

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, December 3, 2015 3 PM, Orleans, CA

A) CALL MEETING TO ORDER – PRAYER - ROLL CALL

AA) HEALTH MISSION STATEMENT

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

CH) APPROVAL OF THE AGENDA

EE) APPROVAL OF THE MINUTES (*November 4, 2015*)

F) GUESTS (*Ten Minutes Each*)

- 1.

H) OLD BUSINESS (*Five Minutes Each*)

- 1.

I) DIRECTOR REPORTS (*Ten Minutes Each*)

1. Pat Hobbs, Children & Family Services (written report)
2. Patricia White, RPMS Site Manager (written report)
3. Lessie Aubrey, Grants, Compliance, Accreditation Manager (written report)
4. Raul Recarey, Health
5. Eric Cutright, IT Director
6. Vickie Walden, Dental Office Manager (written report)

II) REQUESTS (*Five Minutes Each*)

- 1.

K) INFORMATIONAL (*Five Minutes Each*)

- 1.

M) CLOSED SESSION (*Five Minutes Each*)

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

N) SET DATE FOR NEXT MEETING (Thursday, January 14, 2015 at 3 PM in Yreka, CA.

OO) ADJOURN

**Karuk Tribe – Health Board Meeting
November 5, 2015 – Meeting Minutes**

Meeting called to order at 3pm, Chairman Attebery

Present:

Russell “Buster” Attebery, Chairman
Renee Stauffer, Member at Large
Elsa Goodwin, Member at Large
Charron Davis, Member at Large
Alvis Johnson, Member at Large
Arch Super, Member at Large
Josh Saxon, Member at Large

Absent:

Joseph “Jody” Waddell, Secretary/Treasurer (excused)
Robert Super, Vice-Chairman (excused)

Buster Attebery read the Mission Statement and Sonny Davis completed a prayer.

Agenda:

Elsa Goodwin moved and Renee Stauffer seconded to approve the agenda with changes, 6 haa, 0 puuhara, 0 pupitihara.

Minutes of October 8, 2015:

Arch Super moved and Bud Johnson seconded to approve the health board meeting minutes, 6 haa, 0 puuhara, 0 pupitihara.

Guests:

1.) Debbie Bickford, Outreach Coordinator:

Debbie is present to provide a report to the Health Board. She first sought approval of an application for \$10,000 for a sports program. She has worked with Education Coordinator, Alan Merrill. It is an N7 grant application. Josh commented that the grant application narrative may need to be fleshed out to match the budget request. The transportation costs being more explained could be more incorporated into the narrative. Josh also asked to include some participation numbers from previous events that the Tribe has held. Debbie will also include photos. The application is not presently in final form. This will be updated to include changes and a phone vote on Monday.

She then explained that the mini ACORN grant was received. She was tasked with compliance of the grant and she submitted the report which allowed for the second phase of funding received but that was not approved by the Tribal Council. She provided the Council a brief hardcopy PowerPoint of the intended purpose for round two of the CRIHB funding. The group has selected a community based walk/jog course. She provided an overview of the funding and what the group submitted for.

She has a group of volunteers that will work toward the project. The budget was not high enough to fund what the group identified so they will do fundraising.

15-R-127 is the resolution for the additional ACORN funding.

Renee Stauffer moved and Elsa Goodwin seconded to approve resolution 15-R-127 for acceptance of the \$25,000, 6 haa, 0 puuhara, 0 pupitihara.

Arch asked if Debbie contacted the Hoopa TCCC to see if they could provide assistance to the project.

2.) Pat Hobbs, Children & Family Services:

Pat is present to provide an announcement. There are visitors from ACF that are touring the Tribes programs. They are present visiting to provide guidance on newly funded ACF grant.

They noted that it has been a pleasure to tour the facilities and meet the staff. They took the opportunity to congratulate the Tribe on the funding opportunity. Funding was just received at the beginning of October but the staff has already begun a lot of work.

The Council thanked ACF for attending. Emma Lee wrote the grant and Pat and Lester will administer the grant.

3.) Lester Alford, TANF Director:

Lester is present to seek approval of travel to National Harbor, MD December 1-3, 2015 for the READIE conference.

Elsa Goodwin moved and Renee Stauffer seconded to approve out of state travel for Lester and Arch to National Harbor MD, 6 haa, 0 puuhara, 0 pupitihara.

He also presented out of state travel request for Teresa Valin to Tulsa OK, December 15-17, 2015.

Arch Super moved and Elsa Goodwin seconded to approve out of state travel for Teresa Valin to Tulsa OK, 6 haa, 0 puuhara, 0 pupitihara.

Director Reports:

1.) Vickie Walden, Dental Office Manager:

Vickie is not present. Her report was provided for the Health Board to review.

Elsa Goodwin moved and Arch Super seconded to approve Vickie's report, 6 haa, 0 puuhara, 0 pupitihara.

2.) Patti White, RPMS Site Manager:

Patti is present to review her report. She has added one action item to her report. She commented that there is training that is needed but there needs to be an authorized signer to decline the training. The system will be down (electronic dental record).

Josh Saxon moved and Elsa Goodwin seconded to authorize the Chairman's signature for RT8.0.5, 6 haa, 0 puuhara, 0 pupitihara.

She provided the workload reports. Her snapshot provides information from September. 33% of the total visits are Native Americans.

Josh asked why Raul's numbers on his report are from October but Patti's are from September. Patti explained that her report includes telephone calls, data entry, etc., and Raul's report only

includes patient visits. Buster asked how come the clinic visits were down in Happy Camp. Patty noted that she would have to look into that further. Arch asked if there are always a low number of Native American patients. Patty noted that it runs between 30-35% each month.

Josh Saxon moved and Bud Johnson seconded to approve Patty's report, 6 haa, 0 puuhara, 0 pupitihara.

3.) Lessie Aubrey, Grants, Compliance, Accreditation Manager:

Lessie is present to review her report. Lessie provided an overview on the budget that was over spent and how each line.

Lessie commented that during compliance training it was determined that the OIG could take records but if staffs label their files "personal" then they cannot take those records. She felt this was a helpful tip.

Lessie had a resource for Dora Bernal for recruitment options. Lessie noted that she passes things on to people but sometimes that goes nowhere.

The Bi-Annual health meeting was scheduled and Arch and Sonny both attended.

The HIV AIDS project was moving along and this monitors care of approximately 12-13 people.

The GPRA report is unofficial. The first quarter has been complete; 7 measures have been met but not 17 that need to be done. They have three more quarters to meet these measures.

She reviewed her chart audit results with the health board.

Lessie commented that the provider's not attending meetings and participating in the chart reviews does not allow for the quality measures to be understood and improved. Raul commented that the providers and clinics were in several meetings previously and it was evaluated to have them providing care; they may attend when pertinent, but if the meetings aren't productive then that becomes an issue. The patients need to have care provided to them and if there are no providers to see them, then that isn't providing care. Raul noted that the meetings can be moved around. The scores have stayed the same over the years but things haven't changed and new measures need to be monitored. Raul commented that the productivity scores are based on his report and are in conjunction with the GPRA scores. He believes that there needs to be a plan of action and outcomes on identified reports, not just tabulating the results from audits. Lessie noted that the CQI projects are identified and the projects get the program accredited. Raul believes that each report should have someone assigned and have someone tasked with seeing items through. Raul doesn't mind having meetings and hoping for the best, but would rather have a clear direction in meeting goals. Arch recommends that there be better coordination and communication. Lessie commented that she needs providers present for her reporting outcome, because they provide education and care to the patients but she needs to know what their approach is and how to ensure the front line staff is intending on meeting the audit outcomes.

Lessie then went on to note that what Raul is discussing is different than her report. Raul noted that the program in place is a bonus scenario. He commented that the ACQI Meetings and reports don't have a change in the reports that include a plan of action and nothing was getting better, it was the same reports over time. Raul would like to take one measure at a time and have a plan of action for each item. Buster reiterated that communication would help a lot to ensure everyone can move forward.

Lessie is checking with the ICD10 webinars to gather compliance training because she is the compliance officer. ICD10 has been moving forward and will be implemented across the world. Compliance with it is a crucial priority.

Raul asked her to sit on the internal directors meeting. She is going to continue to follow up on HRSA information with Laura and Emma Lee regarding a recruitment.

Lessie announced that Debbie's husband is seriously ill and she left him to come to the meeting, so Lessie thanked the Council for being nice to her.

She is going around the clinics to provide information on the deficiencies identified by AAAHC. Elsa inquired how many deficiencies there are. Lessie noted that there are some minor issues. The recruitment and retention of the providers was noted as a deficiency.

Josh Saxon moved and Elsa Goodwin seconded to approve Lessie's report, 6 haa, 0 puuhara, 0 pupitihara.

