KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, April 14, 2016 **3 PM,** *Yreka, 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

1.

EE) CONSENT CALENDAR

1. Requesting approval of agreement 16-A-017 Modification #1 with California TeleHealth Network (CTN)

   *This agreement modifies the original agreement to provide 10 megabits per second at $525 instead of 45 megabits at $750 per month. Verizon cannot supply 45 megabits of bandwidth to Orleans.

F) APPROVAL OF THE MINUTES *(March 10, 2016)*

H) GUESTS *(Ten Minutes Each)*

1. Alicia Derry, Self-Governance

I) OLD BUSINESS *(Five Minutes Each)*

1.

II) DIRECTOR REPORTS *(Ten Minutes Each)*

1. Vickie Walden, Dental Office Manager (written report)
2. Eric Cutright, IT Director (written report)
3. Lessie Aubrey, Grants, Compliance, Accreditation Manager (written report)
4. Josh Stanshaw, Project Manager (written report)
5. Annie Smith, PHN (written report)
6. Pat Hobbs, Children & Family Services (written report)
7. Patricia White, RPMS Site Manager (written report)

K) REQUESTS *(Five Minutes Each)*

1.

M) INFORMATIONAL *(Five Minutes Each)*

1.

M) CLOSED SESSION *(Five Minutes Each)*

1. CHS (dinner break)
2. Gail Bazil
3. Eileen Tiraterra
4. Laura Olivas
5. Dora Bernal
6. Fatima Abbas
7. Barbara Snider
8. Tribal Council Members

N) SET DATE FOR NEXT MEETING ***(Thursday, May 12, 2016*** *at 3 PM in* ***Happy Camp, CA.***

OO) ADJOURN

Karuk Tribe – Health Board Meeting
March 10, 2016 – Meeting Minutes

Meeting called to order at 3pm by Chairman Attebery.

Present:
Russell "Buster" Attebery, Chairman
Robert Super, Vice-Chairman
Alvis "Bud" Johnson, Member at Large
Renee Stauffer, Member at Large
Josh Saxon, Member at Large
Elsa Goodwin, Member at Large
Charron "Sonny" Davis, Member at Large

Absent:
Michael Thom, Secretary/Treasurer (excused)
Arch Super, Member at Large (excused)

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

Consent Calendar:
None.

Agenda:
Elsa Goodwin moved and Josh Saxon seconded to approve the agenda with changes, 6 haa, 0 puuhara, 0 pupitihara.

Minutes of February 11, 2016:
Renee Stauffer moved and Elsa Goodwin seconded to approve the minutes of February 11th, 6 haa, 0 puuhara, 0 pupitihara.

Josh asked about a process question Annie Smith used to provide monthly reports and Josh believes that Annie should report again as well. She will be asked to submit monthly reports as the PHN

Guests:

1.) **Josh Saxon/Clarence Hostler:**
Clarence is present to openly discuss an item with the Council and the Health Board. Josh would like to have a resolution declaring a state of emergency in ancestral territory for opioid addiction. The Tribe would develop a Karuk taskforce for that item.

Clarence is back to work. His first two days were March 1-2, 2016 to discuss the three tribes collaborating on a rehabilitation center in our area. The discussion has really lead into identifying the partner tribes. The group is made up of leaders, counselors, planners, providers and others. They are at the point to develop a white paper that will be submitted to seek 25 million in funding that will serve all Rancherias and local Tribes. May 3-4, 2016 Karuk's will host the follow up meeting in which will have a draft white paper to be submitted by the June 1st deadline. Hoopa Tribal Chairperson has a promise from Indian Health Services to provide funding for this facility and the plan will already be in place.

Clarence went on to discuss opioid addiction and his interaction through TANF on drug screenings that are done in TANF. He noted that a report of 86% of TANF clients are testing for

opioids, and 66% are testing positive for more than one opioid. There is no specific test for heroine but in theory the opioid use should be reducing due to Indian Health Services determination to wean persons off opioids. He believes that there is a large amount of TANF clients using heroine. There is no science test for street heroine to date but they are working on that. His main job in TANF is to co-manage with the caseworkers with clients that are testing positive for substances. Proof of prescriptions is what is required and when they provide them then that is allowable, due to medical necessity.

Clarence noted that as a substance abuse counselor will not know if a client is on heroine unless they self-disclose. Clarence noted that he isn't sure how the other departments address the heroine use and addiction, so he would like to discuss working together on this.

Pat Hobbs noted that she did some research on opioid addiction. She wrote a proposal on the topic so she is familiar with the data on it and could provide some numbers. Pat noted that over 100 persons in the health program have failed their pain management contracts but they do not come to the substance abuse program to seek help. The problems are present, but the Tribe will have to be innovative in helping the addiction both medically, physically, and emotionally. There have been some studies about opioid addiction drugs with other drugs and some research that other methods are working.

Lessie noted that the previous providers had training on pain management but those providers have since left. Robert commented that when Tribal Members and clients are sent to treatment the courts will order 30 days, and it takes 28 days to detox.

Pat thanked the Council for the extra funding for rehabilitation services that the Council set aside. They are also working on more groups each week. She did note that there needs to be more staff especially those that have co-disorders. Pat noted that this is really being discussed but it's a lot of work.

Josh Stanshaw commented that the availability to send patients to the Friendship House is big and he then reports that the rehabilitation center by the three local Tribes looking into this avenue would be done and be a huge success, if the Tribe was involved in those discussions. Josh Stanshaw was asked to be a part of that and he definitely will be a part of that. Josh then asked Lessie about HANC providing a film consult for pain management. This is something that they can explore as well. Eric working on a tele-health grant is a good thing.

Eileen reported that discussing the partnership agreement and the funding is not a long term service at $4 reimbursement.

Vickie Walden noted that on a ground level, inter-department discussion to include different providers and programs needs to take place.

Lessie noted that a CQI project is pain management and it will take into a lot of exploratory healthcare. Lessie then noted that as the Tribe moves toward the reduction of opioid use then it will need security due to the reaction of the drug reduction. She noted as well that those persons needed to stay in employment and find them options for long term care. Lessie noted that you have to give people something when you take something away from them. Lessie noted that leaving a facility is good, but you have to provide some services after leaving the facility and learn how to live a sober life.

The task force will be Alicia, Tanya, Pat, Buster, Robert, Clarence, and Josh to start off. Persons interested and that can provide valuable input shall be sought to form this taskforce.

Indian Health Services worked for over 30 years for two YRTC facilities and it took that much time to get them moving.

Pat commented that recruitment and retention is needed and housing. Eileen commented that the Tribe needs to create the little jobs such as a recycle center, which will assist in empowering people to be self-sustaining.

Alicia noted that there are potential solutions to discus at the Housing meeting as well.

2.) Tanya Busby, Pikyav Program:
Tanya is present to seek approval of procurement for a vehicle. It is signed off and will be purchased through Ishpook leasing.

Josh Saxon moved and Robert Super seconded to approve procurement and allow the purchase of a vehicle, 6 haa, 0 puuhara, 0 pupitihara.

She then sought approval to remove one vehicle from the auction list. The Council will get back to Tanya on that item.

3.) Scott Quinn, Director of Land Management:
Not present.

4.) Debbie Bickford, Outreach:
She first presented a contract for donkey ball. Once the contract is approved it will begin to be advertised.

The prices are different for entry to watch the donkey ball. The $200 fee per team will cover the costs of the contract. There should be age 16 years of age or older. All those under the age of 18 are co-signed by the parents as well.

Renee Stauffer moved and Bud Johnson seconded to approve agreement 16-A-033, 5 haa, 1 puuhara (Sonny Davis), 0 pupitihara.

Renee Stauffer moved and Robert Super seconded to approve insurance for the agreement, 5 haa, 1 puuhara (Sonny Davis), 0 pupitihara.

She then provided the Part D premium for Elders. She provided a chart for over 5 years that will count for the persons over the age of 65 years. She then provided the cost of drugs and then the amount that Part D will cover. She then noted that this would provide a good service.

Laura commented that the numbers are high but this will save the Tribe money. This seems like something that that could beneficial. The patients cannot sign up any time. It has to be when they turn 65 or during open enrollment. If they do not do their appointment and sign up then they may not be available for this additional service. Eileen noted that Part D can only sign up during sign up time. Debbie commented that a letter she has been drafting will allow for penalties that were applied to the Tribal Members over the age of 65.

Robert asked if she could do more appointments if she had her own office. Debbie believes that she travels to meet the needs of the clients but space is adequate and possibly more staffing would help.

Director Reports:

1.) Pat Hobbs, Children and Family Services:

Pat is present to review her report. She updated the Council on staffing. Angela and Cheryl Bearchild are working downriver. She will have action items next month.

Pat went on to comment about the opioid item from earlier. She noted that there is a waiver that is coming in 2018 which will allow for a waiver on rehabilitation services. Josh reported that Jim Wood is an Assemblyman and the group will make a time to go talk to him especially regarding his recent appointment.

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

2.) Josh Stanshaw, Project Manager:

Josh is present to provide his report. He updated the Council on a few projects he has been working on, as well as researching what project management is. He updated the Council on paper record reduction project. There are a couple options in scanning and shredding. It would be either contracted or done in-house. Josh Saxon asked if Josh Stanshaw is working with Fatima, Amy Coapman, and fiscal. Josh Stanshaw updated the Council that yes he has worked in that area and identified some challenges in the IT system. Josh Stanshaw noted that the Tribe will be held by the Indian Health Service policy but they should identify their Self-Governance stance and purge the record. Josh Stanshaw noted that the statute of limitations is from a malpractice suit then that may need reviewed and couldn't be produced in defense of a suit, so the retention policy is important.

Cost is the biggest issue. This will take time and effort to scan records and work with the stakeholders.

Patti noted that June 2014 the Tribe has gone to VISTA and since that time the providers are using the current format. Josh asked if this is problematic in Orleans when VISTA is down. It was noted that there is an issue with Dental as well.

He went on to review his other tasks. He noted that the move for Child & Family Services move is ready and there is an agreement for that lease. Josh noted that it is critical and he fully supports everything that the program does. Josh Saxon asked if the State inspection is coming up soon. Josh Stanshaw noted that Angela is heading that up. Scott prepared the agreement 16-A-035 with negotiations and work with Laura Mayton. Once the IT work is done they have a move in date of May 1st.

He then noted that he will be on travel soon for a workshop regarding provider recruitment and retention. He will be reviewing options of loan repayment as well as advertising.

He then noted that there are some issues going on with referrals and he is interested in cleaning that up. Josh Saxon noted that a proactive thought is to obtain that conference room. Pat noted that yes, that there are two. Josh Saxon would like to have TV screen and have a conference room to be technologically relevant in the new facility.

Josh Saxon moved and Renee Stauffer seconded to approve agreement 16-A-035, 6 haa, 0 puuhara, 0 pupitihara.

Fatima noted that there was a limited waiver of sovereign immunity, 16-R-039 for the arbitration language.

Josh Saxon moved and Bud Johnson seconded to approve resolution 16-R-039, 6 haa, 0 puuhara, 0 pupitihara.

Robert Super moved and Josh Saxon seconded to approve Josh's report, 6 haa, 0 puuhara, 0 pupitihara.

3.) Patricia White, RPMS Site Manager:

Patti is present to review her report. She noted that the operations summary was run for January and there was an increase in visits for each facility.

She updated the Health Board on projects, including the patient health record availability to sign up their basic information on their medical record, which provides information on visits, medications, and vitals. Josh Saxon asked to have the smartphone ability to upload or link to the information. She has been working with the medical providers to set up webmail which is a secure emailing system.

The UDS report has been finished and submitted to HRSA.

At the time of the report being written there has been some employees have completed their Health Security training.

She remains under budget. Josh asked about the increase of the numbers is accounted to what. Patti noted that there haven't been many closed days. Robert asked about the referral increase. Patti commented that she is unsure of the process and how it works in Yreka. In Orleans the patients make their own appointments but in Yreka Pat Doak makes all the appointments in Yreka with a larger patient base and volume this may be causing a back-log in getting them complete.

Lessie then noted that there are some issues with the Partner Health Plan denying or accepting patients for visits. HANC has identified that as an issue and they are working on that.

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

4.) Vickie Walden, Dental Office Manager:

Vickie is present to review her report. She provided a note that there is only one provider at each facility. Due to illnesses and family emergencies then they will do what they can. Vickie will notify the Chairman and Vice-Chairman of those office closures. She has not had any feedback on staffing or recruiting so she is unsure of that status for hires with HR. Dr. Felker is really feeling stressed and will not be seeing patients 4-5pm each day. If patients are non-native then they advise the patients to seek alternate sites to receive services. Vickie advised that there is a shortage for dental providers across the nation.

She included in her report schedules for the providers and a training report from her staff.

Robert asked how many patients Nikki is seeing because of travel time. Vickie noted that she sees patient's almost full days each day is out in Yreka.

Lessie Aubrey had been speaking with Vickie Walden on billing that is behind. Vickie reported that she is working on November billing as of right now and other staff will be assisting for December and January. There has been some cross training to have other staff trained to complete some billing. This will effect revenue for the dental program if not caught up and maintain up to date.

Her budget is good and there will need to be some repairs in Yreka to the dental chairs at the Yreka Clinic. She will work on that with the staff.

Robert Super moved and Sonny Davis seconded to approve Vickie's report, 6 haa, 0 puuhara, 0 pupitihara.

5.) Eric Cutright, IT Director:

Eric is present to review his report. He noted that on Tuesday he emailed the USDA funding opportunity. It will be used to upgrade the TeleHealth equipment and provide equipment needed for each provider in Pat's program. The match will be met by Meaningful Use.

There are now 81 subscribed customers to date for Aah Chuupan. Three are still issues at Perch Creek. Eric presented resolution16-R-038 to USDA.

Josh Saxon moved and Renee Stauffer seconded to approve resolution 16-R-038, 6 haa, 0 puuhara, 0 pupitihara.

Two of the Tribes partners have asked for support letters to College of the Siskiyou's and California TeleHealth Network.

Josh Saxon moved and Elsa Goodwin seconded to approve support letters, 6 haa, 0 puuhara, 0 pupitihara.

He then commented that an RFP was flown for engineering services out to the coast. There were 4 proposals and they are in negotiations with the low bidder. He is intending to bring that contract at the next meeting.

Josh asked how the environmental reviews are moving along in Orleans because he has heard that the Yurok Tribe is struggling to get this done due to staffing. Eric reported that they met with the Yurok Tribe and they were supposed to provide a timeline in December. They got it in January.

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

6.) Lessie Aubrey, interim Health CEO:

Lessie is present to review her report. She noted that there was missing fields in HRSA's reporting site. She noted that the scope of work was changed; Ophthalmology Cardiology, Pulmonology, Dermatology, Gastroenterology, and Advanced Diagnostic Radiology as specialty services to the Strategic plan. Those services are referred out but they are tracked in the system and require approval by the Board.

Josh Saxon moved and Renee Stauffer seconded to approve the listed items to the strategic plan, 5 haa, 0 puuhara, 0 pupitihara. (Elsa absent for the vote).

The new CQI studies will include improving provider to patient relationship. There are some items that will become consistent, which will be an open scheduling package report. Pain management will be added as well. 340B re-certification for this year has been completed. The Yreka and Happy Camp Clinic were never approved. She did find out today that the Yreka Clinic has now since been approved and she is still waiting for word on Happy Camp.

There is a HRSA site visit upcoming. She will need to draft a 340B policy. Credential files will need to be done and in order. There was a suggestion to provide a PowerPoint presentation introducing the Tribe to the reviewers.

Lessie asked the Tribe to prioritize her responsibilities as Interim CEO to allow for coverage.

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

Closed Session:

Consensus: for the DNR and Orleans representatives to discuss in person the squatters in the Six Rivers National Forest and then to assign Alicia Derry to have a face-to-face discussion with the KNF representatives and make an introduction.

Informational: Committee Member was present to discuss implications of family being re-united.

Informational: Staff Director proposed a decision to be made regarding servicing Tribal Members only and restricting services to Descendants until further resources are obtained.

Consensus: to allow Tanya Busby's program to obtain a vehicle from the auction and use it for her program.

Consensus: to allow the staff to work toward procurement on a storage container.

Consensus: to refer non-tribal employee to seek other assistance for dental bill that is due.

Informational: Orleans Manager is seeking additional staff. Dental Office Manager was also present and reported that HRSA found this as a need as well. The Council would like to view the report received from HRSA.

Consensus: to allow Locums in the provider productivity incentive.

Informational: The CFO will provide facts of the financial contributions to the communities that the Tribe provides.

Informational: the Council offered Humboldt Area Foundation as a possible funding source for the Senior Nutrition Program(s).

Elsa Goodwin moved and Renee Stauffer seconded to approve the amendment to the commitment letter with Wells Fargo Bank, 6 haa, 0 puuhara, 0 pupitihara.

Legal updates were provided to the Tribal Council.

Josh Saxon moved and Renee Stauffer seconded to approve the Sipnuuk development policy, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Bud Johnson seconded to approve the Sipnuuk digital library policy statement, 6 haa, 0 puuhara, 0 pupitihara.

Consensus: to plan for Option #3 for the ANA grant opportunity seeking law enforcement.

Consensus: to assign Project Manager to work on the record retention policy ensuring compliance and offering viable recommendations for updating it.

Consensus: to fix the position description, enter into in-house transfer, and post Data Entry position in a timely manner.

KCDC BOC: Bud Johnson moved and Sonny Davis seconded to appoint Josh Saxon (for six months and then revisit) and Travis King to the KCDC Board, 5 haa, 0 puuhara, 1 pupitihara (Josh Saxon).

Renee Stauffer moved and Josh Saxon seconded to approve out of state travel for Jennifer Cronin, 6 haa, 0 puuhara, 0 pupitihara.

Consensus: Bud Johnson will speak to employee about email correspondence and professionalism.

Renee Stauffer moved and Sonny Davis seconded to approve out of state travel for Arch to DC with CRIBH, 4 haa, 0 puuhara, 2 pupitihara (Robert/Josh).

Next Meeting Date: April 14, 2016 at 3pm in Yreka

Sonny Davis moved and Robert Super seconded to adjourn at 9:35pm.

Respectfully Submitted,

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Russell "Buster" Attebery, Chairman

Recording Secretary, Barbara Snider

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Karuk Tribe

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April 14, 2016

The Honorable Richard Bloom
State Capitol Building
P.O. Box 942849
Sacramento, CA 95814

RE: AB 2782 (Bloom): Healthy CA Fund – Letter of Support

Dear Assemblymember Bloom:

The Karuk Tribe is proud to support AB 2782 (Bloom): Healthy CA Fund. AB 2782 will require a 2 cents-per-ounce fee on sugary drinks. The revenue from this health impact fee will equip the state with dedicated resources to invest in communities that are disproportionately impacted by type 2 diabetes, dental disease, heart disease & stroke, and related sugary drink consumption diseases. The Karuk Tribe combats these health related issues mainly through our health programs.

The mission of the Karuk Tribal Health and Human Services Program is to provide quality health care 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, and to provide culturally appropriate educational, preventative, and therapeutic services in an environment of continuous quality improvement. AB 2782 would directly aid us in our efforts to provide services to those most affected by type 2 diabetes and other health related sugary drink consumption diseases.

Diabetes is one of the leading causes of death for Latinos, African Americans, Native Americans, and Asian Pacific Islanders in California. Over 43% of the Latinos, 40.3% Native Americans, 39.3% of African Americans and 38.7% of Asian Pacific Islanders, admitted to California hospitals in 2011 had diabetes. Strides have been made in education and awareness of healthier eating, and increasing physical activity, but we need a dedicated revenue source to fully address this epidemic and fully address the environmental and physical conditions that take away from our communities' quality of life and life expectancy.

If we do nothing, it is predicted that 50% of Latino and African American children born since the year 2000 will develop type 2 diabetes during their lifetime.[i]

The research that sugary beverages have a direct link with diabetes is incontrovertible; the links to obesity are even more established. [iiiiiivv] We also know that the consumption of sugary drinks is a major driver of fatty liver disease,[vi] heart disease, stroke,[vii] pancreatic cancer,[viii] and kidney disease.[ix] These health impacts are both the result of beverages sweetened with either sugar or high fructose corn syrup[x].

Soda, energy and sports drinks, sweetened water, and fruit drinks—all drinks that would be subject to the fee—are the largest source of daily calories for adolescents in the US.[xi] Moreover, sugar

sweetened beverage consumption is highest among groups that have the highest risk of type 2 diabetes.[xii] Latinos, Native Americans, African Americans and Asian & Pacific Islanders are even more vulnerable due to genetic factors that make their bodies even more sensitive to the overconsumption of sugar. [xiii]

When one considers that the economic consequences of diabetes in California have been estimated at over $37.1 billion, [xiv] that the economic burden of diabetes and prediabetes on the average person is estimated to be over $700 for every man, woman and child, and that this amount represents a hidden "tax" paid by all through higher insurance premiums,[xv] it makes sense to place a fee on the sugar loaded products. These products are the largest sweetener or sugar intake in the American diet. Proceeds from the fee will be invested in resources for prevention in the zip codes that exhibit the highest rates of Type 2 diabetes. Given the elevated economic costs of diabetes, it is unfortunate that according to the California State Auditor, California's per capita funding for diabetes prevention is one of the lowest in the nation. The California State Auditor's office recommends that, "If state lawmakers desire Public Health to increase its efforts to address diabetes, they should consider providing state funding to aid in those efforts.[xvixvii]"

AB 2782 (Bloom): Healthy CA Fund, will enable the State to invest in communities disproportionately burdened by diseases related to the consumption of sugary drinks, especially Type 2 diabetes. This proposed dedicated revenue source is needed to directly offset the health impacts that disproportionately impact our communities.

For these reasons, the Karuk Tribe is proud to support this important policy.

