January 20th, CRIHB Quarterly Board of Directors Meeting January 21st – 24th,

ACQI COMMITTEE MEETING:

The January 14th, ACQI meeting agenda, performance improvement projects, and reports are attached.

Dental Health Board Report: Attached for January.

BUDGETS:

See below. Budget through 1/31/15. At this time I'm well under budget.

Program	**CQI**
Budget Code	300002
Program Year	2013-2014
Expenses to Date	$59,255.27
Balance	$183,763.78
Percent Used	24.51
Period Usage	4 months

Respectfully Submitted,
Rondi Johnson
Deputy Director of Health & Human Services

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
January 14, 2015
9:00 am-10:00 am

1. Call Meeting to Order – Rondi Johnson

2. Roll Call/Sign In – Debbie Bickford

3. Approve Agenda – Rondi Johnson

4. Approve Minutes of December 10, 2014 – Rondi Johnson

5. Performance Improvement Reports Due
   5.1 BMI – Patti White
   5. 2 HIV/AIDS – Chris Rotin
   5.3 Yreka Dental Records – Susan Beatty
   5.4 Happy Camp Dental Records – Cheryl Asman
   5.5 Flu Vaccine Report – Jennifer Jones
   5.6 Partnership – Amy Coapman (no written report needed)

6. GPRA Reports
   6.1 Clinical Benchmarking – Vickie Simmons

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

8. Old Business

9. Next Meeting February 11, 2015 at 9:00 am

10. Adjourn

IHS Fiscal year 2015 Appropriations Conference by Michael D. Hughes – Consultant on Indian Affairs
Summary:

Day One: Morning session went over:

IHS Service Budget

- Department of HHS
- IHS organizational structure & key officials
- IHS 2015 Budget justifications

IHS Program Details

- Program Changes
- Built-in costs: medical inflation, pay & service population growth
- Performance measures
- CSC

Day One: Afternoon session went over:

Budget of the United States Government

- Revenues, outlays, deficit and debt
- The Budget Control Act of 2011
- The American Taxpayer Relief Act of 2012
- The FY 2013 Sequestration
- The 2% protection for the IHS versus the 5% seuester
- The Bipartisan Budget Act of 2013
- The Department of Health & Human Services budget

Group Exercise

- Analysis of IHS programs
- Group reports & discussions

Day Two: Morning Session went over:

The 113th & 114th Congresses

- Overview of the 113th Congress
- Upcoming changes in the 114th Congress

Appropriations Committees

- Department of the Interior, Environment & Related Agencies Appropriations Bill
- The FY 2014 Interior Appropriations Act
- The FY 2015 Interior Appropriations Bills
- The FY 2015 Continuing Appropriations Resolution(s)

Day Two Afternoon Session went over:

Authorizing Committees

- Senate Committee on Indian Affairs
- House Committee on Natural Resources
- The Indian Health Care Improvement Act

Budget Committees

- Concurrent Resolution on the Budget
- Section 302 allocations

Group Exercise

- The Congressional Budget Process
- Group reports and discussion

Summary of Fiscal Year

- FY 2015: FY 2015 budget execution
- FY 2016: Congressional budget process
- FY 2017: Federal budget planning

**No Sequestration FY2015 but very possible for FY2016

**2015 Full Funding, the largest account in the IHS Budget is hospitals for FY 2014, for FY 2015 the IHS program that would receive the largest dollar change increase is Hospitals & Health Clinics -$71 million. Total FY 2014 receipts were $3 Trillion, FY 2014 budget deficit was, -$628 Billion.

**The Committee in the United States Senate that has jurisdiction over federal Indian policy is the Committee on Indian Affairs.

**An authorizing law that provides general authorization for the Congress to appropriate funds for the benefit of Indian Tribes is the Snyder Act 1921.

**114th Congress, First Session 2015 – will be working on FY 2016 budgets, possible sequestration

Second Session 2016 – will be working on FY 2017 budgets, remembering it's a Presidential year!!!

Action Items:

BEHAVIORAL HEALTH PROGRAMS

- Karuk Mental Health (Clinical Social Work) Services (BIA/HRSA/Billing)
- Karuk Substance Abuse Program (KSAP) (Calworks;BIA;HRSA/Fees)
  Karuk Batterers Intervention Program (BIP) (non AOD/non Health)
  Karuk Driving Under the Influence Program (DUI)(non AOD/non Health)

STANDING SCHEDULE

Mondays I am in Yreka and working with Tanya Busby pertaining to Judicial System and Programs and we travel to Hoopa/Orleans on the second Monday of each month.
I check in with Behavioral Health Office staff in Yreka 7:50-8:30 and am available by phone and email as needed.

Tuesdays and Thursdays ***usually*** finds me scheduled to be in Happy Camp and or Orleans.
The exception would be if a Council Meeting was scheduled to be in Yreka then I would remain in Yreka on that Thursday.(I am available to Behavioral Health Staff by phone or email as needed)

I have set aside the first Tuesday of each month to Judicial Staff Meeting(10:30-12:00) and Pikyav Advisory Meeting (12:00-1:30) in Happy Camp.
The second Tuesday of each month is set aside to attend the Yav Pa Anav Meeting 12:00-1:30 and the Child Welfare Services Program Staff Meetings from 2:00 p.m.-4:00 p.m.
Third Tuesday of each month 11:00-1:00 the ICW Committee Meetings are normally held in Happy Camp.

Health Board Meetings (CFS Department) are held at 3 PM each month (the second Thursday) with locations rotating each month.
Tribal Council Meetings (Judicial System and Programs) are held the fourth Thursday of every month at 3PM. The location rotates between Yreka, Happy Camp, and Orleans.

DIRECTOR'S ACTIVITY REPORT FOR JANUARY

1/8/15- Yreka 12-2:30 p.m. Planning Meeting with Tribal Council regarding programs currently being administered by me. The Meeting mainly focused on Behavioral Health and both Patricia Hobbs, LCSW and Angela Baxter, Program Coordinator where present to update the Council and answer questions.

1/13/15- Happy Camp 11:00-12:00. I was directed to move my offices from 1517 Suite B South Oregon Street to allow for AOD to move into the space. I facilitated a planning Meeting in order to discuss the feasible timeline for the move of the Judicial System and Programs/CWS to new locations. The plan relayed to me by Vice Chairman, Robert Super was that TANF would be occupying the entire building. The Council and management team discussed the options and the original plan agreed upon was the Judicial and Programs would move to the Tribal side of the KTHA Administration building. The Notes from the meeting are attached.

12:00- 2:00. Attended YavPaAnav Meeting in Happy Camp

2:00-4:00. Attended the Child Welfare Services Staff Meeting

1/16-Happy Camp- Administration Activities

1/27-Happy Camp- Move Team Meeting with Health, AOD and Council Member, Elsa Goodwin and Vice Chairman Robert Super.

BEHAVIORAL HEALTH PROGRAM UPDATES

Mental Health Board Report January 2015

Mental Health Services			
Clinic	**Yreka**	**Happy Camp**	**Orleans**
Mental Health	68	66	1
Psychiatry	4	8	1
Total	72	74	2

The Mental Health Program provided services to 148 individual community members during the month of January.

We have developed and sent for review and approval policies and procedures for the Program as part of the AAAHC requirements for our health care department.

Our Program continues to participate in Provide/Compliance Audit committee and the AAAHC Workgroup.

Clinical supervision is also provided by our Program for the Child Welfare Services Program Social Workers and Karuk AOD staff.

We are hopeful that our wait list in the Happy Camp area will be reduced once Kareena Walter, LCSW comes on board in March. Each individual on the wait list has been screened for risk and offered a referral to another provider as well. Most of our tribal clients prefer to remain in our system for care.

Mental Health services will begin one day per week in Orleans as well in March.

Karuk Substance Abuse Program/BIP and DUI Program Board Report January 2015

AOD	Total Number of client for each area	**BIP**	Total Number of client for each area
Yreka	6	Yreka	10
Happy	8	Happy	0
Orleans	2	Orleans	2

Total Number of AOD clients **15** Total Number of BIP clients **12**

DUI	Total Number of client for each area
Yreka	2
Happy Camp	8

Total Number of DUI clients **10**

Currently, the AOD/BIP/DUI staff travel down river two times a week:

1. Tuesdays, providing DUI and AOD services in Happy Camp.
2. Thursdays, providing AOD and BIP services in Orleans.

As of the week of February 9th the schedule will change. The AOD staff will be providing services in Happy Camp and in Orleans on Tuesdays only. Cheryl, AOD Counselor, will provide services in Happy Camp and Angela Baxter, Program Coordinator/ BA, CADC II will provide services in Orleans.

There are three reasons for this change:

1. The program has limited funding for travel. The program is not able to utilize the travel money allocated from our Cal-Works grant as we currently have no TANF or Cal-Works clients down river.
2. The program coordinator is allocating more time to do the administrative portion of her job such as updating program policies and procedures, treatment forms and working on policies and procedures with regard to the MOA the Program has with TANF.
3. The Counselor Position for Down River remains vacant.

Budget Summary for AOD/Cal-Works Grant and BIP&DUI Revenues

Program: DUI *Term Dates: 10/1/2014 to 9/30/2015*	*Code*	*Budget Dependent upon revenues(13/14= $18,874.65)*	Expended to Date	*Balance*	*% Expended*
$3,980.00 Covers CALWORKS GRANT INDIRECT COST RATES	6400-10		$132.13(supplies vehicle and mileage for program)	-$4,112.13	
Program: BIP *Term Dates: 10/1/2014 to 9/30/2015*	*Code*	*Budget Dependent upon revenues(13/14= $7,771.05)*	Expended to Date	*Balance*	*% Expended*
	6400-05		$968.87	-$968.87	
Program: CAL Works *Term Dates: 7/1/2014 to 6/30/2015*	*Code*	*Total Budget*	Expended to Date	*Balance*	*% Expended*
	6400.15	$53,950.00	$23,669.38	$30,280.62	44%

Karuk Tribe

Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
December 10, 2014

Minutes

1. The meeting was called to order by Vickie Simmons at 9:00 am.

2. Attendance:

Happy Camp: Vickie Simmons, Debbie Bickford, Dr. Vasquez, Chelsea Chambers, Mina Tanaka, Rondi Johnson and Vickie Walden
Yreka: Amy Coapman, Annie Smith, Dr. Milton
Orleans: none

3. Motion was made by Dr. Vasquez and seconded by Vickie Walden to approve the agenda.

~~4.~~ Motion made by Annie Smith and seconded by Dr. Vasquez to approve the Minutes of November 12, 2014. Z A request during the meeting was to strike the comment from GPRA Reports~~: Patti will check to see if hysterectomies can be eliminated.~~

5. Performance improvement Reports Due:

5.1. HC/OR Eligibility Report (Debbie Bickford) See written report; busy with interviews, phone calls, and community events.
5.2. Yreka Eligibility Report (Sharon Denz – absent) – see written report
5.3. HC CHDP Call back (Tracy Burcell-absent) given by Chelsea – see written report
- Report for HC only. This is a system to contact clients and remind them with letters if they missed an appointment. When we are fully staffed, we are able to pick up clients but we are now short staffed again, so this is not possible.
- CHDP – there is no penalty for missing exams, however, children cannot attend Head Start without physicals.

5.4 Diabetes (Annie) - TABLED

6. GPRA Reports (Vickie Simmons – see attached report)
- See # 6 on page 2. We have increased by 2.3% and still have the rest of December to continue to improve.
- Dr. Vasquez commented that both he and Chelsea have been promoting immunizations. They have met the 2% goal since reducing the goal to 1%.
- Vickie shared story about a guardian who was resistant to immunizations and shared on social media regarding an article stating "Dear Parents, You are being lied to…" She commented that immunizations are horrible; but the article was "pro" vaccines. Meanwhile, the guardian brought in the child for one immunization. One victory. We'll take it!

- Annie commented they only have a video cassette player in the lobby. Debbie reminded them that the Covered Ca kiosk is a dvd player, could alternate with the Cov Ca dvd already in there. Just have to make sure it is turned on every day.

7. New Business –

7.1. Complaints / Incidents/ Suggestions (Rondi Johnson) – Doing well, no complaints, only incidents are multiple cuts in the kitchen.

8. Old Business

8.1. KCHC Medical Records Audit (Jennifer Jones) – TABLED

Next meeting is Wed, Jan. 14, 2014 at 9:00 am. Motion to adjourn the meeting was made by Chelsea and seconded by Annie.