4.) Pat Hobbs, Children & Family Services:

Pat is present to review her report. She followed up on recruitment and the HR department needs to have some flexibility in recruiting.

Pat has three action items; two are procurements for vehicles. One will be for child welfare and another one is for the AOD program.

Laura Olivas commented that the vehicles are going to be purchased through Ishpook leasing.

Elsa asked why she couldn't get three bids. Laura noted that Pat has made a legitimate attempt on the bidding even though she didn't get three bids. Pat believes in shopping locally. Elsa asked about the taxes for the purchase of vehicles if in Oregon. Laura replied that it has been done before.

Arch Super moved and Renee Stauffer seconded to approve procurement and the purchase of two vehicles, 6 haa, 0 puuhara, 0 pupitihara.

She then sought approval for out of state travel to Washington DC.

Elsa Goodwin moved and Renee Stauffer seconded to approve out of state for Pat Hobbs and Laura Olivas to Washington DC for the ACF Conference, 6 haa, 0 puuhara, 0 pupitihara.

Pat then provided her client visit numbers. The ACF program staff meeting was very well received. She updated the Health Board on the staffing of the program.

LCSW's can get up to \$30-\$60k in loan repayment from Indian Health Services which is a great recruitment tool. Vickie Simmons commented that the loan repayment program from HRSA, pressed to get scores changed which will allow more ability to get loan repayment programs for more providers. Dora will need to upload positions to the sites that offer the service.

Josh asked about the substance abuse program and a meeting that will be attended with Judge Dixon. This judge administers drug court and in conjunction with April's wellness court, there may be some opportunities for services. Josh asked for the Tribe to stay informed regarding this.

Josh Saxon moved and Elsa Goodwin seconded to approve Pat's report, 6 haa, 0 puuhara, 0 pupitihara.

5.) Raul Recarey, Health CEO:

Raul is present to review his report. His first request is to approve agreement 15-A-097. Raul commented that he will be evaluating the pharmacy services and determining which facility to use. Josh would like that to have further discussions on the pharmacy services.

Renee Stauffer moved Sonny Davis seconded to approve agreement 15-A-097, 6 haa, 0 puuhara, 0 pupitihara.

He then sought approval of 16-A-008 to have the UC Berkeley facility evaluate the diabetic retina pictures.

Elsa Goodwin moved and Renee Stauffer seconded to approve 16-A-008, 6 haa, 0 puuhara, 0 pupitihara.

Josh noted that he is all for the paper reduction act but the Council requires documents for viewing.

He then sought approval of procurement for a vehicle for the CHR in Yreka. Barbara advised that the Ishpook budget was set up in the beginning of the fiscal year, and all these purchases were not included in program budgets, otherwise Ishpook would have been increased. The budget needs to be monitored to ensure Ishpook Leasing is monitored for the entire fiscal year. The vehicle will be tabled to Thursday's Planning meeting.

Raul requested approval to continue membership with HANC. Eric commented that HANC provides advocacy at the State level, training, TeleHealth, etc.

Arch Super moved and Elsa Goodwin seconded to be HANC member and pay the fees, 6 haa, 0 puuhara, 0 pupitihara.

The facility is still having issues. He would like to take Annie, CHR's, Karen Hogue into the TANF building. Then AOD will stay in the clinic. Raul has not discussed this with Pat or Angela. Elsa recommends Raul discussing this with Angela and Pat.

Pat asked that the Council be involved in discussion and program planning, but to also include Directors. There is valuable information missed or oversight concerns when decisions are made without communicating with the Directors. Raul will meet with Pat and Angela on the office suggestion.

Raul provided a sample of a sign for the Yreka Clinic. He commented that there are different scales, lighting, visual point of view from all directions, etc. Josh asked how expensive it would be to update it moving forward. Raul commented that the phone system should be used to update information and provide guidance to the clients. This sign will grab the client eye including the comment that "everyone is welcome" and the phone system can be used to guide patients. The budget is a marketing line item and they have approximately \$12,000. He will also be presenting another form of budgets to allow for marketing long term. Josh suggested a better design on the signs. Josh would like to suggest having additional signage in different locations in Yreka.

Raul then went on to review his report. He provided an overview of the provider visits. It was noted that there were low quality scores for the Orleans Clinic. He will be working with the staff on determining what the issue is.

The providers are really working hard on the bonus incentive program. Josh would like to take out the minimum amount from the report. The Council will discuss this with Raul in closed session.

Arch Super moved and Renee Stauffer seconded to approve Raul's report, 6 haa, 0 puuhara, 0 pupitihara.

6.) Eric Cutright, IT Director:

Eric is present to provide his report. His action item is for the Karuk Tribe's support of the Siskiyou Telephone grant application.

Josh Saxon moved and Bud Johnson seconded to approve the CASF grant application, 6 haa, 0 puuhara, 0 pupitihara.

Eric distributed the draft website information which he will be seeking approval at the Council Meeting.

He updated the Council on tax assessments for broadband in relation to fees that may be assessed by the State of California. Currently there are no local and county taxes being applied. Eric will follow this and keep the Council informed.

There are a reported 35 clients signed up to Aan Chuuphan. There are two potential clients that are outside of the service area but he is trouble shooting that option with white space radios. There is additional funding that can be modified to purchase the white space radios to serve those clients. All construction is basically signed off but he will need to submit photos.

A generator is needed for the Orleans building. An automatic start, propane or diesel is something that he will evaluate with other staff.

Renee Stauffer moved and Sonny Davis seconded to approve Eric's report, 6 haa, 0 puuhara, 0 pupitihara.

Closed Session:

Elsa Goodwin moved and Josh Saxon seconded to approve the settlement offer from Indian Health Services regarding CSC, 6 haa, 0 puuhara, 0 pupitihara.

Election Committee: Request official documentation from Election Committee.

Josh Saxon moved and Elsa Goodwin seconded to approve a revised loan agreement with Tribal Member #MA and after 3 consecutive payments of \$50 then the delinquency can be lifted and remaining balance added to the end of the loan to receive assistance, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Renee Stauffer seconded to approve the GIS/GPS technician position description, 5 haa, 1 puuhara (Elsa Goodwin), 0 pupitihara.

Josh Saxon moved and Renee Stauffer seconded to approve the special meeting minutes excerpt from the DNR meeting, October 7th, 2015, 5 haa, 0 puuhara, 1 pupitihara (Elsa Goodwin).

Renee Stauffer moved and Arch Super seconded to hire Miller/Nash for gaming project, 6 haa, 0 puuhara, 0 pupitihara.

Fatima Abbas: deposition of Dr. Millington regarding Siskiyou County case. Doesn't recommend Tribal staff participate in subpoenas but the Tribe serves 60% non-Indians, so there may be these possibilities.

Renee Stauffer moved and Josh Saxon seconded to authorize deposition of Dr. Millington, 6 haa, 0 puuhara, 0 pupitihara.

Arch Super was excused from the meeting.

Consensus: to authorize a phone vote for pending Council Member direction.

Arch re-entered the meeting.

Elsa Goodwin moved and Renee Stauffer seconded to approve resolution 15-R-135, 6 haa, 0 puuhara, 0 pupitihara.

Informational: Council Member, reminded the Council to allow guests to be recognized and demonstrate courtesy when there are guests. Body language says a lot.

Elsa Goodwin moved and Renee Stauffer seconded to rent a trailer from Council Member in the amount of \$200 monthly for use by the health program intern, 5 haa, 0 puuhara, 0 pupitihara (Arch absent for vote).

Consensus: to institute revisions to the bonus program to ensure it is equally distributed. Review of meetings with providers to ensure they understand they are supported but also that the Health Board's priority is Tribal Members and Elders.

Arch Super moved and Bud Johnson seconded to approve the health program budget, 5 haa, 0 puuhara, 1 pupitihara (Josh Saxon).

Elsa Goodwin moved and Arch Super seconded to approve C & P for Chelsea Chambers and Nicole Hokanson, 5 haa, 0 puuhara, 0 pupitihara.

Consensus: to authorize phone votes for legal matters in the coming week.

Arch Super moved and Josh Saxon seconded to approve \$500 for Jerrod Huffman dinner, 6 haa, 0 puuhara, 0 pupitihara.

Consensus: for the Chairman to ensure compliance with CHP review. Each week there shall be set progress and review of that progress. 30 days prior to next review, full compliance shall be verified.
Consensus: to verify background check of employee.

Consensus: to have the Land Director review possible office space locations in Yreka.

Josh Saxon moved and Renee Stauffer to seat Gabriel Montgomery to the BOC, 6 haa, 0 puuhara, 0 pupitihara.

Arch Super moved and Elsa Goodwin seconded to approve \$1 per hour, retroactive to his evaluation date, 5 haa, 0 puuhara, 0 pupitihara

Next Meeting Date: December 3, 2015 at 3pm in Orleans, CA.