Sincerely,

Russell Attebery
Chairman, Karuk Tribe

cc: Chair of the Assembly Health Committee

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[i] Center for Disease Control and Prevntion. http://www.cdc.gov/diabetes/data/statistics/2014StatisticsReport.html

[ii] Hu FB, Malik VS. Sugar-sweetened beverages and risk of obesity and type 2 diabetes: Epidemiologic evidence. Physiol Behav 2010;100:46-54.

[iii] Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. Am J Public Health 2007;97:667-675.

[iv] de Koning L, Malik VS, Rimm EB, Willett WC, Hu FB. Sugar-sweetened and artificially sweetened beverage consumption and risk of type 2 diabetes in men. Am J Clin Nutr 2011;93:1321-1327.

[v] Malik VS, Popkin BM, Bray GA, Després JP, Willett WC, Hu FB. Sugar-sweetened beverages and the risk of metabolic syndrome and type 2 diabetes: A meta-analysis. Diabetes Care 2010;33:2477-2483.

[vi] Abid A, Taha O, Nseir W, Farah R, Grovsovki M, Assy N. Soft drink consumption is associated with fatty liver disease independent of metabolic syndrome. J Hepatol. 2009. 5:918-24.

[vii] Bernstein AM, de Konig L, Flint AJ, Rexrode KM, Willett WC. Soda consumption and the risk of stroke in men and women. Am J Clin Nutr 2011; 93:1321-1327.

[viii] Mueller NT, Odegaard A, Anderson K, et al. Soft drink and juice consumption and risk of pancreatic cancer: The Singapore Chinese HEatlh Study. Cancer Epidem Biomar 2010: 19:447-455.

[ix] Saldana TM, Basso O, Darden R, Sandler DP. Carbonated beverages and chronic kidney disease. Epidemiology. 2007 4:501-506.

[x] DiNicolantonio JJ, O'Keefe JH, Lucan SC. Added Fructose: A principal driver of type2 diabetes mellitus and its consequences. Mayo Clinic Proceedings. 2015. 90 (3): 372-381.

[xi] Reedy J. Krebs-Smith SM. Dietary sources of energy, solid fats, and added sugars among children and adolescents in the United States. J Am Diet Asso 2010; 110: 1477-1484.

[xii] Bleich SN, Wang YC, Gortmaker SL. Relation between consumption of sugar-sweetened beverages among US adults: 1988-1994 and 1999-2004. Am J Clin Nutr 2009; 89:372-381.

[xiii] Nazare J-A, Smith JD, Borel A-L, et. al. Ethnic influences on the relations between abdominal subcutaneous and visceral adiposity, liver fat, and cardiometabolic risk provile: the international study of prediction in intra-abdominal adiposity and its relationship with cardiometabolic risk/intra-abdominal adiposity. Am J Clin Nutr. 2012; 96:714-26.

[xiv] The Burden of Diabetes in California, 2015 California Factsheet, American Diabetes Association.

[xv] Dall TM, Zhang Y, Chen YJ, Quick WW, Yan Wg, Gogli J. The economic burden of diabetes. Health Affairs. 2010; 29(2): 297-300.

[xvi] American Diabetes Association.

[xvii] Even With a Recent Increase in Federal Funding, Its Efforts to Prevent Diabetes Are Focused on a Limited Number of Counties. CDPH. Report 2014-113. January 2015.

POSITION DESCRIPTION

Title: ~~Certified Substance Abuse Counselor I~~ Certified Substance Abuse Counselor

Reports To: Substance Abuse Program Coordinator

Location: ~~Yreka Community~~ Yreka, Happy Camp, and Orleans Communities

Salary: ~~$14.00 to $17.00~~ $15.00 to $19.50 per hour, depending on experience

Classification: Full Time, Regular, Non Exempt, Non Entry Level

Summary: The mission of the Karuk Tribe's Substance Abuse Program is *"to provide culturally sensitive services to Native Americans and their families as well as other people living in the communities we serve."* The Certified Substance Abuse Counselor shall be responsible for providing a full range of drug/alcohol treatment, prevention and aftercare recovery services for clients and their families as needed. The Counselor shall identify trends, problems, and needs for service in the Karuk communities and shall collect and analyze data for organizational improvement. The Counselor shall carry out their duties with professional and personal integrity while being a team member, providing continuity of care in compliance with JCAHO/AAAHC standards.

Responsibilities:

1. Shall be willing to travel to Happy Camp and Orleans weekly.
2. Shall be familiar with assessment tools including but not limited to ASI and SASSI.
3. Shall be able to write appropriate treatment plans that are congruent with assessments.
4. Shall be familiar with DSM IV drug/alcohol criteria.
5. Shall be wiling to obtain certification to facilitate domestic violence batterers groups.
6. Shall provide individual, family, and group counseling.
7. Shall prepare clear, concise, and comprehensive caseload records and make sound recommendations on the basis of such information as well as organize and manage a caseload.
8. Shall provide advocacy services on behalf of the client to obtain needed services, retain personal objectivity, and deliver crisis intervention services as needed.

8. Must have a positive mental attitude and be able to deal with stressful and unpleasant situations without losing composure.

9. Must provide documentation of immunity to measles or become immunized with the recommended vaccine and Hepatitis B Vaccine. Must test annual for TB.

10. Must adhere to an investigation of character including a check of fingerprint files of the Federal Bureau of Investigation. Applicant must not have been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes requiring California PC Section 290 registration or any offense involving a child victim. Applicant must not have been convicted of a drug felony within the previous five years.

11. Must successfully pass a pre-employment drug and alcohol screening test.

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

Veteran's Preference: It shall be the policy of the Karuk Tribe to provide preference in hiring to qualified applicants claiming Veteran's Preference who have been discharged from the United States Armed Forces with honorable and under honorable conditions.

Council Approved: March 19, 2008

Chairman's Signature: _____

Employee's Signature: _____

DRIVING-UNDER-THE-INFLUENCE PROGRAM

STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH

Karuk Tribe of California has the capability and agrees to comply with the following
(Name of Applicant)
Driving-Under-The-Influence (DUI) Program service requirements.

1. The program will provide the court, the Department of Motor Vehicles, and the participant with an immediate report of any failure of the participant to comply with the program's rules and policies.

2. The program will be self-supporting from participant fees.

3. The program will not use program fees for any purpose other than the operation of the program pursuant to Section 11837.4 (b)(2) of the Health and Safety Code.

4. The program will provide services to ethnic minorities, women, youth or any other group that has particular needs relating to the program.

5. The program will pay State licensing fees in accordance with instructions issued by the Department of Alcohol and Drug Programs.

6. The undersigned assures that the licensee and/or program will not discriminate in employment practices and provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964, (Section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and for recipients of financial assistance, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code) and Chapter 6 (commencing with Section 10800) Division 4, Title 9 of the California Code of Regulations.

7. The program will forward all substantive program changes, or changes to this application to the county alcohol program administrator (CAPA) for review and to the Department of Alcohol and Drug Programs (ADP) for approval.

8. The program will provide the CAPA and representatives from ADP with access to all programmatic and fiscal records necessary to conduct county monitoring and State licensing activities, including evaluation, provided that such access does not conflict with any State or federal confidentiality regulations as stated in Title 9, Section 9866 (c) of the CCR.

9. The program will comply with all laws and regulations governing DUI programs.

10. The program will maintain services in accordance with its approved application per licensure and any amendments thereto.

SISKIYOU COUNTY

Health and Human Services Agency

TINA GARCIA, ACSW
Director of Health and Human Services Agency

STEPHEN KOLPACOFF, M.D.
Public Health Officer

February 2, 2016

Connie Cessna-Smith, M.P.A.
Deputy Director
Administrative Services Division
818 South Main Street
Yreka, CA 96097
(530) 841-2700 – Phone
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Sarah Collard, Ph.D., Director
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Michael Wilson, Deputy Director
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Angela Baxter, BA, CADC II
Substance Abuse Program Coordinator
Karuk Tribe Health Clinic
1519 South Oregon Street
Yreka, CA 96097

RE: Request for Administration Fees (5%)

Dear Ms. Baxter:

It was a pleasure meeting with you this morning and I look forward to our on-going collaboration to provide SUD services to the residents of Siskiyou County.

Based upon our conversation with DHCS, we are amending our August 4, 2015 request for administrative fees in the amount of 15% to 5%. If we are able to reach an agreement regarding monitoring of the DUI program, we will forward you a contract for the 5% administration fee.

Thank you for serving DUI clients in Yreka and Happy Camp. If you have any questions, please feel free to contact Toby Reusze, Clinical Services Site Supervisor for the AOD program, 841-4789.

Sincerely,

Sarah Collard, Ph.D.
Director of Behavioral Health Division

SC/slc

C: Connie Cessna Smith, Deputy Director of Administrative Services
Toby Reusze, Clinical Services Site Supervisor (AOD)
Rose Bullock, Department Fiscal Officer

POSITION DESCRIPTION

Title: ~~Certified Substance Abuse Counselor I~~ Certified Substance Abuse Counselor

Reports To: Substance Abuse Program Coordinator

Location: ~~Yreka Community~~ Yreka, Happy Camp, and Orleans Communities

Salary: ~~$14.00 to $17.00~~ $15.00 to $19.50 per hour, depending on experience

Classification: Full Time, Regular, Non Exempt, Non Entry Level

Summary: The mission of the Karuk Tribe's Substance Abuse Program is *"to provide culturally sensitive services to Native Americans and their families as well as other people living in the communities we serve."* The Certified Substance Abuse Counselor shall be responsible for providing a full range of drug/alcohol treatment, prevention and aftercare recovery services for clients and their families as needed. The Counselor shall identify trends, problems, and needs for service in the Karuk communities and shall collect and analyze data for organizational improvement. The Counselor shall carry out their duties with professional and personal integrity while being a team member, providing continuity of care in compliance with JCAHO/AAAHC standards.

Responsibilities:

1. Shall be willing to travel to Happy Camp and Orleans weekly.
2. Shall be familiar with assessment tools including but not limited to ASI and SASSI.
3. Shall be able to write appropriate treatment plans that are congruent with assessments.
4. Shall be familiar with DSM IV drug/alcohol criteria.
5. Shall be wiling to obtain certification to facilitate domestic violence batterers groups.
6. Shall provide individual, family, and group counseling.
7. Shall prepare clear, concise, and comprehensive caseload records and make sound recommendations on the basis of such information as well as organize and manage a caseload.
8. Shall provide advocacy services on behalf of the client to obtain needed services, retain personal objectivity, and deliver crisis intervention services as needed.

8. Must have a positive mental attitude and be able to deal with stressful and unpleasant situations without losing composure.

9. Must provide documentation of immunity to measles or become immunized with the recommended vaccine and Hepatitis B Vaccine. Must test annual for TB.

10. Must adhere to an investigation of character including a check of fingerprint files of the Federal Bureau of Investigation. Applicant must not have been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes requiring California PC Section 290 registration or any offense involving a child victim. Applicant must not have been convicted of a drug felony within the previous five years.

11. Must successfully pass a pre-employment drug and alcohol screening test.

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

Veteran's Preference: It shall be the policy of the Karuk Tribe to provide preference in hiring to qualified applicants claiming Veteran's Preference who have been discharged from the United States Armed Forces with honorable and under honorable conditions.

Council Approved: March 19, 2008

Chairman's Signature: _____

Employee's Signature: _____

DRIVING-UNDER-THE-INFLUENCE PROGRAM

STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH

Karuk Tribe of California has the capability and agrees to comply with the following
(Name of Applicant)
Driving-Under-The-Influence (DUI) Program service requirements.

1. The program will provide the court, the Department of Motor Vehicles, and the participant with an immediate report of any failure of the participant to comply with the program's rules and policies.

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Sincerely,

Sarah Collard, Ph.D.
Director of Behavioral Health Division

SC/slc

C: Connie Cessna Smith, Deputy Director of Administrative Services
Toby Reusze, Clinical Services Site Supervisor (AOD)
Rose Bullock, Department Fiscal Officer

Karuk Tribe

Karuk Tribal Health Board Report
For Meeting Date April 14, 2016

1. **Travel and Training:**
    i. Dental Staff attending the Sacramento I.H.S Dental Conference May 4 through the 6th.
        1. Dr. Felker (No dentist in Yreka that week but Dr. Brassea will be working in HC)
        2. Vickie Walden
        3. Kayla Super
        4. Lindsay Whitehouse
        5. Susan Beatty

    ii. Dental Staff Attending the CDA Dental Conference on May 12,13 & 14 Anaheim, CA is:
        1. Dr. Brassea and Nikki Hokanson.
        2. Dr. Brassea will be back to work on May 17, 2016 and Nikki will also be taking some vacation time and is scheduled to return on May 23, 2016.
        3. During their absence there will be no providers available to see patients.

    iii. Dr. Brassea will be attending a continuing education class in Root Canal Therapy on June 8, 9 & 10.

    iv. Yreka Dental Assistants Shannon Jones DA and Kayla Bridwell DA are attending a mandatory Dental Law and Ethics training and a class which they need to prepare them for taking their final RDA Written Exam. The classes are scheduled to attend the classes on April 15, & 16, they travel to Folsom CA Friday afternoon April 14 and back on Monday April 17th. Their plan is to take their final written test on May 7, 2016 in Redding CA.

2. ***Yreka Hygienist Vacancy*** - The search for an Yreka Dental Hygienist is still on going.

3. **Yreka RDA Vacancy** – We are in the process of filling that position

4. **Yreka Dentist Vacancy** - We have one applicant that we are working on.

5. **Head Start** – Dental Screenings & fluoride applications are scheduled for April 25, 2016.

6. **Dentrix –** On March 31st I attended a Dentrix Enterprise Webinar on March 31; this training was on the Dentrix Enterprise 8.0.7. We will be upgrading too this new version soon. This upgrade will fix some of the chart merging problems we are having. It will enlarge the patient information window; have more function buttons and short cuts. These changes should make it easier for the user to update patients' demography & health information; check-in patients, schedule return appointments, and view a patient's treatment plan.

7. **Orleans Clinic Update**: We do not expect to hold another Dental Clinic in Orleans until we hire a hygienist to fill the vacancy in Yreka.

8. **No Budget concerns or issues at this time.**

Report respectfully submitted by Vickie Walden RDA on April 7, 2016

Eric Cutright Information Technology Health Board Report
April 7, 2016

Action Items:

- Engineering contract for the KRRBI project

Expenditure/ Progress Chart – IT Dept Indirect Budget March 31, 2016

Program	Code	Total Budget	Expensed to date	Balance	% Expended
IT Systems	1020-15	$341,878.14	$182,791.49	$159,086.65	53.47%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/1/2015 to 9/30/2016	12	6	6	50%	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 IT personnel.					

IT Department Activities:

- The USDA Distance Learning and Telemedicine Grant application for telemedicine equipment for the Medical and Child & Family Services clinics was submitted on March 11.
- The contract to install data wiring for IT services in the Shasta Pacific Building was awarded to Acme Computer. If standard IT services are installed, the Yreka Child & Family Services department can move into that building and have the same telephone, computer and internet resources as the Yreka Clinic.
- The domain and files servers that server the DNR and Yreka Clinic offices are both past their warranty period. Dale Josephson is preparing a procurement to replace both servers.
- A procurement for a new copier for the Happy Camp Administration office is under review.

Project Title: Áan Chúuphan Internet Service in Orleans

Áan Chúuphan Business Status as of April 7:

- 88 total customers
- 57 customers have internet access installed
- 5 customers have become inactive
- 9 customers are in the queue to have service installed
- 17 customers are awaiting radio improvements to receive service
- The Orleans Elementary School is scheduled to start using their circuit on April 7.

Expenditure/ Progress Chart – Áan Chúuphan Budget March 31, 2016

Program	Code	Income	Expenses	Balance	% Expended
Áan Chúuphan	2661-00	$11,144.73	$10,832.64	$312.09	97.20%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/1/2015 to 9/30/2016	12	6	6	50%	N
Comments:					
This budget reflects the broadband business operations in Orleans.					

Expenditure/ Progress Chart – USDA Community Connect Grant

Program	Code	Total Budget	Expensed to date	Balance	% Expended
USDA RUS	2061-00	$1,141,870.00	$933,655.71	$208,214.29	81.77%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/24/2011-10/24/2017	72	53	19	74%	N
Progress Report Due Date	**Completed?**	**Date Completed.**	**Fiscal Report Due Date**	**Completed?**	**Date Completed.**
03/31/2016	Yes		10/17/2017	No	
Comments:					
This grant funds the construction of broadband infrastructure to Orleans.					

Construction Progress:
All construction is complete except for the following:

- A generator needs to be installed at the council chambers in Orleans to keep the service running during power outages. Proposals are being solicited for a new auto-start generator.
- A new radio has been ordered for the water tank radio site in order to serve the Pearch Creek. This new radio is the same radio that is currently serving Camp Creek, and fixed the poor signal quality issues experienced by subscribers shielded by trees.

Reimbursement Status:

- $933,655.71 has been spent. $700,777.00 has been reimbursed.
- Reimbursement request #5 for $212,643.84 was submitted on March 18, but due to an address error, had to be resubmitted on April 5.

Project Title: Klamath River Rural Broadband Initiative (KRRBI)

Project Management Services:

- 1st quarter progress report was submitted on April 6, 2016.
- 2nd quarter progress report is due on July 10, 2016
- An agreement with USA North 811 is being reviewed that will all the Karuk Tribe to become a member. Membership in USA North 811 allows the tribe to be notified if anyone plans to dig or excavate near any of the Tribe's buried fiber or utility lines.
- The Certificate of Public Convenience and Necessity, or CPCN, issued to the Karuk Tribe to operate as a phone company in California needs to be revised to allow the Tribe to install facilities and conduct CEQA environmental reviews on non-Tribal land. The application for this revision is just beginning, and will require legal counsel to be completed.

Permitting Services:

- On April 6 we discovered that the Bureau of Land Management (BLM) owns two parcels that our project intends to cross along highway 96 near Weitchpec. An application for the BLM to join in the NEPA process is being drafted.
- An application to the California Department of Transportation is in progress.
- A right-of-way agreement amendment with Humboldt County for access to install fiber on Humboldt County roads is currently under review by Karuk compliance and the county legal department.
- A proposal is being prepared to submit to the forestry company Green Diamond for permission to install fiber optic facilities along the coast in their private land.

Cultural Review:

- Karuk Tribe THPO has completed the initial literature review for the project.
- Yurok Tribe THPO has given an estimate for the cultural work in Yurok ancestral territory. A contract is being prepared to cover the timeline and reimbursement of the work done by the Yurok cultural department.

Engineering Services:

- An RFP for an Owner's Engineer to create detailed plans for the Fiber closed on February 29. Four proposals were received, and a preliminary selection has been made. A contract for engineering services is being prepared and will be presented at the meeting on April 14.
- Wireless engineering primarily consists of distribution for the town of Orick. A primary tower site and several backup locations have been identified in Orick. The landowners are being contacted to determine their interest in either selling or leasing the property.

Environmental Review:

- A Letter was received from Redwood National Park on November 24 that requests full environmental review of all alternative routes in the project, especially along the coast near highway 101. A reply letter has been written and is under review before being sent.
- Once the engineering contract is finalized, the engineer will complete the required drawings necessary for the tribe to submit the Proponent's Environmental Assessment (PEA). Once the funder, CPUC, receives the PEA, a review of the environmental impact of the entire project will commence. A joint NEPA/CEQA document will then be prepared.

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	$280,653.20	$6,321,768.80	0.04%
Term Dates	**Total Months**	**Month # for report period**	**# Months Remaining**	**% Completed.**	**Extension Option Y/N**
10/17/2013-10/17/2018	60	29	31	48%	Y
Progress Report Due Date	**Completed?**	**Date Completed.**	**Fiscal Report Due**	**Completed?**	**Date Completed.**
04/10/2016	Yes	4/6/16	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 for March 2016 billing period

KARUK TRIBE

Print **Close Window**

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

Usage Per Line

User Name: Eric Cutright

24,022 / 35,800 Total minutes used

Structure Name: Default
Location: KARUK TRIBE

Report Details

Period Range Mar-16 To: Mar-16

Summary by WirelessNumber

Wireless Number	Billing Cycle Date	User_Name	Min	Total_Allowance_Mins	Data_Usage
530-598-7089	03/18/2016	RICHARD BLACK	1,671	400	883,183.00KB
530-598-6829	03/18/2016	TANYA BUSBY	1,282	400	2,135,467.00KB
530-598-4615	03/18/2016	ANN ESCOBAR	1,253	400	2,062,506.00KB
916-207-8294	03/18/2016	CRAIG TUCKER	1,236	400	556,408.00KB
530-598-7940	03/18/2016	LESTER ALFORD	1,035	400	1,982,222.00KB
530-643-6176	03/18/2016	BUCKY LANTZ	1,026	400	1,240,289.00KB
530-598-3414	03/18/2016	SUSAN CORUM	981	400	575,865.00KB
530-598-7067	03/18/2016	LISA AUBREY	937	0	--
530-598-2248	03/18/2016	APRIL ATTEBURY	675	400	434,885.00KB
530-598-2866	03/18/2016	ALVIS JOHNSON	673	0	--
530-598-9992	03/18/2016	LESLIE MOORE	657	400	253,676.00KB
530-643-2565	03/18/2016	ANNIE SMITH	561	400	1,631,387.00KB
530-598-8944	03/18/2016	BARRY HOCKADAY	545	400	--
530-643-0799	03/18/2016	CAROL THOM	531	400	--
530-643-2625	03/18/2016	RUSSELL ATTEBERY	528	400	231,191.00KB
530-643-2654	03/18/2016	** **	502	400	--
530-643-3907	03/18/2016	DEBRAH VANWINKLE	493	0	--
530-215-8192	03/18/2016	JOSHUA SAXON-WHITECRANE	491	400	956,339.00KB
530-643-6130	03/18/2016	PRESTON WILSON	405	400	57,458.00KB
530-643-1873	03/18/2016	FATIMA ABBAS	395	400	172,202.00KB
530-598-9880	03/18/2016	CHARLES SARMENTO	391	400	4,146,729.00KB
530-598-8654	03/18/2016	MELODEE BREWINGTON	367	0	--
530-643-1468	03/18/2016	SANDI TRIPP	354	400	776,028.00KB
530-215-8191	03/18/2016	ARCH SUPER	345	400	1,882,548.00KB
530-598-8006	03/18/2016	ERIC CUTRIGHT	330	400	400,961.00KB
530-598-0897	03/18/2016	PATRICIA HOBBS	325	400	58,713.00KB
530-598-8745	03/18/2016	MIKE TIRATERRA	304	400	--
530-643-6292	03/18/2016	KELLY WORCESTER	302	400	126,847.00KB
530-598-3911	03/18/2016	DOUG GOODWIN	244	400	1,196,855.00KB

Grants, Compliance, Accreditation and Acting CEO

Board Report **April 14, 2016** **Lessie Aubrey, Manager**

Yreka Clinic: I have been traveling to Yreka twice a week as directed. It seems to be going well. I have been talking to the staff, and working with Cindy to solve some problems.