Karuk Tribe

Karuk Tribal Health & Human Services
Performance Improvement Project
Prepared for ACQI Meeting
January 14, 2015
BMI/Obesity Project 2013-2014-2015

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

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

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

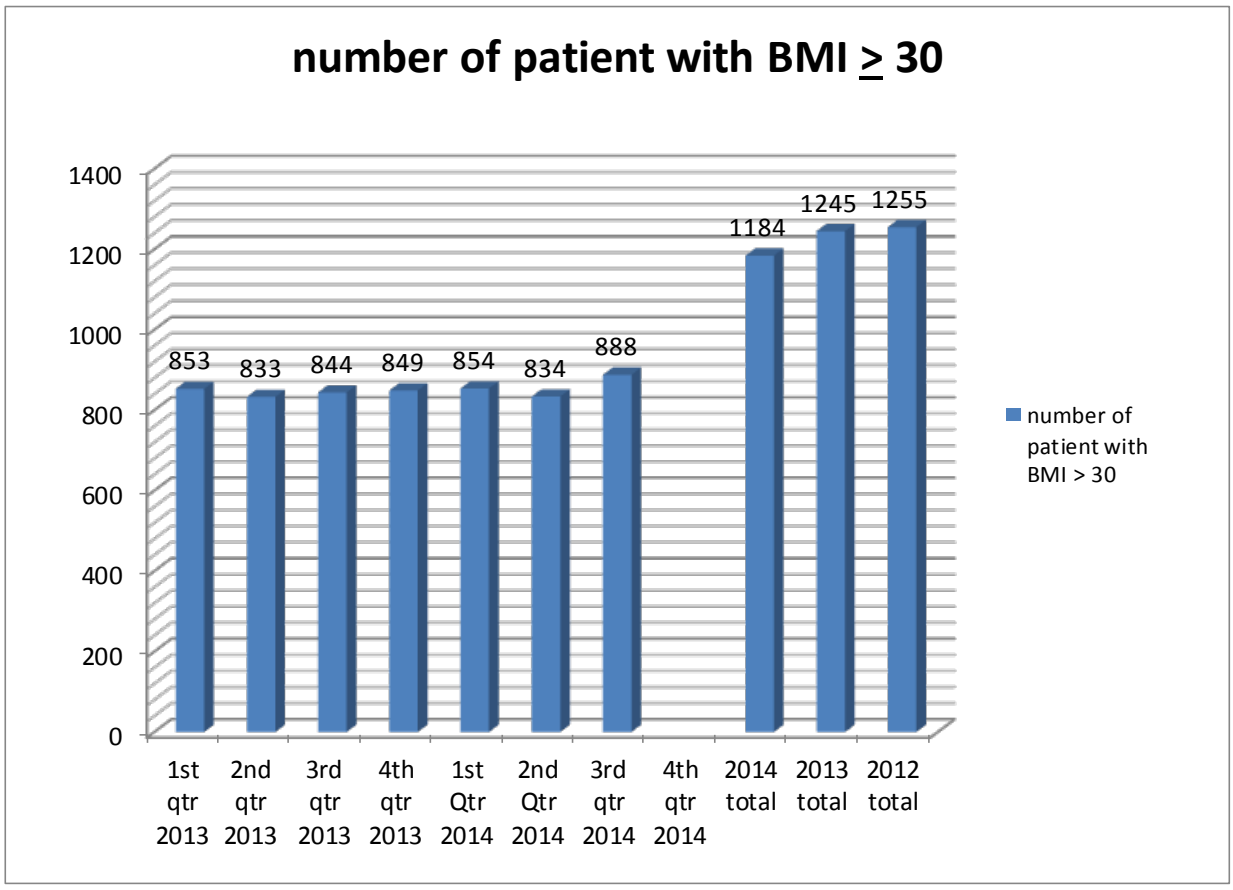
2. **Goal of this Performance Improvement Project:** To reduce weight in patients with a BMI $\geq$ 30 by 1% each year.
   - **a)** All patients will have their BMI measured at each visit.
   - **b)** A count of patients with BMI $\geq$ 30 will be run each quarter.
   - **c)** Compare number of patients with BMI $\geq$30 to number from previous quarters.

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

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

5. **Data Analysis-**
   - **a)** 3rd quarter 2013 (7/1/203 to 9/30/2013) there were a total of 844 patients with a BMI $\geq$30 who had a visit during the quarter.
   - **b)** 4th quarter 2013 (9/30/13 to 12/31/2013) there were a total of 849 patients with a BMI $\geq$30.
   - **c)** 1st Quarter 2014 (01/01/14 to 03/31/14) there were a total of 854 patients seen with a BMI $\geq$30.
   - **d)** 2nd Quarter 2014 (04/01/14 to 06/30/2014) there were a total of 834 patients seen with a BMI $\geq$30.
   - **e)** 3rd quarter 2014 (7/1/2014 to 9/30/2014) there were a total of 888 patients with a BMI $\geq$30 who had a visit during the quarter.
   - **f)** So far for CY 2014 (1/1/14 to 9/30/14) there are 1184 patients with a BMI $\geq$30.

g) There 1245 patients with a BMI ≥ 30 for the calendar year 2013. (1/1/13 to 12/31/2013)
h) Baseline was CY 2012 with 1,255 patients with BMI ≥30.



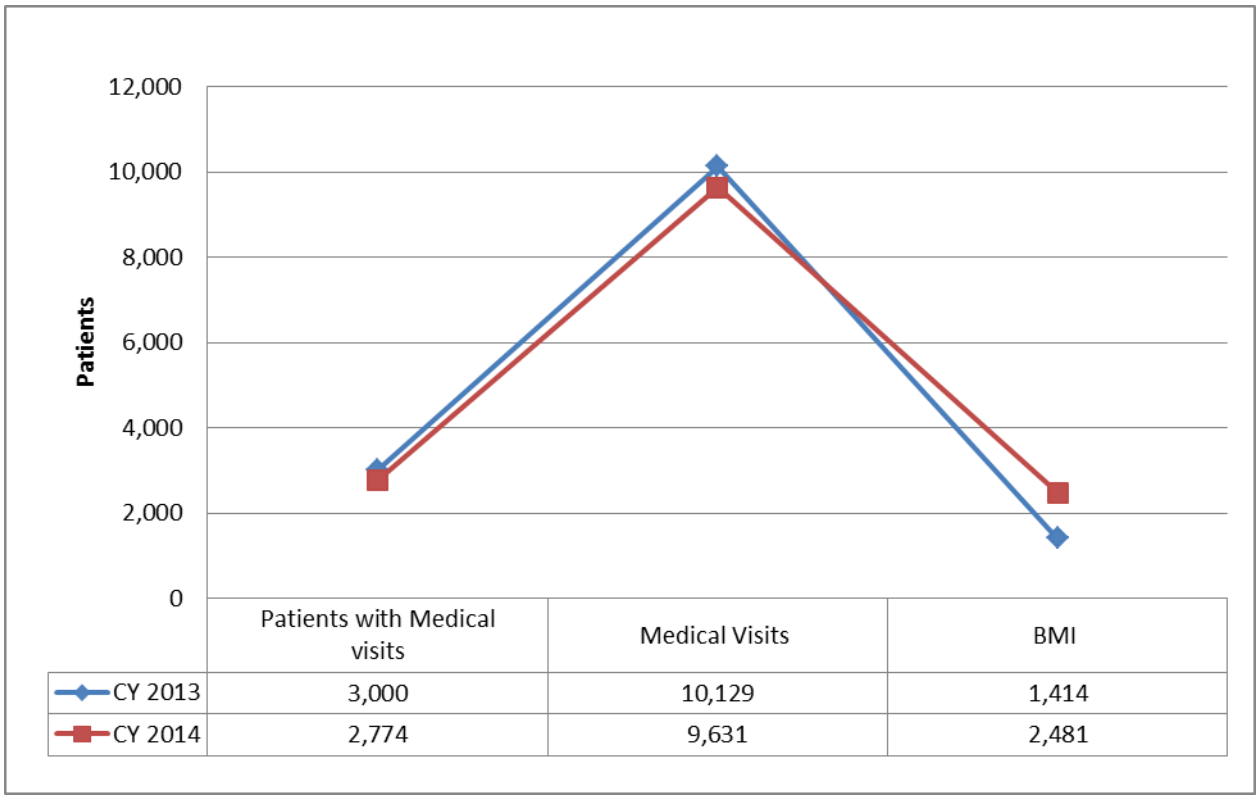
6. Comparison-

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

For the past 7 quarters we are seeing an average of 851 patients each quarter with a BMI 30 and over. Many patients may be seen in more than one quarter. The total for each year is an unduplicated count. Up to end of September 2014 we had 1,184 patients with a BMI ≥30. This is 5% less than the 2013 total. I am hopeful that by gathering the information and educating the patients we will have less patients in the over 30 group.

I was asked to compare to total number of patient visits. We had 10,129 medical visits in 2013 for 3000 medical patients. Of those only 1,414 had a BMI recorded. If height and weight were being done at visits the BMI would show. For 2014 so far, we have 9,631 medical visits in 2014 for the medical patient count of 2,774 and have 2, 481 with a recorded BMI. This shows that we are doing much better at documenting the height and weight and getting data for our patients. See the graph on the next page. In all of 2013 only 47% of the patients had a BMI documented. In the three quarters measured, 89% have had a documented BMI.

Our clinical staff is doing much better at this. This seems to be linked to having permanent providers on staff. With all the updates to EHR and system, BMI's will be automatically figured when height and weight are documented.



	Patients with Medical visits	Medical Visits	BMI
CY 2013	3,000	10,129	1,414
CY 2014	2,774	9,631	2,481

Please note I revised data to include only those that were seen in Medical during the measurement year. Previously I had included active patients, that is those patients that two or more visits in the past three years. I think this change gives a better picture of what we are doing.

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

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

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

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

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

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

Submitted by Patti White
01/14/2015

Plumas County HIV/AIDS Project
4th Quarter CY 2014

For the 4th quarter reporting period (10/1/2014-12/31-2014) the Karuk Medical Clinic had 19 active patients, 5 females, 13 males, and 1 transgender patient. One male is currently staying in Oregon where he is taking care of a dying partner, and hasn't been able to come in for labs since March 2014 - has no transportation back and forth, but continues on his ART medications while staying with partner there. Another client has moved to Klamath Falls, Oregon, but continues to receive care at this clinic.
Total HIV specialty clinic visits for 4th quarter were 8.
Total medical clinic visits (not including lab only appts) for 4th quarter were 12 (for 8 separate patients.)

All patients are on highly active antiretroviral medications. 16/19 have undectable viral loads (2 of the 3 are extremely low, the 3rd is newly diagnosed.) Levels range from undectable (<20) – 28,256.
With one exception, all have had excellent CD4 levels. (Levels range from 75-1150).

Findings

Osteoporosis Screening: All patients have been screened for vitamin D levels - with the patients found deficient (with 25 hydroxy-vitamin D levels <30), all have begun vitamin D supplementation.

PCV 13 Vaccinations: In 2014, 4 of the 19 patients were immunized with PVC13. The other 15 have already been immunized.

Influenza Vaccinations: In 2014 flu season, 15 of the 19 have been immunized. The other 4 have not come in/reported in during the flu season.

Christine Rotin, PA-C / Karuk Tribal Clinic, Yreka

MEDICAL RECORDS ANALYSIS REPORT
4th Quarter 2014
YREKA DENTAL DEPT

PURPOSE:

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

GOAL:

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

DATA:

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

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

MEDICAL ALERT LABELS – See Chart Attached.

FINDINGS:

This quarter we met our goal of 90% in all areas but two. The Treatment Plan was at 45% with eleven of the charts with either no signatures from our provider or the patient or both. The second area we went down is in the medical alert labels. We have gone down to 55% from 90% in Medications, from 100% to 80% in Allergic to items and 90% to 75 % with the NKDA label.

Looking at the medical alert label chart we see that we met our goal of 90%.

.

CORRECTIVE ACTIONS:

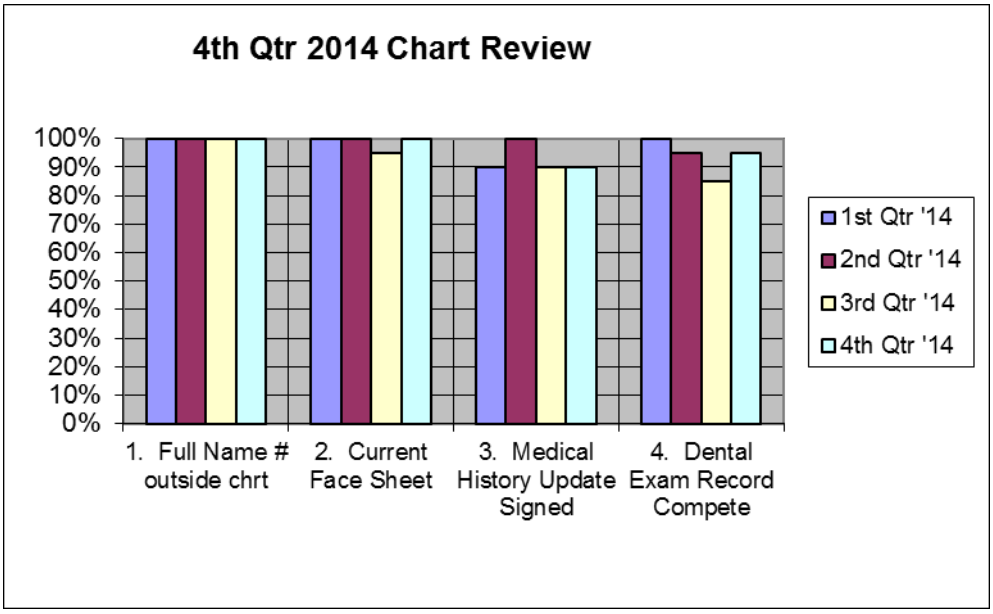
Our goal for 2013 was to reach 90% in all areas of this report and we came close, so we tried to make this our goal to reach by the 4th quarter in 2014. Unfortunately we did not make it. But overall we have done better this year. I believe that if we had the capability of having the keys to get into Dentrix and add medications and allergies that we would see more improvement.