Renee Stauffer moved and Josh Saxon seconded to adjourn at 7:33pm, 6 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell “Buster” Attebery, Chairman

Recording Secretary, Barbara Snider

**Karuk Child and Family Services
Health Board Report
Patricia Hobbs LCSW
December 2015**

Action Items:

No action items are included in this report

Updates and Information:

Patricia Hobbs looked at a possible office space for Child and Family Services. The space appears adequate and Scott Quinn is also meeting with the owners to assess whether this space will work. The building is in close proximity to the clinic which will allow us to maintain the ability to respond to the medical staff when necessary.

Child Welfare Services:

Mary Gowen, Social Worker has transferred to Happy Camp service area. Interviews were held for Yreka Social Worker position 11/24/2015 and we are waiting for a response to our offer.

Orleans Social Worker position has been posted.

The BIA Social Services report for Child and Family Services was completed and submitted to CFO for compilation with the other programs who report.

Alcohol and Other Drug Program:

See Angela Baxter's report, attached.

Mental Health

Position for Licensed Clinical Social Worker or Psychologist funded by HRSA and Administration for Children and Families have been posted. There have been no applicants.

Patricia Hobbs has been requested to present to the Siskiyou Behavioral Health Collaborative regarding our progress on integrating Behavioral Health with Primary Care.

Karuk Substance Abuse Program
Monthly Report for November 2015

AOD	Total Number of client for each area
Yreka	13
Happy	12
Orleans	1

Total Number of AOD clients 22

BIP	Total Number of client for each area
Yreka	12 Men 7 women
Happy	3 Men
Orleans	1 Men

Total Number of BIP clients 23

DUI	Total Number of client for each area
Yreka	3
Happy Camp	5

Total Number of DUI clients 8

We have 4 people on the wait list for BIP.

Number of no Shows

	Yreka	Happy Camp	Orleans	Total
Angela Baxter	1			1
Cheryl Bearchild	1			1
Anthony Ballard		5	2	7
				9

Thank you for allowing me to be of service,

Angela Baxter, BA, CADC II

ACTIVITY REPORT BY PRIMARY PURPOSE
ACTIVITY REPORT FOR MENTAL HEALTH PROGRAM

RECORD DATES: NOV 01, 2015 TO NOV 23, 2015

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

	# RECS	ACT TIME (hrs)	# PATS	# SERVED

AREA: CALIFORNIA TRIBE/638				
SERVICE UNIT: KARUK TRB HP				
FACILITY: YREKA				
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
ACTIVITY: 11-SCREENING-PATIENT PRES				
3-UNSPECIFIED MENTAL PROBLEM	1	0.3	1	1
	=====	=====	=====	=====
ACTIVITY TOTAL:	1	0.3	1	1
ACTIVITY: 13-INDIVIDUAL TREATMENT/C				
F41.1-GENERALIZED ANXIETY DISO	2	3.0	1	2
F43.10-POSTTRAUMATIC STRESS DI	1	1.0	1	1
F43.23-ADJUSTMENT DISORDER WIT	2	2.8	1	2
	=====	=====	=====	=====
ACTIVITY TOTAL:	5	6.8	3	5
ACTIVITY: 56-RECORDS/DOCUMENTATION				
3-UNSPECIFIED MENTAL PROBLEM	1	0.2	1	1
8-FAILED APPOINTMENT/NO SHOW	2	0.2	2	2
8.11-PATIENT CANCELLED, NOT RE	2	0.2	2	2
88-OTHER SOCIOLEGAL PROBLEMS	1	0.2	1	1
F33.2-MAJOR DEPRESSIVE DISORDE	1	0.1	1	1
	=====	=====	=====	=====
ACTIVITY TOTAL:	7	0.8	7	7
	=====	=====	=====	=====
PROVIDER TOTAL:	13	7.8	11	13
PROVIDER: KINNEY, BENTON (PHYSICIAN ASSISTANT)				
ACTIVITY: 99-INDIVIDUAL BH EHR VISI				
F20.9-SCHIZOPHRENIA	1	0.0	1	1
F25.9-Schizoaffective disorder	1	0.0	1	1
F31.9-BIPOLAR DISORDER, UNSPEC	1	0.0	1	1
F32.9-MAJOR DEPRESSIVE DISORDE	1	0.0	1	1
F42.-OBSESSIVE-COMPULSIVE DISO	1	0.0	1	1
F43.10-POSTTRAUMATIC STRESS DI	3	0.0	3	3
	=====	=====	=====	=====
ACTIVITY TOTAL:	8	0.0	8	8
	=====	=====	=====	=====
PROVIDER TOTAL:	8	0.0	8	8
PROVIDER: WALTER, KAREENA (LICENSED CLINICAL SOCIAL WORK)				
ACTIVITY: 13-INDIVIDUAL TREATMENT/C				
F41.1-GENERALIZED ANXIETY DISO	4	4.1	2	4
F43.10-POSTTRAUMATIC STRESS DI	7	7.9	5	7
Z62.29-UPBRINGING AWAY FROM PA	2	2.0	1	2

ACTIVITY TOTAL:	=====	=====	=====	=====
	13	14.0	8	13

ACTIVITY: 56-RECORDS/DOCUMENTATION

ACTIVITY REPORT BY PRIMARY PURPOSE
ACTIVITY REPORT FOR MENTAL HEALTH PROGRAM

RECORD DATES: NOV 01, 2015 TO NOV 23, 2015

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

	# RECS	ACT TIME (hrs)	# PATS	# SERVED
88-OTHER SOCIOLEGAL PROBLEMS	1	0.3	1	1
F41.1-GENERALIZED ANXIETY DISO	1	0.3	1	1
F43.10-POSTTRAUMATIC STRESS DI	1	0.4	1	1
ACTIVITY TOTAL:	3	1.0	3	3
PROVIDER TOTAL:	16	15.0	11	16
FACILITY TOTAL:	37	22.8	30	37
FACILITY: ORLEANS				
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
ACTIVITY: 13-INDIVIDUAL TREATMENT/C				
F40.10-SOCIAL ANXIETY DISORDER	1	1.0	1	1
F43.10-POSTTRAUMATIC STRESS DI	1	0.3	1	1
F84.0-AUTISM SPECTRUM DISORDER	1	0.5	1	1
F90.2-ATTENTION-DEFICIT/HYPERA	4	2.8	2	4
F93.0-SEPARATION ANXIETY DISOR	2	1.3	1	2
ACTIVITY TOTAL:	9	5.8	6	9
ACTIVITY: 29-FAMILY FACILITATION-PA				
F90.2-ATTENTION-DEFICIT/HYPERA	2	2.0	1	2
ACTIVITY TOTAL:	2	2.0	1	2
ACTIVITY: 48-CRISIS INTERVENTION-PA				
F41.9-UNSPECIFIED ANXIETY DISO	1	1.0	1	1
ACTIVITY TOTAL:	1	1.0	1	1
ACTIVITY: 56-RECORDS/DOCUMENTATION				
8-FAILED APPOINTMENT/NO SHOW	1	0.1	1	1
8.21-PROVIDER CANCELLED, NOT R	1	0.1	1	1
ACTIVITY TOTAL:	2	0.2	2	2
ACTIVITY: 63-PROGRAM CONSULTATION				
F20.9-SCHIZOPHRENIA	1	0.2	1	1
ACTIVITY TOTAL:	1	0.2	1	1
PROVIDER TOTAL:	15	9.2	11	15

