

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, November 3, 3 PM, *Happy Camp, CA*

A) CALL MEETING TO ORDER – PRAYER - ROLL CALL

AA) HEALTH MISSION STATEMENT

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

CH) APPROVAL OF THE AGENDA

EE) CONSENT CALENDAR

F) APPROVAL OF THE MINUTES (October 13, 2016)

H) GUESTS (Ten Minutes Each)

- 1.

I) OLD BUSINESS (Five Minutes Each)

- 1.

II) DIRECTOR REPORTS (Ten Minutes Each)

1. Lessie Aubrey, Grants, Compliance, Accreditation Manager (written report)
2. Pat Hobbs, Children & Family Services (written report)
3. Annie Smith, PHN (written report)
4. Josh Stanshaw, Project Manager
5. Kori Novak, Health CEO

K) REQUESTS (Five Minutes Each)

- 1.

M) INFORMATIONAL (Five Minutes Each)

- 1.

M) CLOSED SESSION (Five Minutes Each)

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

N) SET DATE FOR NEXT MEETING (Thursday, December 1, 2016 at 3 PM in Orleans, CA.

OO) ADJOURN

**Karuk Tribe – Health Board Meeting
October 13, 2016 – Meeting Minutes**

Meeting called to order at 3pm by Chairman Attebery.

Present:

Russell “Buster” Attebery, Chairman
Robert Super, Vice-Chairman
Michael Thom, Secretary/Treasurer
Elsa Goodwin, Member at Large
Alvis “Bud” Johnson, Member at Large
Josh Saxon, Member at Large
Arch Super, Member at Large

Absent:

Renee Stauffer, Member at Large (excused)
Charron “Sonny” Davis, Member at large (excused)

Prayer was done by Arch Super and the Health Mission Statement was read aloud by Buster Attebery.

Agenda:

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

Consent Calendar:

Josh reported that the consent calendar is intended for non-critical items and routine items. He reiterated that it was developed for business of the Tribe and employees may use it when appropriate. Employees should contact Emma Lee Perez for additional information.

Minutes of September 10, 2016:

Arch Super moved and Michael Thom seconded to approve the minutes, 6 haa, 0 puuhara, 0 pupitihara.

Guests:

1) Lester Alford, TANF Director:

Lester is present to seek approval to purchase a vehicle to replace the former van that was lost in a fire incident. He received quotes and is now ready to purchase. The van will be replaced with a pickup truck. General use will be cultural items to haul or used throughout the area.

Elsa Goodwin moved and Bud Johnson seconded to approve procurement and allow the purchase of a vehicle, 6 haa, 0 puuhara, 0 pupitihara.

He then sought out of state travel request for reunification of a child and family.

Michael Thom moved and Josh Saxon seconded to approve out of state travel for Tina King to WA. October 14-16th, 6 haa, 0 puuhara, 0 pupitihara.

He then sought approval of two position descriptions. It was two position descriptions that he and the HR Director revised. They have been reviewed by TERO and the HR Director. The language in each position description has been changed significantly.

The revised position descriptions aren't vacant currently but better define the process. Michael would like each site to be noted. Lester agrees and once approved each would have an identified service area. These will be tabled to the Planning Meeting. Lester will provide the drafts along with the tracked changes via email and then seek final approval next week.

Lester commented that the Medical Program is expanding and he commented that he can evaluate different leasing options and he could vacate his facility to allow for medical expansion. He noted this currently because after he puts in for renovations with ACF funding then he will not be able to provide that option, so he would like this evaluated sooner rather than later.

2) Eric Cutright, IT Director:

Eric is present to seek approval of four items. Eric provided the TeleHealth grant with a match that will come from the Health Program. The equipment purchase comes along with an agreement 17-A-002 and has been reviewed by Fatima and Emma Lee Perez.

Elsa Goodwin moved and Josh Saxon seconded to approve agreement 17-A-002, 6 haa, 0 puuhara, 0 pupitihara.

He then sought an Android Smartphone for the Clinic Manager. Cindy Hayes already has one.

Josh Saxon moved and Bud Johnson seconded to approve a Smart Phone for the HC Clinic Manager, 6 haa, 0 puuhara, 0 pupitihara.

He discussed the EA for the broadband project. He is waiting for the Yurok's for their portion. He would like permission to submit to the agency even in draft form. There is no cost for submission, but it is the first step in accessing funds. KRAB has reviewed the document and Fatima reviewed it.

Arch Super moved and Elsa Goodwin seconded to submit the Draft EA for the broadband project, 6 haa, 0 puuhara, 0 pupitihara.

3) Cindy Hayes, Yreka Clinic Manager:

Cindy is present to report on the operations of the Yreka Clinic. There have been 7 patients seen on extended hours. The Clinic is advertising extended hours to seek additional patients. It is spreading fast.

Each provider is seeing 18-19 patients a day. The initial feedback from patients is that they are excited for extended hours and a weekend option.

All clinics completed the PI project for pap smears being increased. They provided an incentive of a gift card option in a raffle for eligible clients.

Josh asked if the Yreka Clinic has any maintenance needs. It was noted that there are a few issues that have yet to be resolved.

Robert noted that there have been employees that have reported that Cindy has been doing a good job.