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

Respectfully Submitted, Susan Beatty, RDA

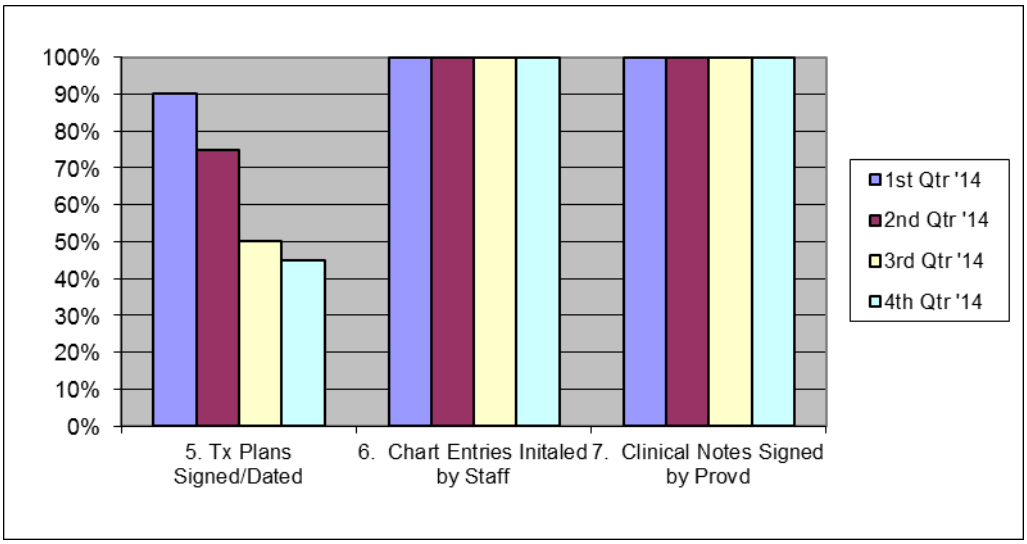
4th Qtr 2014 CHART REVIEW / YREKA DENTAL

	1st Qtr '14	2nd Qtr '14	3rd Qtr '14	**4th Qtr '14**
1. Full Name # outside chrt	100%	100%	100%	**100%**
2. Current Face Sheet	100%	100%	95%	**100%**
3. Medical History Update Signed	90%	100%	90%	**90%**
4. Dental Exam Record Compete	100%	95%	85%	**95%**

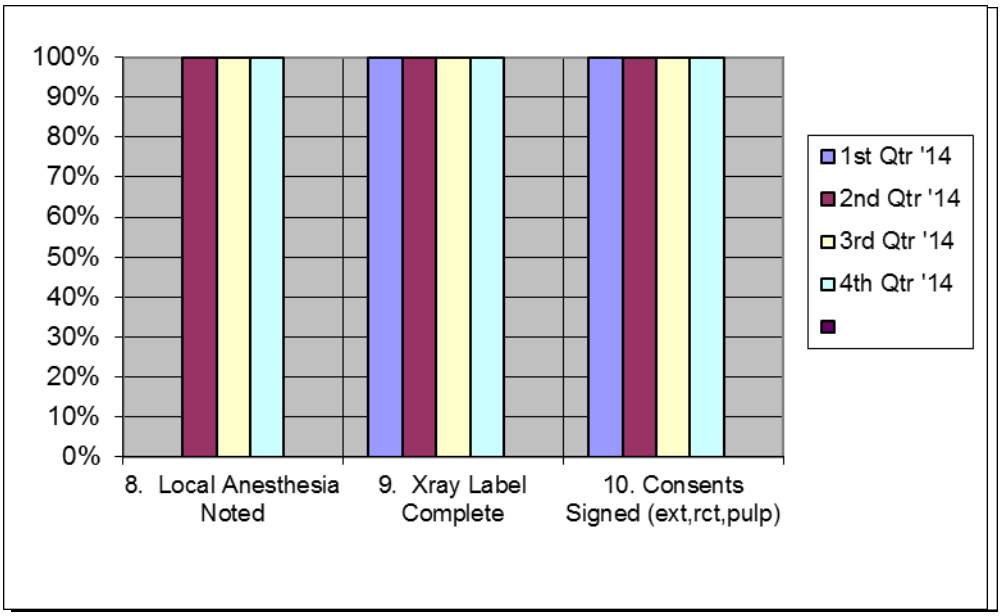


Medical Alerts - See Chart Attached

	1st Qtr '14	2nd Qtr '14	3rd Qtr '14	**4th Qtr '14**
5. Tx Plans Signed/Dated	90%	75%	50%	**45%**
6. Chart Entries Initaled by Staff	100%	100%	100%	**100%**
7. Clinical Notes Signed by Provd	100%	100%	100%	**100%**

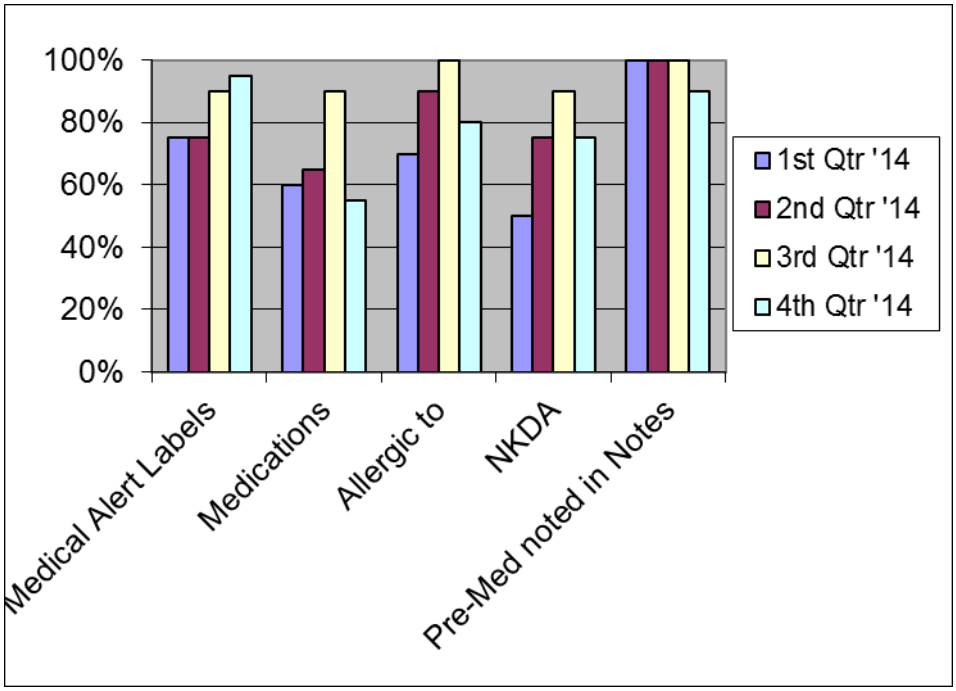


	1st Qtr '14	2nd Qtr '14	3rd Qtr '14	**4th Qtr '14**
8. Local Anesthesia Noted		100%	100%	**100%**
9. Xray Label Complete	100%	100%	100%	**100%**
10. Consents Signed (ext,rct,pulp)	100%	100%	100%	**100%**



Medical Alert Labels

	1st Qtr '14	2nd Qtr '14	3rd Qtr '14	**4th Qtr '14**
Medical Alert Labels	75%	75%	90%	95%
Medications	60%	65%	90%	55%
Allergic to	70%	90%	100%	80%
NKDA	50%	75%	90%	75%
Pre-Med noted in Notes	100%	100%	100%	90%



Performance Improvement Project
BLOOD PRESSURES
4th Qtr 2014
Yreka Dental Dept

PURPOSE:

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

GOAL:

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

DATA:

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

FINDINGS:

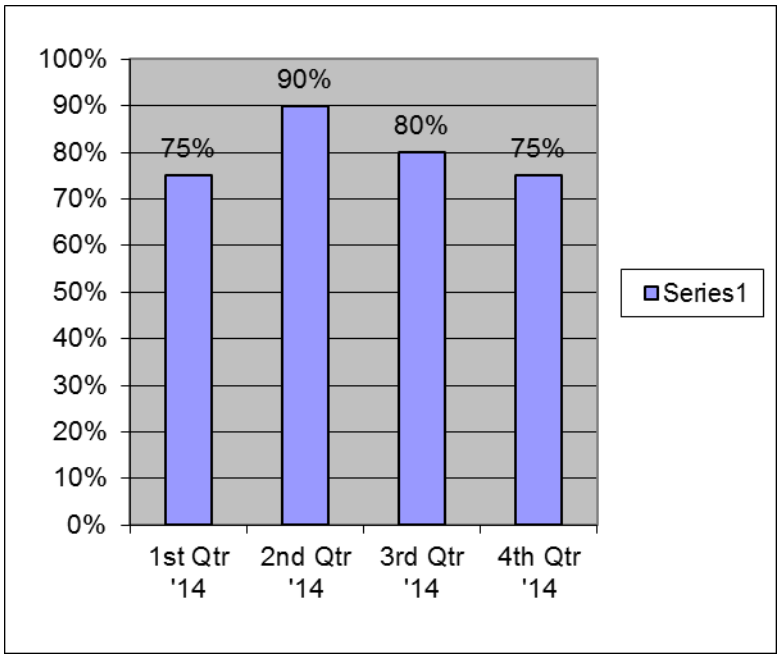
1st Qtr 2014: 75% were correct
2nd Qtr 2014: 90% were correct
3rd Qtr 2014: 80% were correct
4th Qtr 2013: 75% were correct

Out of the twenty charts for the 4th quarter reviewed, 4 charts either the blood pressure wasn't taken or they didn't have one taken at every visit within the quarter.

CORRECETIVE ACTIONS:

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

Respectively Submitted,
Susan Beatty, RDA


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
75%
90%
80%
75%
1st Qtr '14
2nd Qtr '14
3rd Qtr '14
4th Qtr '14
Series1

Karuk Tribe

Karuk Dental Records Report
ACQI Meeting Date 1/14/15
4TH Quarter Report of 2014 by Cheryl Asman

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

2. **Description Data Collection**
   a. I reviewed and collected data from ten adult dental records.
   b. I reviewed and collected data from ten children dental records
3. **Evidence of Data**
   The data was collected from the visits in the fourth quarter of calendar year 2014

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

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

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

4. In the 4TH quarter of 2014, we stayed at 100% in the adult charts & went back up to 100% in the children's charts.

Karuk Tribe

Karuk Tribal Health Board Report
For Meeting Date February 12, 2015

Dental Department January 2015 Report

1. We are currently using the new BMW scheduling package and that is going well.
2. Patti White and I will be working Dentrix (the Dental Electronic Record) issues after her UDS Report.is completed and filed.
3. Staffing Changes
    a. Debbie Whitman RDA in the Happy Camp Clinic resigned. We are working on a replacement for her.
    b. Kayla Bridwell resigned from her DA position at the Yreka Clinic and is taking a position as Medical Assistant in the Yreka Medical Clinic.
4. The Karuk Head Start Dental Screenings and fluoride treatments have been completed.

Dear Karuk Tribal Council Members:

On January 14, 2015 I had the pleasure to provide a fluoride varnish clinic at the Karuk Head Start in Yreka. The following are facts that I gathered during my visit.

AM Class, 20 children under age of 4-

- 11 children with no visible decay
- 5 children with visible decay
- All children had plaque present
- 1 child was uncooperative
- 3 children did not have permission to participate

PM Class, 18 children under age of 4-

- 11 children with no visible decay
- 5 children with visible decay
- 1 child was uncooperative
- All children had plaque present
- 1 child did not have permission to participate

All children whom participated received a toothbrush and sticker. Parent reports were also sent home with the children. The staff was accommodating and a pleasure to work with.

The following are facts regarding baby teeth.

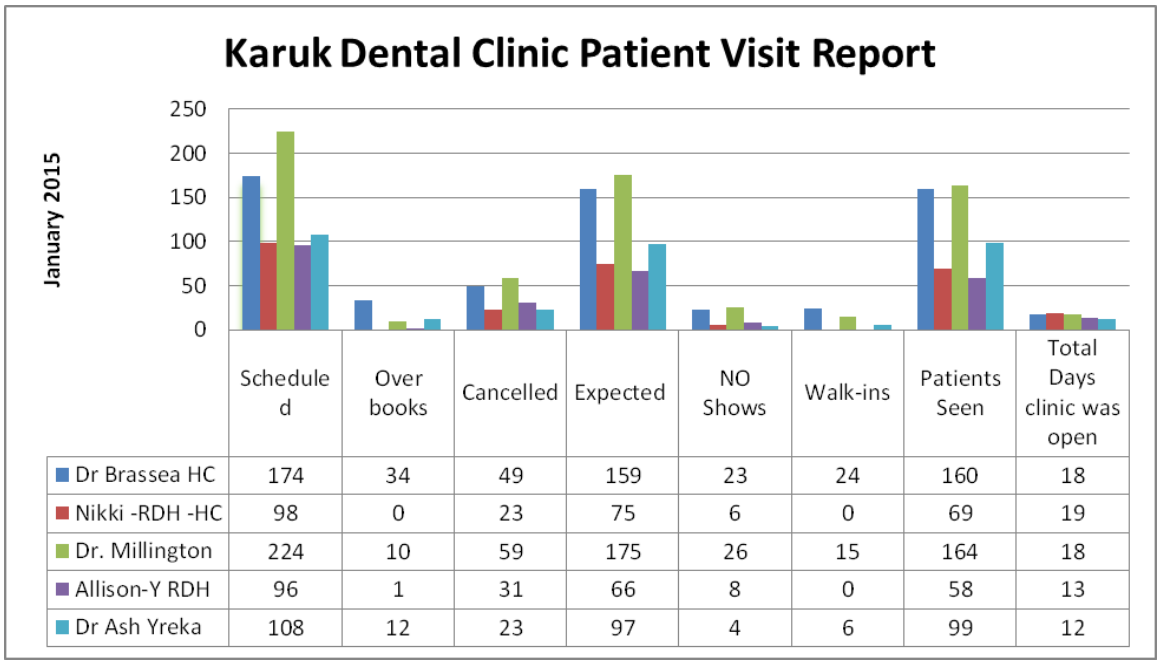
Caring for baby teeth is extremely important even though they will eventually fall out or exfoliate. Baby teeth serve a number of purposes. Aside from helping babies eat solid foods, baby teeth are also vital in the development of a child's ability to speak. They also act as place holders for permanent teeth that are waiting to emerge.
If a child's baby tooth is damaged by tooth decay or some other trauma and fall out prematurely, this could lead to complications with permanent teeth later on. Children with healthy mouths have a better chance of good general health.