Orleans Clinic: I travel to Orleans once each week and have been helping Melinda with the Pharmacy log. I talk with the staff as well, and have worked on Regina's contract with her.

Obstacles to visiting the clinic have been a 3 day HIPAA Summit Training which I took on line instead of traveling to Washington D.C, meetings with HR and the Council, traveling to Redding for a HANC meeting and to Sacramento for Emergency Preparedness training.

Thank you Michael Thom, and Sonny Davis for getting your Orleans Pharmacy Permit papers in to me. I have now sent the last of the Paperwork to the Board of Pharmacy and am hoping the permit is issued soon. I know that Ike Wilkenfeld, Pharmacist Consultant will be thrilled too.

All this running around and trying to do two jobs is taking its toll on me. I do not have the information from the ACQI Committee meeting available for you and I don't have the time to get it ready before this report is due.

Also, my LVN license expires the end of April unless I get my CEU's done, which I am working on by taking on line courses from Western Schools. I have one module to complete and then I can renew it. I took an hour here and there to work on it and did much at home.

I have been working with Vickie on dental issues and a possible Dental candidate. In addition, I have been working on issues with the medical staff. Orleans and Happy Camp appear to be working well as teams, but Yreka is having issues.

I sat on CEO interviews today 4/7/16 and believe they were successful. I hope to have a new CEO in place by mid-May at the latest.

Clinical Laboratory Improvement Act (CLIA) renewals were due for Happy Camp and Yreka and I have completed those on time this week. Now Pharmacy Renewals are due for the Happy Camp clinic.

Our provider Peer Review policy is paying off. Earlier I received a complaint on a providers care. I called for a peer review and received the results. Just tonight I was called for information on this complaint as the patient complained to Partnership about us. I was able to go to our file and provide the Peer Review information completed on the complaint. I hope it is satisfactory to Partnership. It was quite through.

Health Board Report
14 April 2016
Joshua Stanshaw: Project Manager

Child and Family Services Move

Description & Objective(s): This project entails moving Mental/Behavioral Health, AOD, and Child Social Work to the Beverly Manor building adjacent to the Yreka Medical Clinic. Moving these programs will provide the following benefits: 1) Improve CFS client confidentiality; 2) Provide room for CFS programs to operate efficiently and room for expansion; 3) Provide more office space for Yreka Clinic staff

Task(s) Completed: 1) Lease has been approved and signed; 2) Program staff has worked out utilization of space; 3) RFP completed for IT Infrastructure installation; 4) Tentative schedule of events drafted to monitor progress and estimate milestones

Tasks(s) Scheduled: 1) Move date set for 2 May 2016, continue to work with Fred Burcell for move logistics; 2) Monitor building improvements; 3) Submit documentation for AOD program to State of California for new site; 4) Submit necessary documentation to grantors/accreditation/other agencies as required

Anticipated Project Barriers: 1) Procurement of necessary items for full office functionality; 2) Delays in building improvements

Paper Record Conversion

Description & Objective(s): There are extensive hard/paper medical and dental records stored in various locations at the three clinic sites. Digitizing these paper records and importing them into the existing Electronic Health Records (EHR) will provide the following benefits: 1) allow for better utilization of office spaces within clinic locations (paper records take up physical space) 2) Improve the security of Protected Health Information (PHI) 3) Improve provider access to historical data.

Task(s) Completed: 1) Completed estimated budget for conversion of records at Orleans clinic (attached); 2) Completed Orleans site visit

Tasks(s) Scheduled: 1) Determine method/scope of record conversion; 2)Work with IT and Medical/Dental staff to determine best course of storage/access for digitized records

Anticipated Project Barriers: 1) Cost: this project will have considerable cost associated with preparing, scanning, and integrating the files 2) Policy/Legal Requirements: Current internal policy dictates that all records are to be maintained. This creates an excess of records to be converted (increasing costs). Should policy be changed legal issues will need to be resolved in the storage/destruction of records not converted.

NHSC Recruitment

Description & Objective(s): The recruitment and retention of qualified providers in the Medical, Dental, and Mental Health fields is difficult for rural areas. This project aims to improve the Tribe's ability to recruit and retain skilled practitioners. This will improve the quality of care delivered to our membership and community.

Task(s) Completed: 1) I attended a webinar regarding the NHSC loan repayment program, I will draft a report of the webinar for management review; 2) Attended OSHPD Training in San Francisco regarding HPSA and NHSC eligibility 3) attended webinar regarding difficulties filling dental positions; 4) Summary of trainings attached

Task(s) Scheduled: 1) Continue to attend applicable webinars/trainings as directed

Anticipated Project Barriers: None at this time

Joshua Stanshaw
Project Manager
530.643.9735
jstanshaw@karuk.us

DIGITAL EHR CONVERSION
PROPOSED BUDGET - CONVERSION OF ORLEANS CLINIC RECORDS

BACKGROUND:

A site visit was conducted 4 March 2016 to assess the status and volume of hard copy medical records housed in the Orleans Clinic. The Orleans Clinic was selected to serve as a test case for converting hard copy medical records into a digital format. Once in digital format the records would be indexed and searchable based on patient information. The Orleans clinic was chosen in an effort to minimize any disruptions this process may cause in the trial phase.

SCOPE:

This is budget is limited to the estimated number of records, and with a minimal amount of preparation required for imaging. The costs estimated are only for the shipping, conversion and delivery of a final product. These costs are not inclusive of any staff time required to ship/prep records or manage issues and contact with the contracted company. The estimated costs do not include any additional Information Technology hardware requirements (i.e. additional server space), or staff time to integrate the final product into current systems.

ASSUMPTIONS:

This budget is based on converting all medical records with an average page count of 250 pages per record. There are approximately 4,900 records yielding 1,225,000 pages to be imaged. It is further assumed that the entirety of the records at the Orleans clinic would be converted in one time frame and then destroyed.

PROCESS OPTIONS:

There are two possible methods that can be utilized in converting the hard copy records into the digital format. Option 1 is to contract with a HIPPA certified vendor under a Business Associate Agreement to ship, convert, deliver digitized records, and destroy the hard copy. Option 2 is to perform the conversion in house using our own equipment and staff.

OPTION 1: OUTSOURCED CONVERSION

PROCESS DESCRIPTION:

Under this option records would be sent to a vendor to be converted. This process would begin with a standard RFP and selection of the winning bidder. Once a vendor is selected and appropriate contracts and agreements are signed the records would be boxed and bulk shipped to the vendor site where the records would be converted at their secure facility. The vendor would act as a temporary records office in the event a record shipped for conversion is needed by a provider. In this situation the vendor would scan and electronically deliver the record as to prevent any delays in care. Once the records are converted and conform to our specifications the vendor would deliver the records via a secured internet connection to be downloaded to our network for permanent storage and accessed as needed by providers and staff. After delivery of the electronic records the hard copy files would be destroyed by the vendor.

COST:
The following breaks down the cost of the project beginning from shipment to the vendor, conversion, delivery of the converted files, and destruction of the original files.

SHIPMENT OF FILES – $4,400
1,225,000 pages are approximately 455 boxes of records with 45 boxes per pallet. At $400 per pallet, shipping costs are approximately $4,400.

CONVERSION OF FILES – $73,500
1,225,000 pages to be imaged at an estimated $0.06 per page expands to $73,500.

DESTRUCTION OF FILES – $1,500
There is a flat fee for destruction of $1,500.

TOTAL COST – $79,400
Adding the sub totals for shipment, conversion and destruction brings the total project cost to $79,400. This includes digital delivery of the converted files via a secure file share.

OPTION 2: IN-HOUSE CONVERSION

PROCESS DESCRIPTION:
Under this option records would be converted by staff employed by Karuk Tribal Health using equipment owned by the Tribe. Given the scope of this project additional staff would have to be hired and trained. Based on correspondence with a document imaging company, with the correct equipment, and records in good condition, an employee can image approximately 3,000 pages per day. This results in approximately 410 eight hour days of labor just to image the documents. This translates to over one year of work for a single employee to convert the records of a single medical clinic.

COST:
The following breaks down the estimated cost of the project to convert hard copy records to digital files in house. This process considers wages, expenditure for equipment but does not consider any administrative costs (including benefits, unemployment insurance, worker compensation insurance etc.) Nor does this consider the cost of facilities for the document conversion to take place.

WAGES – $32,670
If this were to be completed in house and paying a wage of $10.00 per hour the cost to convert the records would be approximately $32,670 in wages. This is only considering hours spent by employee(s) actively imaging records.

EQUIPMENT – $13,000-39,000
Current document imaging equipment utilized by Karuk Tribal Health is not adequate for this application. The volume is simply too large for the scanners to efficiently convert the paper portions of the records. Additionally these scanners would not be capable of processing medical images (i.e. x-rays, CT scans, MRI etc.) Specialized high volume scanners would be necessary for the paper portion of the medical records. A cost example of a high volume scanner is between $6,000 and $20,000. The final cost of the

equipment would depend on the number of staff intended to devote to the project. Estimating between one to three full time staff the total cost of purchasing scanning equipment is between $13,000 and $39,000.

TOTAL COST – $45,670 - $71,670

This total cost is ***only*** considering wages for time actively scanning records and a median price of a scanner at $13,000. The more scanners purchased and employees hired the shorter duration for the project but the higher the cost. Additionally this cost figure does not consider the destruction of the records, facilities, or any additional Information Technology equipment required for the process.

COST CONTROL:

Cost controls can be implemented by reducing both the number of records to be converted as well as the volume of pages per record. Disposition of the records should be considered for how to best meet legal requirements (both statutory and civil) and ensure the records maintain useful to providers. The number of records converted can be reduced by only converting active/legally required records. The remaining records would either need to be secured in permanent long term storage or be destroyed. Should the records be stored or destroyed strict compliance with HIPPA regulations must be maintained.

CONCLUSION:

Disposition of the paper medical records will be an expensive and time consuming process regardless of the process chosen. Despite the costs and efforts, the project will improve the access of the records to those who need it and increase the security of the records both from unauthorized access and from damage due to force majeure. Additionally it will allow for better utilization of current office and storage spaces.

Summary of NHSC/OSHPD Trainings

BACKGROUND:

This document provides a summary of trainings and webinars in regards to recruitment, especially through the use and eligibility of the National Healthcare Service Corps scholarship and loan repayment programs.

OSHPD TRAINING:

On 24-25 March 2016 I attended a training put on by Office of Statewide Health Planning and Development (OSHPD). This office is the Primary Care Office (PCO) for the state of California and acts as a liaison to Health Resource and Services Administration (HRSA). HRSA is the federal agency responsible for the National Healthcare Service Corps (NHSC). At this training the following topics were covered: State Loan Repayment Program, NHSC/Nurse Cops, Health Educations Foundation, HPSAs, MUA/MUPs, and calculations for shortage areas.

KEY POINTS FROM PRESENTATION:

The Karuk Tribe Health Program is classified as an Automatically Designated Facility. This means that our facility already serves a population or geographic area that faces a shortage of healthcare professionals. Under this automatic designation our HPSA (Health Provider Shortage Area) score is not automatically updated and to request a change we must notified OSHPD. The higher the HPSA score the more likely a provider can be selected for a loan repayment or scholarship placement program. These programs are incentives for providers to serve in areas that are lacking certain health professionals. These professionals can be in Primary Care (medical), Dental, and Mental Health. Each classification has its own HPSA score. Higher scores indicate a greater need and place higher on the list of facilities likely to receive the incentive for their providers. Each year NHSC receives over 6000 applications for their loan repayment program. Maintaining accurate scores helps ensure eligible providers have a higher probability in being accepted into an incentive program. Additionally these providers have a higher probability in staying at their location after their service obligation is met.

WEBINARS:

I have attended 2 webinars geared toward highlighting the challenges and possible solutions to provider recruitment and retention. These webinars all stress that maintaining accurate and high HPSA scores is critical.

KEY POINTS FROM WEBINARS:

These webinars highlighted the NHSC job site as a way to nationally post job positions for any provider that is looking for a site that qualifies for the incentive programs. However both webinars stressed the need for each facility to work towards provided active retention strategies. This is to ensure that once a service obligation is met the provider is more likely to remain with the site.

Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

April 14, 2016

Annie Smith RN, BSN, PHN

ACTION ITEMS:

- Request for the Transporter position and discussion on Elder Worker Position:
- Request for car purchase. Two cars were removed from our service by the Tribal Mechanic, #111 and #115. #111 (green Subaru)was taken to Happy Camp for parts sale, and # 115 (blue Subaru) was put in the Car pool at the Yreka Clinic for in town trips only. We have not had a designated vehicle for the transporter position as I was waiting to see how much return we will receive from the MAA program. I am working with Laura Olivas to see if we can self-sustain the transporter position vehicle through the MAA moneys.

APRIL ACTIVITIES:

- I am including in your packets, the first quarter spread sheet of all of our designated activities. I hope this can explain the wide spread need for our CHR's.
- The demand for transports is up more and more each month. I am including in your packets to show how many we do. As the economy declines, more of our Tribal Members have no ability to have or keep a vehicle they can rely on. We have multiple calls daily for out of town transports to Klamath Falls, Medford, Sacramento, Redding, San Francisco, etc. The higher level of care is required for standard of care in medicine and more of our Partnership and MediCal patients cannot find doctors that take either. So we must travel far to support them. Most are included in the MAA or HRSA programs, so we do get some of the expense returned. I have no current figures at this time but will give them when I can. Until then a full time transporter is an essential service.

We do have some relief from this need in Tele-health, which is the focus of Partnership. I see that as we move forward with this it will relieve some of the transport requests but currently we have no alternative but to transport.

- Dolores and Carol are now certified CHR's and Roberta is ½ way though her program. I am happy to report that now IHS has this program online and we do not have to send CHR's to Oklahoma for 6 weeks at a time.

- The Special Diabetes Program (SDPI) award was competitive this year and we qualified for a larger award of $ 177,229.00 for this year. This is an increase of $19,675.00 from previous years.

- Lessie, Flo and I attended an Emergency Preparedness Symposium in Sacramento this month. This symposium brought us some good resources for moving forward and continuing to follow what Tom Fielden began. The California Primary Care Association (CPCA) recommended that we support any of our Clinic staff who wants to become EMT's as this would assure good training in the event we have overflow from FMC in a disaster. Allowing as many Tribal Members to take EMT training as possible would benefit all of the Tribe. I would like the Health Board to advise if we are to continue the Keepr Meetings.

- Both Roberta and Carol have been making Elder calls daily. We have a list we work from and both CHR's are given a new/updated list monthly. They know which Elders do not want calls monthly and which need calls weekly. Some of our Elders do not want to be called at all. For those we give them multiple contact numbers in the event they do want to be contacted. Any time an Elder needs a home visit; we give it to the appropriate CHR to visit immediately. Anytime a call comes in from friends or family of Elders we respond immediately. We get calls sometimes from the Housing TRO's. Please let our Team know any time you are concerned about any Elder.

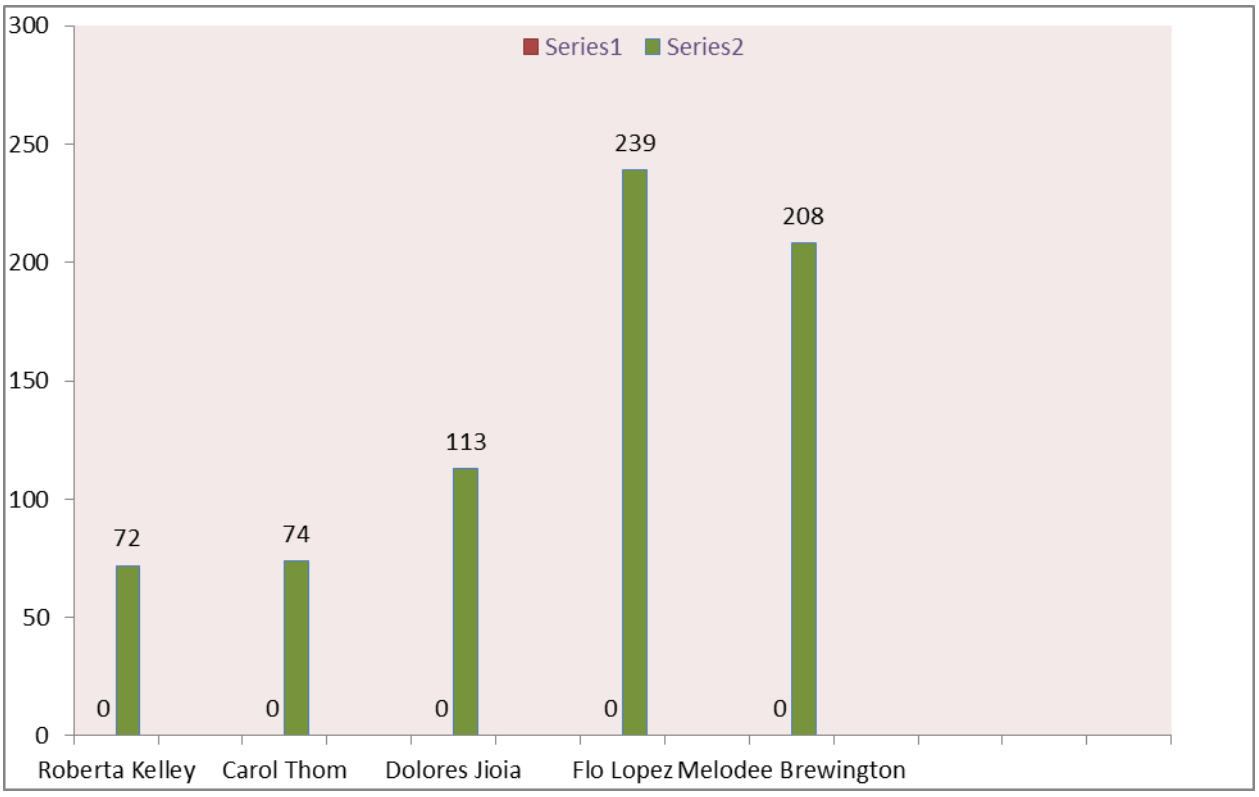
- We have had a few of our Elders who have needed hospice services and were able to assist both Madrone Hospice and the Elders with the needed resources to have them be able to stay in their homes for their last days. Our Team is well trained in all the paperwork needed for In-Home Support Services (IHSS) from the County, and LIAP from us, as well as Advance Directives for the last wishes. Most of these visits I do myself as I used to work for Hospice and am very experienced at the process.

- Our Diabetes program continues with monthly calls to all on our list. We do a lot of teaching with patients and some of the patients are stopping by our office when in Yreka and visiting for diabetes support. Both Carol and Flo are paid a portion of their hours by this grant and we make home visits together as often as we can.

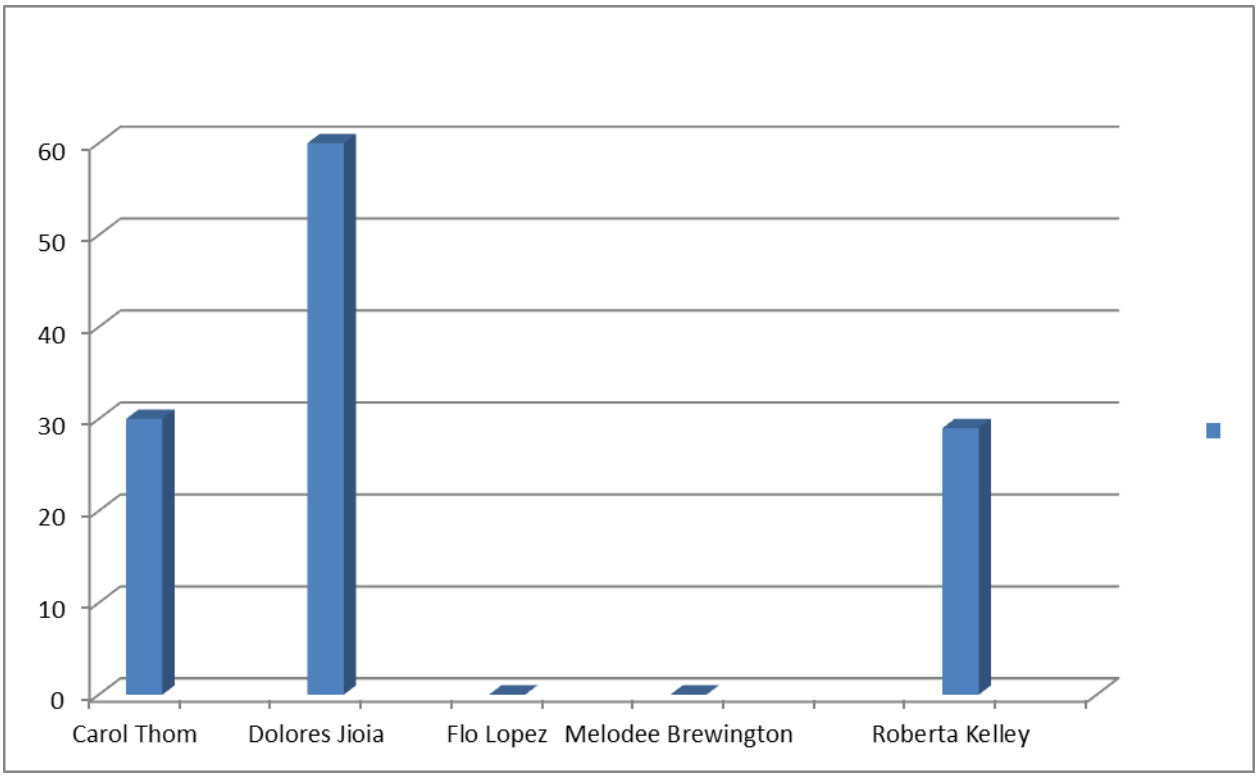
CHR reports:

- Please note the attached CHR print-outs for the first quarter. They spell out the myriad of services we give at each encounter.