FACILITY TOTAL:	=====	=====	=====	=====
	15	9.2	11	15

FACILITY: KARUK COMMUNITY HEALTH CLINIC

ACTIVITY REPORT BY PRIMARY PURPOSE
ACTIVITY REPORT FOR MENTAL HEALTH PROGRAM

RECORD DATES: NOV 01, 2015 TO NOV 23, 2015

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

	# RECS	ACT TIME (hrs)	# PATS	# SERVED

PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
ACTIVITY: 13-INDIVIDUAL TREATMENT/C				
F32.1-MAJOR DEPRESSIVE DISORDE	1	1.0	1	1
F34.8-DISRUPTIVE MOOD DYSREGUL	2	2.0	1	2
	=====	=====	=====	=====
ACTIVITY TOTAL:	3	3.0	2	3
ACTIVITY: 56-RECORDS/DOCUMENTATION				
8-FAILED APPOINTMENT/NO SHOW	1	0.1	1	1
	=====	=====	=====	=====
ACTIVITY TOTAL:	1	0.1	1	1
	=====	=====	=====	=====
PROVIDER TOTAL:	4	3.1	3	4
PROVIDER: WALTER, KAREENA (LICENSED CLINICAL SOCIAL WORK)				
ACTIVITY: 12-ASSESSMENT/EVALUATION-				
F32.9-MAJOR DEPRESSIVE DISORDE	1	1.2	1	1
F43.10-POSTTRAUMATIC STRESS DI	1	1.2	1	1
	=====	=====	=====	=====
ACTIVITY TOTAL:	2	2.3	2	2
ACTIVITY: 13-INDIVIDUAL TREATMENT/C				
F31.81-BIPOLAR II DISORDER	1	3.3	1	1
F32.0-MAJOR DEPRESSIVE DISORDE	1	1.2	1	1
F33.0-MAJOR DEPRESSIVE DISORDE	3	3.3	2	3
F33.2-MAJOR DEPRESSIVE DISORDE	1	3.3	1	1
F43.10-POSTTRAUMATIC STRESS DI	6	7.2	4	6
	=====	=====	=====	=====
ACTIVITY TOTAL:	12	18.3	9	12
ACTIVITY: 56-RECORDS/DOCUMENTATION				
8-FAILED APPOINTMENT/NO SHOW	1	0.0	1	1
8.1-PATIENT CANCELLED, RESCHED	1	0.0	1	1
85-OTHER SOCIOECONOMIC PROBLEM	1	0.5	1	1
88-OTHER SOCIOLEGAL PROBLEMS	1	0.3	1	1
	=====	=====	=====	=====
ACTIVITY TOTAL:	4	0.9	4	4
	=====	=====	=====	=====
PROVIDER TOTAL:	18	21.5	15	18
	=====	=====	=====	=====
FACILITY TOTAL:	22	24.6	18	22
	=====	=====	=====	=====
SU TOTAL:	74	56.5	59	74

AREA TOTAL:

=====

74

=====

56.5

=====

59

=====

74

RUN TIME (H.M.S): 0.0.0

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

AVB

NOV 20, 2015 Page 1

ACTIVITY REPORT FOR CHEMICAL DEPENDENCY or A/SA PROGRAM

RECORD DATES: OCT 01, 2015 TO OCT 31, 2015

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

	# RECS	ACT TIME (hrs)	# PATS	# SERVED

AREA: CALIFORNIA TRIBE/638				
SERVICE UNIT: KARUK TRB HP				
FACILITY: YREKA				
PROVIDER: BALLARD, ANTHONY (UNKNOWN)				
91-GROUP TREATMENT	44	5.9	15	44
	=====	=====	=====	=====
PROVIDER TOTAL:	44	5.9	15	44
PROVIDER: BAXTER, ANGELA V (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	5	5.8	5	5
13-INDIVIDUAL TREATMENT/COUNS	9	3.8	8	9
22-CASE MANAGEMENT-PATIENT PR	2	0.8	2	2
31-CASE MANAGEMENT-PATIENT NO	5	1.5	4	5
40-REFERRAL	1	0.3		1
59-OTHER ADMINISTRATIVE	2	6.0		0
91-GROUP TREATMENT	42	7.8	22	42
	=====	=====	=====	=====
PROVIDER TOTAL:	66	25.8	41	64
PROVIDER: BEARCHILD, CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	4	6.5	4	4
13-INDIVIDUAL TREATMENT/COUNS	5	2.0	3	5
24-MATERIAL/BASIC SUPPORT-PAT	6	7.8		6
31-CASE MANAGEMENT-PATIENT NO	9	3.8	6	9
56-RECORDS/DOCUMENTATION	5	6.5		5
59-OTHER ADMINISTRATIVE	3	6.0		3
91-GROUP TREATMENT	71	13.3	30	71
	=====	=====	=====	=====
PROVIDER TOTAL:	103	45.9	43	103
	=====	=====	=====	=====
FACILITY TOTAL:	213	77.6	99	211
FACILITY: ORLEANS				
PROVIDER: BALLARD, ANTHONY (UNKNOWN)				
11-SCREENING-PATIENT PRESENT	1	1.0	1	1
13-INDIVIDUAL TREATMENT/COUNS	4	3.3	1	4
	=====	=====	=====	=====
PROVIDER TOTAL:	5	4.3	2	5
	=====	=====	=====	=====
FACILITY TOTAL:	5	4.3	2	5
FACILITY: KARUK COMMUNITY HEALTH CLINIC				
PROVIDER: BALLARD, ANTHONY (UNKNOWN)				
12-ASSESSMENT/EVALUATION-PATI	2	3.0	2	2
13-INDIVIDUAL TREATMENT/COUNS	8	6.8	3	8
59-OTHER ADMINISTRATIVE	1	1.0		0

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

AVB

NOV 20, 2015Page 2

ACTIVITY REPORT FOR CHEMICAL DEPENDENCY or A/SA PROGRAM

RECORD DATES: OCT 01, 2015 TO OCT 31, 2015

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

	# RECS	ACT TIME (hrs)	# PATS	# SERVED

PROVIDER: BAXTER,ANGELA V (ALCOHOLISM/SUB ABUSE COUNSELOR)				
59-OTHER ADMINISTRATIVE	2	8.5		1
72-TRAVEL NOT RELATED TO PATI	2	7.0		1
	=====	=====	=====	=====
PROVIDER TOTAL:	4	15.5	0	2
PROVIDER: BEARCHILD,CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	1	1.5	1	1
13-INDIVIDUAL TREATMENT/COUNS	5	1.3	2	5
24-MATERIAL/BASIC SUPPORT-PAT	4	26.5		4
59-OTHER ADMINISTRATIVE	1	2.5		1
71-TRAVEL RELATED TO PATIENT	2	3.0		2
72-TRAVEL NOT RELATED TO PATI	2	19.5		2
91-GROUP TREATMENT	5	3.0	3	5
	=====	=====	=====	=====
PROVIDER TOTAL:	20	57.3	6	20
FACILITY TOTAL:	75	93.0	23	72

SU TOTAL:	293	174.8	124	288

AREA TOTAL:	293	174.8	124	288

RUN TIME (H.M.S): 0.0.0

91-GROUP TREATMENT

40	9.5	12	40
=====	=====	=====	=====
51	20.2	17	50

PROVIDER TOTAL:

ACTIVITY REPORT FOR MENTAL HEALTH PROGRAM

RECORD DATES: NOV 01, 2015 TO NOV 23, 2015

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

	# RECS	ACT TIME (hrs)	# PATS	# SERVED

AREA: CALIFORNIA TRIBE/638				
SERVICE UNIT: KARUK TRB HP				
FACILITY: YREKA				
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
11-SCREENING-PATIENT PRESENT	1	0.3	1	1
13-INDIVIDUAL TREATMENT/COUNS	5	6.8	3	5
56-RECORDS/DOCUMENTATION	7	0.8	6	7
	=====	=====	=====	=====
PROVIDER TOTAL:	13	7.8	10	13
PROVIDER: KINNEY, BENTON (PHYSICIAN ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	8	0.0	8	8
	=====	=====	=====	=====
PROVIDER TOTAL:	8	0.0	8	8
PROVIDER: WALTER, KAREENA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	13	14.0	8	13
56-RECORDS/DOCUMENTATION	3	1.0	3	3
	=====	=====	=====	=====
PROVIDER TOTAL:	16	15.0	11	16
	=====	=====	=====	=====
FACILITY TOTAL:	37	22.8	29	37
FACILITY: ORLEANS				
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	9	5.8	6	9
29-FAMILY FACILITATION-PATIEN	2	2.0	1	2
48-CRISIS INTERVENTION-PATIEN	1	1.0	1	1
56-RECORDS/DOCUMENTATION	2	0.2	2	2
63-PROGRAM CONSULTATION	1	0.2	1	1
	=====	=====	=====	=====
PROVIDER TOTAL:	15	9.2	11	15
	=====	=====	=====	=====
FACILITY TOTAL:	15	9.2	11	15
FACILITY: KARUK COMMUNITY HEALTH CLINIC				
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	3	3.0	2	3
56-RECORDS/DOCUMENTATION	1	0.1	1	1
	=====	=====	=====	=====
PROVIDER TOTAL:	4	3.1	3	4
PROVIDER: WALTER, KAREENA (LICENSED CLINICAL SOCIAL WORK)				
12-ASSESSMENT/EVALUATION-PATI	2	2.3	2	2
13-INDIVIDUAL TREATMENT/COUNS	12	18.3	9	12
56-RECORDS/DOCUMENTATION	4	0.9	4	4

PROVIDER TOTAL:

=====

18

=====

21.5

=====

15

=====

18

PH

ACTIVITY REPORT FOR MENTAL HEALTH PROGRAM

RECORD DATES: NOV 01, 2015 TO NOV 23, 2015

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

	# RECS	ACT TIME (hrs)	# PATS	# SERVED
FACILITY TOTAL:	22	24.6	18	22
SU TOTAL:	74	56.5	58	74
AREA TOTAL:	74	56.5	58	74

RUN TIME (H.M.S): 0.0.0

RPMS
Karuk Tribal Health and Human Services Program

Health Board Meeting-Happy Camp
December 3, 2015
Patricia White, RPMS Site Manager

DECEMBER



Workload reports

Below is the October 2015 "Operations Summaries" and Tribal Statistics. During October 2015 there were 2,144 visits at all locations. This is an increase of 103 visits over September 2015 Operations Summary. Happy Camp was down by 4 visits, Yreka was up by 78 visits, and Orleans was up by 29 visits. 670 of these visits were for Native American Patients (32%) See Tribal Statistic chart at the end of the operations summary.