Respectfully submitted,

Allison Ortiz, RDH

Dental Budget Report

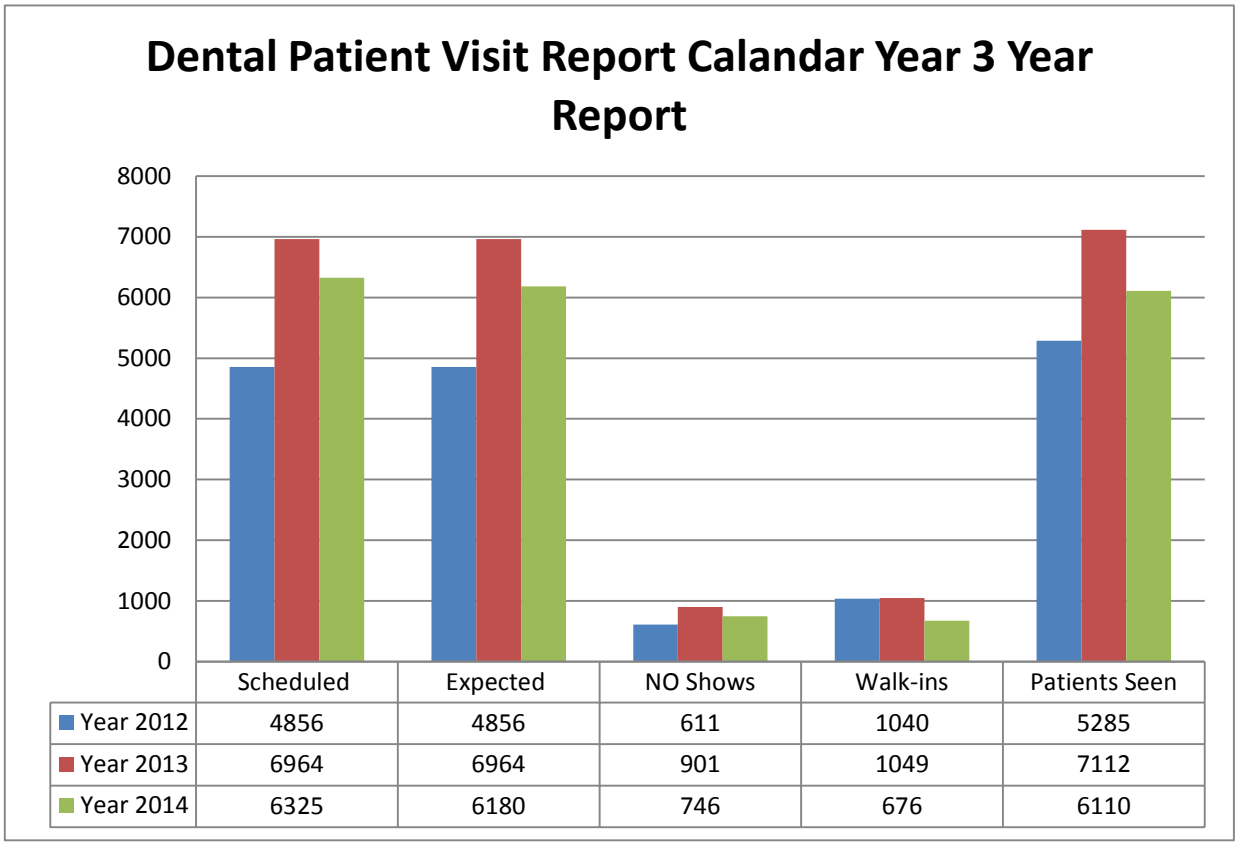
1. HRSA -According to The HRSA Dental budget EE & A report line items are spent. I sent out an email to all the dental staff that we were out of funds and could no longer offer some dental procedures under our discount program. I will be reviewing dental HRSA fiscal reports to find out if the correct fund codes were used for the purchase requests. I will do a follow up report to staff and the Health Board before the end of February.
2. **I.H.S. 3000-41 Yreka Dental – Budget Appropriations $ 1,150,028.54**
   a. Year to Date Expenditures $ 177,814.75
   b. Outstanding Encumbrances $ 1,428.72
   c. Unencumbered Balance $ 973,642.51 15.34% Used
3. **I.H.S. 3000-42 Happy Camp – Budget Appropriations $ 648,960.38**
   a. Year to Date Expenditures $ 172,952.23
   b. Outstanding Encumbrances $ 0
   c. Unencumbered Balance $ 476,008.15 26.45% Used
4. **Third Party 3900-00-7600.00 Dental Lab Indian – Budget Appropriations $ 120,000.00**
   a. Year to Date Expenditures $ 22,722.69
   b. Outstanding Encumbrances $ 4, 847.15
   c. Unencumbered Balance $ 92,430.16 22.97% Used
5. **Third Party 3900-00-7606.06 Yreka Dental Supplies Budget Appropriations $ 75, 000.00**
   a. Year to Date Expenditures $ 8, 288.01
   b. Outstanding Encumbrances $ 4,559.02
   c. Unencumbered Balance $ 92.430.16 17.18% Used
6. **Third Party 3900-00-7606.07 HC Dental Supplies Budget Appropriations $25,000.00**
   a. Year to Date Expenditures $ 4,357.81
   b. Outstanding Encumbrances $ 98.80
   c. Unencumbered Balance $ 20, 543.39 17.83% Used
7. **Third Party 3900-00-7601.00 Dental Lab Non-Indian– Budget Appropriations $12,000.00**
   a. Year to Date Expenditures $ 3,687.43
   b. Outstanding Encumbrances $ 98.80
   c. Unencumbered Balance $ 29,543.39 46.46% Used



	Scheduled	Over books	Cancelled	Expected	NO Shows	Walk-ins	Patients Seen	Total Days clinic was open
Dr Brassea HC	174	34	49	159	23	24	160	18
Nikki -RDH -HC	98	0	23	75	6	0	69	19
Dr. Millington	224	10	59	175	26	15	164	18
Allison-Y RDH	96	1	31	66	8	0	58	13
Dr Ash Yreka	108	12	23	97	4	6	99	12

Dental Visit Report

Calendar Year Clinic Visit Total	Scheduled	Expected	NO Shows	Walk-ins	Patients Seen
Year 2012	4856	4856	611	1040	5285
Year 2013	6964	6964	901	1049	7112
Year 2014	6325	6180	746	676	6110



Year 2012 was a year we had provider turnover
Year 2013 was the year we had 3 dentists working in the Yreka Clinic
Year 2014 this was the year when we had one dentist working in Yreka for most of this year, due to staff turnover.

Head Start 2014
The Karuk Head Start Programs dental screenings and fluoride varnish treatments were done twice this year.

Happy Camp Dental

- The Dental clinic got new carpeting in the waiting room and back offices.
- The Dental Clinic replaced: two patient chairs, 3 operator chairs, 3 assistants chairs, and 3 delivery units.
- Dental's Vacuum Pump broke and had to be repaired. We had to rent one while ours was being repaired.

Yreka Dental

- The search to hire dentists to work at the Yreka Clinic were ongoing through the year 2014
- Dr. Millington DDS was hired and his start date was August 5th
- Dr. Kimberly Walters DDS resigned and her last date of employment was September 25, 2014
- Dr. Ash was rehired and started working at the Yreka Dental Clinic on December 5, 2014

Other Dental Happenings

- In May part of the dental staff attended the CDA Dental conference in Anaheim and the rest of the staff attended the I.H.S Dental conference in Sacramento, a week later.
- Vickie Walden traveled to Las Vegas with Rondi and attended an AAAHC Training.

Report written and Respectfully Submitted by

Vickie Walden RDA
Dental Office Manager

On February 5, 2015

Executive Director of Health and Human Services

Board Report February 12, 2015 Lessie Aubrey, EDHHS

Space, Space, Space

Much time has been spent this last month trying to find space for several departments. A decision was made that the health clinic would take two rooms in the behavioral health side of the clinic and behavioral health would take three offices and the reception area. The hallway door would be moved to give behavioral health a private section. The Public Health Nurse, the two CHR's and the transporter will take the BH conference room, and two office personnel will share the other room. Doors from these rooms will open into the clinic hallway. The AOD staff will move into the TANF building and April Attebery and some of her staff will move to the KTHA/Tribal building. More plans are still in the making to expand the health clinic.

The maintenance staff will sound proof these room for more privacy for medical and BH.

Senior Nutrition

Rondi and I met with Laura Olivas regarding the senior nutrition program and then I met with Louie and Jodi. We have been working out some problems that appear to be on the mend. **Louie did have his report in on time.**

Action Item: With the added number of people showing up for meals and more seniors receiving home bound meals (32) they would like to request 2 additional hours per day for Jodi. She already works 6 hours and has told me that she could really use 2 more hours per day. Perhaps it could be on a contingency that the number s remain up and if they go down for any length of time her hours would return to 6.

Louie is spending more time at the nutrition site to help meet demands.

Retirements and Interviews

Debbie Whitman retired January 30, 2015 as our Registered Dental Assistant.

Sharon Meager, Data Analysts, will retire March 31, 2015.

Dr. Milton will leave his position on March 13th, and Dr. Vasquez will move to the Yreka Clinic and begin working there on March 16th.

We are still trying to fill the vacancy left by Dr. Colas in Orleans and now must find a replacement for the Happy Camp Physician vacancy.

I have been busy screening applications and interviewing.

Yreka Medical Staff

The Yreka medical staff deserves acknowledgement for their cooperation during the change in space in their clinic. They have been very flexible, helpful and cooperative. In addition, staff has helped by moving furniture and supplies to accommodate the move.

Thanks to you folks in the Yreka Medical Clinic!!

Executive Director of Health and Human Services

Board Report February 12, 2015 Lessie Aubrey, EDHHS

KARUK TRIBE HEALTH AND HUMAN SERVICES
BUSINESS OFFICE HEALTH BOARD REPORT
FEBRUARY 12, 2015

Beacon/Chipa (managed medi-cal) for the Behavioral Health visits continues to have payment problems. After Beacon's agreement to allow us to back bill to January 1, 2014 we have begun receiving small payments . Beacon has apologized and they are aware their payment system is behind and hope to have it caught up to date in the near future. The biggest problem is that to resubmit these older claims over again requires an appeal process. But eventually it should all work correctly. We are having fewer problems with the Behavior Health EHR and so we have recently been able to submit more claims.

The Data Analyst's office at the Yreka clinic has been relocated closer to the front, nearer to reception and the patient lobby. This should give her easier access to the staff and patients.

I am still enrolling our new providers with the different third party payers. This has been the most challenging year for enrollment issues I have ever experienced. We are now able to bill all the Behavioral Health providers to Blue Cross and Blue Shield. And also the entire medical staff as well.
Doctors North and Milton have completed their medicare revalidation applications. At this time Dr. Milton has been renewed and I just spoke with Noridian and Dr North is almost complete. So, there will be no disruption in payment for their care. Kareena Walter, LCSW is now enrolled with Medicare for the Yreka location and her application will be submitted for Happy Camp in the near future.

Eileen is currently working on the 2014 Medi-cal reconciliation report. We have not heard what the amount will be that we will receive for the retroactive reconciliation that she completed last month.

Sharon Meager, Data Analyst for the Orleans clinic and also assists with providers from Yreka, has handed in her resignation to be effectIve the 31st of March. She will be retiring and enjoying spending more time with her family. She leaves "big shoes to fill" and hopefully we will find a great replacement.

The attached financial report is current again.