CHR direct care report, First 2016 Quarter:



Month of April 2016:



Financial Report:

	Unencumbered Balance	Percent used
Public Health Nurse:	$ 59,833.36	44.33%
CHR:	$230,530.94	36.28%
IHS Diabetes Grant:	$157,383.94	11.20%

YREKA

********** CHR REPORT NO. 1 **********
TIME SPENT, SERVICE ACTIVITIES, AND SERVICES by HEALTH PROBLEM

PROGRAM: ALL
PROVIDER: ALL
PATIENTS: Both Registered and Non-Registered Patients
REPORT DATES: JAN 01, 2016 TO APR 06, 2016

* SERVICES is equal to # of Lines of Assessment

HEALTH PROBLEM	SERVICE HOURS		TRAVEL HOURS		SERVICE ACTIVITIES		SERVICES*	
TOTAL	688	100%	240	100%	524	100%	531	100%
AC ACCIDENTAL INJURY	2	0%	0	0%	3	1%	3	1%
CF CASE FINDING/SCREENING	0	0%	0	0%	1	0%	1	0%
HS HOMEMAKER SERVICES	1	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	1	0%	0	0%	1	0%	1	0%
AD ACTIVITIES OF DAILY LI	263	38%	29	12%	257	49%	257	48%
CM CASE MANAGEMENT	1	0%	0	0%	1	0%	1	0%
HS HOMEMAKER SERVICES	9	1%	1	0%	13	2%	13	2%
OP OTHER PATIENT SERVICE	243	35%	21	9%	238	45%	238	45%
PC PATIENT CARE	4	1%	3	1%	2	0%	2	0%
TP TRANSPORT PATIENT	6	1%	5	2%	3	1%	3	1%
AL ALCOHOL	40	6%	40	17%	2	0%	2	0%
MP MONITOR PATIENT	0	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	40	6%	40	17%	1	0%	1	0%
AG ALLERGY	1	0%	1	0%	1	0%	1	0%
TP TRANSPORT PATIENT	1	0%	1	0%	1	0%	1	0%
CA CANCER	27	4%	4	1%	10	2%	10	2%
CM CASE MANAGEMENT	10	1%	2	1%	6	1%	6	1%
MP MONITOR PATIENT	1	0%	0	0%	1	0%	1	0%
NF NOT FOUND	1	0%	1	0%	1	0%	1	0%
TP TRANSPORT PATIENT	16	2%	1	0%	2	0%	2	0%
CO COLD	0	0%	0	0%	1	0%	1	0%
CM CASE MANAGEMENT	0	0%	0	0%	1	0%	1	0%
CD COMMUNITY DEVELOPMENT	0	0%	0	0%	0	0%	1	0%
** NO ACTIVITY ENTERED	0	0%	0	0%	0	0%	1	0%
CR COPD	0	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	0	0%	0	0%	1	0%	1	0%
DT DEMENTIA	3	0%	0	0%	1	0%	1	0%

YREKA

********** CHR REPORT NO. 1 **********
TIME SPENT, SERVICE ACTIVITIES, AND SERVICES by HEALTH PROBLEM

PROGRAM: ALL
PROVIDER: ALL
PATIENTS: Both Registered and Non-Registered Patients
REPORT DATES: JAN 01, 2016 TO APR 06, 2016

* SERVICES is equal to # of Lines of Assessment

HEALTH PROBLEM	SERVICE HOURS		TRAVEL HOURS		SERVICE ACTIVITIES		SERVICES*	
HS HOMEMAKER SERVICES	3	0%	0	0%	1	0%	1	0%
DE DENTAL (ALL)	32	5%	25	10%	7	1%	8	2%
CM CASE MANAGEMENT	1	0%	0	0%	2	0%	2	0%
** NO ACTIVITY ENTERED	0	0%	0	0%	0	0%	1	0%
TP TRANSPORT PATIENT	32	5%	25	10%	5	1%	5	1%
DP DEPRESSION	2	0%	1	1%	2	0%	3	1%
CF CASE FINDING/SCREENING	1	0%	0	0%	1	0%	1	0%
** NO ACTIVITY ENTERED	0	0%	0	0%	0	0%	1	0%
TP TRANSPORT PATIENT	1	0%	1	0%	1	0%	1	0%
DM DIABETES MELLITUS	31	4%	21	9%	37	7%	38	7%
CF CASE FINDING/SCREENING	7	1%	7	3%	3	1%	3	1%
CM CASE MANAGEMENT	7	1%	3	1%	18	3%	18	3%
HE HEALTH EDUCATION	0	0%	0	0%	1	0%	1	0%
MP MONITOR PATIENT	1	0%	0	0%	3	1%	3	1%
** NO ACTIVITY ENTERED	0	0%	0	0%	0	0%	1	0%
PC PATIENT CARE	4	1%	1	0%	5	1%	5	1%
TP TRANSPORT PATIENT	10	2%	10	4%	7	1%	7	1%
DG DIAGNOSTIC TEST	0	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	0	0%	0	0%	1	0%	1	0%
EL ELDER (SUSPECTED)	0	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	0	0%	0	0%	1	0%	1	0%
EC EYE CARE/GLASSES	28	4%	10	4%	18	3%	18	3%
CM CASE MANAGEMENT	6	1%	0	0%	12	2%	12	2%
TP TRANSPORT PATIENT	22	3%	10	4%	6	1%	6	1%
ED EYE DISEASE	26	4%	18	7%	12	2%	12	2%
CM CASE MANAGEMENT	2	0%	0	0%	2	0%	2	0%
HE HEALTH EDUCATION	0	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	25	4%	18	7%	9	2%	9	2%
FP FAMILY PLANNING	2	0%	1	0%	1	0%	1	0%
TP TRANSPORT PATIENT	2	0%	1	0%	1	0%	1	0%
GE GASTROENTERITIS/DIARRH	3	0%	0	0%	2	0%	2	0%

YREKA

********** CHR REPORT NO. 1 **********
TIME SPENT, SERVICE ACTIVITIES, AND SERVICES by HEALTH PROBLEM

PROGRAM: ALL
PROVIDER: ALL
PATIENTS: Both Registered and Non-Registered Patients
REPORT DATES: JAN 01, 2016 TO APR 06, 2016

* SERVICES is equal to # of Lines of Assessment

HEALTH PROBLEM	SERVICE HOURS		TRAVEL HOURS		SERVICE ACTIVITIES		SERVICES*	
CM CASE MANAGEMENT	1	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	2	0%	0	0%	1	0%	1	0%
GU GENITO/URINARY DISEASE	6	1%	6	2%	2	0%	3	1%
** NO ACTIVITY ENTERED	0	0%	0	0%	0	0%	1	0%
TP TRANSPORT PATIENT	6	1%	6	2%	2	0%	2	0%
HA HEARING AIDS	0	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	0	0%	0	0%	1	0%	1	0%
HT HEART	7	1%	2	1%	3	1%	3	1%
TP TRANSPORT PATIENT	7	1%	2	1%	3	1%	3	1%
HY HYPERTENSION	10	1%	3	1%	8	2%	8	2%
CM CASE MANAGEMENT	2	0%	1	0%	2	0%	2	0%
MP MONITOR PATIENT	6	1%	1	0%	2	0%	2	0%
PC PATIENT CARE	2	0%	0	0%	3	1%	3	1%
TP TRANSPORT PATIENT	1	0%	0	0%	1	0%	1	0%
IC INJURY CONTROL	1	0%	0	0%	1	0%	1	0%
MP MONITOR PATIENT	1	0%	0	0%	1	0%	1	0%
MH MEN'S HEALTH	21	3%	17	7%	21	4%	21	4%
CM CASE MANAGEMENT	11	2%	7	3%	6	1%	6	1%
OP OTHER PATIENT SERVICE	1	0%	1	0%	1	0%	1	0%
TP TRANSPORT PATIENT	10	1%	10	4%	14	3%	14	3%
MB MOBILITY	12	2%	1	1%	17	3%	17	3%
CM CASE MANAGEMENT	1	0%	0	0%	4	1%	4	1%
HS HOMEMAKER SERVICES	4	1%	0	0%	2	0%	2	0%
PC PATIENT CARE	1	0%	0	0%	2	0%	2	0%
TP TRANSPORT PATIENT	7	1%	0	0%	9	2%	9	2%
OX OTHER CHRONIC	56	8%	19	8%	26	5%	26	5%
CM CASE MANAGEMENT	5	1%	1	0%	12	2%	12	2%
HE HEALTH EDUCATION	1	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	50	7%	18	8%	13	2%	13	2%
OC OTHER COMMUNICABLE	2	0%	2	1%	3	1%	3	1%

YREKA

********** CHR REPORT NO. 1 **********
TIME SPENT, SERVICE ACTIVITIES, AND SERVICES by HEALTH PROBLEM

PROGRAM: ALL
PROVIDER: ALL
PATIENTS: Both Registered and Non-Registered Patients
REPORT DATES: JAN 01, 2016 TO APR 06, 2016

* SERVICES is equal to # of Lines of Assessment

HEALTH PROBLEM	SERVICE HOURS		TRAVEL HOURS		SERVICE ACTIVITIES		SERVICES*	
CM CASE MANAGEMENT	2	0%	2	1%	3	1%	3	1%
OD OTHER DIGESTIVE	11	2%	1	0%	2	0%	2	0%
CM CASE MANAGEMENT	4	1%	1	0%	1	0%	1	0%
TP TRANSPORT PATIENT	7	1%	0	0%	1	0%	1	0%
OH OTHER HP/DP	1	0%	1	0%	2	0%	2	0%
CM CASE MANAGEMENT	1	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	1	0%	1	0%	1	0%	1	0%
OI OTHER INFECTIONS	6	1%	4	1%	4	1%	4	1%
TP TRANSPORT PATIENT	6	1%	4	1%	4	1%	4	1%
OM OTHER MENTAL HEALTH	5	1%	3	1%	6	1%	6	1%
CM CASE MANAGEMENT	1	0%	0	0%	2	0%	2	0%
TP TRANSPORT PATIENT	5	1%	2	1%	4	1%	4	1%
ON OTHER NERVOUS SYSTEM	21	3%	16	7%	6	1%	6	1%
CM CASE MANAGEMENT	12	2%	8	3%	3	1%	3	1%
TP TRANSPORT PATIENT	9	1%	8	3%	3	1%	3	1%
PA PAIN,UNKNOWN ORIGIN	25	4%	3	1%	25	5%	25	5%
CM CASE MANAGEMENT	7	1%	0	0%	15	3%	15	3%
HE HEALTH EDUCATION	0	0%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	18	3%	2	1%	9	2%	9	2%
PR PRENATAL CARE	1	0%	0	0%	2	0%	2	0%
CM CASE MANAGEMENT	0	0%	0	0%	1	0%	1	0%
PC PATIENT CARE	0	0%	0	0%	1	0%	1	0%
RF RENAL FAILURE	5	1%	0	0%	1	0%	1	0%
TP TRANSPORT PATIENT	5	1%	0	0%	1	0%	1	0%
SN SKIN CONDITIONS	9	1%	3	1%	7	1%	7	1%
CM CASE MANAGEMENT	1	0%	0	0%	1	0%	1	0%
HE HEALTH EDUCATION	1	0%	0	0%	1	0%	1	0%
MP MONITOR PATIENT	1	0%	0	0%	2	0%	2	0%
TP TRANSPORT PATIENT	7	1%	2	1%	3	1%	3	1%

YREKA

********** CHR REPORT NO. 1 **********
TIME SPENT, SERVICE ACTIVITIES, AND SERVICES by HEALTH PROBLEM

PROGRAM: ALL
PROVIDER: ALL
PATIENTS: Both Registered and Non-Registered Patients
REPORT DATES: JAN 01, 2016 TO APR 06, 2016

* SERVICES is equal to # of Lines of Assessment

HEALTH PROBLEM	SERVICE HOURS		TRAVEL HOURS		SERVICE ACTIVITIES		SERVICES*	
SO SOCIO-ECONOMIC ASSISTA	9	1%	5	2%	12	2%	12	2%
HS HOMEMAKER SERVICES	2	0%	1	0%	2	0%	2	0%
OP OTHER PATIENT SERVICE	1	0%	0	0%	3	1%	3	1%
TP TRANSPORT PATIENT	6	1%	4	2%	7	1%	7	1%
SK STROKE	3	0%	1	0%	3	1%	3	1%
CM CASE MANAGEMENT	1	0%	1	0%	1	0%	1	0%
MP MONITOR PATIENT	2	0%	1	0%	2	0%	2	0%
SF SURGERY FOLLOWUP	1	0%	0	0%	2	0%	2	0%
CM CASE MANAGEMENT	1	0%	0	0%	2	0%	2	0%
TH THYROID	10	1%	0	0%	5	1%	5	1%
CM CASE MANAGEMENT	1	0%	0	0%	3	1%	3	1%
TP TRANSPORT PATIENT	8	1%	0	0%	2	0%	2	0%
WC WELL CHILD CARE	0	0%	0	0%	0	0%	1	0%
** NO ACTIVITY ENTERED	0	0%	0	0%	0	0%	1	0%
WH WOMEN'S HEALTH	8	1%	5	2%	8	2%	9	2%
CM CASE MANAGEMENT	1	0%	1	0%	1	0%	1	0%
** NO ACTIVITY ENTERED	0	0%	0	0%	0	0%	1	0%
TP TRANSPORT PATIENT	7	1%	5	2%	7	1%	7	1%

RUN TIME (H.M.S): 0.0.0

********** CONFIDENTIAL PATIENT INFORMATION **********
CHR/PCC ACTIVITY REPORT

YREKA
PROGRAM: ALL
PATIENTS: Both Registered and Non-Registered Patients
REPORT DATES: JAN 01, 2016 TO APR 06, 2016

	# Activities	ACT TIME (hrs)
PROGRAM: KARUK TRIBAL HEALTH CLINIC (6613030)		
ACTIVITY LOCATION: CHR OFFICE		
PROVIDER: JIOIA,DOLORES A		
CASE MANAGEMENT (CM)	5	2.3
PATIENT CARE (PC)	3	1.5
TRANSPORT PATIENT (TP)	1	5.0
PROVIDER TOTAL:	9	8.8
ACTIVITY LOCATION TOTAL:	9	8.8
ACTIVITY LOCATION: COMMUNITY		
PROVIDER: BREWINGTON,MELODEE		
TRANSPORT PATIENT (TP)	1	2.0
PROVIDER TOTAL:	1	2.0
PROVIDER: JIOIA,DOLORES A		
CASE MANAGEMENT (CM)	4	1.9
HOMEMAKER SERVICES (HS)	3	1.7
TRANSPORT PATIENT (TP)	30	68.4
PROVIDER TOTAL:	37	72.0
PROVIDER: LOPEZ,FLORENCE		
OTHER PATIENT SERVICE (OP)	70	148.9
PROVIDER TOTAL:	70	148.9
ACTIVITY LOCATION TOTAL:	108	222.9
ACTIVITY LOCATION: ELDER COMMUNITY		
PROVIDER: LOPEZ,FLORENCE		
OTHER PATIENT SERVICE (OP)	1	0.8
PROVIDER TOTAL:	1	0.8
ACTIVITY LOCATION TOTAL:	1	0.8
ACTIVITY LOCATION: ELDER HOME		
PROVIDER: JIOIA,DOLORES A		
CASE MANAGEMENT (CM)	6	6.3
HEALTH EDUCATION (HE)	5	2.2
HOMEMAKER SERVICES (HS)	11	10.7
PATIENT CARE (PC)	7	5.6
TRANSPORT PATIENT (TP)	21	87.5
PROVIDER TOTAL:	50	112.3
PROVIDER: LOPEZ,FLORENCE		

YREKA
PROGRAM: ALL
PATIENTS: Both Registered and Non-Registered Patients
REPORT DATES: JAN 01, 2016 TO APR 06, 2016

	# Activities	ACT TIME (hrs)
OTHER PATIENT SERVICE (OP)	28	22.0
PROVIDER TOTAL:	28	22.0
ACTIVITY LOCATION TOTAL:	78	134.3
ACTIVITY LOCATION: ELDER HOSPITAL/CLINIC		
PROVIDER: LOPEZ,FLORENCE		
TRANSPORT PATIENT (TP)	1	4.0
PROVIDER TOTAL:	1	4.0
ACTIVITY LOCATION TOTAL:	1	4.0
ACTIVITY LOCATION: ELDER OFFICE		
PROVIDER: LOPEZ,FLORENCE		
OTHER PATIENT SERVICE (OP)	139	71.8
PROVIDER TOTAL:	139	71.8
ACTIVITY LOCATION TOTAL:	139	71.8
ACTIVITY LOCATION: HOME		
PROVIDER: JIOIA,DOLORES A		
CASE MANAGEMENT (CM)	1	0.3
TRANSPORT PATIENT (TP)	1	7.0
PROVIDER TOTAL:	2	7.3
ACTIVITY LOCATION TOTAL:	2	7.3
ACTIVITY LOCATION: TELEPHONE		
PROVIDER: JIOIA,DOLORES A		
CASE MANAGEMENT (CM)	46	18.7
TRANSPORT PATIENT (TP)	1	0.3
PROVIDER TOTAL:	47	19.1
ACTIVITY LOCATION TOTAL:	47	19.1
PROGRAM TOTAL:	385	469.0
PROGRAM: YREKA (6613031)		
ACTIVITY LOCATION: CHR OFFICE		
PROVIDER: THOM,CAROL		
CASE MANAGEMENT (CM)	1	0.2

YREKA
PROGRAM: ALL
PATIENTS: Both Registered and Non-Registered Patients
REPORT DATES: JAN 01, 2016 TO APR 06, 2016

	# Activities	ACT TIME (hrs)
PROVIDER TOTAL:	1	0.2
ACTIVITY LOCATION TOTAL:	1	0.2
ACTIVITY LOCATION: COMMUNITY		
PROVIDER: KELLEY,ROBERTA		
CASE FINDING/SCREENING (CF)	1	4.0
CASE MANAGEMENT (CM)	7	7.9
OTHER PATIENT SERVICE (OP)	2	0.6
TRANSPORT PATIENT (TP)	44	99.5
PROVIDER TOTAL:	54	112.0
PROVIDER: THOM,CAROL		
CASE FINDING/SCREENING (CF)	1	1.4
CASE MANAGEMENT (CM)	18	31.2
HOMEMAKER SERVICES (HS)	1	1.8
MONITOR PATIENT (MP)	3	1.3
OTHER PATIENT SERVICE (OP)	2	1.3
TRANSPORT PATIENT (TP)	20	39.9
PROVIDER TOTAL:	45	76.9
ACTIVITY LOCATION TOTAL:	99	188.9
ACTIVITY LOCATION: ELDER HOME		
PROVIDER: KELLEY,ROBERTA		
CASE FINDING/SCREENING (CF)	1	2.0
HOMEMAKER SERVICES (HS)	1	0.5
PATIENT CARE (PC)	1	0.2
TRANSPORT PATIENT (TP)	1	0.5
PROVIDER TOTAL:	4	3.2
PROVIDER: THOM,CAROL		
CASE FINDING/SCREENING (CF)	1	1.0
CASE MANAGEMENT (CM)	3	4.0
HOMEMAKER SERVICES (HS)	2	3.6
MONITOR PATIENT (MP)	5	8.5
PATIENT CARE (PC)	1	1.0
PROVIDER TOTAL:	12	18.1
ACTIVITY LOCATION TOTAL:	16	21.3
ACTIVITY LOCATION: ELDER TELEPHONE		
PROVIDER: THOM,CAROL		
CASE MANAGEMENT (CM)	3	0.8
MONITOR PATIENT (MP)	4	1.0

YREKA
PROGRAM: ALL
PATIENTS: Both Registered and Non-Registered Patients
REPORT DATES: JAN 01, 2016 TO APR 06, 2016

	# Activities	ACT TIME (hrs)
TRANSPORT PATIENT (TP)	5	0.6
PROVIDER TOTAL:	12	2.3
ACTIVITY LOCATION TOTAL:	12	2.3
ACTIVITY LOCATION: HOME		
PROVIDER: KELLEY,ROBERTA		
CASE MANAGEMENT (CM)	3	1.2
HOMEMAKER SERVICES (HS)	1	0.5
NOT FOUND (NF)	1	0.5
PATIENT CARE (PC)	1	3.0
PROVIDER TOTAL:	6	5.2
ACTIVITY LOCATION TOTAL:	6	5.2
ACTIVITY LOCATION: TELEPHONE		
PROVIDER: THOM,CAROL		
CASE FINDING/SCREENING (CF)	1	0.3
CASE MANAGEMENT (CM)	4	0.8
PROVIDER TOTAL:	5	1.1
ACTIVITY LOCATION TOTAL:	5	1.1
PROGRAM TOTAL:	139	218.9

RUN TIME (H.M.S): 0.0.0

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) 493-5361

Requestor: Annie Smith **Date:** March 23, 2016

Dept/Program: Community Health Outreach **Funding Source:** ISHPOOK LEASING 300050

Check One:
- ☐ Small Purchase (less than $5,000)
- ☐ Construction Contract
- ☐ Independent Contractor Under $2,000
- ☐ Independent Contractor Over $2,000**
- ☑ Large Purchase (more than $5,000)**
- ☐ Other:

***Tribal Council approval is required for: all purchases exceeding $5,000, all Agreements and all Contracts exceeding $2,000.*

Procurement #/Type: Honda CRV-Ex-L AWD ☑ Three quotes ☐ Sealed Bid ☐ Competitive Proposal

COMPARATIVE SUMMARY *(Minimum of Three Required)*

Company Name	Date	Price	Contact/Phone	Indian Y/N
Crown Honda	#######	$30,645	888-378-1022	N
Lithia Honda	#######	$ 29,494 + DMV	541-944-3259	
* Ellis Brooks Honda	#######	$28,460.52	530-842-2755	

Name of Selected Vendor: ELLIS BROOKS HONDA

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

Comments:

**** REQUIRED SIGNATURES ****

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

Requestor — Date: 3/23/16

Laura Mayton — Date: 3-31-16
**Chief Financial Officer

Director, Administrative Programs & Compliance — Date: 4/1/16
**

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

Other — Date

Roberta Kelley

From: Don B <dbii530@gmail.com>
Sent: Friday, February 26, 2016 8:32 AM
To: Roberta Kelley
Subject: Fwd: Karuk Bid 2016 Honda CR-V EX-L AWD

NEW VEHICLE FOR YREKA CHR/TRANSPORTER

And the AWD. Sorry for the delay in this one.