Meeting / Conference Calls / Training November 2015

- 11/02 – PHR/Direct Messaging Conference Call IHS
- 11/03 – CEO Monthly Conference Call
- 11/03 – California Area ICD10 IHS Conference Call
- 11/04 – IHS Call-Sliding Fee for HRSA Tribal Organizations
- 11/05 – Raul Recarey/Amy Coapman Meeting Re: Metrics Reporting
- 11/05 – RPMS/EHR Office Hours Conference Call
- 11/05 - Health Board Meeting Happy Camp
- 11/06 – PHR National IHS Conference Call
- 11/09 – Henry Schein Dentrax upgrade RT 8.0.5
- 11/12 – RPMS/EHR Office Hours Conference Call
- 11/13 - ICD10 IHS Office Hours Conference Call
- 11/17 – HIE Conference Call with CAO (T Johnson)
- 11/19 – Direct Messaging ToC Testing with IHS & Feather River Tribal Health
- 11/20 - Direct Messaging ToC Testing with IHS & Feather River Tribal Health (Day 2)
- 11/23 – California Area PHR and Direct Message Conference Call
- 11/24 – PHR Testing/Training with IHS

Projects in Process

HIE-Direct Messaging-PHR – We continue to work through the testing of the various aspects of HIE. We have had successful test this past few weeks with messaging. We have had to involve Eric in configuring our server side for successful testing. I have been working on some flyers and pamphlets to give to our patients. We also have a template from IHS to assist in creating policies and procedures for this process. We had one test/training session on 11/24 for the Personal Health Record. This included staff who have assigned duties for messaging and PHR. We have staff in each facility assigned as Message Agents, PHR Registrars, and Facility Address Designees. Eric, Amy, and I share the role as administrators for these programs.

- **Message Agent**-Person(s) at the site who receives, triages, and share messages as appropriate. This person will act as a go-between for the patient and the provider.
- **PHR Registrar**-Person(s) who connects the patient's PHR account with his/her medical record and provide ongoing support to patients.
- **Facility Address Designee**-Person at local site who receives, triages, and share messages set to the facility Direct Address. Each facility has its own RPMS Direct Address configured in the IHS Direct system.

Dental- On 11/09/15 we had a successful update to version 8.0.5 of the Dentrix EDR. We had allocated 2 hours for the update, but the process only took 35 minutes. Most users were back on the system by 2:00 pm on that day. There have been no issues with the upgrade.

Uniform Data Systems (UDS) - The 2015 report is due February 15, 2016. Eileen Tiraterra and I will be going to Sacramento the second week in December for a one day training on this report. The training is being hosted by the California Primary Care Association.

The report contains 12 tables, 2 of which contain 16 quality health measures. Data reported includes patient demographics, staffing and utilization, Costs and Revenue and more. The performance measures look at data for women's health, immunizations, obesity, diabetes, heart disease and more.

Eileen will focus on the patient related revenue and managed care sections of this report. I will get all other costs and revenue data from the Fiscal Department.

Budget: November 2015 (as of 11/24/15)

Program	RPMS
Budget Code	3000-75
Program Year	2014-2015
Appropriation	\$234,558.49
Expenses year to Date	\$18,527.46
Balance	\$215,944.05
Percent used	7.94%

Respectfully Submitted,

Patricia C White,
RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR OCT 2015
Prepared for December 3, 2015
Health Board meeting - Orleans, CA

(Note: In parentheses following each statistic is the percent increase or decrease from the same time period in the previous year. '**' indicates no data is present for one of the two time periods.)

PATIENT REGISTRATION

There are 19,495 (+4.3) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 69 (+38.0) new patients, 0 (**) births, and 1 (-50.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,940 (+0.2) patients enrolled in Medicare Part A and 2,799 (-0.1) patients enrolled in Part B at the end of this time period.

There were 137 (+17.1) patients enrolled in Medicare Part D.

There were also 7,510 (+4.6) patients enrolled in Medicaid and 6,678 (+5.1) 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 95,123.21 (+78.5). The number and dollar amount of authorizations by type were:

57 - DENTAL	26	27299
64 - NON-HOSPITAL SERVICE	1191	67824.21

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

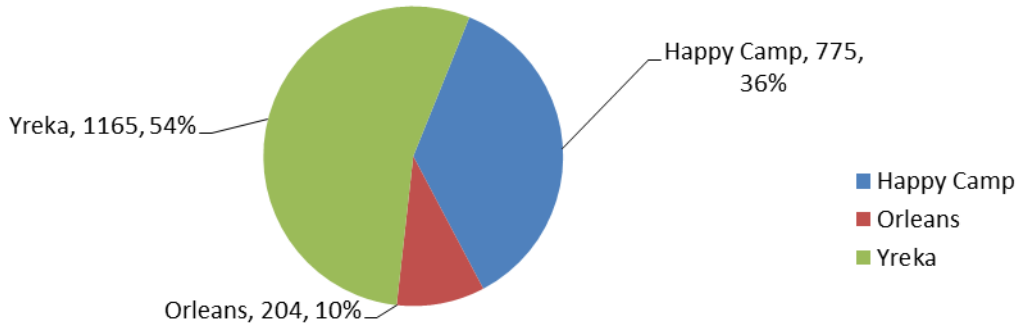
AMBULATORY CARE VISITS

There were a total of 2,144 ambulatory visits (+3.9) 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	2,144	(+3.9)	
By Location:			
YREKA	1,165	(+11.4)	
KARUK COMMUNITY HEALTH CLINIC	775	(-5.5)	
ORLEANS	204	(+3.0)	

Visits by Location October 2015



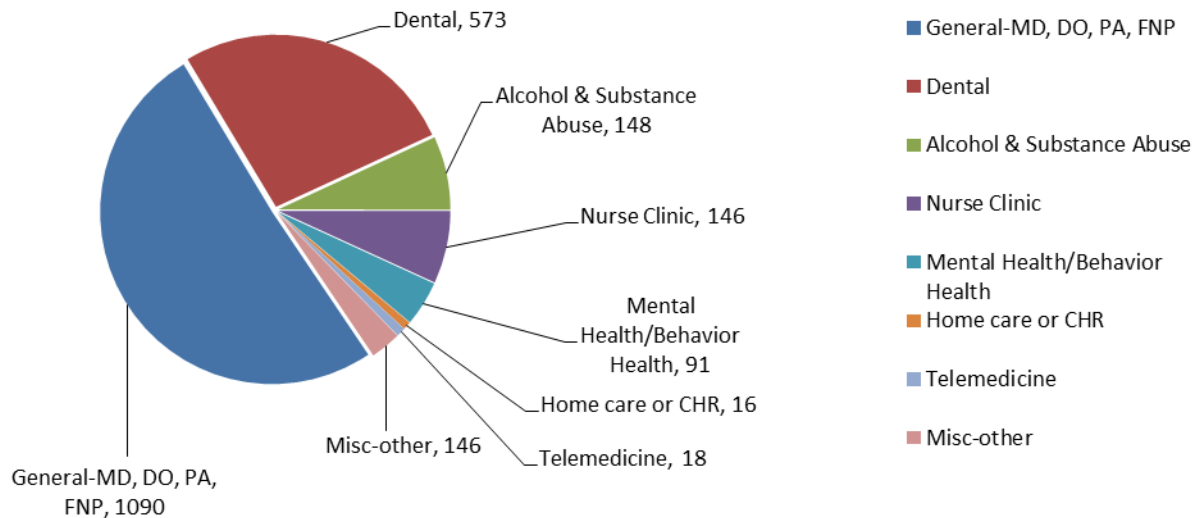
By Service Category:

AMBULATORY	2,106	(+3.4)
TELECOMMUNICATIONS	37	(+54.2)
TELEMEDICINE	1	(-66.7)