4) Erica Mitchell, HCHS Teacher:

Erica is present with some youth from the Happy Camp High School. She is attempting to raise money for the youth to attend the inauguration ceremony that they were invited to attend. They

have been very active in seeking enough funding to participate and would like to request fundraising through the Tribe. They would like to detail vehicles of the Tribes and they would charge a fee of \$75 per car. The Tribal Council will review their request.

Director Reports:

1.) Lessie Aubrey, Grants Management:

Lessie is present to review her report. She submitted the final outstanding item from the HRSA site visit report. There is a requirement to have a written agreement with an outside dentist and it has now been negotiated. It is a contract 16-C-115 with Bruce S. Logan DDS which will be a written formal arrangement. She is hoping that this entity will use the sliding fee scale and charge the patients with the HRSA sliding fee.

Josh asked about the notation of the Joint Commission and primary source verification.

Josh Saxon moved and Michael Thom seconded to approve contract 16-C-115, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Elsa Goodwin seconded to approve contract 16-C-116, 6 haa, 0 puuhara 0 pupitihara.

She then updated the Health Board on the previous monthly report of assigning patient care as a team which creates a designated provider for the team. This creates better communication for the provider, patient and the staff.

Debbie Bickford will begin Open Enrollment in November.

Vickie Simmons has reported that there is no increase in her report but there is still time to meet the goal.

Josh asked what some ways to increase patient immunizations could be. Lessie recommended patient education. The age is 6 months to 36 months. It was noted that immunization schedule doesn't provide time for parents to make informed decisions. Robert asked if there is a list of children that were born in a timeframe and Annie commented that yes, they make phone calls and provide outreach.

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

2.) Kori Novak, Health CEO:

Kori is present to provide an updated report. She first sought approval of an extension of agreement 14-A-065 (2) with the VA.

Robert Super moved and Bud Johnson seconded to approve agreement 14-A-065 (2), 4 haa, 0 puuhara, 2 pupitihara (Josh/Elsa).

She then sought an amendment for a cleaning amendment under number 11-C-035 (5) with Nean's Cleaning Services. It will be posted next time as it is on its 5th amendment.

Josh Saxon moved and Bud Johnson seconded to approve contract 11-C-035 (5) with Nean's Cleaning, 6 haa, 0 puuhara, 0 pupitihara.

She then sought approval of amendment (1) to agreement 16-A-046 with Holy Names University. This will be with Kimberly Cohen.

Josh Saxon moved and Michael Thom seconded to approve agreement 16-A-046 (1), 6 haa, 0 puuhara, 0 pupitihara.

She then sought approval of position description for the part time medical assistant position description. Elsa asked about the position descriptions not having a salary. Kori commented that the position descriptions were to have the salary range presented to the Council and then flown without the salary.

Arch Super moved and Josh Saxon seconded to approve the revised medical clinic receptionist position description, 5 haa, 0 puuhara, 1 pupitihara (Josh Saxon).

She then sought approval of the part-time Executive Assistant position description. The Council will move the discussion to closed session.

She then provided the policies for Contract Health Services. She noted that they changed it from CHS to PRC. The policies were tabled for the Council to have time to review them. The Council will need time to review them.

Two staff members are going into a succession planning which are Florence Peters and Lindsay Whitehouse. She then noted that they have the RPMS reports and the dental report for review.

Orleans report shows an increase in patient visits. They are seeing a decent increase.

Josh's report contained information on the HVAC system replacement. Robert asked for a timeline on the HVAC system. He would like a timeline for the RFP, completion, bidding as well. Josh continues to work on the HIPAA presentation and it is taking some time do to other items on his plate. He has been working on hiring and retention with Dion and Dora.

She introduced Sandy Dodson as the Happy Camp Clinic Manager. She has recently moved to Happy Camp. There is no Happy Camp Clinic report currently, but she is working on those items.

She then reported that the new provider will be on her third Saturday and it is operating smoothly. Dr. Lew will be working in Happy Camp. Ott has accepted his position and will start soon. An RDH has accepted employment in Yreka.

Robert noted that months back Josh was asked to look into EHR and he would like an update on that. Kori will report more on that in closed session.

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

3.) Pat Hobbs, Children & Family Services:

Pat is present to review her report. She requested a VISA for Robert Kinney, Social Service worker for Happy Camp.

Elsa Goodwin moved and Robert Super seconded to approve a VISA for Robert Kinney in the amount of \$2,500, 6 haa, 0 puuhara, 0 pupitihara.

Historical Trauma training that was provided and was well received. The staff found it very informational and reinvested in their position. Pat provided some examples of communication with our people and alcoholism and addiction that attacks the Tribal people. The overall excitement of the course was well received and is felt throughout the programs that provide service.

Elsa asked about mental health intern and billing issues in California. Pat reported that that is being worked on. Robert commented that at the National Level of Behavioral Health, they are discussing funding options for persons with different professional licensure.

Angela updated the Health Board on April's program and the AOD program. They provided a cultural relevant event which will provide incentives for participants. The groups received information, educational material, movie night, and family orientated groups. The event turned out very well. April will look into do a youth event, men's event, and women's event in Happy Camp as well.

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

4.) Annie Smith, PHN:

Annie is present to review her report. There will be an Elders Luncheon on 10/26 at the Yreka Wellness Center. The staff is cooking and it will be offered to Elders in Orleans as well as Happy Camp. The idea is to have them visit, see each other and to have a healthy meal. The staff is looking for a good turnout for this event. It is open to Elders 60 years of age and older.