---------- Forwarded message ----------
From: "Jason Truttman" <jtruttman@ellisbrookshonda.com>
Date: Feb 25, 2016 2:52 PM
Subject: Karuk Bid 2016 Honda CR-V EX-L AWD
To: <dbii530@gmail.com>
Cc:

ISHPOOK LEASING WILL PURCHASE AND CHR WILL MAKE LEASE PAYMENTS

FEBRUARY 25, 2016

ELLIS BROOKS HONDA
1113 SOUTH MAIN STREET
YREKA, CA 96097

KARUK TRIBE
POST OFFICE BOX 1016
64236 SECOND AVENUE
HAPPY CAMP, CA 96039

CHR/PHN/TRANSPORTERS
-150 FLO
-159 MELODEE
-160 CAROL
-165 ANNIE
-181 DELORES

DEAR ROBERTA,

WE APPRECIATE THE OPPORTUNITY TO BID (1) 2016 HONDA CR-V EX-L AWD. VEHICLE SUBJECT TO AVAILABILITY.

YOUR BID IS AS FOLLOWS:

SALE PRICE	$28,344.77
CVR FEE	$29.00
LICENSE FEE	$55.00
TITLE FEE	$23.00
CALIFORNIA TIRE FEE	$8.75
TOTAL PRICE	$28,460.52

YOU ARE A VALUED CUSTOMER AND WE LOOK FORWARD TO PROVIDING YOU WITH EXCELLENCE IN CUSTOMER SERVICE AND CUSTOMER SATISFACTION. I LOOK FORWARD TO SPEAKING WITH YOU.

SINCERELY,

DON BANHART
ELLIS BROOKS HONDA

Roberta Kelley

From: Jared Tiedemann <JTiedemann@lithia.com>
Sent: Thursday, February 25, 2016 6:20 PM
To: Roberta Kelley
Subject: 2016 AWD CRV EXL Price quote

Hello Roberta,
Right now on the 2016 CRV's we're doing a $1000 off of MSRP
On ALL of our Vehicles we include an accessory package called the "pro pack" which includes All Weather floor mats, a trunk tray, and splash guards which is a $425 value.
MSRP is 30,645 + $425 Acc = $31,070
What I can do for you is a TRUE employee price of $250 over invoice + the $425 accessories
Invoice is $28,819
+ $250
+ $425 Acc
Bringing your EMPLOYEE PRICE to $29,494 + any Taxes or DMV fees

If you have further questions or if you would like to schedule a test drive, please feel free to call me on my direct line 541-944-3259

Thank you, and I look forward to earning your business.

Jared "JT" Tiedemann

Crown Honda

Select Language
Powered by Google Translate (https://translate.google.com)

555 Cypress Ave, Redding,CA96001
Sales: (888) 378-1022
Service: (888) 690-4264
Parts: (888) 685-7949

New Inventory

Click the "Get EPrice" link below for pricing sent by email.

20 Vehicles matching: Year: 2016 Model: CR-V Model Selector Body Style: SUV

Sort by

Page 1 of 2 Next ▸

2016 Honda CR-V EX FWD SUV

Engine:	2.4L I-4 cyl
MPG Range:	26/33
Exterior Color:	Modern Steel
Stock #:	16H442

Manufacturer Offer:

MSRP: $26,895
Text Us

2016 Honda CR-V EX-L AWD SUV

Engine:	2.4L I-4 cyl
MPG Range:	25/31
Exterior Color:	White Diamond Pearl
Stock #:	16H478

Manufacturer Offer:

MSRP: $30,645
Text Us

2016 Honda CR-V SE AWD SUV

Engine:	2.4L I-4 cyl
MPG Range:	25/31
Exterior Color:	White Diamond Pearl
Stock #:	16H479

Manufacturer Offer:

MSRP: $26,745
Text Us

2016 Honda CR-V SE FWD SUV

Engine:	2.4L I-4 cyl
Transmission:	CVT
MPG Range:	26/33
Exterior Color:	White Diamond Pearl
Stock #:	16H469

Manufacturer Offer:

MSRP: $25,445

Text Us

2016 Honda CR-V Touring AWD SUV

Engine:	2.4L I-4 cyl
Transmission:	CVT
MPG Range:	25/31
Exterior Color:	White
Stock #:	16H492

Manufacturer Offer:

MSRP: $34,295

Text Us

2016 Honda CR-V EX-L AWD SUV

Engine:	2.4L I-4 cyl
Transmission:	CVT
MPG Range:	25/31
Exterior Color:	White Diamond Pearl
Stock #:	16H447

Manufacturer Offer:

MSRP: $30,645

Text Us

2016 Honda CR-V EX-L AWD SUV

Engine:	2.4L I-4 cyl
Transmission:	CVT
MPG Range:	25/31
Exterior Color:	White Diamond Pearl
Stock #:	16H436

Manufacturer Offer:

MSRP: $30,645

Text Us

2016 Honda CR-V EX FWD SUV

Engine:	2.4L I-4 cyl
Transmission:	CVT
MPG Range:	26/33
Exterior Color:	Urban Titanium
Stock #:	16H399

Manufacturer Offer:

MSRP: $26,895

Text Us

2016 Honda CR-V EX-L AWD SUV

Engine: 2.4L I-4 cyl
Transmission: CVT
MPG Range: 25/31
Exterior Color: White Diamond Pearl
Stock #: 16H412

Manufacturer Offer:

MSRP: $30,645
Text Us

2016 Honda CR-V EX-L AWD SUV

Engine: 2.4L I-4 cyl
Transmission: CVT
MPG Range: 25/31
Exterior Color: Alabaster Silver
Stock #: 16H396

Manufacturer Offer:

MSRP: $30,645
Text Us

2016 Honda CR-V EX-L AWD SUV

Engine: 2.4L I-4 cyl
Transmission: CVT
MPG Range: 25/31
Exterior Color: White Diamond Pearl
Stock #: 16H405

Manufacturer Offer:

MSRP: $32,145
Text Us

2016 Honda CR-V EX-L AWD SUV

Engine: 2.4L I-4 cyl
Transmission: CVT
MPG Range: 25/31
Exterior Color: Modern Steel
Stock #: 16H380

Manufacturer Offer:

MSRP: $30,645
Text Us

2016 Honda CR-V LX AWD SUV

Engine: 2.4L I-4 cyl
Transmission: CVT
MPG Range: 25/31
Exterior Color: Crystal Black Pearl
Stock #: 16H351

Manufacturer Offers:

,

MSRP: $25,945
Text Us

2016 Honda CR-V SE AWD SUV

Engine:

MSRP: $26,595

Transmission: 2.4L I-4 cyl
MPG Range: CVT
25/31
Exterior Color: Obsidian Blue Pearl
Stock #: 16H339

Text Us

Manufacturer Offer:

2016 Honda CR-V SE AWD SUV

Engine: 2.4L I-4 cyl
Transmission: CVT
MPG Range: 25/31
Exterior Color: White Diamond Pearl
Stock #: 16H341

MSRP: $26,595

Text Us

Manufacturer Offer:

2016 Honda CR-V EX-L AWD SUV

Engine: 2.4L I-4 cyl
Transmission: CVT
MPG Range: 25/31
Exterior Color: Kona Coffee
Stock #: 16H289

MSRP: $30,495

Text Us

Manufacturer Offer:

Page 1 of 2 Next ▸

Prices shown are manufacturer suggested retail prices only and do not include taxes, license, or doc fee. Manufacturer vehicle accessory costs, labor and installation vary. Please contact us with any questions.

**Based on 2014 EPA mileage ratings. Use for comparison purposes only. Your mileage will vary depending on driving conditions, how you drive and maintain your vehicle, battery-pack age/condition and other factors. For Fit EV Models, 132 city/105 highway/118 combined miles per gallon of gasoline-equivalent (MPGe) rating; 82 mile combined (city/highway) driving range rating (adjusted). Ratings determined by EPA. Use for comparison purposes only. Your MPGe and range will vary depending on driving conditions, how you drive and maintain your vehicle, lithium-ion battery age/condition, and other factors. For additional information about EPA ratings, visit http://www.fueleconomy.gov/feg/label/learn-more-electric-label.shtml (http://www.fueleconomy.gov/feg/label/learn-more-electric-label.shtml).

For 2014 Honda Accord Plug-In Hybrid, 115 combined miles per gallon of gasoline-equivalent (MPGe) electric rating; 47 city/46 highway/46 combined MPG gasoline only rating. 13 mile maximum EV mode driving range rating. 570 mile combined gas-electric driving range rating. Based on 2014 EPA mileage and driving range ratings. Use for comparison purposes only. Your MPGe/MPG and driving range will vary depending on driving conditions, how you drive and maintain your vehicle, lithium-ion battery age/condition, and other factors. For additional information about EPA ratings, visit http://www.fueleconomy.gov/feg/label/learn-more-PHEV-label.shtml (http://www.fueleconomy.gov/feg/label/learn-more-PHEV-label.shtml).

Karuk Child and Family Services
Health Board Report
Patricia Hobbs LCSW
April 2016

Action Items:

Approval of Position Description for AOD Program – Angela Baxter will present.
MOA between TANF and Child and Family Services for mental health and child welfare services

General Updates and Information:

Plans to move the department are still in process. The move to the Shasta Pacific building is on target with the planned date of actual move scheduled for 5/2/2016.

Child Welfare Services:

Activities:

3/7	Conference Call between CIV Project, CDSS and Karuk
3/15	ICWA Overview, Current Issues and Overcoming Barriers to Implementation and Collaboration for Shasta and Siskiyou County – sponsored by the Karuk Tribe and Judicial Council of California
3/18	Collaboration meeting with County of Siskiyou CPS – Debra Walsh and Connie Lathrop
3/21 – 3/3	Dependence Law and Skills Interactive Training Course with Northern CA Tribes – provided by California Indian Legal Services
3/24	Interviews with National Indian Child Welfare Association regarding Humboldt County CWS
3/25	Interviews for SW Assistant and Social Worker – Orleans

Gail Balzell has continued to cover the entire service area and along with Darryl McBride are responding to ICWA inquiries. During the month of March there were 30 inquires; Siskiyou County – 3, Humboldt County – 13. Outside the service area but within California we received inquiries from Butte, Del Norte, Sonoma and Shasta counties. We also received inquiries from the states of Oregon, Washington and Alaska.

Substance Abuse Program

Activities:

3/28 Angela Baxter and Patricia Hobbs met with Margaret Kisliuk Executive Director, Northern Region Partnership HealthPlan of California and other staff to discuss the 1115 waiver and current billing options available for AOD programs.

Angela is representing our department at the Rehabilitation Planning Meetings. The next scheduled meeting is on May 2 – 3 in Yreka. This is an excellent opportunity for tribal council members to attend and provide input regarding the process.

The Substance Abuse counselor position in Happy Camp remains open. Angela will be requesting an updated position description in an effort to fill this position.

Angela Baxter and Cheryl Bearchild are both continuing with groups and individual treatment in Happy Camp and Orleans. See report attached.

Mental Health

Interviews for Mental Health Therapist I and II were held on 3/25. An intern was offered and has accepted the position. The candidate is in the midst of background checks and it is planned she will begin work when she is cleared.

We interviewed a candidate for the Mental Health Therapist II position and it was determined she was not a good fit for our program. The position is posted open until filled.

Kareena Walter continues to see clients in Happy Camp and Yreka – case load is currently full at 26.

Patricia Hobbs continues to see clients in Happy Camp, Orleans and Yreka – case load is currently full at 18.
It is anticipated that the Mental Health Therapist will work towards a case load of 15 – all of which will be children and families.

Administration for Children and Families Tribal TANF Child Welfare Coordination Grant

The Mental Health Therapist I Intern will fill the position for this grant and we are continuing to recruit for a social worker.

Activities:

3/15 Office of Family Assistance budget review – Director Alford and Hobbs met with fiscal to determine possible budget revisions.
3/25 Interviews for mental health therapist and social worker were held – only one social worker applicant interviewed.
3/30 TT/CW Webinar regarding semi annual report completion
3/30 Posted RFP for Trauma Informed Care Training – this is a goal for this grant
3/30 Worked on draft of MOA with TANF

Respectfully submitted,

Patricia Hobbs LCSW
Director – Child and Family Services

ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM
RECORD DATES: MAR 01, 2016 TO MAR 31, 2016

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: BAXTER,ANGELA V (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	3	4.0	3	3
13-INDIVIDUAL TREATMENT/COUNS	4	3.0	4	4
22-CASE MANAGEMENT-PATIENT PR	1	0.5	1	1
31-CASE MANAGEMENT-PATIENT NO	1	0.8	1	1
91-GROUP TREATMENT	10	5.0	6	10
PROVIDER TOTAL:	19	13.2	15	19
PROVIDER: BEARCHILD,CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	3	3.5	3	3
13-INDIVIDUAL TREATMENT/COUNS	5	2.7	4	5
31-CASE MANAGEMENT-PATIENT NO	2	0.5	2	2
91-GROUP TREATMENT	71	18.0	34	71
PROVIDER TOTAL:	81	24.7	43	81
PROVIDER: HOBBS,PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
11-SCREENING-PATIENT PRESENT	1	0.3	1	1
13-INDIVIDUAL TREATMENT/COUNS	9	9.5	5	9
29-FAMILY FACILITATION-PATIEN	1	1.0	1	1
44-SCREENING-PT NOT PRESENT	1	0.5	1	1
56-RECORDS/DOCUMENTATION	8	1.1	7	8
99-INDIVIDUAL BH EHR VISIT	2	2.0	1	2
PROVIDER TOTAL:	22	14.3	16	22
PROVIDER: JANKE,PAUL (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	2	3.0	2	2
13-INDIVIDUAL TREATMENT/COUNS	10	7.8	4	10
91-GROUP TREATMENT	125	25.8	27	125
PROVIDER TOTAL:	137	36.5	33	137
PROVIDER: KINNEY,BENTON (PHYSICIAN ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	36	0.0	27	36
PROVIDER TOTAL:	36	0.0	27	36
PROVIDER: WALTER,KAREENA (LICENSED CLINICAL SOCIAL WORK)				
12-ASSESSMENT/EVALUATION-PATI	8	12.5	5	8
13-INDIVIDUAL TREATMENT/COUNS	13	14.7	8	13
35-COLLABORATION	1	0.8	1	1
56-RECORDS/DOCUMENTATION	11	0.9	8	11

PROVIDER TOTAL:	33	28.9	22	33
FACILITY TOTAL:	328	117.6	156	328

ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM
RECORD DATES: MAR 01, 2016 TO MAR 31, 2016

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: ORLEANS				
PROVIDER: HOBBS,PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	6	5.3	4	6
56-RECORDS/DOCUMENTATION	5	0.7	4	5
PROVIDER TOTAL:	11	5.9	8	11
FACILITY TOTAL:	11	5.9	8	11
FACILITY: KARUK COMMUNITY HEALTH CLINIC				
PROVIDER: BAXTER,ANGELA V (ALCOHOLISM/SUB ABUSE COUNSELOR)				
91-GROUP TREATMENT	2	2.0	2	2
PROVIDER TOTAL:	2	2.0	2	2
PROVIDER: BEARCHILD,CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
13-INDIVIDUAL TREATMENT/COUNS	7	3.3	4	7
31-CASE MANAGEMENT-PATIENT NO	1	0.3	1	1
91-GROUP TREATMENT	48	18.0	14	48
PROVIDER TOTAL:	56	21.6	19	56
PROVIDER: BURCELL,TRACY (HEALTH AIDE)				
99-INDIVIDUAL BH EHR VISIT	5	0.0	4	5
PROVIDER TOTAL:	5	0.0	4	5
PROVIDER: HOBBS,PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	2	2.5	2	2
29-FAMILY FACILITATION-PATIEN	1	1.0	1	1
51-COMMITTEE WORK	1	1.0		1
56-RECORDS/DOCUMENTATION	2	0.2	2	2
71-TRAVEL RELATED TO PATIENT	1	3.0		3
PROVIDER TOTAL:	7	7.7	5	9
PROVIDER: WALTER,KAREENA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	26	30.0	13	26
35-COLLABORATION	2	2.7	2	2
56-RECORDS/DOCUMENTATION	6	0.7	3	6
PROVIDER TOTAL:	34	33.4	18	34
FACILITY TOTAL:	104	64.6	48	106

SU TOTAL:	443	188.1	212	445
	=======	=======	=======	=======
AREA TOTAL:	443	188.1	212	445

RUN TIME (H.M.S): 0.0.0

Karuk Substance Abuse Program
Monthly Report for March 2016

AOD	Total Number of client for each area
Yreka	21
Happy	9
Orleans	1
	Total Number of AOD clients **31**

BIP	Total Number of client for each area
Yreka	12 Men 5 women
Happy	2 Men
Orleans	1 Women
	Total Number of BIP clients **20**

DUI	Total Number of client for each area
Yreka	3
Happy Camp	6
	Total Number of DUI clients **9**

Barriers
Not having a full time counselor in Happy Camp continues to be a barrier to providing services in Happy Camp and Orleans. . Cheryl is providing services in Happy Camp on Tuesdays and Thursdays. Due to having two clients in Orleans I will be using tele health two week in a row and then traveling to Orleans on the third week.

New Information
We started taking new enrollments in the DUI program in Yreka.

Old Information
I met with county and had a conference call with state about our DUI Program. Michelle Wong from the state informed me that the previous director signed papers, which would allow the county to monitor our DUI programs. Michelle reported that there was a debate years ago about the county monitoring programs on tribal land. They came to the decision of when a tribe was going to have a state licensed program such as DUI; they would have to agree to being monitored by the county. I have asked the state to email me the documentation that was signed by the director who set the program up. I continue to wait for the email.

Successes
We successfully admitted 3 clients into residential treatment and had 1 graduate from residential treatment. We successfully completed a BIP client this month.

There is a lot of case management involved with getting some individuals into treatment. It took collaborating with the Public Defender's office, Behavioral Health, Jail nurse, and probation to get the client into treatment.

Changes

Due to not having people apply for the Happy Camp position, I am requesting to change the job description. Also, I would like to post the job description on the following websites: CCAPP, Breining institution, and Craig's list. It will cost $65.00 to post on Craig's list for 90 days the other two are free.

Thank you for allowing me to be of service,

Angela Baxter BA, CADC II

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

DRIVING-UNDER-THE-INFLUENCE PROGRAM

STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH

Karuk Tribe of Californiahas the capability and agrees to comply with the following
(Name of Applicant)
Driving-Under-The-Influence (DUI) Program service requirements.

1. The program will provide the court, the Department of Motor Vehicles, and the participant with an immediate report of any failure of the participant to comply with the program's rules and policies.

2. The program will be self-supporting from participant fees.

3. The program will not use program fees for any purpose other than the operation of the program pursuant to Section 11837.4 (b)(2) of the Health and Safety Code.

4. The program will provide services to ethnic minorities, women, youth or any other group that has particular needs relating to the program.

5. The program will pay State licensing fees in accordance with instructions issued by the Department of Alcohol and Drug Programs.

6. The undersigned assures that the licensee and/or program will not discriminate in employment practices and provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964, (Section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and for recipients of financial assistance, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code) and Chapter 6 (commencing with Section 10800) Division 4, Title 9 of the California Code of Regulations.

7. The program will forward all substantive program changes, or changes to this application to the county alcohol program administrator (CAPA) for review and to the Department of Alcohol and Drug Programs (ADP) for approval.

8. The program will provide the CAPA and representatives from ADP with access to all programmatic and fiscal records necessary to conduct county monitoring and State licensing activities, including evaluation, provided that such access does not conflict with any State or federal confidentiality regulations as stated in Title 9, Section 9866 (c) of the CCR.

9. The program will comply with all laws and regulations governing DUI programs.

10. The program will maintain services in accordance with its approved application per licensure and any amendments thereto.