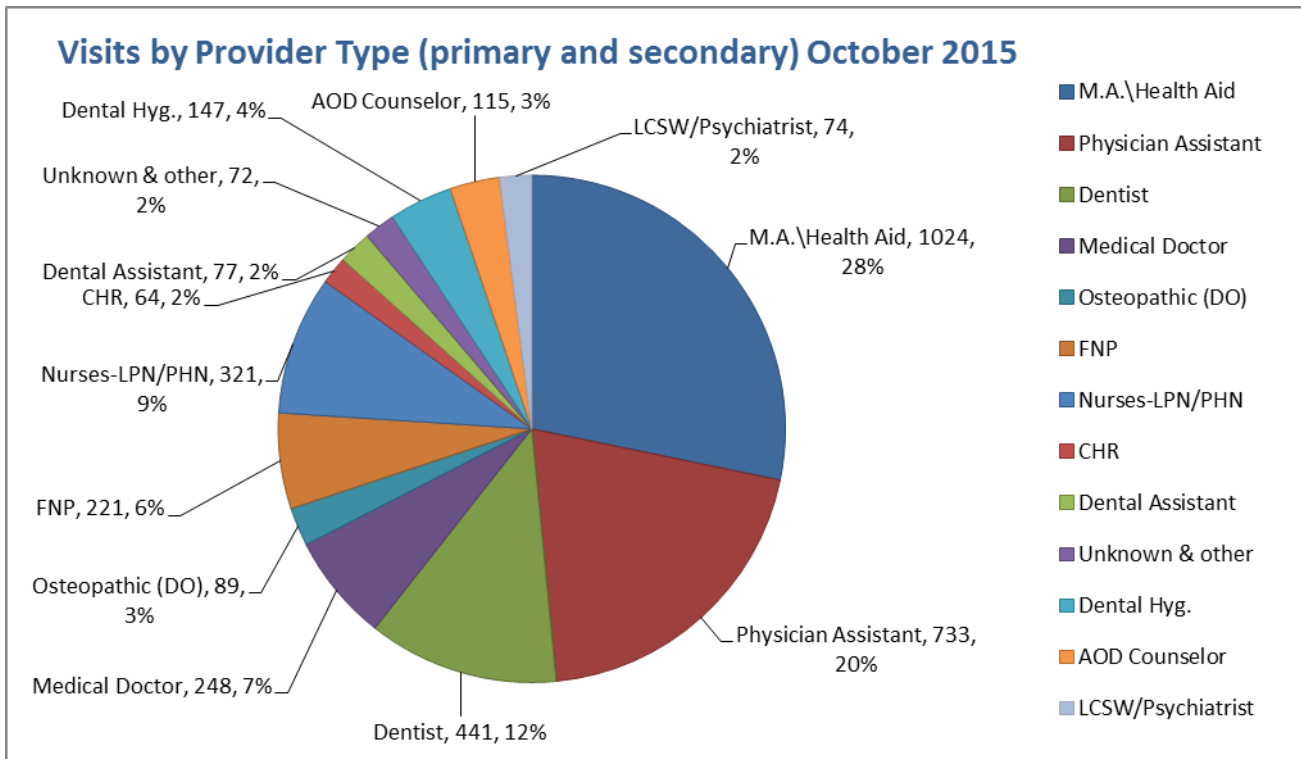
By Clinic Type:

GENERAL	1,089	(+97.3)
DENTAL	573	(+11.0)
ALCOHOL AND SUBSTANCE	148	(+21.3)
NURSE CLINIC	145	(-35.6)
BEHAVIORAL HEALTH	74	(**)
OTHER	48	(-7.7)
TELEBEHAVIORAL HEALTH	18	(**)
MENTAL HEALTH (PSYCHIATRY)	17	(-79.5)
HOME CARE	16	(+166.7)
TELEPHONE CALL	6	(-50.0)
CHART REV/REC MOD	5	(+150.0)
PHYSICAL THERAPY	3	(+0.0)
FAMILY PRACTICE	1	(**)
PHN CLINIC VISIT	1	(**)

Visits by Clinic Type October 2015



By Provider Type (Primary and Secondary Providers):		
MEDICAL ASSISTANT	807	(+39.6)
PHYSICIAN ASSISTANT	733	(+23.2)
DENTIST	441	(+7.0)
LICENSED PRACTICAL NURSE	310	(+17.0)
MD	248	(-52.2)
NURSE PRACTITIONER	221	(+10,950.0)
HEALTH AIDE	217	(+12.4)
DENTAL HYGIENIST	147	(-11.4)
ALCOHOLISM/SUB ABUSE COUNSELOR	115	(-5.7)
OSTEOPATHIC MEDICINE	89	(-51.1)
DENTAL ASSISTANT	77	(-44.2)
LICENSED CLINICAL SOCIAL WORK	74	(+32.1)
UNKNOWN	72	(-53.5)
COMMUNITY HEALTH REP	64	(+12.3)
PUBLIC HEALTH NURSE	11	(+175.0)



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

By ICD Diagnosis		
1). DENTAL EXAMINATION	482	(-3.4)
2). Encounter for immunization	308	(**)
3). Essential (primary) hypertension	132	(**)
4). Other specified counseling	95	(**)
5). Low back pain	82	(**)
6). Type 2 diabetes mellitus without co	77	(**)
7). Adult physical abuse, confirmed, su	70	(**)
8). Encounter for therapeutic drug level	56	(**)
9). Long term (current) use of anticoag	55	(**)
10). Hyperlipidemia, unspecified	44	(**)

CHART REVIEWS

There were 1,144 (+7.7) chart reviews performed during this time period.

INJURIES

There were 173 visits for injuries (+47.9) reported during this period. Of these, 31 were new injuries (+14.8). The five leading causes were:

- 1). Pedl cyc driver injured in nonclsn 2 (**)
- 2). Fall (on) (from) sidewalk curb, init 2 (**)
- 3). Other fall from one level to another 2 (**)
- 4). Mtrcy driver injured in collision w 1 (**)
- 5). Mtrcy driver injured in collision w 1 (**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 436 patients (+7.4) seen for Dental Care. They accounted for 573 visits (+11.0). The seven leading service categories were:

- 1). FIRST VISIT OF FISCAL YEAR 340 (-11.2)
- 2). HYPERTENSION SCREENING 211 (+9.9)
- 3). PATIENT REVISIT 144 (+34.6)
- 4). INTRAORAL - PERIAPICAL EACH ADDITIO 139 (+78.2)
- 5). INTRAORAL - PERIAPICAL FIRST RADIOG 138 (+11.3)
- 6). PREVENTIVE PLAN AND INSTRUCTION 118 (-27.2)
- 7). LIMITED ORAL EVALUATION - PROBLEM F 113 (+66.2)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 2,196 new prescriptions (+33.3) and 0 refills (**) during this period.

Tribal Statistics October 2015

	Registered Indian Patients October	Indian Patients Receiving Services October	APC Visits by Indian Patients October
Karuk	2113	431	374
Descendants residing in CA	1903	240	206
All other Tribes	2236	125	90
Total	6252	796	670

October 8, 2015

Ms. Lessie Aubrey, Health Director
Karuk Community Health Clinic
64236 2nd Ave
Happy Camp, CA 96039

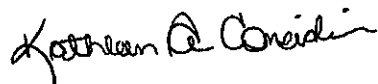
Dear Section 330-Funded Grantee,

Thank you for your recent participation in the 2014 Health Center Patient Survey, sponsored by the Health Resources and Services Administration (HRSA)! Your organization was one of 169 BPHC grantees who welcomed RTI International in collecting survey data from patients at selected sites.

A total of 7,002 patients of all ages were interviewed from these grantees involving 521 health center sites in 46 states. As a token of our appreciation for your cooperation and support, we are enclosing a report that contains survey results. If you have questions regarding this report, please contact Azot Derecho at (919) 541-7231.

We hope these results will improve your knowledge of your patients and the care you provide. Thank you for your participation in the Patient Survey!

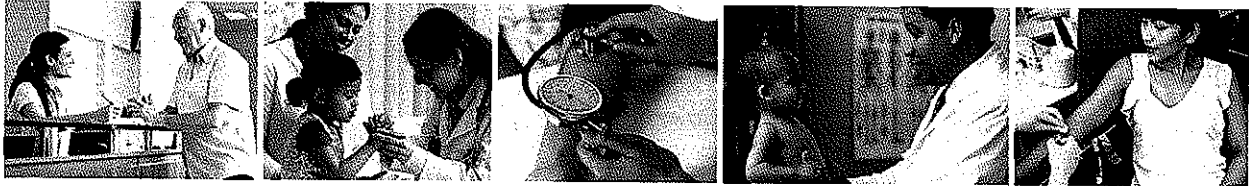
Sincerely,



Project Director
2014 Health Center Patient Survey
RTI International

Enclosure: 2014 Health Center Patient Survey Summary Report

2014 Health Center Patient Survey: National Results & Karuk Community Health Clinic Survey Responses



The 2014 Health Center Patient Survey, sponsored by the Health Resources and Services Administration (HRSA), was conducted to obtain nationally representative data on the patients seeking services from all four types of Section 330-funded health center programs (Community Health Center, Migrant Health Center, Health Care for the Homeless, and Public Housing Primary Care).