Jaclyn had asked for an Elders Needs Assessment. Annie will complete this and it provides valuable information. It is approximately 90% completed.

Annie asked about the emergency operations container in Yreka and Happy Camp. Barbara explained that TREX is using the equipment in Happy Camp, which she emailed Annie about. Annie interacts with Scott and Erin on the items stored in the Conex, so if she's going to be responsible for the inventory then she would like to know who is accessing it.

Head Start did an assessment of all of their children and car seats. They found that 90% of the use was inaccurate. She will use her funding for educational purposes and seek additional funding if needed to replace seats that are no longer compliant.

The diabetes grant is always moving forward. The transporter put in 3,000 miles in the last month in Yreka.

Robert asked if any elders were attending the elders gathering that NCIDC puts on. Annie was not sure but that would be a nice activity if it was planned.

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

Informational:

Josh Saxon announced an Orleans District Meeting, October 17th in Orleans.

Closed Session:

Informational: employee was unaware of accrual requirements and that information was provided to the Tribal Council.

Arch Super moved and Elsa Goodwin seconded to approve contract 16-C-002 (1) with Kathleen Davis, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Michael Thom seconded to approve the Water Resources Technician II, 6 haa, 0 puuhara, 0 pupitihara.

Elsa Goodwin moved and Michael Thom seconded to decline the Self-Governance Director schedule proposal and to submit letter to him, 6 haa, 0 puuhara, 0 pupitihara.

Informational: employees were asked how communication and flow is moving along. Both assured things were progressing with a few minor items pending but moving toward a resolve on those.

Informational: a face-to-face meeting will be set with Tribal Member #TH and employees to verify receipts and assistance.

Josh Saxon moved and Elsa Goodwin seconded to approve the rental agreement 17-A-001. Scott will do the walk through and note the location of the house and equipment purchased for the house, 6 haa, 0 puuhara, 0 pupitihara.

Informational: a face-to-face meeting will be set with TANF, AOD, and Children and Family Services to review services for program and communities.

Financial report: Michael asked about the assets being listed differently. Michael asked that that be reviewed. Josh asked what the "other" includes, which is revenue. Laura noted that it is Third Party or Capture RX, etc. Josh would like to track quarterly the provider/revenue outcome or projection.

Josh Saxon moved and Robert Super seconded to approve Laura's report, 5 haa, 0 puuhara, 1 pupitihara (Elsa Goodwin).

Informational: Dr. Vasquez will perform review of operations. Dr. Vasquez will go to HCHS and monitor Chow and see some patients.

Arch Super moved and Robert Super seconded to approve \$2,500 for Sandi Dodson VISA, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Robert Super seconded to allow a medical referral and non-payment for services regarding Tribal Member, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Robert Super seconded to deny CHS Case #276, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Arch Super seconded to deny employee #DB request, 6 haa, 0 puuhara, 0 pupitihara.

Informational: The Council participated in the AILC Onsite Review with the Tribal Court Assessment project.

Arch Super moved and Robert Super seconded to deny the discretionary and not pursue the grant option as presented by DNR, 3 haa, 0 puuhara, 2 pupitihara (Josh/Elsa).

Josh Saxon moved and Elsa Goodwin seconded to approve \$1,349.95 for camera purchases for the Tribes property, 6 haa, 0 puuhara, 0 pupitihara.

Next Meeting, November 3, 2016 at 3pm in Happy Camp

Elsa Goodwin moved and Josh Saxon seconded to adjourn at 8:15pm, 6 haa, 0 pupitihara, 0 puuhara.

Respectfully Submitted,

Russell “Buster” Attebery, Chairman

Recording Secretary, Barbara Snider

CQI Reports:

1. Pain Management Dr. Vasquez. – Tabled
2. Yreka Dental Records Susan Beatty - all the data was at 90% or higher. They have reached their goal.
3. Dental Pain Level Documentation – Susan Beatty: Dr. Felker has reached 100% and Nikki has improved by 10%.
4. PHP Eye Exams Amy Coapman: Yreka and Happy Camp are both at 29 % and Orleans is at 0. Their plan is to take the HC eye camera down to Orleans to catch the 3 patients who need eye exams.
5. Access to Care – This project will look at the schedules to determine availability of appointments for designated provider patients. All data that came in was not the same, so more work needs to be done on this project and the data that we will collect.
6. Provider/Patient Relationships (Empanelment) – Good data came in from Yreka and Orleans and provided a good picture of what was taking place. In Orleans they had a documentation problem that was minor and in Yreka it was just filling in for each other during a leave situation. Happy Camp doesn't have permanent providers so I have been asked to wait on their study until HC is stabilized.
7. GPRA – Vickie Simmons introduced 6 new GPRA measures that IHS is requiring.