SISKIYOU COUNTY
Health and Human Services Agency

TINA GARCIA, ACSW
Director of Health and Human Services Agency

STEPHEN KOLPACOFF, M.D.
Public Health Officer

Connie Cessna-Smith, M.P.A.
Deputy Director
Administrative Services Division
818 South Main Street
Yreka, CA 96097
(530) 841-2700 – Phone
(530) 841-4320 – Fax

Sarah Collard, Ph.D., Director
Behavioral Health Division
2060 Campus Drive
Yreka, CA 96097
(530) 841-4100 – Phone
(530) 841-4712 – Fax

Michael Wilson, Deputy Director
Office of Emergency Services
806 South Main Street
Yreka, CA 96097
(530) 841-2100 – Phone
(530) 841-4076 – Fax

Terri Funk, MSN/ED/PHN, Director
Public Health Division
810 South Main Street
Yreka, CA 96097
(530) 841-2134 – Phone
(530) 841-4094 – Fax

Katherine O'Shea, Ph.D., Director
Social Services Division
818 South Main Street
Yreka, CA 96097
(530) 841-2700 – Phone
(530) 841-4399 – Fax

February 2, 2016

Angela Baxter, BA, CADC II
Substance Abuse Program Coordinator
Karuk Tribe Health Clinic
1519 South Oregon Street
Yreka, CA 96097

RE: Request for Administration Fees (5%)

Dear Ms. Baxter:

It was a pleasure meeting with you this morning and I look forward to our on-going collaboration to provide SUD services to the residents of Siskiyou County.

Based upon our conversation with DHCS, we are amending our August 4, 2015 request for administrative fees in the amount of 15% to 5%. If we are able to reach an agreement regarding monitoring of the DUI program, we will forward you a contract for the 5% administration fee.

Thank you for serving DUI clients in Yreka and Happy Camp. If you have any questions, please feel free to contact Toby Reusze, Clinical Services Site Supervisor for the AOD program, 841-4789.

Sincerely,

Sarah Collard, Ph.D.
Director of Behavioral Health Division

SC/slc

C: Connie Cessna Smith, Deputy Director of Administrative Services
Toby Reusze, Clinical Services Site Supervisor (AOD)
Rose Bullock, Department Fiscal Officer

POSITION DESCRIPTION

Title: Certified Substance Abuse Counselor ~~I~~

Reports To: Substance Abuse Program Coordinator

Location: ~~Yreka Community~~ Yreka, Happy Camp, and Orleans Communities

Salary: ~~$14.00 to $17.00~~ $15.00 to $19.50 per hour, depending on experience

Classification: Full Time, Regular, Non Exempt, Non Entry Level

Summary: The mission of the Karuk Tribe's Substance Abuse Program is *"to provide culturally sensitive services to Native Americans and their families as well as other people living in the communities we serve."* The Certified Substance Abuse Counselor shall be responsible for providing a full range of drug/alcohol treatment, prevention and aftercare recovery services for clients and their families as needed. The Counselor shall identify trends, problems, and needs for service in the Karuk communities and shall collect and analyze data for organizational improvement. The Counselor shall carry out their duties with professional and personal integrity while being a team member, providing continuity of care in compliance with JCAHO/AAAHC standards.

Responsibilities:

1. Shall be willing to travel to Happy Camp and Orleans weekly.
2. Shall be familiar with assessment tools including but not limited to ASI and SASSI.
3. Shall be able to write appropriate treatment plans that are congruent with assessments.
4. Shall be familiar with DSM IV drug/alcohol criteria.
5. Shall be wiling to obtain certification to facilitate domestic violence batterers groups.
6. Shall provide individual, family, and group counseling.
7. Shall prepare clear, concise, and comprehensive caseload records and make sound recommendations on the basis of such information as well as organize and manage a caseload.
8. Shall provide advocacy services on behalf of the client to obtain needed services, retain personal objectivity, and deliver crisis intervention services as needed.

9. Shall coordinate prevention activities for individuals, families, and youth and develop and maintain cooperative, constructive relationships with Tribal clients, their families, and members of other professional disciplines, social agencies, and the Karuk Tribal Health Program.

10. Shall provide referrals to appropriate community services.
11. Shall allow for and provide access to alternative drug/alcohol treatment such as traditional practices.

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

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

14. Shall be polite and maintain a priority system in accepting other job related 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. If applicable, must be in recovery and have two years of documented time clean and sober.

Requirements:

1. Must have completed a Chemical Dependency Studies Program and/or have at least 24 college units in psychology, or substance abuse education.

2. Must have, at a minimum, one year experience in providing substance abuse counseling services.

3. Must be a minimum of a Level I Certified Substance Abuse Counselor with CADC or CAS

4. Must have the desire and ability to work and communicate effectively with Native Americans in a culturally diverse environment.

5. Must adhere to professional standards and code of ethics.

6. Must be willing and able to respect the rules of confidentiality and HIPAA.

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

8. Must have a positive mental attitude and be able to deal with stressful and unpleasant situations without losing composure.

9. Must provide documentation of immunity to measles or become immunized with the recommended vaccine and Hepatitis B Vaccine. Must test annual for TB.

10. Must adhere to an investigation of character including a check of fingerprint files of the Federal Bureau of Investigation. Applicant must not have been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State or Tribal law involving crimes requiring California PC Section 290 registration or any offense involving a child victim. Applicant must not have been convicted of a drug felony within the previous five years.

11. Must successfully pass a pre-employment drug and alcohol screening test.

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

Veteran's Preference: It shall be the policy of the Karuk Tribe to provide preference in hiring to qualified applicants claiming Veteran's Preference who have been discharged from the United States Armed Forces with honorable and under honorable conditions.

Council Approved: March 19, 2008

Chairman's Signature: _____

Employee's Signature: _____

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting-Happy Camp
March 10, 2016
Patricia White, RPMS Site Manager

Workload reports

Below is the February 2016 Operations Summary and Tribal Statistics. In February there were 2,119 ambulatory visits at all KTHHSP locations. This was an increase of 247 visits over January 2016. Happy Camp was down by 10 visits, Orleans was down by 31 visits, and Yreka was up by 247 visits. Dental was down by 48 visits, Medical was up by 222 visits, Mental Health was up by 5 visits, and AOD was up by 55 visits.

Meeting / Conference Calls / Training March 2016

- 03/03 – RPMS/EHR Office Hours
- 03/14 – VistA connection conference call
- 03/09 – ACQI Committee Meeting
- 03/10 – Health Board Meeting, Orleans, CA
- 03/15 – CEO/ED Monthly Conference Call
- 03/17 - RPMS/EHR Office Hours
- 03/18 – Health Information Management Office Hours
- 03/24 – RPMS/EHR Office Hours
- 03/28 – California PHR & Direct Conference Call
- 03/31 – Dentrix 8.0.7 Webinar and Training/Henry Schein
- 03/31 – RPMS/EHR Office Hours

Projects in Process

- **HIE-Direct Messaging-PHR** –
  PHR is available to all our patients that wish to access their record. We are signing up patients at all locations, but Orleans patients have not taken an interest in this access.
  We added a QR (quick reference) code to the PHR flyers. This is a matrix barcode that can read by smartphones that have the app and will direct the user to the website for the PHR.
  We are still working on HIE setup for our providers and users. It has not been and easy set up for us. We get users set up and then problems occur at IHS that prevents access (like their data center in Albuquerque NM going down). We are now trying to set up the medical assistants as message agents for their providers. This will allow them to screen mail coming into the EHR for their assigned providers. This will be a better system than one person screening the webmail for the whole clinic.

- **Uniform Data Systems (UDS)**
  The 2015 UDS report is completed. After two audits returned for review and data corrections, our report was accepted as complete. At one point I contact the programmers at IHS and set up a conference call between them and the HRSA auditor. It was found that there was a mistake in

programming for two of the quality management reports. IHS made the fix and I reran the reports. In about 3 months, HRSA will complete their national review of all grantees and we will be able to compare our program to others and to the national numbers. I have attached the report for you to look at.

- **PMAS upgrade**

  Practice Management Application Suite (PMAS) also known as BMW is the program that is used for patient registration and scheduling. It is a web based browser and so upgrades need to be done by us. Dale will be working with me on this project. We are version 2.5 but need to upgrade to 3.0 patch 1.

- **2016 HIPAA Training**

  At the time of this writing, 62% of all Health Users and 22% of all others have completed the 2016 training provided by IHS. This equates to about 34% over all. I sent the training out to Health Staff in January and to all other staff in Mid-February. Health Staff must complete by April 29, 2016 to be compliant with IHS. I have set a May 31, 2016 completion date for all other staff. I have sent out a reminder to this training to all who have to complete.

Budget: **March 31, 2016**

Program	RPMS
Budget Code	3000-75
Program Year	2015-2016
Appropriation	$234,558.49
Expenses year to date	104,301.98
Balance	130,080.52
Percent used	44.54%

Respectfully Submitted,

Patricia C White,
RPMS Site Manager

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR FEB 2016
Prepared for April 14, 2016
Health Board Meeting, Yreka, 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 19,704 living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 51 new patients, 0 births, and 4 death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,980 patients enrolled in Medicare Part A and2, 829 patients enrolled in Part B at the end of this time period.

There were 172 patients enrolled in Medicare Part D.

There were also 7,711 patients enrolled in Medicaid and 6,864 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 85,315 (+89.3). The number and dollar amount of authorizations by type were:

57 - DENTAL	15	11876
64 - NON-HOSPITAL SERVICE	1199	73439

DIRECT INPATIENT

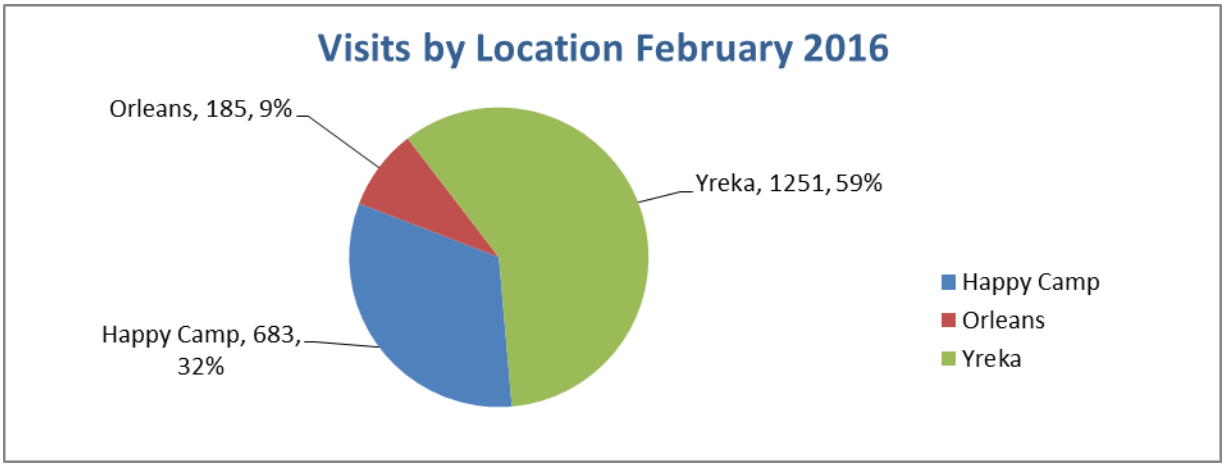
[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

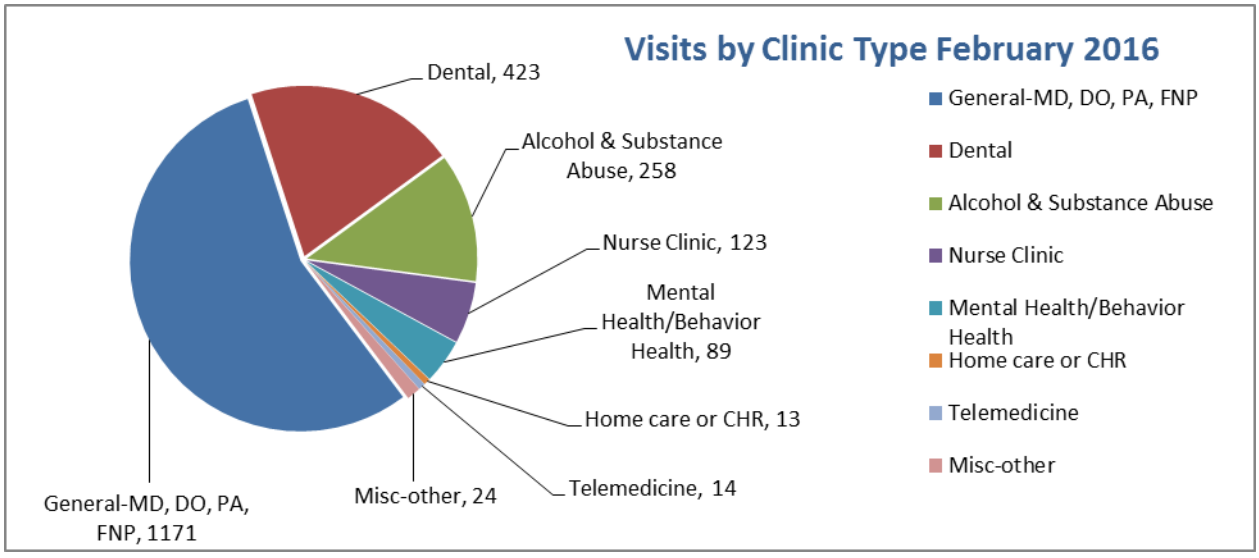
There were a total of 2,119 ambulatory visits (+9.3) during the period for all visit types except CHS.

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	2,119	(+9.3)
By Location:		
YREKA	1,251	(+15.6)
KARUK COMMUNITY HEALTH CLINIC	683	(-9.7)
ORLEANS	185	(+83.2)

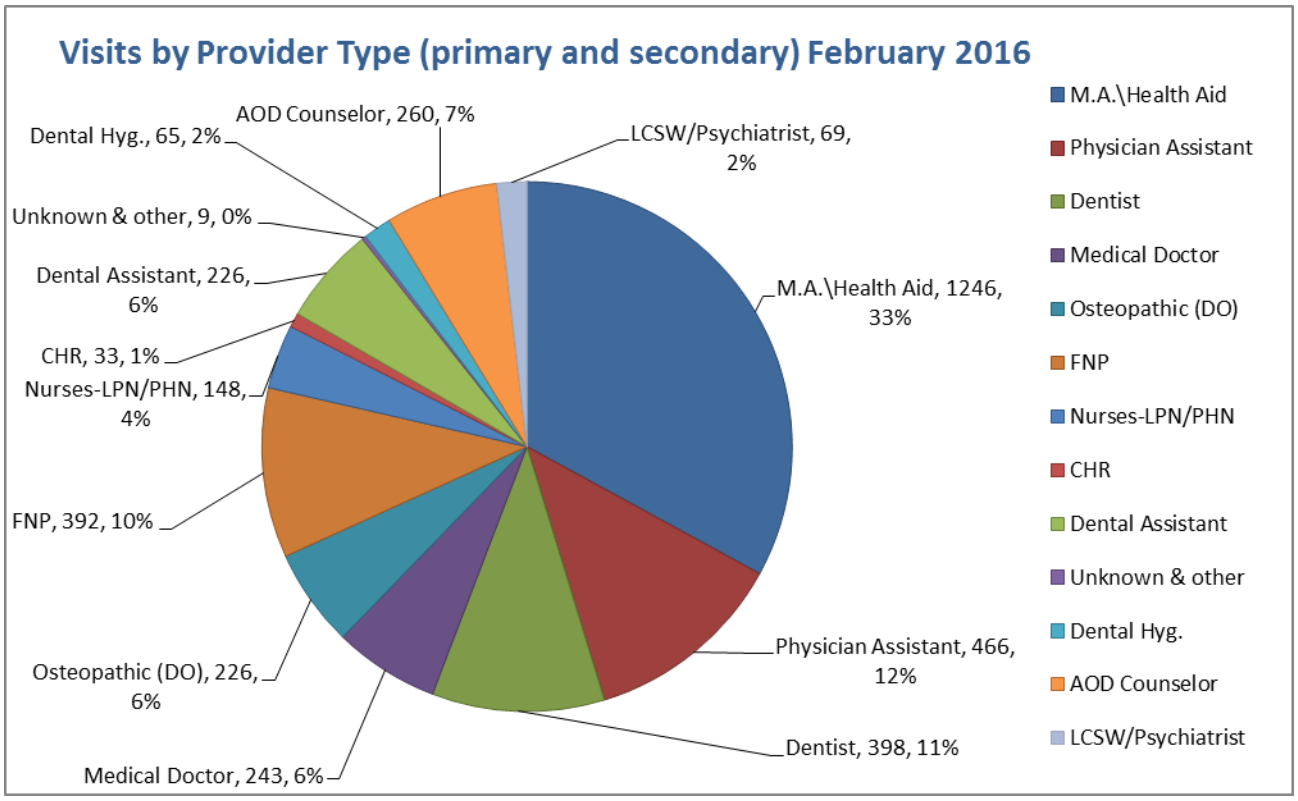


By Service Category:		
AMBULATORY	2,103	(+10.3)
TELECOMMUNICATIONS	16	(-48.4)
By Clinic Type:		
GENERAL	1,171	(+193.5)
DENTAL	423	(-19.4)
ALCOHOL AND SUBSTANCE	258	(+98.5)
NURSE CLINIC	122	(+9.9)
BEHAVIORAL HEALTH	68	(+1,033.3)
MENTAL HEALTH (PSYCHIATRY)	21	(-72.4)
OTHER	20	(-81.1)
HOME CARE	13	(-71.7)
TELEBEHAVIORAL HEALTH	8	(**)
TELEMEDICINE	6	(+0.0)
TELEPHONE CALL	6	(-50.0)
MEDICAL SOCIAL SERVICES	1	(**)
PHARMACY	1	(**)
PHN CLINIC VISIT	1	(**)



By Provider Type (Primary and Secondary Providers):

MEDICAL ASSISTANT	1,012	(+61.4)
PHYSICIAN ASSISTANT	466	(-21.5)
DENTIST	398	(-22.4)
NURSE PRACTITIONER	392	(+19,500.0)
ALCOHOLISM/SUB ABUSE COUNSELOR	260	(+100.0)
MD	243	(-47.5)
HEALTH AIDE	234	(+48.1)
DENTAL ASSISTANT	226	(+16.5)
OSTEOPATHIC MEDICINE	226	(**)
LICENSED PRACTICAL NURSE	148	(-26.4)
LICENSED CLINICAL SOCIAL WORK	69	(-2.8)
DENTAL HYGIENIST	65	(-60.6)
COMMUNITY HEALTH REP	33	(-78.3)
OTHER	6	(**)
UNKNOWN	2	(-97.9)
HEALTH RECORDS	1	(-75.0)



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). Other specified counseling	177	(**)
2). Essential (primary) hypertension	160	(**)
3). DENTAL EXAMINATION	145	(-72.5)
4). Encounter for immunization	99	(**)
5). Encounter for dental exam and clean	90	(**)
6). Low back pain	87	(**)
7). Dental caries, unspecified	81	(**)
8). Type 2 diabetes mellitus without co	80	(**)
9). Adult physical abuse, confirmed, su	68	(**)
10). Long term (current) use of anticoag	60	(**)

CHART REVIEWS

There were 1,137 (+24.9) chart reviews performed during this time period.

INJURIES

There were 137 visits for injuries (+114.1) reported during this period. Of these, 35 were new injuries (+94.4). The five leading causes were:

1).	Other contact with steam and other	4	(**)
2).	Bitten by dog, initial encounter	3	(**)
3).	Unspecified fall, initial encounter	2	(**)
4).	Bit/stung by nonvenom insect & oth	2	(**)
5).	Activity, basketball	2	(**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 343 patients (-20.4) seen for Dental Care. They accounted for 423 visits (-19.4). The seven leading service categories were:

1).	PATIENT REVISIT	252	(-29.0)
2).	HYPERTENSION SCREENING	175	(-7.9)
3).	INTRAORAL - PERIAPICAL FIRST RADIOG	129	(-14.0)
4).	LOCAL ANESTHESIA IN CONJUNCTION WIT	117	(-10.0)
5).	FIRST VISIT OF FISCAL YEAR	113	(-21.5)
6).	LIMITED ORAL EVALUATION - PROBLEM F	84	(+52.7)
7).	INTRAORAL - PERIAPICAL EACH ADDITIO	83	(-46.5)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 2,275 new prescriptions (+41.3) and 0 refills (**) during this period.