The purpose of the survey was to gather person-level data about the patients of these programs and the services they obtain; enable comparisons of care received by health center patients with care received by the general population, as measured by national surveys; and gather information which will assist policymakers and BPHC staff to assess how well HRSA-supported health care sites are currently able to meet health care needs.

Interviewing took place between October 2014 and April 2015. A total of 7,002 patients of all ages were interviewed from 169 unique grantees, involving 521 health center sites. Patients seen at the health center in the previous 12 months were eligible to be interviewed.

After an extensive process of cleaning and weighting the data, we are pleased to provide you with selected results from your own respondents, with comparisons to the national results from all participating grantees and sites. Please be assured that this report will not be shared with the Bureau of Primary Health Care or any other organization. In addition, all future uses of the data will be for research purposes only, and BPHC will not use the data to scrutinize individual grantee performance.

Grantees should exercise caution when comparing the results of their health centers to the national results. In many cases, the sample of patients from individual grantees was small and statistical comparisons to the national results would not be valid. Results for one grantee may appear different from the national results, when in fact, there are not significant differences. Your grantee results are comprised of 23 respondents. The following results can help you understand the patient population, patient needs, and patient satisfaction at this grantee.

We hope these results will improve your knowledge of your patients and the care you provide. Thank you for your participation in the 2014 Health Center Patient Survey!

PATIENT HEALTH STATUS

What is your current health status?

Response	Grantee	National
Excellent	4%	15%
Very good	10%	16%
Good	9%	37%
Fair	72%	24%
Poor	4%	8%

BMI based on self-reported data

Response	Grantee	National
Neither Overweight nor Obese	40%	27%
Overweight	27%	25%
Obese	32%	48%

Smoking status

Response	Grantee	National
Every day	33%	19%
Some days	3%	7%
Not at all	63%	74%

Alcohol use in past 3 months

Response	Grantee	National
Never	38%	58%
Once or twice	28%	23%
Monthly	28%	8%
Weekly	6%	8%
Daily or almost daily	0%	4%

Compare your current health status to how it was 12 months ago:

Response	Grantee	National
Better	7%	33%
Worse	77%	13%
About the same	15%	54%

Perception of BMI

Response	Grantee	National
Underweight	0%	6%
About right	34%	48%
Overweight	66%	46%

Currently has asthma

Response	Grantee	National
Yes	4%	17%
No	96%	83%

Has (non-gestational) type 2 diabetes

Response	Grantee	National
Yes	31%	12%
No	69%	88%

PATIENT HEALTH STATUS (continued)

Has cardiovascular disease

Response	Grantee	National
Yes	6%	8%
No	94%	92%

Received flu shot or vaccine in past year

Response	Grantee	National
Yes	68%	57%
No	32%	43%

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes?

Response	Grantee	National
0	34%	22%
1 to 2 days	49%	16%
3 to 4 days	3%	21%
5 or more days	14%	42%

Time since last physical or well-child exam:

Response	Grantee	National
Never	0%	2%
Less than 1 year ago	42%	73%
At least 1 year but less than 2 years	31%	15%
2 or more years	28%	10%

How long have you been going to this health center?

Response	Grantee	National
Less than 6 months ago	3%	11%
At least 6 months but less than 1 year	0%	10%
At least 1 year but less than 3 years	0%	22%
At least 3 years but less than 5 years	35%	15%
5 years or more	63%	43%

How did you find out that you could come here for services?

Response	Grantee	National
Friend/family/neighbor told me	35%	53%
Family took me here	7%	21%
Advertisement in community	1%	8%
At a meeting	1%	1%
Contacted by someone from the health center	4%	5%
Through my insurance	0%	8%
Social services	0%	7%
A doctor or the emergency room	7%	9%
Other	32%	20%

ACCESS TO CARE

In the last 12 months, were you unable to get medical care, tests, or treatment you or a doctor believed necessary?

Response	Grantee	National
Yes	3%	8%
No	97%	54%
Not applicable	0%	39%

Top reasons given for responding "yes"

Reason	Grantee
Problems getting to Dr.'s office	100%

In the last 12 months, were you unable to get prescription medicines that you or a doctor believed necessary?

Response	Grantee	National
Yes	3%	13%
No	87%	63%
Not applicable	11%	24%

Top reasons given for responding "yes"

Reason	Grantee
Could not afford medicines	100%

In the last 12 months, were you unable to get dental care, tests, or treatments you or a dentist believed necessary?

Response	Grantee	National
Yes	57%	12%
No	40%	31%
Not applicable	3%	56%

Top reasons given for responding "yes"

Reason	Grantee
Insurance did not approve	45%
Could not afford care	38%
Afraid of going to the dentist	10%

ACCESS TO CARE SUMMARY FOR THIS GRANTEE

	Medical Care	Prescriptions	Dental Care
Proportion of patients who in the previous 12 months needed, but were not able to get, medical care, tests, or treatments	3%	3%	57%
Main reason patients gave for being unable to get treatment	Problems getting to Dr.'s office	Could not afford medicines	Insurance did not approve

PRESCRIPTIONS

Think about the last time someone at the health center prescribed medication for you:

	Grantee		National	
	Yes	No	Yes	No
Were you satisfied with the way the medication was explained to you, such as instructions on how to take it and possible side effects?	NA	NA	96%	4%
Were you satisfied with the way your questions about the medication were answered?	NA	NA	98%	2%

DENTAL CARE

About how long has it been since you last visited a dentist?

	Grantee	National
6 months or less	75%	42%
More than 6 months but not more than 1 year	22%	15%
More than 1 year but not more than 2 years	0%	14%
More than 2 years but not more than 5 years	0%	13%
More than 5 years	1%	11%
I have never have been to a dentist	2%	5%

How many adult teeth have you lost?

	Grantee	National
All	1%	8%
Some	93%	46%
None	6%	46%

How would you describe the condition of your teeth or gums and false teeth?

	Grantee	National
Excellent	5%	15%
Very good	13%	20%
Good	28%	30%
Fair	51%	24%
Poor	3%	11%

SATISFACTION

Ease of getting care

	Grantee Always & Usually	National Always & Usually
Ability to get in to be seen for routine care	99%	85%
Be seen promptly (within 15 minutes of appointment time)	70%	57%

Health professional

	Grantee Always & Usually	National Always & Usually
Listened carefully to patient	94%	92%
Knew patient's important medical history	97%	87%
Showed respect	100%	95%
Took enough time with patient	97%	91%

Clerks and receptionists

	Grantee Always & Usually	National Always & Usually
Helpful to patient	93%	89%
Treated patient with courtesy and respect	99%	94%

How would you rate the overall quality of the doctor or health professional? 0 is the worst possible provider and 10 is the best possible provider.

	Grantee	National
10	33%	55%
9	3%	18%
8	52%	15%
7	0%	6%
6 and below	11%	6%

Would you recommend this health center to your family and friends?

	Grantee	National
Yes, definitely	84%	85%
Yes, somewhat	11%	13%
No	6%	2%

In the last 12 months, how many times did you go to this health center to get care for yourself?

	Grantee	National
0 times	0%	5%
1 to 2 times	7%	25%
3 to 4 times	27%	27%
5 or more times	66%	43%

How long does it take you to get to the health clinic?

	Grantee	National
15 minutes or less	70%	59%
16 to 30 minutes	27%	29%
31 to 45 minutes	0%	6%
46 to 60 minutes	3%	3%
61 to 90 minutes	0%	2%
91 or more minutes	0%	1%

Grants, Compliance and Accreditation

Board Report

December 10, 2015

Lessie Aubrey, Manager

Budget: Period ending 10/31/15 is at 4.47%. Budget Period ending 11/30/15 is at 9.82% (this is only the 25th of Nov) Budget looks OK.

CQI Reports:

1. Yreka Eligibility Report: (this is a running number report) April, May and June
2 clients were eligible for Medi-Cal and 3 clients were not eligible.
One client received Covered CA insurance.
2. Orleans Clinic Medical Record Audit – The locum tenens made a couple errors but Babbie feels it's because he was in training. There were only 4 errors between the locum and the nurse.
3. Yreka Medical Records Audit - There were only 3 errors made by the nursing staff and that was in documentation of vitals. Charleen chose health questionnaire reviewed, and vitals documented and immunizations entered correctly.
4. EHR Clinical Reminders - Colon Cancer 18.6%, Mammograms 36.3% and Pap Smears 48.3%. I did not receive any previous comparisons but she reported that improvement is needed in all 3 areas.
5. PAP smear rates – Improved 0.8%. Goal is 2% and there is still two months to raise the rate. This year the rate is higher than 2013 and 2014 rates.
6. Karuk Community Health Clinic – Problems encountered are not signing off of charts and medication reconciliation. I understand corrective actions are in place.
7. Flu - This report is measuring the number of patients receiving the flu vaccine. To date 33% of the patients seen have received vaccinations. This report is only done during the flu season and this is the first report for 2015-2016 flu seasons.