Respectfully submitted,
Suzanna Hardenburger, CCS-P

	MONTHLY REVENUE REPORT			**BUSINESS OFFICE**		
	JANUARY 2015	**Happy Camp**	**Yreka**	**Orleans**	**KTHP**	
	Revenue Medical	$67,119.07	$73,745.10	$31,067.48	$171,931.65	
	PHC Capitation	$7,476.37	$10,784.51	$2,426.71	$20,687.59	
	HPSA Quarterly Incentive	$437.56	$1,031.14	$261.31	$1,730.01	
	Revenue Dental	$49,244.50	$75,606.66	$0.00	$124,851.16	
	Revenue Mental Health	$4,205.29	$5,314.00	$370.33	$9,889.62	
	REVENUE TELEMED	$19.31	$390.50	$0.00	$409.81	
	Revenue Total	**$128,502.10**	**$166,871.91**	**$34,125.83**	**$329,499.84**	
		Happy Camp	**Yreka**	**Orleans**	**KTHP**	
	Billing JANUARY Medical	$162,298.86	$ 233,312.43	$44,976.13	$440,587.42	
	Billing JANUARY Dental	$73,588.70	$ 95,532.25		$169,120.95	
	Billing JANUARY Mental Health	$13,822.78	$ 34,623.75		$48,446.53	
	Billed Grand Total	**$249,710.34**	**$ 363,468.43**	**$44,976.13**	**$658,154.90**	
	BILLING DEPARTMENT BUDGET 2015					
					AVAILABLE %	
PROGRAM	YEAR END ANNUAL	EXPENSES TO			Could be spent	
YEAR	BUDGET	DATE	BALANCE	% USED	at this date	
FY 2015	**$504,963.97**	**$137,130.35**	$367,686.92	**27.18%**	**33.36%**	

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting-Orleans
February 12, 2013
Patricia White, RPMS Site Manager

HIPAA 2015 Request:

California Area Office IHS has released the HIPAA Security Training for 2105. I again am seeking permission to push this training out to all users in the Karuk network not just the health users. This training is an annual requirement of all health users who have access to IHS Information Technology systems. It contains valuable information and is a refresher of rules of behavior in any computer system.

Workload reports

Attached is the December 2014 "Operations Summaries" including Tribal Statistics. During December there were 1808 visits at all locations. This is an increase of 263 visits over November 2014 numbers. 893 of these visits were for Native American Patients (50%). See chart at the end of the operations summary.

Meeting / Conference Calls and other Activities January 2014

- 01/08 – Health Board Meeting/Yreka
- 01/10 – Installation of the Certified EHR for Meaningful use (EHR upgrade)
- 01/14 – ACQI Meeting
- 01/15 – VistA Scanners call (monthly troubleshooting call with VistA users)
- 01/15 – HIMSS Intro to Snomed Webinar
- 01/15 – RPMS/EHR Office Hours Web call with CAO IHS
- 01/20 – CAO/IHS VistA Imaging monthly webinar
- 01/26 to 01/30- Reports on Tribal patients as needed for Fiscal Auditors
- 01/29 – RPMS/EHR Office hours weekly web call

Projects in process

- **EHR Patch 13 Upgrade update-**

  On Saturday, January 10, 2015 we upgraded our health system to EHR patch 13. This version is the EHR certified for Meaningful Use. We were one of four sites that were upgraded in California on this date. It took about 6-7 hours for IHS to complete the upgrade. I was on site for any issues that may arise on our end. Amy Coapman came in the afternoon an again on Sunday to upgrade all the templates in EHR.

- **UDS Report-**

  At the time of this writing, we are working on the UDS Uniform Data Systems report for calendar year 2014. The report is comprised of 12 tables designed to yield clinical, operational and financial data that can be compared with other National and State data. All health centers who receive funding from BPHC/HRSA are required to report. Eileen Tiraterra and Suzanna Hardenburger are assisting me with the report this year and are gathering all the data related to patient revenue. I receive financial cost and other revenue information from Laura Mayton.

Karuk is a beta test site for Indian Health Services UDS program for this year's report. They have loaded the current test version into our database. I have a checklist to follow and report any issues with the program. IHS has supplied us with a checklist to complete as part of the testing. I will submit this back to IHS by February 11, 2015. Being a test site allows us to get the latest patches ahead of the final national release of the UDS RPMS patch. Our report is due February 15, 2015.

Budget: At the time of this writing I am under budget for the current fiscal year.

Program	RPMS
Budget Code	3000-75
Program Year	2014-2015
Appropriation	$235,336.60
Expenses to Date	58,022.78
Balance	177,312.81
Percent used	24.66%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR DEC 2014
Prepared for February 12, 2014
Health Board Meeting Happy Camp

(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 18,796 (+3.8) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 60 (+5.3) new patients, 0 (**) births, and 5 (+66.7) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,830 (+0.2) patients enrolled in Medicare Part A and 2,708 (+0.4) patients enrolled in Part B at the end of this time period.

There were 103 (+8.4) patients enrolled in Medicare Part D.

There were also 6,918 (+6.0) patients enrolled in Medicaid and 6,033 (+6.9) 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 48,787.18 (+0.5). The number and dollar amount of authorizations by type were:

57 - DENTAL	7	7371
64 - NON-HOSPITAL SERVICE	945	41416.18

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,808 ambulatory visits (+8.5) during the period for all visit types except CHS.

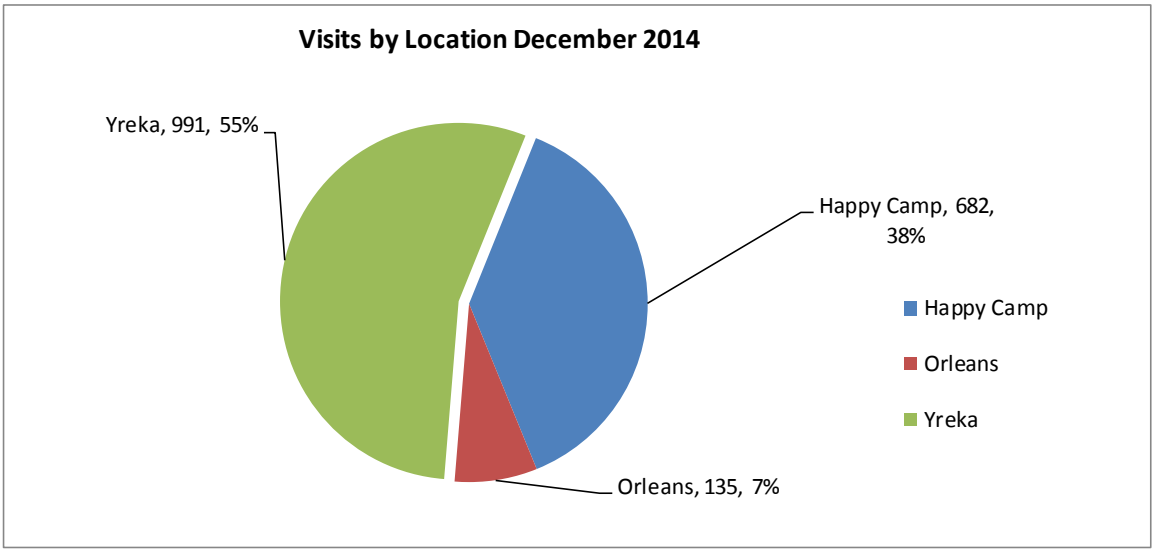
They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses. These do not equate to 'official' APC Visits which are identified in other PCC Reports.

By Type:

TRIBE-638 PROGRAM	1,808	(+8.5)

By Location:

YREKA	991	(+3.6)
KARUK COMMUNITY HEALTH CLINIC	682	(-1.2)
ORLEANS	135	(+575.0)

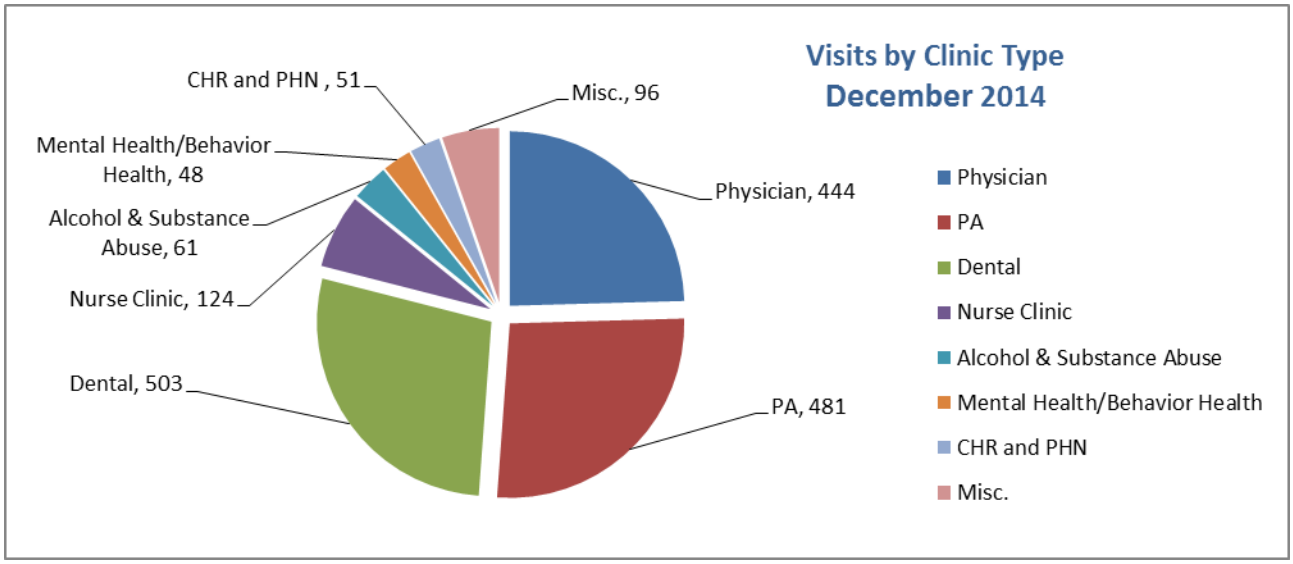


By Service Category:

AMBULATORY	1,750	(+8.2)
TELECOMMUNICATIONS	58	(+20.8)

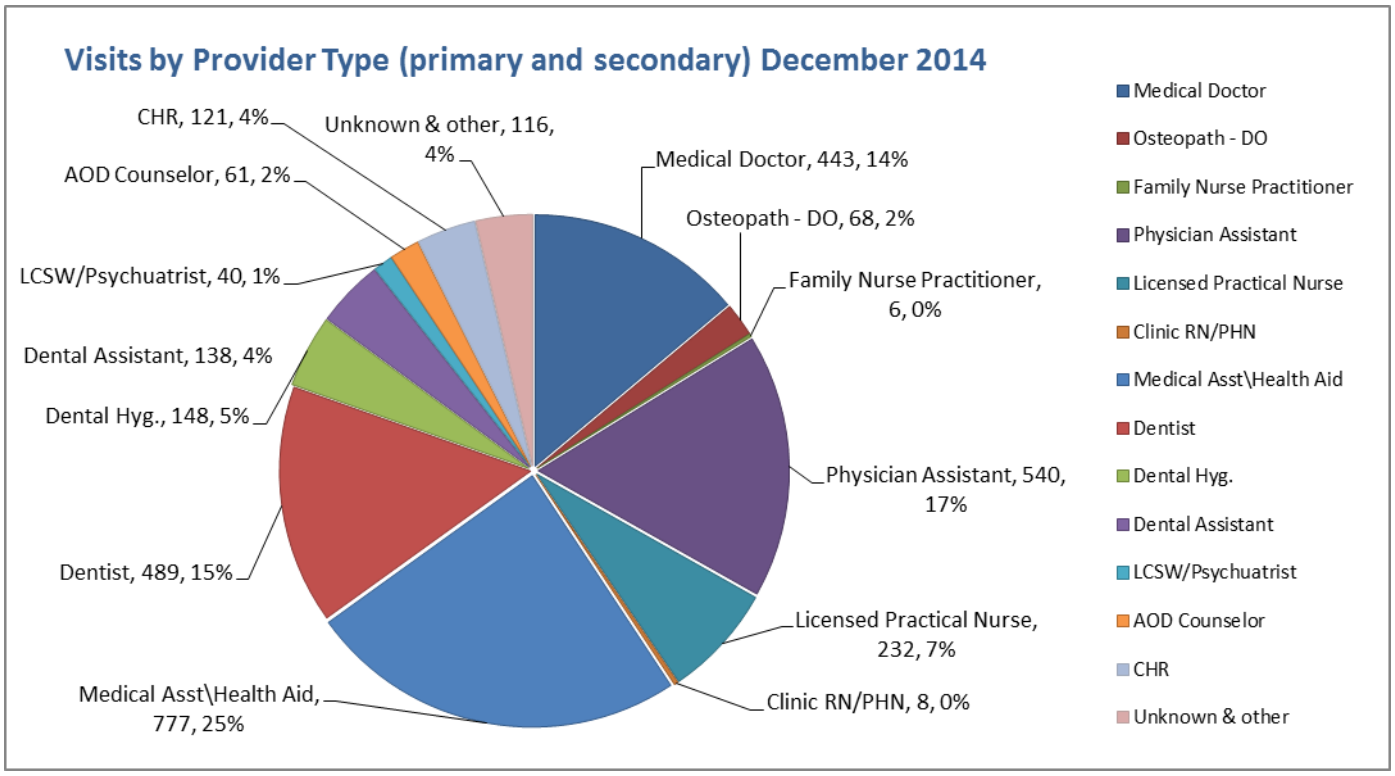
By Clinic Type:

DENTAL	503	(-15.6)
PHYSICIAN ASSITANT	481	(+227.2)
PHYSICIAN	444	(-17.5)
NURSE CLINIC	124	(+67.6)
TRANSPORT	71	(+2.9)
ALCOHOL AND SUBSTANCE	61	(-10.3)
CHR	50	(+1,566.7)
MENTAL HEALTH	48	(+50.0)
TELEPHONE CALL	11	(-15.4)
CHART REV/REC MOD	7	(+600.0)
TELEMEDICINE	5	(+66.7)
HOME VISIT	2	(+100.0)
PHN CLINIC VISIT	1	(**)



By Provider Type (Primary and Secondary Providers):

HEALTH AIDE	612	(+24.6)
PHYSICIAN ASSISTANT	540	(+163.4)
DENTIST	489	(-2.4)
MD	443	(-19.7)
LICENSED PRACTICAL NURSE	232	(+329.6)
MEDICAL ASSISTANT	165	(-29.2)
DENTAL HYGIENIST	148	(+13.0)
DENTAL ASSISTANT	138	(+119.0)
COMMUNITY HEALTH REP	121	(+68.1)
UNKNOWN	77	(+7,600.0)
OSTEOPATHIC MEDICINE	68	(**)
ALCOHOLISM/SUB ABUSE COUNSELOR	61	(-10.3)
LICENSED CLINICAL SOCIAL WORK	40	(+29.0)
HEALTH RECORDS	28	(-81.2)
ADMINISTRATIVE	11	(**)
PUBLIC HEALTH NURSE	8	(**)
NURSE PRACTITIONER	6	(-95.6)



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

By ICD Diagnosis

1).	DENTAL EXAMINATION	480	(-20.8)
2).	OTHER SPECFD COUNSELING	146	(+80.2)
3).	HYPERTENSION NOS	115	(-5.0)
4).	VACCIN FOR INFLUENZA	100	(+49.3)
5).	LUMBAGO	71	(+10.9)
6).	TOBACCO USE DISORDER	52	(-22.4)
7).	HEALTH EXAM-GROUP SURVEY	49	(+145.0)
8).	THERAPEUTIC DRUG MONITOR	49	(+6.5)
9).	LONG-TERM USE ANTICOAGUL	45	(+0.0)
10).	HYPERLIPIDEMIA NEC/NOS	42	(-22.2)

CHART REVIEWS

There were 889 (-25.6) chart reviews performed during this time period.

INJURIES

There were 69 visits for injuries (+81.6) reported during this period. Of these, 13 were new injuries (+18.2). The five leading causes were:

1).	OBJ W-W/O SUB FALL NEC	6	(**)
2).	DOG BITE	5	(**)
3).	FALL NOS	4	(**)
4).	MV N-TRAFF ACC NEC-DRIV	2	(**)
5).	FALL ON STAIR/STEP NEC	1	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 375 patients (-15.5) seen for Dental Care. They accounted for 503 visits (-15.6). The seven leading service categories were:

1).	PATIENT REVISIT	270	(+72.0)
2).	HYPERTENSION SCREENING	190	(+106.5)
3).	FIRST VISIT OF FISCAL YEAR	189	(-1.0)
4).	LOCAL ANESTHESIA IN CONJUNCTION WIT	139	(-25.3)
5).	PREVENTIVE PLAN AND INSTRUCTION	134	(+0.0)
6).	INTRAORAL - PERIAPICAL FIRST RADIOG	127	(+6.7)
7).	TOPICAL APPLICATION OF FLUORIDE VAR	102	(+12.1)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,632 new prescriptions (+2.7) and 0 refills (**) during this period.

****

KTHHSP Tribal Statistics for December 2014

	Registered Indian Patients Dec 2014	Indian Patients Receiving Services Dec 2014	APC Visits by Indian Patients Dec 2014
Karuk	2090	396	493
Descendants residing in CA	1896	205	264
All other Tribes	2190	117	136
Total	6176	718	893

Eric Cutright Health Board Report
February 5, 2015

Action Items:

- Contract 15-C-010 Modification 1 – Additional work required for preparing the Verizon Utility Poles in Orleans for the Karuk fiber optic cable.
- Agreement 15-A-027 – Non-disclosure agreement with the Corporation for Education initiatives in California, Inc. (CENIC) for the purpose of providing a proposal to provide broadband to Orleans Elementary School.
- Job Description for Kelly Worcester – When Kelly was transferred from KCDC to the Karuk IT Department, no job description was filed for him. Attached is a job description for the position of Network Technician, which has been reviewed by Human Resources.

Expenditure/ Progress Chart – IT Dept Indirect Budget January 31, 2015

Program	Code	Total Budget	Expensed to date	Balance	% Expended
IT Systems	1020-15	$336,073.60	$108,368.97	$227,704.63	32.25%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/1/2014 to 9/30/2015	12	4	8	33%	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.					

IT Department Activities:

- The EHR server was upgraded with a major patch on Saturday, January 10 to support the meaningful use standards for 2015. The patch was installed by Indian Health Services, and has added additional functionality to our EHR system.
- On January 27 the IT Department replaced the phone server that serves DNR and TANF in Orleans. Phone service was briefly interrupted, but this installation has repaired the satellite internet at that office. I do not know how the old phone server was interfering with the internet, it seems odd, but the issue has been resolved. Other issues are still pending at DNR, including improving Outlook e-mail access and increasing internet speeds by installing a second satellite internet.
- I have consulted with KTHA on two Yreka projects: The Wellness Center and the Tax Credit Homes application. In both cases, the purpose of the consultation was to provide phone and internet service to the buildings.
- On Friday, January 30 Happy Camp users experienced severe network lag, including the health database and e-mail slowdowns. Over the weekend I rebooted the entire Happy Camp server network, and all IT services were restored by Monday, February 2.

Project Title: Happy Camp Server Room Equipment Failure and Repair

Deliverables:
Task One – Replace Redundant Battery Backup Systems

1. Both existing battery backup systems have partially failed.
2. New battery systems have been ordered. The equipment has begun to arrive.
3. Because all IT services in Happy Camp will be shut down when the new equipment is installed, the equipment will be installed on a weekend. A notice will be sent out to all staff at least a week in advance. If possible, this will be scheduled to occur later in February.

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. Also, storage space on the system is nearly full.
2. The new data storage system has arrived and is undergoing testing.
3. The new storage system will be installed after the battery systems installation.

Project Title: Orleans Broadband Project

Expenditure/ Progress Chart – USDA Community Connect Grant

Program	**Code**	**Total Budget**	**Expensed to date**	**Balance**	**% Expended**
USDA RUS	2061-00	$1,141,870.00	$422,478.33	$719,391.67	37.00%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/24/2011-10/24/2017	72	39	33	54.16%	N
Progress Report Due Date	**Completed?**	**Date Completed.**	**Fiscal Report Due Date**	**Completed?**	**Date Completed.**
03/31/2015	No		10/17/2017	No	
Comments:					
This grant is to fund the construction broadband infrastructure to the community of Orleans.					

Construction Progress:

- The “make-ready” work to prepare the Verizon utility poles near Orleans has been completed by HP Communications. The work was reviewed by Verizon engineers, who found a couple mistakes, but also made changes to the make ready scope of work. A change order is attached to have HP Communications come back to Orleans to complete the additional work. If approved, HP will start work on February 16, and expects to be completed by February 18.
- The foundation for the communications tower has been poured and is currently curing. Once the curing is complete, the tower will be constructed.

- All construction must be complete and the network fully functional by October 24, 2015, else the Karuk Tribe cannot meet the requirements of the USDA RUS grant agreement.

Pending Action Items for this project:
- Wireless Installation contract – This contract scope of work is under IT review before forwarding to compliance.

Reimbursement Requests:
- On October 6 the Karuk Tribe received the first reimbursement from RUS for this grant for an amount of $113,040.00
- The second reimbursement request for $152,492.90 was submitted on December 12. On January 30 RUS paid $150,743.00.
- The third reimbursement request is being drafted for immediate submission.

Permitting Services:
- All government permits in hand as of December, 2013.
- All extensions to existing permits have been filed and granted to match the current construction schedule.

Continued federal oversight by USDA Rural Utilities Service (RUS):
- A progress report is due to RUS on this project by March 31, 2015.
- The RUS Field Service Representative assigned to this project has visited Orleans to view the construction and review the reimbursement requests.

Project Title: Klamath River Rural Broadband Initiative (KRRBI)

Deliverables:
Project Management Services:
- 1st quarter report due April 10, 2015.

Engineering Services:
- Fiber engineering preliminary work in progress. Current stage is determining best route south of Orick on the coast for fiber interconnection.
- Wireless engineering primarily consists of distribution for the town of Orick. Orick site visit complete, engineering is under way.

Environmental Review:
- National Environmental Protection Act (NEPA):
    - Because both state and federal environmental compliance is required on this project, to save costs, a joint environmental document will be prepared that meets the standards of both NEPA and CEQA.
- California Environmental Quality Act (CEQA):
    - The funding agency, the California Public Utilities Commission (CPUC) is responsible for CEQA compliance on this project. The CPUC has hired a contractor to review the CEQA compliance. A preliminary field visit is being scheduled with this contractor in March.

- CEQA Cost concerns:
    - On January 7 there was a conference call hosted by the CPUC to discuss many of the concerns of CEQA, in particular the increased costs of CEQA review. The CPUC recommends that the Karuk Tribe submit for a modified funding resolution from the CPUC, and they will draft a letter in the new few weeks describing the added funding process, if it is deemed necessary. The CPUC would prefer that the environmental process finish before submitting this amended resolution, so that all the necessary costs can be accounted for in advance. Notes from this call are attached.

Permitting Services:

- Required Federal permits:
    - USDA Forest Service Special Use Permit – Application submitted
    - National Park Service Special Use Permit – Application submitted
    - US Army Core of Engineers Klamath River Crossing Consultation – May not be necessary
    - BIA is acting as the federal lead agency for NEPA compliance
- Required State Permits:
    - CalTrans Encroachment Permit – Application waiting on fiber engineering
    - CEQA State of California Environmental Report – Waiting on environmental assessment
    - California State Parks Special Use Permit – waiting on fiber engineering
    - California State Lands Commission Easement – waiting on fiber engineering
    - California Dept Fish and Wildlife Endangered Species Impact Report – Waiting on fiber and wireless engineering
- Cultural Resources Reports:
    - SHPO Cultural Resources Approval – Waiting on cultural survey
    - Yurok THPO Cultural Resources Approval - Waiting on cultural survey
    - Karuk THPO Cultural Resources Approval - Waiting on cultural survey
- Required County Permits:
    - Humboldt County Special permit for tower construction – Waiting on wireless engineering
    - Humboldt County Building permit for tower construction – Waiting on wireless engineering
    - Humboldt County MOA for Right-of-Way Amendment – Waiting on fiber engineering
    - Humboldt County Encroachment Permit for County Roads – Waiting on fiber engineering
- Required Tribal Permits:
    - Karuk Resource Advisory Board Approval – Waiting on fiber and wireless engineering
    - Yurok Tribe Transportation Encroachment Permit – Waiting on fiber engineering
- Other Required Permits:
    - Right-of-Way Easements with Independent Landowners – Waiting on fiber engineering

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

Program	Code	Total Budget	Expensed to date	Balance	% Expended
KRRBI - CASF	6661-00	$6,602,422.00	$132,715.37	$6,469,706.63	0.02%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/17/2013-10/17/2015	24	15	9	62.5%	Y
Progress Report Due Date	**Completed?**	**Date Completed.**	**Fiscal Report Due**	**Completed?**	**Date Completed.**
01/10/2015	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.					

Report Attachments:

- Cell phone usage report and grand total report for January 2015 billing period
- Contract 15-C-010 Modification 1
- Agreement 15-A-027
- Job Description for Network Technician
- CPUC Conference Call Notes from January 7: CEQA/NEPA Process for the Karuk Tribe CASF Project

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

Karuk Tribe

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

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

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

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

Karuk Tribe Number Assigned: 15-A-027

Funder/Agency Assigned:

Prior Amendment:

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

Requestor: **Eric Cutright** Date: **January 21, 2015**

Department/Program: **Orleans Broadband Project**

Name of Contractor or Parties: **Corporation for Education Network Initiatives in California, Inc. (CENIC)**

Effective Dates (From/To): **January 29, 2015** **January 29, 2018**

Amount of Original: **$0.00**
Amount of Modification:
Total Amount: **$0.00**

Funding Source: **N/A**

Special Conditions/Terms:

All information provided by CENIC about their network must remain confidential. This is a non-disclosure agreement.

Brief Description of Purpose:

The purpose of this agreement is to prevent the Karuk Tribe from sharing specific information about CENIC and it's operations with third parties. This agreement is a prerequisite to submitting any proposals to join the CENIC network as a provider. CENIC has asked the Karuk Tribe to submit a proposal to provide service to Orleans Elementary School.

** REQUIRED SIGNATURES **

Eric Cutright — Requestor — Date: 1/21/15

Laura Mayton — **Chief Financial Officer — Date: 1-26-15

**Director, Administrative Programs & Compliance — Date

**Director of Self Governance(MOU/MOA) or TERO (Contracts) — Date: 1-26-15

Other — Date

EXHIBIT A

Nondisclosure Agreement

THIS AGREEMENT, effective as of the date written below ("Effective Date"), is made and entered into by and among the Corporation for Education Network Initiatives in California, Inc., a non-stock, California public benefit corporation ("CENIC") and Karuk Tribe ("Service Provider").