Tribal Statistics February 2015

	Registered Indian Patients February	Indian Patients Receiving Services February	APC Visits by Indian Patients February
Karuk	2116	429	497
Descendants residing in CA	1911	200	245
All other Tribes	2252	120	103
Total	6279	749	845

BHCMIS ID: 0921240 - KARUK TRIBE OF CALIFORNIA, Happy Camp, CA

Date Requested: 03/22/2016 05:49 PM EST
Date of Last Report Refreshed: 03/22/2016 05:49 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress, Version 3

UDS Report - 2015

Center / Health Center Profile

Do you self-identify as an NMHC? No

Title	Name	Phone	Fax	Email
UDS Contact	Patricia C White	(530) 493-1600 Ext. 2115	(530) 493-1640	pwhite@karuk.us
Project Director	Raul Recarey	(530) 842-9200 Ext. 6125	Not Available	rrecarey@karuk.us
CEO	Lessie Aubrey	(530) 493-1600 Ext. 2042	(530) 493-1660	lessieaubrey@karuk.us
Chairperson	Russell Attebery	(530) 493-1600 Ext. 2019	(530) 493-5322	battebery@karuk.us
Clinical Director	Tony E Vasquez	(530) 842-9200 Ext. 6108	(530) 842-9207	tvasquez@karuk.us

BHCMIS ID: 0921240 - KARUK TRIBE OF CALIFORNIA, Happy Camp, CA

Date Requested: 03/22/2016 05:49 PM EST
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UDS Report - 2015

Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
95546	6	12	0	2	20
95556	52	157	39	70	318
95568	28	55	10	17	110
96025	4	9	4	3	20
96027	17	43	25	17	102
96031	12	11	10	6	39
96032	21	53	30	22	126
96037	6	10	3	1	20
96038	3	43	11	1	58
96039	115	500	236	218	1069
96044	10	48	19	11	88
96050	8	34	15	6	63
96057	1	6	1	4	12
96064	33	239	68	48	388
96067	12	24	7	10	53
96085	0	7	2	9	18
96086	15	58	28	33	134
96094	15	70	15	10	110
96097	91	761	199	137	1188
97501	8	0	6	3	17
97527	9	0	1	3	13
Other ZIP Codes	96	40	76	49	261
Unknown Residence	5	0	0	0	5
Total	567	2180	805	680	4232

BHCMIS ID: 0921240 - KARUK TRIBE OF CALIFORNIA, Happy Camp, CA

Date Requested: 03/22/2016 05:49 PM EST
Date of Last Report Refreshed: 03/22/2016 05:49 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress, Version 3

UDS Report - 2015

Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	15	15
2.	Age 1	20	16
3.	Age 2	20	20
4.	Age 3	28	22
5.	Age 4	51	33
6.	Age 5	25	31
7.	Age 6	37	32
8.	Age 7	39	33
9.	Age 8	36	37
10.	Age 9	37	38
11.	Age 10	30	33
12.	Age 11	21	35
13.	Age 12	18	31
14.	Age 13	35	28
15.	Age 14	26	35
16.	Age 15	36	31
17.	Age 16	23	29
18.	Age 17	35	21
Subtotal Patients (Sum lines 1-18)		**532**	**520**
19.	Age 18	24	26
20.	Age 19	16	24
21.	Age 20	19	20
22.	Age 21	22	29
23.	Age 22	20	25
24.	Age 23	27	29
25.	Age 24	24	24
26.	Ages 25-29	142	156
27.	Ages 30-34	144	151
28.	Ages 35-39	109	115
29.	Ages 40-44	110	100
30.	Ages 45-49	96	133
31.	Ages 50-54	155	166
32.	Ages 55-59	157	176
33.	Ages 60-64	153	161
Subtotal Patients (Sum lines 19-33)		**1,218**	**1,335**

OMB Control Number: 0195-0193

BHCMIS ID: 0921240 - KARUK TRIBE OF CALIFORNIA, Happy Camp, CA

Date Requested: 03/22/2016 05:49 PM EST
Date of Last Report Refreshed: 03/22/2016 05:49 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress, Version 3

UDS Report - 2015

Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	112	113
35.	Ages 70-74	80	76
36.	Ages 75-79	51	57
37.	Ages 80-84	30	48
38.	Age 85 and over	28	32
Subtotal Patients (Sum lines 34-38)		**301**	**326**
39.	**Total Patients (Sum lines 1-38)**	**2,051**	**2,181**

OMB Control Number: 0195-0193

BHCMIS ID: 0921240 - KARUK TRIBE OF CALIFORNIA, Happy Camp, CA

Date Requested: 03/22/2016 05:49 PM EST
Date of Last Report Refreshed: 03/22/2016 05:49 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress, Version 3

UDS Report - 2015

Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Linguistic Barriers to Care - Universal

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	1	20		21
2a.	Native Hawaiian	2	15		17
2b.	Other Pacific Islander	0	0		0
2.	**Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)**	**2**	**15**		**17**
3.	Black/African American	0	15		15
4.	American Indian/Alaska native	73	1,753		1,826
5.	White	59	1,398		1,457
6.	More than one race	3	13		16
7.	Unreported/Refused to report race	147	526	207	880
8.	**Total Patients (Sum lines 1+2+3 through 7)**	**285**	**3,740**	**207**	**4,232**

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	11

OMB Control Number: 0195-0193

BHCMIS ID: 0921240 - KARUK TRIBE OF CALIFORNIA, Happy Camp, CA

Date Requested: 03/22/2016 05:49 PM EST
Date of Last Report Refreshed: 03/22/2016 05:49 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress, Version 3

UDS Report - 2015

Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Level		
1.	100% and below	2,185
2.	101 - 150%	697
3.	151 - 200%	301
4.	Over 200%	432
5.	Unknown	617
6.	**Total (Sum lines 1-5)**	**4,232**

Principal Third Party Medical Insurance Source		0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	79	488
8a.	Regular Medicaid (Title XIX)	852	1,328
8b.	CHIP Medicaid	-	-
8.	**Total Medicaid (Sum lines 8a+8b)**	**852**	**1,328**
9a.	Dually eligible (Medicare and Medicaid)	-	341
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	-	805
10a.	Other Public Insurance Non-CHIP (Specify: -)	-	-
10b.	Other Public Insurance CHIP	-	-
10.	**Total Public Insurance (Sum lines 10a+10b)**		
11.	Private Insurance	121	559
12.	**Total (Sum lines 7+8+9+10+11)**	**1,052**	**3,180**

Managed Care Utilization

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
13a.	Capitated Member months	20,487	-	-	-	20,487
13b.	Fee-for-service Member months	-	-	-	-	-
13c.	**Total Member Months (Sum lines 13a+13b)**	**20,487**				**20,487**

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Table 4 - Selected Patient Characteristics - Universal

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g Health Centers Only)	
15.	Seasonal (330g Health Centers Only)	
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	**16**
17.	Homeless Shelter (330h Health Centers Only)	
18.	Transitional (330h Health Centers Only)	
19.	Doubling Up (330h Health Centers Only)	
20.	Street (330h Health Centers Only)	
21.	Other (330h Health Centers Only)	
22.	Unknown (330h Health Centers Only)	
23.	**Total Homeless (All Health Centers Report This Line)**	**120**
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	**0**
25.	**Total Veterans (All Health Centers Report This Line)**	**130**
26.	**Total Public Housing Patients (All Health Centers Report This Line)**	**0**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians	-	-	
2.	General Practitioners	2.04	4,303	
3.	Internists	-	-	
4.	Obstetrician/Gynecologists	-	-	
5.	Pediatricians	-	-	
7.	Other Specialty Physicians	-	-	
8.	**Total Physicians (Sum lines 1-7)**	**2.04**	**4,303**	
9a.	Nurse Practitioners	0.52	714	
9b.	Physician Assistants	2.95	5,998	
10.	Certified Nurse Midwives	-	-	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**3.47**	**6,712**	
11.	Nurses	2.92	618	
12.	Other Medical Personnel	9.39		
13.	Laboratory Personnel	-		
14.	X-Ray Personnel	0.00		
15.	**Total Medical (Sum lines 8+10a through 14)**	**17.82**	**11,633**	**3,038**
Dental Services				
16.	Dentists	2.90	5,471	
17.	Dental Hygienists	1.67	899	
18.	Other Dental Personnel	7.66		
19.	**Total Dental Services (Sum lines 16-18)**	**12.23**	**6,370**	**2,109**
Mental Health Services				
20a.	Psychiatrists	-	-	
20a1.	Licensed Clinical Psychologists	-	-	
20a2.	Licensed Clinical Social Workers	2.00	766	
20b.	Other Licensed Mental Health Providers	0.00	-	
20c.	Other Mental Health Staff	2.35	-	
20.	**Total Mental Health (Sum lines 20a-20c)**	**4.35**	**766**	**92**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services	2.78	1,457	156
Other Professional Services				
22.	Other Professional Services (Specify: -)	-	-	-
Vision Services				
22a.	Ophthalmologists	-	-	
22b.	Optometrists	-	-	
22c.	Other Vision Care Staff	-		
22d.	**Total Vision Services (Sum lines 22a-22c)**			**-**
Pharmacy Personnel				
23.	Pharmacy Personnel	-		
Enabling Services				
24.	Case Managers	-	-	
25.	Patient/Community Education Specialists	-	-	
26.	Outreach Workers	5.74		
27.	Transportation Staff	1.00		
27a.	Eligibility Assistance Workers	1.35		
27b.	Interpretation Staff	-		
28.	Other Enabling Services (Specify: -)	-		
29.	**Total Enabling Services (Sum lines 24-28)**	**8.09**		**0**

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Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)	-		
Administration and Facility				
30a.	Management and Support Staff	4.10		
30b.	Fiscal and Billing Staff	8.28		
30c.	IT Staff	3.33		
31.	Facility Staff	3.63		
32.	Patient Support Staff	15.88		
33.	**Total Facility and Non-Clinical Support Staff (Lines 30a - 32)**	**35.22**		
Grand Total				
34.	**Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)**	**80.49**	**20,226**	

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Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	-	-	-	-
2.	General Practitioners	2	34	-	-
3.	Internists	-	-	-	-
4.	Obstetrician/Gynecologists	-	-	-	-
5.	Pediatricians	-	-	-	-
7.	Other Specialty Physicians	-	-	-	-
9a.	Nurse Practitioners	-	-	1	3
9b.	Physician Assistants	3	89	-	-
10.	Certified Nurse Midwives	-	-	-	-
11.	Nurses	2	124	-	-
16.	Dentists	3	57	-	-
17.	Dental Hygienists	1	159	-	-
20a.	Psychiatrists	-	-	-	-
20a1.	Licensed Clinical Psychologists	-	-	-	-
20a2.	Licensed Clinical Social Workers	2	60	-	-
20b.	Other Licensed Mental Health Providers	-	-	-	-
22a.	Ophthalmologist	-	-	-	-
22b.	Optometrist	-	-	-	-
30a1.	Chief Executive Officer	1	1	-	-
30a2.	Chief Medical Officer	1	27	-	-
30a3.	Chief Financial Officer	1	162	-	-
30a4.	Chief Information Officer	1	62	-	-

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases					
1-2.	Symptomatic / Asymptomatic HIV	042, 079.53, V08	B20, B97.35, O98.7, Z21	52	14
3.	Tuberculosis	010.xx - 018.xx	A15- thru A19-	-	-
4.	Sexually transmitted infections	090.xx - 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1	10	8
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	4	2
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	274	93
Selected Diseases of the Respiratory System					
5.	Asthma	493.xx	J45-	286	169
6.	Chronic obstructive pulmonary diseases	490.xx - 492.xx	J40- thru J44- and J47-	174	129
Selected Other Medical Conditions					
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	14	8
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	9	8
9.	Diabetes Mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)	1,310	295
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-	878	215
11.	Hypertension	401.xx - 405.xx;	I10- thru I15-	1,746	716
12.	Contact Dermatitis and other Eczema	692.xx	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59 (Exclude L57.0 thru L57.4)	174	142
13.	Dehydration	276.5x	E86-	6	6
14.	Exposure to Heat or Cold	991.xx - 992.xx	T33.XXXA, T34.XXXA,	1	1

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
			T67.XXXA, T68.XXXA, T69.XXXA		
14a.	Overweight and Obesity	ICD-9: 278.0 – 278.03 or V85.xx (excluding V85.0, V85.1, V85.51, V85.52)	E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)	1,187	422
Selected Childhood Conditions (limited to ages 0 thru 17)					
15.	Otitis media and Eustachian tube disorders	381.xx - 382.xx	H65- thru H69-	163	129
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	0	0
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	260.xx – 269.xx (excluding 268.2); 779.3x; 783.3x – 783.4x	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3	295	174

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
Note: x in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Mental Health and Substance Abuse Conditions					
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	F10-, G62.1	787	139
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x – 292.8x; 292.9; 304.xx; 305.2x – 305.9x; 357.6x; 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-	1,123	126
19a.	Tobacco use disorder	305.1	F17-	375	248
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	F30- thru F39-	1,038	335
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	F40- thru F42- F43.0, F43.1-	1,105	323
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x, 313.81, 314.xx	F90- thru F91-	172	35
20d.	Other mental disorders, excluding drug or alcohol dependence	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	390	133

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services					
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	CPT-4: 86689; 86701 - 86703; 87390 - 87391	365	357
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515-17	201	189
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	CPT-4: 86803-04, 87520-22	307	261
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31	28	28
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9: V72.3;	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-10: Z01.41-,	142	136

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
		V72.31; V72.32; V76.2	Z01.42, Z12.4		
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	CPT - 4: 90633 - 90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	836	678
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	CPT-4: 90654 – 90662, 90672-90673, 90685-90688	1,026	968

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.
Current Dental Terminology, (CDT) 2010/2011. American Dental Association.
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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive Management	ICD-9: V25.xx	ICD-10: Z30-	189	95
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383	CPT-4: 99391 - 99393; 99381 - 99383	157	134
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655	0	0
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	CPT-4: 99408-99409	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	1,330	1,084
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014	0	0

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services					
27.	I. Emergency Services	ADA: D9110	ADA: D9110	28	27
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	1,851	1,434
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	ADA: D1110, D1120	907	619
30.	Sealants	ADA: D1351	ADA: D1351	172	163
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	ADA: D1206, D1208	1,263	819
32.	III. Restorative Services	ADA: D21xx - D29xx	ADA: D21xx - D29xx	1,386	680
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290-D7294	341	281
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	768	385

Sources of codes:
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.
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Table 6B - Quality Of Care Measures

Prenatal care by referral only: No

Section A - Age Categories for Prenatal Patients

	Demographic Characteristics of Prenatal Care Patients	
S.No	**Age**	**Number of Patients (a)**
1.	Less than 15 Years	0
2.	Ages 15 - 19	3
3.	Ages 20 - 24	11
4.	Ages 25 - 44	18
5.	Ages 45 and Over	0
6.	**Total Patients (Sum lines 1-5)**	**32**

Section B - Trimester of Entry into Prenatal Care

S.No	Trimester of Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	29	-
8.	Second Trimester	3	-
9.	Third Trimester	-	-

Section C - Childhood Immunization

S.No	Childhood Immunization	Total Number of Patients with 3rd Birthday During Measurement Year (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Children who have received age appropriate vaccines prior to their 3rd birthday during measurement year (on or prior to December 31)	32	32	17

Section D - Cervical Cancer Screening

S.No	Cervical Cancer Screening	Total Number of Female Patients 24-64 Years of Age (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer	871	871	346

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Table 6B - Quality Of Care Measures

Section E - Weight Assessment and Counseling for Children and Adolescents

S.No	Weight Assessment and Counseling for Children and Adolescents	Total Patients Aged 3-17 on December 31 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year.	564	564	102

Section F - Adult Weight Screening and Follow-Up

S.No	Adult Weight Screening and Follow-Up	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	MEASURE: Patients aged 18 and older with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight	2,380	2,380	1,297

Section G - Tobacco Use Screening and Cessation Intervention

S.No	Tobacco Use Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	MEASURE: Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year and (2) for those found to be a tobacco user, received cessation counseling intervention or medication	2,205	2,205	1,916

Section H - Asthma Pharmacological Therapy

S.No	Asthma Pharmacologic Therapy	Total Patients Aged 5-40 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan	29	29	19

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Table 6B - Quality Of Care Measures

Section I - Coronary Artery Disease (CAD): Lipid Therapy

S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17.	MEASURE: Patients aged 18 and older with a diagnosis of CAD prescribed a lipid lowering therapy	20	20	5

Section J - Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy

S.No	Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Aspirin or other Antithrombotic Therapy (c)
18.	MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PTCA procedure with aspirin or another antithrombotic therapy	133	133	43

Section K - Colorectal Cancer Screening

S.No	Colorectal Cancer Screening	Total Patients 51 through 74 Years of Age (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer	1,039	1,039	546

Section L - HIV Linkage to Care

S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis	0	0	0

Section M - Patients Screened for Depression and Follow-Up

S.No	Patients Screened for Depression and Follow-Up	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	MEASURE: Patients aged 12 and older who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented	2,061	2,061	1,265

Section N - Dental Sealants

S.No	Dental Sealants	Total Patients Aged 6 through 9 Identified as Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of patients with Sealants to First Molars (c)

Section N - Dental Sealants

S.No	Dental Sealants	Total Patients Aged 6 through 9 Identified as Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of patients with Sealants to First Molars (c)
22.	MEASURE: Children aged 6 through 9 years at moderate to high risk of caries who received a sealant on a permanent first molar tooth	28	28	9

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Table 7 - Health Outcomes and Disparities

S.No	Prenatal Services	Total (i)
0	HIV Positive Pregnant Women	0
2	Deliveries Performed by Health Center's Provider	0

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

S.No	Race and Ethnicity	Prenatal Care Patients who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
Hispanic/Latino					
1a.	Asian	-	-	-	-
1b1.	Native Hawaiian	-	-	-	-
1b2.	Other Pacific Islander	-	-	-	-
1c.	Black/African American	-	-	-	-
1d.	American Indian/Alaska Native	-	-	-	-
1e.	White	-	-	-	-
1f.	More Than One Race	-	-	-	-
1g.	Unreported/Refused to Report Race	-	-	-	-
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**-**	**-**	**-**	**-**
Non-Hispanic/Latino					
2a.	Asian	-	-	-	-
2b1.	Native Hawaiian	-	-	-	-
2b2.	Other Pacific Islander	-	-	-	-
2c.	Black/African American	-	-	-	-
2d.	American Indian/Alaska Native	5	1	0	4
2e.	White	2	0	0	2
2f.	More Than One Race	-	-	-	-
2g.	Unreported/Refused to Report Race	-	-	-	-
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**7**	**1**	**0**	**6**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	-	-	-	-
i.	**Total (Sum lines 1a-h)**	**7**	**1**	**0**	**6**

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Table 7 - Health Outcomes and Disparities

Section B: Hypertension by Race and Hispanic/Latino Ethnicity

S.No	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a.	Asian	0	0	0
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	0	0	0
1c.	Black/African American	0	0	0
1d.	American Indian/Alaska Native	7	7	3
1e.	White	2	2	1
1f.	More Than One Race	0	0	0
1g.	Unreported/Refused to Report Race	16	16	12
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**25**	**25**	**16**
Non-Hispanic/Latino				
2a.	Asian	0	0	0
2b1.	Native Hawaiian	2	2	2
2b2.	Other Pacific Islander	0	0	0
2c.	Black/African American	1	1	0
2d.	American Indian/Alaska Native	452	452	239
2e.	White	266	266	145
2f.	More Than One Race	2	2	1
2g.	Unreported/Refused to Report Race	85	85	45
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**808**	**808**	**432**
Unreported/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race and Ethnicity	23	23	16
i.	**Total (Sum lines 1a-h)**	**856**	**856**	**464**

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Table 7 - Health Outcomes and Disparities

Section C: Diabetes by Race and Hispanic/Latino Ethnicity

S.No	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with Hba1c > 9% or No Test During Year (3f)
Hispanic/Latino					
1a.	Asian	0	0	0	0
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	0	0	0	0
1d.	American Indian/Alaska Native	1	1	0	0
1e.	White	0	0	0	0
1f.	More Than One Race	0	0	0	0
1g.	Unreported/Refused to Report Race	9	9	3	5
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**10**	**10**	**3**	**5**
Non-Hispanic/Latino					
2a.	Asian	0	0	0	0
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	0	0	0	0
2c.	Black/African American	0	0	0	0
2d.	American Indian/Alaska Native	175	175	92	58
2e.	White	93	93	63	22
2f.	More Than One Race	0	0	0	0
2g.	Unreported/Refused to Report Race	26	26	16	8
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**294**	**294**	**171**	**88**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	9	9	4	3
i.	**Total (Sum lines 1a-h)**	**313**	**313**	**178**	**96**

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Table 8A - Financial Costs

S.No		Accrued Cost (a) $	Allocation of Facility and Non-Clinical Support Services (b) $	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) $
Financial Costs for Medical Care				
1.	Medical Staff	1,481,203	933,066	2,414,269
2.	Lab and X-ray	71,268	-	71,268
3.	Medical/Other Direct	697,843	1,046,607	1,744,450
4.	**Total Medical Care Services (Sum lines 1-3)**	**2,250,314**	**1,979,673**	**4,229,987**
Financial Costs for Other Clinical Services				
5.	Dental	1,340,370	1,044,941	2,385,311
6.	Mental Health	423,916	273,217	697,133
7.	Substance Abuse	131,471	63,543	195,014
8a.	Pharmacy not including pharmaceuticals	-	128,604	128,604
8b.	Pharmaceuticals	383,394		383,394
9.	Other Professional (Specify: -)	-	-	
9a.	Vision	-	-	
10.	**Total Other Clinical Services (Sum lines 5-9a)**	**2,279,151**	**1,510,305**	**3,789,456**
Financial Costs of Enabling and Other Program Related Services				
11a.	Case Management	-		
11b.	Transportation	74,248		74,248
11c.	Outreach	233,803		233,803
11d.	Patient and Community Education	-		
11e.	Eligibility Assistance	53,894		53,894
11f.	Interpretation Services	-		
11g.	Other Enabling Services (Specify: -)	-		
11.	**Total Enabling Services Cost (Sum lines 11a-11g)**	**361,945**	**104,920**	**466,865**
12.	Other Related Services (Specify: Child Care Program)	66,336	7,396	73,732
13.	**Total Enabling and Other Services (Sum lines 11-12)**	**428,281**	**112,316**	**540,597**
Facility and Non-Clinical Support Services and Totals				
14.	Facility	928,568		
15.	Non-Clinical Support Services	2,673,726		
16.	**Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)**	**3,602,294**		
17.	**Total Accrued Costs (Sum lines 4+10+13+16)**	**8,560,040**		**8,560,040**
18.	Value of Donated Facilities, Services and Supplies (Specify: -)			-
19.	**Total with Donations (Sum lines 17-18)**			**8,560,040**

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Table 9D: Patient Related Revenue (Scope of Project Only)