HRSA: The HRSA Annual Progress Report:

I have been working on the annual progress report for HRSA which is due December 18, 2015. It is my hope to have it completed long before then.

HRSA Survey of Last Year:

Attached for your information is the survey report that HRSA conducted with our patients last year.

Karuk Tribe

Karuk Tribal Health Board Report



Action Item:

Sorry I am unable to attend this Orleans Health Board Meeting due to an unexpected out of town appointment.

I the Karuk Health Board's approval for Agreement # 16-A-009, this agreement is needed before the Karuk Tribal Dental Department can accept a payment of \$1, 000.00, from CRIHB for their participation in an I.H.S Survey of Native American Dental patients. For your reviewing pleasure I have attached the item information to this report. Once the Board approves this agreement I can bring the original document to the Karuk Tribal Chairman for his signature. If more information is needed please contact me.

Vickie Walden.

Dental Activities and Reports

1. Staffing Updates

- a. Happy Camp Dental Hygienist Nikki Hokanson started working at the Yreka Dental Clinic two days a week on November 18, 2015. She will continue working there two days a week through the first two weeks in January 2016.
- b. We are currently advertising for an Yreka Hygienist and the position will be open until filled.
- c. We continue our search for a Dental Director.
- d. Yreka Dental Staff conducted Dental Screenings at some of the Yreka
- e. District Elementary Schools and I have not had time to review and complete a report on that project. I will have a report on that project and include it in the next board meeting packet.

2. Training

- a. Training report from Susan Beatty RDA Visit Entry and Coding at the Yreka Dental Clinic.

Training Report from Susan Beatty

CDT Dental Coding and Reimbursement Update

October 29, 2015

I want to first thank the tribe for allowing me to attend this seminar. It's been a great help for me to understand the dynamics of my job.

I am sharing with the staff what I have learned. I believe that educating the whole staff from why we need to collect co-pays, having details in the clinical notes so fraud is eliminated letting them know that we are being watched by insurance companies. They are looking for inconsistencies that will throughout a red flag, so being consistent is very important. There was much more to the class, but these are a few things I wanted to share with you.

The class was very educational for me and I am grateful I was able to attend.

Thank you again

Susan Beatty

3. No Budget issues to report on for the month of November 2015

4. Vickie Walden's Activities

- a. **Visit Entries:** I am currently finishing the visit entries for the first week of October 2015. ICD Coding For Dental Service.
- b. I am still working Susan Beatty in Yreka on the ICD 10 medical / crossover dental CDT coding, which we started doing on Oct. 1, 2015. It takes us longer to complete our visit entries because we have read the visit narrative and then do research to find the right ICD 10 code for what was done.
- c. We are learning the code definitions, how, and when to use the codes and what the provider visit documentation requirements are. The ICD 10 codes require specific diagnosis and procedure details in the visit narrative to justify why a treatment was done or why no treatment was done. At this time we are not too sure exactly how the ICD 10 codes will be used in our type of dental practice, we will know more as we move forward
- d. ***No Update on the Yreka Dental Expansion Project***
- e. ***Dental Computer Systems Upgrades***
 - i. Patti White and Eric working with Sullivan Schein Enterprises had completed the new Dentrix upgrade on November 9, 2015. Pattie reported to me that the upgrade down load went off with any issues. I have not had time to check out all the changes to the system but am finding some of the new features very helpful especially the one they made in the patient medical history.
 - ii. Patti White continues to work with I.H.S on transitioning to their RPMS and Dentrix Systems Bridge, which transfer's information to and from the systems.

On November 25, 2015

The Karuk Dental Health Board Dental Report for meeting date December 3, 2015 was respectively submitted by Vickie Walden RDA, Dental Operations Manager.

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



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

10-A-009

- Check One: Contract
 MOU
 Agreement
 Amendment

Karuk Tribe Number Assigned: Get from Dir. Of Admin Prgms
Funder/Agency Assigned: _____
Prior Amendment: _____

- REQUIRED → *Procurement Attached *Budget Attached
*System for Award Management (SAM) (CONTRACTS ONLY)
*KCDC/ KTHA Notification/ review required Yes No

Requestor: Dr Millington DDS & Vickie Walden RDA Date: November 2, 2015

Department/Program: Karuk Happy Camp Dental

Name of Contractor or Parties: California Rural Indian Health Board, Inc.

Effective Dates (From/To): _____

Amount of Original: \$1000

Amount of Modification: not to exceed

Total Amount: \$0

Funding Source: (Use Fund Account Code)

Special Conditions/Terms:

Brief Description of Purpose:

Need to be brief but specific. If an amendment reference the prior background.

** REQUIRED SIGNATURES **

Requestor _____

Date _____

Laura Mayton
**Chief Financial Officer

11-2-15

Debra Dreyer
**Director, Administrative Programs & Compliance

Date 11/2/15
Date _____

**Director of Self Governance(MOU/MOA) or TERO (Contracts)

Date _____

Other _____

Date _____

Y



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

IHS - DENTAL SUPPORT CENTER AGREEMENT

This Agreement made by and between **California Rural Indian Health Board, Inc.**, a non-profit California corporation located in Sacramento, California, hereafter called CRIHB, and **Karuk Tribe – Dental Program**; hereafter called Consultant whose business address is: 1519 S. Oregon Street, Yreka, CA 96097 to furnish services described herein under the following terms and conditions:

I. CHARTER AND EXTENT OF SERVICES

The Consultant shall furnish the following service(s) described as follows:

- The Consultant shall have one Dentist and one Registered Dental Hygienist (RDH) attend the IHS Webinar.
- The Consultant shall conduct a minimum of 60 IHS Oral Health Surveys to patients ages 35 and older within Yreka/Happy Camp, CA.
- The Surveys will be sent directly to the Indian Health Service National Evaluators (Tim Ricks and Kathy Phipps) and the evaluators shall report to the CRIHB Dental Support Center Coordinator when they have completed the required amount of surveys.

II. PERIOD OF PERFORMANCE

Period of performance of this Agreement shall be **August 1, 2015 to December 31, 2015**, by mutual agreement of both parties. This Agreement in no way employs the Consultant as an employee of the California Rural Indian Health Board, Inc.

III. COMPENSATION

This contract shall not exceed the amount of **\$ 1,000.00 total**. The Consultant fee includes all Webinar training time and time to conduct the minimum amount of surveys.

The compensation is to be made payable to the Consultant in full upon the receipt of signed contract, as agreed upon and accepted by CRIHB.

IV. AMENDMENTS

This contract may be amended in writing with the mutual consent of both parties. Such an amendment shall bear the signature of both parties and the date of those signatures.

V. CORPORATE COMPLIANCE

Consultant agrees to comply with all federal laws and regulations applicable to the Consultant's performance under this Agreement.

4400 Auburn Blvd., 2nd Floor, Sacramento, CA 95841

Phone: 916-929-9761 • 800-274-4288 • Fax: 916-929-7246 • www.crihb.org • firstname.lastname@crihb.org

VI. ARBITRATION

In the event of any dispute arising between the parties concerning the interpretation or enforcement of the provisions of this Agreement, the parties agree in good faith to resolve the dispute between themselves. If the parties are unable to resolve the dispute within thirty (30) days, then all matters in controversy shall be submitted to arbitration pursuant to California Code of Civil Procedure § 1280, et seq. using the offices of the American Arbitration Association.

Either party making a written demand for arbitration on the other party shall initiate arbitration. Unless the parties agree on arbitration, each party shall designate an arbitrator within fifteen (15) days of receipt of the written demand for arbitration. Within seven (7) days of the appointment of two arbitrators, those arbitrators shall designate a third arbitrator.

The parties agree that either party to an arbitrator may seek judicial review by way of a petition to the court to confirm, correct or vacate an arbitration award pursuant to the provisions of California Code of Civil Procedure § 1285 and § 1294.2

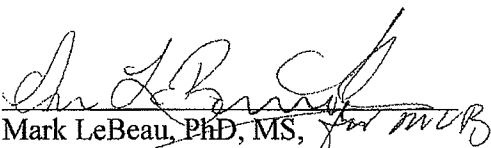
VII. TERMINATION

Either party may terminate this Agreement with a ten-day written notice to the other party.

THIS AGREEMENT AGREED TO AND SIGNED BY THE PARTIES SIGNED BELOW:

Russell Attebery
Tribal Chairman
Karuk Tribe

Date Signed



Mark LeBeau, PhD, MS, *for MCB*
Chief Executive Officer
California Rural Indian Health Board, Inc.

11/4/15

Date Signed