WITNESSETH

WHEREAS, CENIC will provide to Service Provider certain confidential, nonpublic and proprietary information in connection with Service Provider's interest in providing service to CENIC ("Capacity") and CENIC desires that any such information be kept confidential by Service Provider and its Representatives (as hereinafter defined); and

WHEREAS, in consideration of the disclosure of the information, Service Provider is willing to keep the information of CENIC confidential in accordance with the terms and conditions set forth in this Agreement;

NOW, THEREFORE, Service Provider hereby agrees as follows:

1. Confidentiality. Service Provider may use Confidential Information (as hereinafter defined) received from CENIC only in connection with the service provided to CENIC. As used herein, "Confidential Information" means all network maps, data, reports, analyses, compilations, studies, interpretations, forecasts, projections, strategic plans, records and other materials (in whatever form maintained, whether documentary, computer storage or otherwise) ("Documents"), provided to Service Provider by or on behalf of CENIC, that contain or otherwise reflect information concerning CENIC and all Documents, whether prepared by CENIC, Service Provider, their Representatives (as hereinafter defined) or others, that contain or otherwise reflect or are based upon, in whole or in part, any Confidential Information. Confidential Information shall not be disclosed to any third party other than to the Representatives (as hereinafter defined) of Service Provider who have a need to know such information in connection with the Capacity. As used herein, "Representatives" means, individually or collectively, the controlled affiliates of either Party, as the case may be, and the respective directors, officers, employees, accountants, attorneys, agents, and controlling persons of either Party, as the case may be. Service Provider shall be responsible for any breach of this Agreement by any of its Representatives (including Representatives who, subsequent to the first date of disclosure of Confidential Information hereunder, become former Representatives). The foregoing shall not prevent Service Provider from disclosing Confidential Information which (1) belongs to Service Provider, (2) is already known or received by Service Provider without an obligation of confidentiality or any breach thereof by Service Provider or a third party, (3) is publicly known or becomes publicly known through no unauthorized act of Service Provider, (4) is independently developed by Service Provider without use of Confidential Information or (5) is approved in writing by CENIC for disclosure. In the event that Service Provider or any of its Representatives becomes legally compelled (by oral questions, interrogatories, requests for information or documents, subpoenas, civil investigative demands or otherwise) to disclose any Confidential Information, Service Provider shall provide CENIC with prompt written notice thereof (unless such notice is prohibited by law) so that CENIC may seek a protective order or other appropriate remedy, or both, or waive in writing compliance with the provisions of this Agreement. Failing the entry of a protective order or other appropriate remedy or receipt of a written waiver hereunder, Service Provider shall furnish only that portion of the Confidential Information which it is advised by its legal counsel it is legally

required to furnish and shall exercise its reasonable best efforts to obtain reliable assurance that confidential treatment shall be accorded such Confidential Information. All Confidential Information shall be, and shall remain, the property of CENIC.

2. Return of Confidential Information. Upon the purchase or decision not to purchase any capacity from CENIC or upon the written request of CENIC, Service Provider shall return all copies of the Confidential Information to CENIC or certify in writing that all copies of the Confidential Information have been destroyed. Service Provider may return Confidential Information, or any part thereof, to CENIC at any time, except as may be required by applicable legal or regulatory requirements.

3. NO WARRANTY. CONFIDENTIAL INFORMATION IS PROVIDED "AS IS." CENIC DOES NOT MAKE ANY WARRANTY, EXPRESS OR IMPLIED, WITH RESPECT TO THE CONFIDENTIAL INFORMATION. CENIC SHALL NOT BE LIABLE TO SERVICE PROVIDER HEREUNDER FOR LOSS OF REVENUES OR PROFITS, LOSS OF BUSINESS OR INDIRECT, CONSEQUENTIAL, OR PUNITIVE DAMAGES IN CONNECTION WITH THE AUTHORIZED PROVISION OR USE OF CONFIDENTIAL INFORMATION RECEIVED FROM CENIC.

4. No Further Rights. Nothing contained in this Agreement shall be construed as granting or conferring any rights by license or otherwise in or to the Confidential Information except as may otherwise be provided herein.

5. No Binding Commitment. The provision of Confidential Information hereunder and discussions held in connection with the Capacity shall not prevent CENIC from pursuing similar discussions with third parties or obligate CENIC to continue discussions with Service Provider or to take, continue, or forego any action relating to any of CENIC's capacity. Any estimates or forecasts provided by CENIC to Service Provider shall not constitute commitments by CENIC.

6. Media Releases. All media releases and public announcements or disclosures by Service Provider relating to this Agreement or the CENIC capacity shall be coordinated with and approved by CENIC in writing prior to the release thereof.

7. Governing Law. This Agreement shall be governed and construed in accordance with the laws of California without giving effect to its conflict of laws principles.

8. Notice. Any notices required by this Agreement to be given by Service Provider shall be by hand or via overnight delivery or sent by first class mail, return receipt requested as follows:

Louis Fox
President and Chief Executive Officer
CENIC
16700 Valley View, Suite 400
La Mirada, CA 90638

9. Term. Unless otherwise mutually agreed in writing, this Agreement shall terminate three years from the date hereof except that Section 1 above shall survive such termination.

10. Miscellaneous.

a.) This Agreement (i) is the complete and exclusive agreement by Service Provider with respect to the protection of the confidentiality of the Confidential Information, (ii) supersedes all related discussions and other communications between the parties with respect thereto, and/or (iii) may only be modified in writing by authorized representatives of the parties.

b.) No delay or failure by CENIC in exercising any right under this Agreement, and no partial or single exercise of the rights of CENIC hereunder, shall constitute a waiver of that or any other right.

c.) If any provision of this Agreement or the application of any provision hereof to any person or circumstances is held invalid, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected unless the invalid provision substantially impairs the benefits of the remaining portions of this Agreement.

IN WITNESS WHEREOF, Service Provider has caused this Agreement to be signed and delivered by its respective duly authorized representative as of the Effective Date first set forth above.

_____

[insert name of Service Provider]

By: _____

Print Name: _____

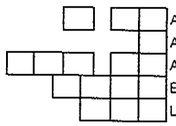
Title: _____

Date: _____

REARRANGEMENT WORKSHEET

FORM CA-776-0011
REF: AD 900.650

DATA INPUT



SYMBOLS AND ABBREVIATIONS

ANCHORAGE
3/4" = 3/4 DBL.EYE ROD
1" = 1" TRI EYE ROD
6M = PLACE 6M GUY
(6M) 10M = REPL. 6M WITH 10M
T6M = TRANSFER 6M GUY

GROUNDS
✓ = EXISTING 2ND NEUTRAL
VZ ✓ = VZ ATTACHMT TO 2ND N.
VZ ½ = VZ GROUND ½" ROD

MISC.
PL = PLACE
REPL = REPLACE
REAR = REARRANGE
TF = TRANSFER
R = RAISE
L = LOWER
GA = PL GUARD ARM
DGA = PL DOUBLE GA
DX = DROPS
( ) = NOTES

APPROVALS

PLAN _____ _____
JOINT USE ADMIN. – ENGINEERING CHECK — DATE

PLAN _____ _____
JOINT USE ADMIN. – INSPECTION CHECK — DATE

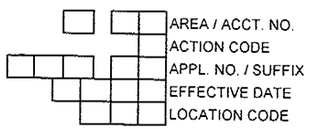
LICENSEE Karuk Tribe
APPL. NO. _____ DWG. NO. _____
LOCATION Orleans, ca.

ITEM NO.	EXISTING FACILITIES												MAKE-READY											LICENSEE CONSTRUCTION			
	POLE		VZ. REC. GR	VZ. MAP NO.	ATTACHMENT			ANCHORAGE			GROUND (TYPE)	MISC.	POWER		TELEPHONE									GUARD ARM	ATTACH-MENT	MSGR.	MISC.
	NUMBER/UTIL. CODE	HT.			VZ	P	C	ROD	GUY VZ	GUY P			MISC.	ST. LT.	ANC. ROD	GUY	BOND	GO 95	NO SPACE	MISC.	DX	STEPS					
1	CTC1134468	43'8"			23'7"	28'			10M	10M		Move VZ to top inside position								Add double alleyarm			X	23'7"	5/8E HS	Attach Karuk strand to alleyarm top outside psition
2	CTC1134471	43'5"			23'11"	35'			10M	10M		Move VZ to top inside position					x			Add double alleyarm				23'11"	5/8E HS	Attach Karuk strand to alleyarm top outside psition
3	CTC1189401	42'			23'11"	33'			10M	10M		Move VZ to top inside position								Add double alleyarm			X	23'11"	5/8E HS	Attach Karuk strand to alleyarm top outside psition
4																										
5																										
6																										
7																										
8																										
9																										
10																										

REARRANGEMENT WORKSHEET

FORM CA-776-0011
REF: AD 900.650

DATA INPUT



SYMBOLS AND ABBREVIATIONS

ANCHORAGE
3/4" = 3/4 DBL.EYE ROD
1" = 1" TRI EYE ROD
6M = PLACE 6M GUY
(6M) 10M = REPL. 6M WITH 10M
T6M = TRANSFER 6M GUY

GROUNDS
✓ = EXISTING 2ND NEUTRAL
VZ ✓ = VZ ATTACHMT TO 2ND N.
VZ ½ = VZ GROUND ½" ROD

MISC.
PL = PLACE
REPL = REPLACE
REAR = REARRANGE
TF = TRANSFER
R = RAISE
L = LOWER
GA = PL GUARD ARM
DGA = PL DOUBLE GA
DX = DROPS
( ) = NOTES

APPROVALS

PLAN _____ _____
JOINT USE ADMIN. – ENGINEERING CHECK — DATE

PLAN _____ _____
JOINT USE ADMIN. – INSPECTION CHECK — DATE

LICENSEE Karuk Tribe
APPL. NO. _____ DWG. NO. _____
LOCATION Orleans, ca.

ITEM NO.	EXISTING FACILITIES												MAKE-READY											LICENSEE CONSTRUCTION			
	POLE		VZ. REC. GR	VZ. MAP NO.	ATTACHMENT			ANCHORAGE			GROUND (TYPE)	MISC.	POWER		TELEPHONE												
	NUMBER/UTIL. CODE	HT.			VZ	P	C	ROD	GUY VZ	GUY P			MISC.	ST. LT.	ANC. ROD	GUY	BOND	GO 95	NO SPACE	MISC.	DX	STEPS	GUARD ARM	ATTACH-MENT	MSGR.	MISC.
1	CTC1134482	33'8"			24'3"	30'			10M	10M										Attach guard arm			X	25'3"	5/8E HS	Attach to PG&E/VZ anchor.
2	CTC1189891	43'8"			28'10"	40'			10M	10M														30'10"	5/8E HS	Install Karuk anchors S/W. Move VZ to Karuk anchor W.
3	GT215790	29'9"			26'9"				10M											Attach to Double dead-end				28'9"	5/8E HS	install Karuk anchor at 170 deg. Attach to existing VZ anchor.
4																										
5																										
6																										
7																										
8																										
9																										
10																										

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

Karuk Tribe

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

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

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

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

Karuk Tribe Number Assigned: 15-C-010 Modification 1

Funder/Agency Assigned: USDA RUS Community Connect

Prior Amendment:

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

Requestor: **Eric Cutright** **Date: February 3, 2015**

Department/Program: **Orleans Broadband Project**

Name of Contractor or Parties: **HP Communications, Inc.**

Effective Dates (From/To): **October 23, 2014** **April 30, 2015**

Amount of Original: **$24,087.30**
Amount of Modification: **$8,415.00**
Total Amount: **$32,502.30**

Funding Source: **2061-00-7610.00 USDA RUS Community Connect Grant**

Special Conditions/Terms:

Brief Description of Purpose:
This amendment is for additional work required by Verizon California for the Pole Attachment Agreement to bring fiber optic broadband to Orleans along Ishi Pishi Road. After HP Communications completed the work, Verizon's inspector found additional items that Verizon California did not include in the first scope of work.

**** REQUIRED SIGNATURES ****

Eric Cutright — Requestor — Date: 2/3/15

Laura Mayton — **Chief Financial Officer — Date: 2-4-15

**Director, Administrative Programs & Compliance — Date

Director of Self Governance — **Director of Self Governance(MOU/MOA) or TERO (Contracts) — Date: 2-4-15

Other — Date

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

Karuk Tribe

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

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

Modification Number 1
Contract Number 15-C-010
Karuk Tribe
HP Communications, Inc.

Description of Modification:

This amendment is for additional work required by Verizon California for the Pole Attachment Agreement to bring fiber optic broadband to Orleans along Ishi Pishi Road. After HP Communications completed the work, Verizon's inspector found additional items that Verizon California did not include in the first scope of work. The change order also extends the deadline to April 30, 2015.

DESCRIPTION		AMOUNT
Mobilization		$ 2,500.00
Additional Poles Make Ready Work		$ 5,250.00
Materials		$ 500.00
TERO Fee		$ 165.00
	Increase	**$ 8,415.00**

All other terms and conditions remain unchanged.

Total Contract Modification	**Net Increase**	**$ 8,415.00**
Original Contract		**$ 24,087.30**
Total Modified Contract		**$ 32,502.30**

This modification is entered into between the Karuk Tribe and HP Communications, Inc.

Dated this 12th day, February, 2015.

By_____
Russell Attebery, Chairman, Karuk Tribe

By: _____
Ahmad Olomi, Executive Vice President, HP Communications, Inc.