S.No	Payer Category	Full Charges this Period (a) $	Amount Collected this Period (b) $	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d) $	Sliding Discounts (e) $	Bad Debt Write Off (f) $
				Collection of Reconciliation/ Wrap around Current Year (c1) $	Collection of Reconciliation/ Wrap around Previous Years (c2) $	Collection of Other Retro Payments: P4P, Risk Pools, Withholds etc. (c3) $	Penalty/ Payback (c4) $			
1.	Medicaid Non-Managed Care	779,620	1,811,966	0	687,556	-	-	-314,480		
2a.	Medicaid Managed Care (capitated)	1,050,609	2,097,617	269,047	0	-	-	-1,047,008		
2b.	Medicaid Managed Care (fee-for-service)	0	0	0	0	-	-	0		
3.	**Total Medicaid (Sum lines 1+2a+2b)**	**1,830,229**	**3,909,583**	**269,047**	**687,556**			**-1,361,488**		
4.	Medicare Non-Managed Care	517,676	223,805	14,136	0	-	-	208,837		
5a.	Medicare Managed Care (capitated)	0	0	0	0	-	-	0		
5b.	Medicare Managed Care (fee-for-service)	0	0	0	0	-	-	0		
6.	**Total Medicare (Sum lines 4+5a+5b)**	**517,676**	**223,805**	**14,136**	**0**			**208,837**		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	3,172	1,034	0	0	-	-	1,281		
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	0	0	0	0	-	-	0		
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	0	0	0	0	-	-	0		
9.	**Total Other Public (Sum lines 7+8a+8b)**	**3,172**	**1,034**	**0**	**0**			**1,281**		
10.	Private Non-Managed Care	716,991	328,732			-	-	133,832		
11a.	Private Managed Care (capitated)	0	0			-	-	0		
11b.	Private Managed Care (fee-for-service)	0	0			-	-	0		
12.	**Total Private (Sum lines 10+11a+11b)**	**716,991**	**328,732**					**133,832**		
13.	Self-pay	1,006,221	84,283						194,532	51,290
14.	**Total (Sum lines 3+6+9+12+13)**	**4,074,289**	**4,547,437**	**283,183**	**687,556**	**-**	**-**	**-1,017,538**	**194,532**	**51,290**

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Table 9E: Other Revenues

S.No	Source	Amount (a) $
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a.	Migrant Health Center	0
1b.	Community Health Center	940,244
1c.	Health Care for the Homeless	0
1e.	Public Housing Primary Care	0
1g.	**Total Health Center Cluster (Sum lines 1a-1e)**	**940,244**
1j.	Capital Improvement Program Grants (excluding ARRA)	0
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	0
1.	**Total BPHC Grants (Sum lines 1g+1j+1k)**	**940,244**
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	0
3.	Other Federal Grants (Specify:Diabetic Grant $157,554; Child Care $78,199 CMS $56,903)	292,656
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	68,001
5.	**Total Other Federal Grants (Sum lines 2-3a)**	**360,657**
Non-Federal Grants or Contracts		
6.	State Government Grants and Contracts (Specify:CalWorks)	6,730
6a.	State/Local Indigent Care Programs (Specify:-)	0
7.	Local Government Grants and Contracts (Specify:BIA $305,576; IHS $4,404,914; EIS $19,875)	4,730,365
8.	Foundation/Private Grants and Contracts (Specify:Telemedicine $22,381; Blue Shield $10,500; PHC Telemedicine $5,000; Acorn Grant $18,500, PHC QIP pmt 118,691)	175,072
9.	**Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)**	**4,912,167**
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (Specify:Interest)	3,889
11.	**Total Revenue (Sum lines 1+5+9+10)**	**6,216,957**

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Electronic Health Record Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	[X] Yes, at all sites and for all providers [_] Yes, but only at some sites or for some providers [_] No
1a. Is your system certified under the Office of the National Coordinator for Health IT(ONC) Health IT Certification Program?	[X] Yes [_] No
Vendor	Indian Health Services
Product Name	Resources and Patient Management System (RPMS)
Version Number	RPMS Suite BCER v 1.1
Certified Health IT Product List Number	1314E01PJHPUEAL
1b. Did you switch to your current EHR from a previous system this year?	[_] Yes [X] No
1c. How many sites have the EHR system in use?	N/A
1d. How many providers use the EHR system?	N/A
1e. When do you plan to install the EHR system?	N/A
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)	[X] Yes [_] No [_] Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interations, reminders for preventive screening tests, or other similar functions?	[X] Yes [_] No [_] Not Sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?	[_] Yes [X] No [_] Not Sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?	[_] Yes [X] No [_] Not Sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?	[X] Yes [_] No [_] Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	[_] We use the EHR to extract automated reports [_] We use the EHR but only to access individual patient charts [X] We use the EHR in combination with another data analytic system [_] We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?	[X] Yes, all eligible providers at all sites are participating [_] Yes, some eligible providers at some sites are participating [_] No, our eligible providers are not yet participating [_] No, because our providers are not eligible [_] Not Sure
8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?	[X] Adoption, Implementation, or Upgrade (AIU) [_] Stage 1 [_] Stage 2 [_] Stage 3 [_] Not Sure
8b. If no (c only), are your eligible providers planning to participate?	N/A
9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?	[_] Yes [X] No
If yes, then specify the type(s) of service	-
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	[_] Yes [X] No
If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)	[_] National Committee for Quality Assurance (NCQA) [_] The Joint Commission (TJC)

	[_] Accreditation Association for the Ambulatory Health Care (AAAHC) [_] State Based Initiative [_] Private Payer Initiative [_] Other Recognition Body (Specify: -)
11. Has your health center received accreditation?	[X] Yes [_] No
If yes, which third party organization granted accreditation?	[_] The Joint Commission (TJC) [X] Accreditation Association for the Ambulatory Health Care (AAAHC)

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Data Audit Report

Table 4-Selected Patient Characteristics

Edit 03852: Inter-year change in patients - The percentage of Uninsured patients to total patients has significantly decreased when compared to prior year. Current Year ((13.4)%, (567)); Prior Year ((17.62)%, (719). Please review the insurance reporting to ensure the information reported is patient's primary medical care insurance. Please correct or explain.

Related Tables: Table 4(UR)

Patricia White (Health Center) on 2/12/2016 4:34 PM EST: Due the ACA we have a staff member who is enrolling uninsured patients through Covered California and other insurances. This has decreased the number of patients with out insurance. This number is correct.

Table 5A-Tenure for Health Center Staff

Edit 05877: Contracted Providers more - It appears that you have more contracted Nurse Practitioners than you have for core staff. Please correct or explain.

Related Tables: Table 5A

Patricia White (Health Center) on 2/12/2016 7:11 PM EST: Due to staff turn over especially with physicians, we have brought on FNP locum tenen to fill those slots until a permanent provider is hired. The only other FNP we have on staff is part of the IT Department and does not provide patient care except in emergent situations and after hours telephone calls. 99% of her time is spent as Clinical Applications Coordinator and Chief Information Officer.

Table 5-Staffing and Utilization

Edit 00158: PA Productivity Questioned - A significant change in Productivity of PAs on Line 9b (2,033.22) is reported from the prior year (1,438.84). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Patricia White (Health Center) on 2/12/2016 5:01 PM EST: During 2016, we set up teams and empaneled our patients. Along with this, the health program began a bonus program that measured performance of these team that looked at met measures and productivity within the teams. At the end of the month the team that had the best scores, received a bonus. We also changed visit times and watched check in and check out times. This began some competition between the teams, but because of the measures and other quality items built into the metrics, standards were met and productivity increased. The numbers are correct.

Edit 04134: Substantial Inter-year variance in Providers - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (2.04) . Prior Year - (3.12) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

Related Tables: Table 5(UR)

Patricia White (Health Center) on 2/12/2016 6:47 PM EST: In late 2014 we had a provider leave one of our clinics. That position remained vacant until July 2015 and was filled for 3 months by a locum tenen physician. Since then the position has been filled by a locum tenen FNP. At another clinic we had a physician retire in March 2015, and a Physician from another of our sites, filled that position. There was a vacancy for 2 months at his original clinic. Also a part time physician retired, and position was not filled. In the same respect the mid level FTE increases from 2.84 to 3.47 for 2015.

Edit 04145: Inter-year Patients questioned - On Universal - A large change in Substance Abuse Services patients from the prior year is reported on Line 21 Column C. (PY = (109) , CY = (156)). Please correct or explain.

Related Tables: Table 5(UR)

Patricia White (Health Center) on 2/15/2016 2:54 PM EST: In 2015, our substance abuse client numbers did increase. We have a manager in AOD department who is taking a very active role in providing services in our communities. In Siskiyou County there has not been a county program that was able to take on clients. Karuk Tribe reached out and provided services to those clients in need. We did add an additional counselor at the end of 2014 who has helped in serving more clients.

Table 6A-Selected Diagnoses and Services Rendered

Edit 02174: Well Child Patients Questioned - The number reported for Health supervision of infant or child (ages 0 through 11) Number of Patients with Diagnosis (B) Line 26 Column b (134) on Table 6A appears low when compared to children under 12 reported on Table 3A (704). If you use an alternate code for well child visits, especially EPSDT visits, add it to the table comments.

Related Tables: Table 6A(UR), Table 3A(UR)

Patricia White (Health Center) on 2/15/2016 2:28 PM EST: Many of our children, especially age 0-3, are seen by outside pedestrians in our area. The well child care is done by an outside provider. We do receive information from those other providers that is scanned into the patient record.

Table 6B-Quality of Care Indicators

Edit 05894: Missing Clinical Measure - The reporting of New HIV Cases with Timely Follow-Up measure appears to be missing. Please report the data on Table 6B Line 20 for this measure or explain.

Related Tables: Table 6B, Table 3A(UR)

Patricia White (Health Center) on 2/15/2016 6:04 PM EST: We currently have 14 patients with HIV. We had no newly diagnosed patients in our program during 2015. There are no numbers to report here.

Table 7-Health Outcomes and Disparities

Edit 01325: Number Delivering Questioned - Line i Column 1a (7) on Table 7, Total Total seems low when compared to Total Patients (Sum lines 1-5) Line 6 Column a (32) on Table 6B. Please correct or explain.

Related Tables: Table 7, Table 6B

Patricia White (Health Center) on 2/12/2016 7:45 PM EST: As reported on the table Comments for Table 7. "On Table 3B Section A, We reported 32 women entering into Prenatal Care. Of these women we have 7 documented deliveries in 2015. The remaining patients: Miscarries-2, Abortions-2, Lost to care or have not returned to clinic-4, and 17 scheduled to deliver in 2016."

Edit 05793: Hypertension Universe in Question - Based on the universe for Total Patients with Hypertension reported on Line i Column 2a we estimate a prevalence rate of (38.22)%. This appears high compared to national averages. Please review and correct or explain.

Related Tables: Table 7, Table 3A(UR), Table 5(UR), Table 4(UR)

Patricia White (Health Center) on 2/15/2016 5:58 PM EST: In 2014 we had 812 hypertensive patients. In 2015 this number went up to 856. The numbers are correct. There is prevalence of hypertensive patients in our population. . We have a QM project that is looking at this problem and addressing ways to help patients lower their blood pressure. The QM project helped identify other patients who were not being treated.

Edit 05467: Hypertension Universe in Question - The universe of hypertensive patients reported on Table 7 is greater than the total hypertensive patients reported on Table 6A. This is possible only if you have seen hypertensive patients during the year without diagnosing them with hypertension. Please review and correct or explain.

Related Tables: Table 7, Table 6A(UR)

Patricia White (Health Center) on 2/12/2016 7:35 PM EST: The numbers on each table are correct as written. We have 856 hypertensive patients in the program. 140 of these did not have their HTN addressed at any visit during 2015.

Edit 05468: Diabetic Universe in Question - The universe of diabetic patients reported on Table 7 is greater than the total diabetic patients reported on Table 6A. This is possible only if you have seen diabetic patients during the year without diagnosing them with diabetes. Please review and correct or explain.

Related Tables: Table 7, Table 6A(UR)

Patricia White (Health Center) on 2/12/2016 7:40 PM EST: There are 313 Diabetic patients in our program, of these 37 did not have their diabetes addressed at any visit during 2015.

Table 8A-Financial Costs

Edit 00127: Other Program Related Services in Question - You report Other Related Services Accrued Cost Line 12 Column a (66,336) Costs in Table 8A, but no FTEs are reported on Table 5 (Line 29a). Please correct or explain.

Related Tables: Table 8A, Table 5(UR)

Patricia White (Health Center) on 2/12/2016 5:10 PM EST: There are no FTE for Child care costs that show on table 8A. We have costs to the Health Program for Child Care , but the actual persons are employed by another Tribal program, so there is not FTE on Table 5.

Edit 03948: Cost Per Visit Questioned - Substance Abuse Cost Per Visit is substantially different than the prior year. Current Year (133.85); Prior Year (190.99). Please correct or explain.

Related Tables: Table 8A, Table 5(UR)

Patricia White (Health Center) on 2/15/2016 5:34 PM EST: In investigating this, our CFO found that a cost in 2014 was put on the incorrect line last year. The Substance Abuse accrued costs included 21,608 that should have been on the Pharmaceutical line last year. This would have lowered the SA accrued cost to 77963 for 2014. This would be approximately 173.00 per visit. We also saw more visits (1457) in 2015 compared to 2014 (1201) year which also contributed to the difference.

Edit 03977: Costs and FTE Questioned - Other Programs and Services are reported on Table 8A, Line 12 (Child Care Program) and Table 5, Line 29a () . Review and confirm that FTEs relate to costs or correct.

Related Tables: Table 8A, Table 5(UR)

Patricia White (Health Center) on 2/12/2016 5:45 PM EST: As explained in another section, There child care costs for the health program, but the staff is employed by another Tribal program, so there is no FTE for Table 5 associated with these costs.

Edit 04117: Cost Per Visit Questioned - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (377.55); Prior Year (428.83).

Related Tables: Table 8A, Table 5(UR)

Patricia White (Health Center) on 2/12/2016 5:18 PM EST: During 2016 our program made efforts to increase productivity as explained in the section on PA FTE and visits. The increase in productivity also helped lower the cost per patients substantially. We had an increase of 1285 visits in medical for 2015 compared to 2014.

Edit 04125: Cost Per Visit Questioned - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (374.46); Prior Year (339.4).

Related Tables: Table 8A, Table 5(UR)

Patricia White (Health Center) on 2/12/2016 6:13 PM EST: During 2016 we were short a dentist and had a hygienist cut her hours. Our costs increased, but production in dental went down. Much of this was in the allocation of facility and non clinical support services. That cost went from $872,655 in 2014 to 1,044.941 in 2015.

Edit 01025: Overhead Costs Questioned on Line 2 - You report direct costs Lab and X-ray Accrued Cost Line 2 Column a (71,268) but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

Related Tables: Table 8A

Patricia White (Health Center) on 2/12/2016 7:48 PM EST: We refer X-ray and lab out and pay for the service, but do not have the lab and x-ray departments on site.

Table 9D-Patient Related Revenue (Scope of Project Only)

Edit 04155: Inter-year Capitation PMPM questioned - The average Medicaid capitation PMPM reported on Line 2a (89.26) is significantly different from the prior year (69.81). Please correct or explain.

Related Tables: Table 9D, Table 4(UR)

Arthur Stickgold (Reviewer) on 2/28/2016 7:26 PM EST: 9. Table9D. IT does not appear that you are showing your wrap payment in column c1/c2. Your full payment is in column b, but without an accurate statement of the wrap, your PMPM looks high. Please review and correct, or confirm that you actually have a Medicaid PMPM of $90.

Edit 05099: PMPM collections in question - Medicaid Capitation PMPM is outside the typical range. Check to see that the revenue and member months are entered correctly or explain.

Related Tables: Table 9D, Table 4(UR)

Arthur Stickgold (Reviewer) on 2/28/2016 7:33 PM EST: More patients would not cause this. What would cause it is: 9. Table 9D. IT does not appear that you are showing your wrap payment in column c1/c2. Your full payment is in column b, but without an accurate statement of the wrap, your PMPM looks high. Please review and correct, or confirm that you actually have a Medicaid PMPM of $90.

Edit 04216: Average Collections - A large change from the prior year in collections per medical+dental+mental health visit is reported. Current Year (250.53); Prior year (183.82). Please review the information and correct or explain.

Related Tables: Table 9D, Table 5(UR)

Patricia White (Health Center) on 2/15/2016 4:27 PM EST: The Medi-Cal reconciliation for next year will show an over payment. ($37,000) This will bring this figure down. Has not happened so the numbers still reflect their overpayment.

Edit 04121: Charge to Cost Ratio Questioned - Total charge to cost ratio of (0.52) is reported which suggests that charges are less than costs. Please review the information reported across the tables and correct or explain.

Related Tables: Table 9D, Table 8A

Arthur Stickgold (Reviewer) on 2/28/2016 7:23 PM EST: 8. Table 8A/9D. Your charge to cost ratio looks bad because your average charge to the patient/third party is $225, but your actual cost per medical visit is $378. Keep working on that productivity! (No response needed.)

Edit 01965: Large change in accounts receivable for Total Other Public is reported - Total Other Public, Line 9: When we subtract collections (Column b) and adjustments (Column d) from your total Other Public charges (Column a) there is a large difference (27.02)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Patricia White (Health Center) on 2/15/2016 4:32 PM EST: Charges for BCP and Family Pact exceed the allowable amount. The contractual allowance is always large.

Edit 02019: Large change in accounts receivable for Total Medicaid is reported - Total Medicaid, Line 3: When we subtract collections (Column b) and adjustments (Column d) from your total Medicaid charges (Column a) there is a large difference (-39.22)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Patricia White (Health Center) on 2/15/2016 5:00 PM EST: With The IHS Memorandum of Agreement for Medicaid services and agreements with PHC (MCL managed Care) our actual charges are less than billed and payed amounts.

Edit 02021: Large change in accounts receivable for Total Self Pay is reported - Total Self Pay, Line 13: When we subtract collections (Column b), sliding discounts (Column e), and bad debt (Column f) from your total Self Pay charges (Column a) there is a large difference (67.19)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Arthur Stickgold (Reviewer) on 2/28/2016 7:32 PM EST: 10. Table 9D. Self pay charges = $1 million. Collections and write offs together equal only 330,000. The same thing happened last year. There is maybe $1.5 million missing. Your explanation makes it sound like you were writing of for prior years, but it's the other way around. Do you show a receivable of millions of dollars from patients directly or are you understating your bad debt write off? Please review and correct or explain.

Edit 02028: Large change in accounts receivable for Total Private is reported - Total Private, Line 12: When we subtract collections (Column b) and adjustments (Column d) from your total Private charges (Column a) there is a large difference (35.49)%. While we do not expect it to be zero, a difference this large is unusual. Please explain or correct.

Related Tables: Table 9D

Patricia White (Health Center) on 2/15/2016 5:12 PM EST: We had a large billing in November and December for Private Insurance. Payment and adjustments will not show on the books until 2016. This was due to provider enrollment issues for private pay sources.

Table 9E-Other Revenues

Edit 04094: Profit and Loss - When comparing cash income to accrued expenses a large surplus or deficit is reported. Please correct or explain. Surplus or Deficit = $ (2,204,354); Percent Surplus or Deficit (25.75)%. Note: If the value is a surplus it will be distinguished as a number inside a parentheses (Value). If the value is a deficit it will be distinguished as a number with a negative sign inside a parentheses (-Value).

Related Tables: Table 9E, Table 8A, Table 9D

Arthur Stickgold (Reviewer) on 2/28/2016 7:37 PM EST:

BHCMIS ID: 0921240 - KARUK TRIBE OF CALIFORNIA, Happy Camp, CA

Date Requested: 03/22/2016 05:49 PM EST
Date of Last Report Refreshed: 03/22/2016 05:49 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress, Version 3

UDS Report - 2015

Comments

Report Comments
Not Available

Contact Information Comments
Please note that Raul Recarey, Project Director, left employment December 9, 2015. For the remainder of the year Buster Attebery assumed those duties with support from Lessie Aubrey.

Table 5 Comments
In May one of our hygienist changed her hours from full time to .60 FTE. She left employment in November. That position remains vacant. The other hygienist started traveling 2 days a week to that clinic to provide services. That has changed the productivity for hygienists at our organization.

Table 6B Comments
Section A- We do not provide prenatal care at our clinics. Once a pregnancy test is positive the patient is referred out to OB for their care. Audit Review comments: Section D Cervical Cancer: Identified 116 additional women to be included in universe from previous report. Correcting table. Section E Child weight assessment: We have 946 children ages 3-17. 372 of these children were not seen in Medical, but were only seen in Mental Health and Dental Clinics. 946-372=574. This is close to the number reported. I am leaving as previously reported. Section F Adult Weight Screening: Programming correction to our reporting. Correcting data. Section G Smoking Assessment: No Changes used as comparison to Section F.

Table 7 Comments
On Table 3B Section A, We reported 32 women entering into Prenatal Care. Of these women we have 7 documented deliveries in 2015. The remaining patients: Miscarries-2, Abortions-2, Lost to care or have not returned to clinic-4, and 17 scheduled to deliver in 2016.

Table 9D Comments
Please note we have additional allowances for Indian Beneficiaries (662,456) and Employees of the Tribe (35,666) that are not shown on this table. We are not allowed to bill Native American/Indian beneficiaries any balance after insurance and other payment sources per IHS rules. This amount is adjusted off the patient accounts as a benefit of receiving care at a Tribal Clinic. The write off for employees is a benefit for those working in the Tribal organization. The Tribe absorbs that expense. There is no place on this chart to show these adjustments. Review Audit Comments; PMPM appears high due to the MOA agreement IHS has with Medi-cal. We reviewed the numbers and all is correct.

Table EHR Comments
Questions 4 and 5. We have recently completed testing for Personal Health Record, and Health Information Exchange. We plan to go live with these in 2016. Question 8 and 9- Last year we had providers at stage one of Meaningful Use, but with staff turnover we have more at the AIU stage at this time.