The new measures are as follows:

- 1.) CVD Statin Therapy: The proportion of at-risk patients who receive statin therapy. ***This replaces the Comprehensive CVD-Related Assessment measure.***
- 2.) Universal Alcohol Screening: The proportion of patients ages 12 through 75 years who receive screening for alcohol use. ***This replaces the FAS Prevention measure.***
- 3.) Depression Screening 12-17 Year Olds: The proportion of patients ages 12 through 17 who receive annual screening for depression.
- 4.) Screening, Brief Intervention and Referral to Treatment (SBIRT): The proportion of patients ages 9 through 75 who screened positive for risky or harmful alcohol use and who received a Brief Negotiated Interview (BNI) or Brief Intervention (BI) within 7 days of screen.
- 5.) Antidepressant Medication Management (Acute): The proportion of patients ages 18 and older with acute treatment for depression.
- 6.) Antidepressant Medication Management (Continuous): The proportion of patients ages 18 and older with continuous treatment for depression.

This is the first quarter for these new measures.

8. Orleans Medical Record Audit: Babbie says that two patients ID were not verified and the reason is that in the Women's Health Exam template, the information is not crossing over. They will need to write it in to correct this problem.
9. Hypertension: This project has gone from 52% to 59% back to 56%. Although we had 124 additional patients with a diagnosis of hypertension this period, I'm not sure this accounted for the rate drop.

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

Action Items:

None

General Updates and Information:

Staff are continuing to provide services in all departments. Angela Baxter and Patricia Hobbs will be attending a Program Directors Meeting regarding the Desert Sage Youth Wellness Center, 1115 Waiver and Behavioral Health Government Performance and Results Acts in Sacramento 10/31/2016. The divisions with our department are working hard to collaborate on cases and we are seeing improved results.

We have contracted with the Whitner Group to complete Strategic Planning for the Yav Pa Anav Forum. Council and Department leaders will be receiving communications from this group.

Child Welfare Services:

Child Welfare staff participated in TAS Children's Module case management system on October 25 and 26, 2016.

Our staff meets monthly with CDSS to work on full implementation of Title IV-E. Our focus at this point is updating the Karuk Child and Family Code which is outdated.

We have hired Rachel Rhinehart as our Social Worker Assistant in Happy Camp and Orleans office.

Substance Abuse Program

The Substance Abuse counselor position in Happy Camp/Orleans remains open. Angela Baxter and Cheryl Bearchild both continue with groups and individual treatment in Happy Camp and Orleans. The meeting with TANF was cancelled due to TANF staff being unavailable. It has not been rescheduled.

Mental Health

Staff is providing services in all three major communities within our service area. We have eliminated the wait list in the Happy Camp area and are working to schedule individual community members in the Orleans area. A wait list continues to exist in Yreka and we are working to provide alternative treatment options to community members in that region.

We have interviewed candidates for the Receptionist in the Yreka office. Joshua Stanshaw is in the process of making offers to the candidates selected.

Administration for Children and Families Tribal TANF Child Welfare Coordination Grant

Submission of the Performance Progress Report by 10/31/2016 is on target.

Respectfully submitted,



Patricia Hobbs LCSW
Director – Child and Family Services

PH

ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM

RECORD DATES: OCT 01, 2016 TO OCT 27, 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	2	3.0	2	2
13-INDIVIDUAL TREATMENT/COUNS	7	2.0	4	7
31-CASE MANAGEMENT-PATIENT NO	5	1.8	4	5
66-CLINICAL SUPERVISION RECEI	1	1.0		1
91-GROUP TREATMENT	27	7.2	21	27
	=====	=====	=====	=====
PROVIDER TOTAL:	42	15.0	31	42
PROVIDER: BEARCHILD, CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	3	5.0	3	3
13-INDIVIDUAL TREATMENT/COUNS	12	6.2	6	12
22-CASE MANAGEMENT-PATIENT PR	3	3.7	1	3
31-CASE MANAGEMENT-PATIENT NO	12	4.3	10	12
91-GROUP TREATMENT	37	9.5	22	37
	=====	=====	=====	=====
PROVIDER TOTAL:	67	28.6	42	67
PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	4	4.5	4	4
21-FOLLOWTHROUGH/FOLLOWUP-PAT	1	0.3	1	1
56-RECORDS/DOCUMENTATION	2	0.2	2	2
	=====	=====	=====	=====
PROVIDER TOTAL:	7	4.9	7	7
PROVIDER: JANKE, PAUL (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	1	1.5	1	1
13-INDIVIDUAL TREATMENT/COUNS	7	4.0	3	7
91-GROUP TREATMENT	124	22.3	23	124
	=====	=====	=====	=====
PROVIDER TOTAL:	132	27.8	27	132
PROVIDER: KINNEY, BENTON (PHYSICIAN ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	27	0.0	23	27
	=====	=====	=====	=====
PROVIDER TOTAL:	27	0.0	23	27
PROVIDER: WALTER, KAREENA (LICENSED CLINICAL SOCIAL WORK)				
12-ASSESSMENT/EVALUATION-PATI	5	8.0	3	5
13-INDIVIDUAL TREATMENT/COUNS	14	14.2	10	14
35-COLLABORATION	1	0.5	1	1
56-RECORDS/DOCUMENTATION	5	0.2	5	5
99-INDIVIDUAL BH EHR VISIT	4	5.2	2	4
	=====	=====	=====	=====
PROVIDER TOTAL:	29	28.0	21	29
	=====	=====	=====	=====
FACILITY TOTAL:	304	104.3	151	304

ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM

RECORD DATES: OCT 01, 2016 TO OCT 27, 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: KINNEY,BENTON (PHYSICIAN ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	1	0.0	1	1
	=====	=====	=====	=====
PROVIDER TOTAL:	1	0.0	1	1
PROVIDER: RIGBY,KEITH (MENTAL HEALTH TECHNICIAN)				
12-ASSESSMENT/EVALUATION-PATI	2	3.8	1	2
	=====	=====	=====	=====
PROVIDER TOTAL:	2	3.8	1	2

FACILITY TOTAL:	3	3.8	2	3
FACILITY: KARUK COMMUNITY HEALTH CLINIC				
PROVIDER: BEARCHILD,CHERYL R (ALCOHOLISM/SUB ABUSE COUNSELOR)				
12-ASSESSMENT/EVALUATION-PATI	3	4.3	3	3
13-INDIVIDUAL TREATMENT/COUNS	5	2.6	4	5
31-CASE MANAGEMENT-PATIENT NO	3	1.3	3	3
91-GROUP TREATMENT	48	18.4	11	48
	=====	=====	=====	=====
PROVIDER TOTAL:	59	26.6	21	59
PROVIDER: HOBBS,PATRICIA (LICENSED CLINICAL SOCIAL WORK)				
13-INDIVIDUAL TREATMENT/COUNS	2	2.0	1	2
31-CASE MANAGEMENT-PATIENT NO	1	0.5	1	1
	=====	=====	=====	=====
PROVIDER TOTAL:	3	2.5	2	3
PROVIDER: KINNEY,BENTON (PHYSICIAN ASSISTANT)				
99-INDIVIDUAL BH EHR VISIT	4	0.0	4	4
	=====	=====	=====	=====
PROVIDER TOTAL:	4	0.0	4	4
PROVIDER: RIGBY,KEITH (MENTAL HEALTH TECHNICIAN)				
12-ASSESSMENT/EVALUATION-PATI	8	9.5	6	8
13-INDIVIDUAL TREATMENT/COUNS	14	12.3	7	14
30-FOLLOWUP/FOLLOWTHROUGH-PAT	1	0.3	1	1
34-OTHER SUPPORT SERVICES-PAT	1	0.3	1	1
	=====	=====	=====	=====
PROVIDER TOTAL:	24	22.3	15	24
PROVIDER: WALTER,KAREENA (LICENSED CLINICAL SOCIAL WORK)				
12-ASSESSMENT/EVALUATION-PATI	4	5.3	2	4
13-INDIVIDUAL TREATMENT/COUNS	10	10.8	10	10
35-COLLABORATION	5	2.6	3	5
56-RECORDS/DOCUMENTATION	15	1.9	14	15
	=====	=====	=====	=====
PROVIDER TOTAL:	34	20.5	29	34

FACILITY TOTAL:	124	71.9	71	124

PH

ACTIVITY REPORT FOR ALL PROGRAMS (MH,SS,CD,OTHER) PROGRAM

RECORD DATES: OCT 01, 2016 TO OCT 27, 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
SU TOTAL:	431	180.0	224	431
AREA TOTAL:	431	180.0	224	431

RUN TIME (H.M.S): 0.0.0



Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

November 3, 2016

Annie Smith RN, BSN, PHN

Action Items:

No requests this month.

October Activities:

- Annie attended an online class on “End of Life Issues”. This was very helpful in addressing these issues with our Elders.
- Melodee was out for part of this month and I am very happy to tell you all she has returned.
- Our Elder Luncheon was excellent. We had a good turnout and I am attaching two pictures that Jeanne took at the Wellness Center. I will be writing a full report for the next meeting as the luncheon was just yesterday.

- The Yreka CHR's, Roberta, Carol and Letha completed an Elder needs assessment that was need for grants and requested by Jaclyn. Making all the calls to all the Elders in the entire system and from all communities was a great undertaking and we learned a lot in the conversations.
- Our Transporter in Yreka is busy constantly. Allowing the Tribe to have this service is freeing up the CHR's to do a lot of work.
- Today we met together and planned the Home visits for the winter.
- I am requiring all of our Outreach staff to take an online class with IHS for" CHR PCC Reporting System from RPMS". This class was recently revised. This will then take a couple of months for us to be sure we have accurate reporting of all the CHR activities. I will then report all activities monthly.

Diabetes Grant:

- Flo is busy now with doing the Diabetes lunches in Happy Camp and Orleans as Dolores is temporarily out.

Financial Report:

	<i>Unencumbered Balance</i>	<i>Percent used</i>
Public Health Nurse:	\$109,412.56	3.78%
CHR:	\$559,184.78	2.87%
IHS Diabetes Grant FY 2016:	closed out 2016	Done

OCTOBER 2016 REPORT FOR ORLEANS CLINIC

- Medical/lab Patients seen/scheduled in October were down from September. See Attachment 1
- During the month of October our provider was gone for training, sick leave and her birthday holiday – leaving the clinic with no provider for 5 work days.
- On October 4, 2016 the clinic had our quarterly pharmacy inspection by Ike Walkefeld. See attachment 2
- On October 18, 2016 we had a Facility Site Review done by Partnership Health Plan of California, Jenna Trask. We will receive a follow up letter at a later date. The auditor took some forms we use to share as 'best practice'. She was very impressed with our Electronic Health Records and our clinic operations. See Attachment 3

Rabbie Petersen
ORLEANS Clinic
10/26/2016

Clinic Name	Number of Visits 10/3/2016-10/31/2016
OR LAB	35
FLOWERS OR	113
	<u>148</u>