Contract 15-C-010
Amendment One
Karuk Tribe
HP Communications, Inc.

This amendment is for additional work required by Verizon California for the Pole Attachment Agreement to bring fiber optic broadband to Orleans along Ishi Pishi Road. After HP Communications completed the work, Verizon's inspector found additional items that Verizon California did not include in the first scope of work. The change order also extends the deadline to April 30, 2015.

HP Communications performed the original scope of work to modify the Verizon phone wires on 66 utility poles. Verizon inspected those poles, and only found mistakes on 2 poles. HP Communications will fix these two errors.

Verizon California also found additional items that they have now added to the scope of work on several poles that were not included in the original scope. These items must be completed before the tribe can install fiber optic cable.

There are also 3 additional utility poles that the Tribe originally requested access, but that Verizon previously denied. Those 3 poles are now included in the Karuk Tribe's Pole Attachment Agreement with Verizon California, and Verizon's wiring on these poles must be rearranged before the tribe can install fiber optic cable.

All of the above costs are allowable and within the grant budget. The funder is USDA Rural Utility Services through the Community Connect Program.

The contract term for this contract has expires on February 6. The expiration date of the contract needs to change to April 30, 2015, which is more than ample time to complete the construction, even if the weather this winter causes delays.

&

"The High Performance Team"

VERIZON REARRANGEMENT & MAKE READY PROPOSAL

CONFIDENTIAL

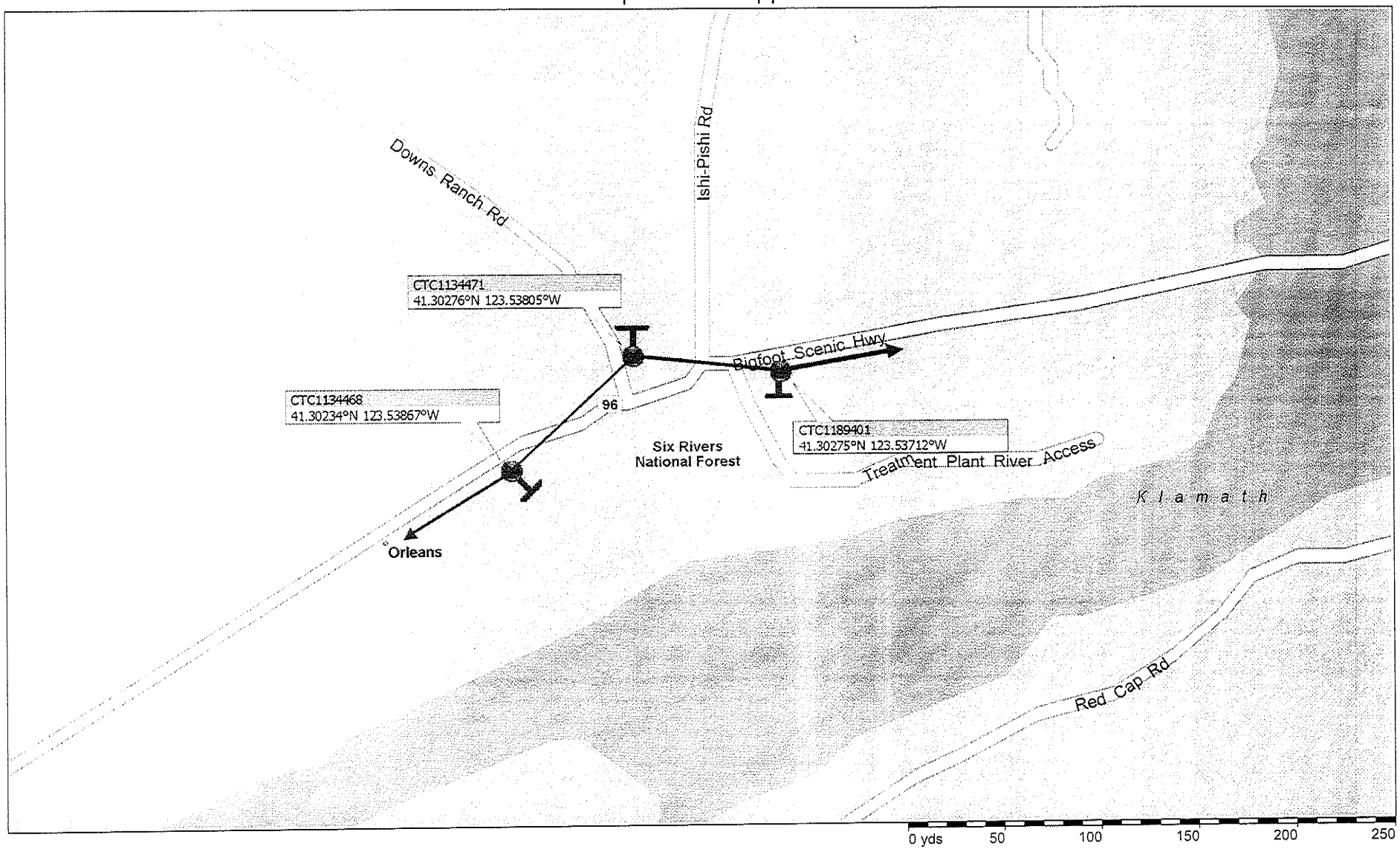
RE: Verizon Rearrangement & Make Ready

Eric:

Thank you for providing HP Communications the opportunity to submit a quote for the above referenced Project. Based on the information provided and our experience with projects similar in scope, we are pleased to present you with this proposal. HP Communications will provide labor and equipment to complete the following:

MOBILIZATION				
Description	**Qty**	**U.O.M**	**Price**	**Extension**
Mobilization cost for crew to being work Monday Feb. 9 2015	1	Lump Sum	$2,500.00	$2,500.00
			Mobilization Total	***$2,500.00***
VERIZON REARRANGEMENT & MAKE READY (3 Poles)				
Description	**Qty**	**U.O.M**	**Price**	**Extension**
Perform Make Ready, On Three Additional Poles & Fix Issues / Gigs (1.5 days labor)	1	Lump Sum	$5,250.00	$5,250.00
			Rearrangement Labor Total	***$5,250.00***
MATERIALS				
Description	**Qty**	**U.O.M**	**Price**	**Extension**
Materials for Verizon Rearrangement & Make Ready	1	Lump Sum	$500.00	$500.00
			Rearrangement Materials Total	***$500.00***
			Subtotal	***$8,250.00***
			2% Tribal Employment Rights Office Tax	***$165.00***
			Grand Total	***$8,415.00***

Verizon pole route application



POSITION DESCRIPTION

Title: Network Technician

Reports to: Information Technology Director

Location: Happy Camp

Salary: $35,000 to $50,000 per year, depending on experience

Summary: The Network Technician works with the Network Administrator to maintain network infrastructure and servers. The Network Technician is also responsible for installing, maintaining and troubleshooting computers, printers, telephone systems and providing end-user support.

Classification: Full Time, Regular, Non-Exempt

Responsibilities:

1. Shall be responsible for the upkeep and maintenance of technology, including but not limited to computers, servers, printers, networking, phone systems and data center support systems in all tribal offices and programs.

2. Shall add, remove and update user accounts on various servers and systems.

3. Shall perform software installation, updates, and troubleshooting.

4. Shall assist Information Technology Director with major projects.

5. Shall assist Network Administrator with maintenance on virtualization systems, including servers, hosts and guest computers.

6. Shall assist Network Administrator with computer and server backups and disaster recovery planning and preparation.

7. Shall assist Network Administrator in the Maintenance of an Active Directory database including user and group management, network deployment of software, policy management, upgrades and repairs.

8. Shall perform troubleshooting as problems arise.

9. Shall be responsible for data entry into trouble ticket system.

10. Shall work effectively with managers and staff and maintain cooperative relationships.

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

12. Shall be polite and maintains a priority system in accepting other job duties as assigned.

Qualifications:

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

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

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

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

5. Have the ability to work with little supervision.

6. Good troubleshooting skills to pinpoint software and hardware problems

7. Have working knowledge of Microsoft products including Office, Exchange, and Active Directory.

8. Working knowledge of networking and Internet systems.

9. Hands-on experience in system installation, configuration and maintenance.

10. Have strong communication skills including writing, speaking and phone etiquette.

Requirements:

1. Must have a high school diploma or equivalency. A degree in computer sciences or related field, appropriate industry certifications and work experience are highly preferred.

2. Must have extensive knowledge of computers, networks and systems management, including specific knowledge of virtualization, windows, routing, telephony, and cabling.

3. Must have A+, Network+ or other technical certification, or a willingness to obtain.

4. Must be a self-starter, well organized, and willing to learn new skills. Must be able to prioritize duties and ensure timely completion of tasks.

5. Must have demonstrated ability to speak clearly and assertively in face-to-face, as well as telephone communications.

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

7. Must adhere to confidentiality policy.

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

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

Council Approved:

Chairman's Signature: _____

Employee's Signature: _____

Meeting on January 7, 2015
CEQA/NEPA Process for the Karuk Tribe CASF Project

(with updated participants list on 1/26/15)

Participants

Karuk Team: Eric Cutright, Forest James
Yurok Tribe: Jim Norton
CPUC CASF Team: Zenaida Tapawan-Conway, Robert Wullenjohn, John Baker, Michele King
CPUC Commissioner Sandoval's Office: Bill Johnston
CPUC CEQA Team: Mary Jo Borak, Jensen Uchida, Mulligan, Jack M., Rob Peterson
CPUC CEQA ESA Consultants: Michael Manka, Claire Myers, Julie Watson
Federal: Larry Blevins, Fred Garcia from BIA

Meeting Notes

1. **NEPA/CEQA lead agencies agreement** – Is a formal agreement needed? If not, what's the process for coordination? (See related email from BIA staff)

   Regarding NEPA, BIA is flexible and will use the approach that the tribe is most comfortable with. They can form an agreement or do something more informal. Note that Larry is retiring so any discussions should be shared with his successor.

   Regarding CEQA, the CPUC CEQA Team is also flexible depending on the project/stakeholder needs. Sometimes they do MOU's and other times an informal process is sufficient. The CPUC has been fine with letter forms of agreement rather than a formal MOU document (per Jack Mulligan, CPUC CEQA attorney).

   The Karuk expressed a need for an agreement if there are financial elements (payments required). Generally they would do a joint agreement re CEQA/NEPA.

   A letter form of agreement for the environmental stakeholders was discussed and agreed to as an appropriate mechanism. This would be a letter between the joint agencies (CPUC and BIA) who prepare the documents. Bill Johnston suggested that the tribe could be identified as a concurring entity and then the payment process could be handled in a CPUC resolution. The tribe's consultant, Penny, would be the party to draft this letter for the CEQA team's legal to review. She has a sample to refer to and this is a priority for January.

2. **PEA preparation and review** – What is the most cost-effective PEA coordination process between Karuk Tribe project consultants and CPUC CEQA consultants (ESA)?

   Issues Discussed:
   - Can the CPUC CEQA team/consultants work closely with project consultants on the PEA with the idea of reducing costs at the back end?
   - What is the trade-off in terms of extra costs incurred from any added coordination time with CPUC CEQA consultants (ESA billable hours) related to PEA preparation? The CEQA team sent the following PEA guidance to Karuk's consultants with the intention of efficiently guiding their PEA work: http://www.cpuc.ca.gov/PUC/energy/Environment/infocrit.htm

- What is the sense for the accuracy of the original environmental budget?

The tribe was expecting to do all the PEA work themselves. Although they are a utility, they are new in this role and need help to scope things and reduce the costs. The CEQA team is looking forward to informally working together on the scope in advance to help reduce costs and create a strong PEA. They will refer in detail to the requirements, such as Appendix G regarding FONSI requirements, to clarify ESA vs Karuk's work.

Once the CPUC/ESA contract is signed, the CEQA team, ESA, and Karuk's consultants will schedule follow-up meetings to further discuss coordination in the preparation of the PEA. The budget will be determined based on the contract, which will be finalized soon as the CA Department of General Services (DGS) sends it back to the CEQA team. Jensen will share with Karuk/all at that time.

3. **CPUC/Karuk Tribe agreement re payment for CEQA contract** – Can the CPUC CEQA team share the ESA contract with the Karuk Tribe?

As soon as the contract is finalized by DGS it will be shared. The tribe emphasized that they need an agreement in place before they can pay any bills. There was some discussion of Rule 2.4, which outlines that the CPUC cannot pay costs of utilities, although this did not seem applicable to the issues on the table. Further clarity may be needed regarding when bills are due and at what point the tribe will be expected to pay with respect to the timing of permitting and construction.

4. **Additional CASF funding for Karuk project to cover CEQA costs** – Commission resolution will be needed to recommend additional CASF funding. When should Communications Division (CD) staff prepare the resolution? CD's preferred option is to wait until the PEA process is completed to have better handle on the environmental study and mitigation costs. CD staff can send letter to Karuk Tribe stating this plan. Would this alleviate the Tribe's budget concerns?

CPUC CASF Team (Communications Division/CD) will draft a letter to the tribe conveying that a Commission Resolution will be prepared to add funding if deemed necessary to cover additional CEQA costs. This letter will be drafted in next few weeks. The intent is to do a Resolution after the permitting scope and budget are known and in the event the original budget is insufficient to pay bills and complete the project as envisioned.