Data collected 10/26/2016
October 2016

Clinic Name	Number of Visits 9/1/2016-9/30/2016
OR LAB	72
FLOWERS OR	151
	<u>223</u>

September 2016

Quarterly Clinic Assessment Report

Quarter 4 Year 2016

Clinic Name: Orleans	Date of Inspection: October 4, 2016
Conducted By: Ike Wilkenfeld RPh PC	Supervising Physician: Dr. Vasquez
Pharmacy Supervisor: Regina Flowers, PA	

	Yes	Needs Improvement	N/A
1) Potency & Safety of Medications Stored in the Drug-Room:			
a. Expired Drugs are removed from stock & logged according to P&P	X		
b. Drug Recall Reports are filed with initials & dates-location:	X		
c. Recalled Drugs are removed from stock & logged according to P&P	X		
d. Refrigerator Temperature is kept between 2 to 8 degrees C (36 to 45 degrees F)	X		
e. Freezer Temperature is kept between -20 to 0 degrees C (-4 to 32 degrees F)	X		
f. Drug Room Temperature is kept between 15 to 30 degrees C (59 to 86 degrees F)	X		
g. Multi-Dose Vials (MDV) are dated & initialed upon first entry	X		
2) Stat Cart - Emergency Medications:			
a. A Current Medication List is posted outside of Stat Medication Box	X		
b. Expired Drugs are removed & replaced promptly	X		
c. Security is assured with use of Entry-Log sheets & Numbered Plastic Seals	X		
3) Organization of Medication Stock & Other Supplies:			
a. Drug Shelves are stocked alphabetically or by drug/disease classification	X		
b. Oral & External-use Medications are reasonably separated	X		
c. Poisons/Cleaning Solutions are stored separately from medications	X		
d. Countertops are kept orderly & clean from contaminants at all times	X		

4) Security of Medication Stock:	Yes	Needs Improvement	N/A										
a. Drug Storage Areas are locked when unattended by authorized staff	X												
b. Only Authorized Clinicians have access	X												
5) Proper In-house Dispensing & Documentation:													
a. Labeling of dispensed medications include all necessary information	X												
b. Drug Distribution Logbook is kept up-to-date & shows accountability	X												
c. Formulary Adherence Drugs stocked match the clinic's current Formulary List	X												
d. Sample Drug Distribution logbook is kept up to date & shows accountability			X										
e. Eligibility for Discounted Drugs - Drugs are dispensed to eligible patients only. Medi-Cal is not billed for any medications dispensed from clinic			X										
6) Patient Chart Reviews: Compliance with Inhouse Dispensing Policies													
a. In-House Dispensing of Drugs are documented in patient charts	X												
b. Consultations on in-house dispensed drugs are documented in chart	X												
<table border="0"> <tr> <td>Random Audit:</td> <td></td> <td></td> <td>Documented</td> <td>Documented</td> </tr> <tr> <td>Date:</td> <td>Medication</td> <td>Chart #</td> <td>Dispensing</td> <td>Consultation</td> </tr> </table>	Random Audit:			Documented	Documented	Date:	Medication	Chart #	Dispensing	Consultation			
Random Audit:			Documented	Documented									
Date:	Medication	Chart #	Dispensing	Consultation									
Clinic:													
Date:													

**Partnership HealthPlan of California
Facility Site Review Survey – Corrective Action Plan**

Date of Review: 10/18/2016 Site ID# 03700036

Facility Name: Karuk Health Center, Orleans PCP Name(s):
of PCPs Reviewed: 2
of Charts Reviewed: 10

Address: 325 Asip Road, Orleans, CA 95556 Contact Person and Title: Babble Peterson, Clinic Manager

Telephone: (530) 627-3452 Fax: (530) 627-3445

Site Review Score: 100% Date Critical Element CAP Due: N/A

Medical Record Score: 90% Date Site Review CAP Due: N/A

Date Medical Record CAP Due: N/A

Reviewer's Name/Title (Print): *Jenna Trask, RN* Reviewer's signature/Title: *Jenna Trask, RN*

Corrective Action Plan (CAP) Completion and Submission Requirements

The Health Plans have collaborated in establishing a process to facilitate compliance while limiting the intrusion into your facility. Participating Health Plans agree to accept evaluation findings of the other Health Plans upon the physician's signature of Disclosure and Release. The collaborative process does not supersede any contractual requirements, and participation is voluntary.

Disclosure and Release

I have received and reviewed copies of the above listed site's evaluations and corrective action plans for the facility and medical record reviews. I agree to correct each identified deficiency by implementing any corrective action that may be required. I understand that failure to correct any of the noted Critical Element deficiencies within the required 10 business days and any other noted deficiencies within the 45 day time period from the review date, may result in the exclusion of this facility and the associated provider(s) from the roster. The completed CAP must include evidence of correction (e.g. invoices, education sign sheets, forms used) and dates completed.

I hereby authorize any government agencies that have authority over the health plans, and authorized county entities in the State of California, to furnish to each other these reviews and corrective action plans of this facility.

Babble Peterson *Babble Peterson*
 Physician/Designee Signature Printed Name and Title
Date

Please Return Completed CAP via U.S. Mail or FAX to: **Partnership HealthPlan of California**
 3688 Avtech Parkway
 Redding, CA 96002
 Attention: Quality Improvement & Monitoring Dept.
 FAX: (530) 999-6950

ATTACHMENT 3

RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting-Happy Camp, CA
November 3, 2016
Patricia White, RPMS Site Manager



Workload reports

Below is the September 2016 Operations Summary and Tribal Statistics. In September there were 1,725 ambulatory visits/encounters in all locations. This was a decrease of 116 visits from August 2016. Happy Camp was down by 51 visits, Orleans was up by 15 visits, and Yreka was down by 80 visits. Medical was down by 40 visits, Dental was down by 100 visits, AOD was up by 32 visits, and other Mental Health was down by 15 visits. Miscellaneous visits (nursing, chart review) made up the remainder of the differences. 661 of these visits were for Native American patients (39%).

User end assistance and Reports

In September I had

- Three requests for patient data reports from RPMS,
- Five requests for end-user assistance (reset passwords, Program installs, etc.)and
- Two user access set ups. (One returning employee and one new user)

Projects /Tasks

- **Dentrix/IHS EDR Installation update** – We are continuing to work on a change to our Dentrix (EDR) program. In 2011 Dentrix was purchased as a standalone commercial off the shelf program (COTS). In 2013 we hired Cimarron Medical Informatics to build and interface to RPMS. This project will convert us to the IHS interface of Dentrix. This past week Eric and I granted access to our database for an IT technician from Dentrix/Henry Schein and for an engineer consultant with IHS. These two will gather required information and perform tasks in RPMS and Dentrix to establish the interface. We have a business associate agreement in place with Dentrix/Henry Schein, and a signed RPMS agreement from the engineer consulting with IHS.
- **RPMS/EHR updates**-upcoming
 - BMW/BPRM Patch 4
 - EHR Patch 20 and 21

RPMS Budget: As of October 27, 2016

Budget Code	3000-75
Program Year	2016-2017
Total Budget	\$240,454.40
Expenses year to date	\$8903.47
Unencumbered Balance	\$229,807.73
Percent used	4.43%

OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR SEP 2016
Prepared for November 3, 2016
Health Board Meeting
Happy Camp, CA

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

PATIENT REGISTRATION

There are 20,077 (+3.4) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 49 (-43.0) new patients, 0 (**) births, and 1 (-66.7) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 3,074 (+0.4) patients enrolled in Medicare Part A and 2,907 (-0.1) patients enrolled in Part B at the end of this time period.

There were 194 (+20.5) patients enrolled in Medicare Part D.

There were also 8,018 (+3.4) patients enrolled in Medicaid and 7,238 (+3.4) 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 85,210.84 (+99.5). The number and dollar amount of authorizations by type were:

57 - DENTAL	3	4355
64 - NON-HOSPITAL SERVICE	1089	80855.84

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

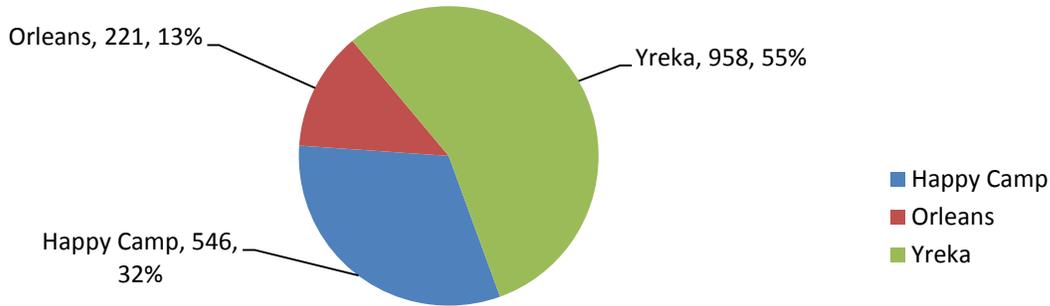
AMBULATORY CARE VISITS

There were a total of 1,725 ambulatory visits (-17.3) 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	1,725	(-17.3)
By Location:		
YREKA	958	(-11.4)
KARUK COMMUNITY HEALTH CLINIC	546	(-34.1)
ORLEANS	221	(+26.3)

Visits by Location September 2016



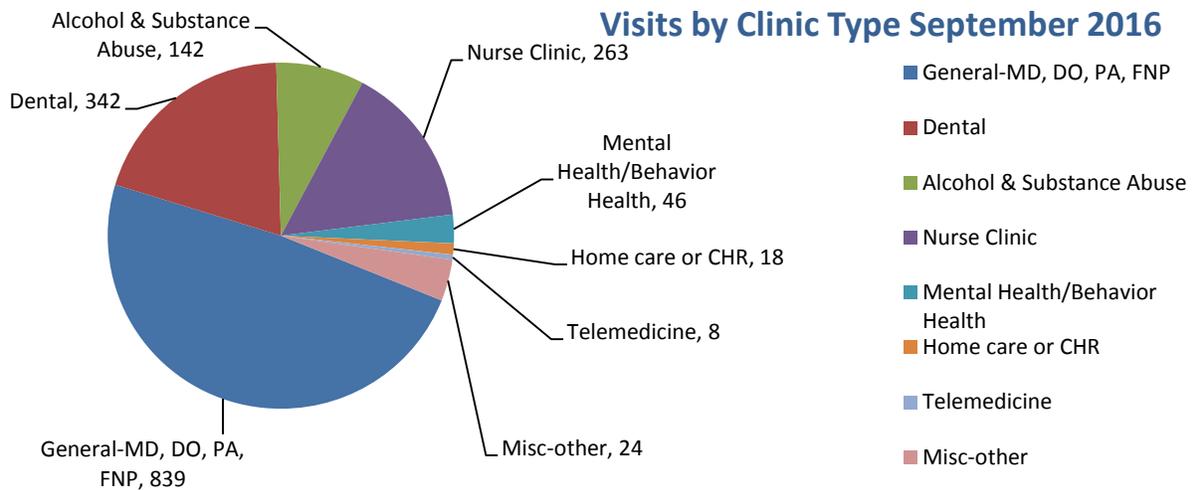
By Service Category:

AMBULATORY	1,710	(-17.2)
TELECOMMUNICATIONS	15	(-21.1)

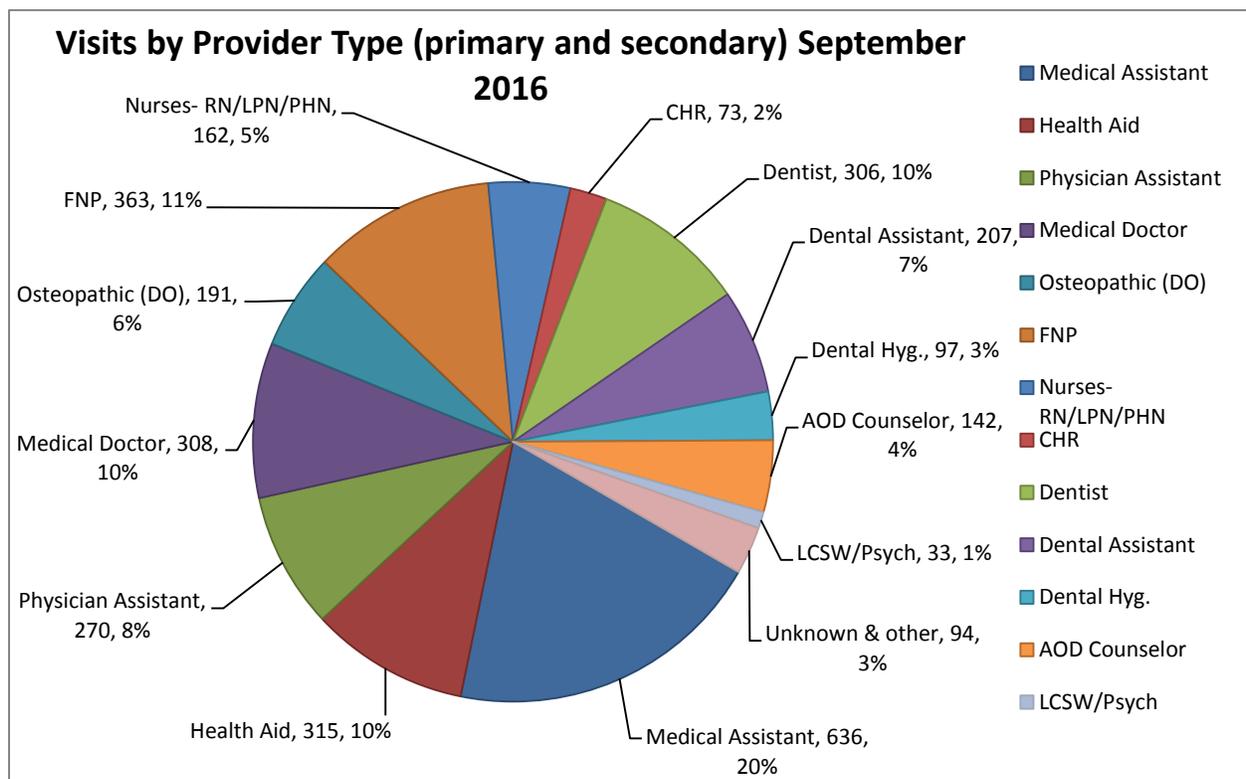
By Clinic Type:

GENERAL	839	(-28.9)
DENTAL	342	(-35.6)
NURSE CLINIC	250	(+131.5)
ALCOHOL AND SUBSTANCE	142	(+35.2)
OTHER	55	(+266.7)
BEHAVIORAL HEALTH	33	(-37.7)
HOME CARE	18	(-40.0)
MENTAL HEALTH (PSYCHIATRY)	13	(-38.1)
PHN CLINIC VISIT	13	(+44.4)
TELEBEHAVIORAL HEALTH	6	(-53.8)
TELEPHONE CALL	5	(+66.7)
CHART REV/REC MOD	4	(+0.0)
PHYSICAL THERAPY	3	(+200.0)
TELEMEDICINE	2	(-77.8)

Visits by Clinic Type September 2016



By Provider Type (Primary and Secondary Providers):		
MEDICAL ASSISTANT	636	(-25.6)
NURSE PRACTITIONER	363	(+118.7)
HEALTH AIDE	315	(+26.0)
MD	308	(+3.4)
DENTIST	306	(-39.8)
PHYSICIAN ASSISTANT	270	(-61.9)
DENTAL ASSISTANT	207	(-34.5)
OSTEOPATHIC MEDICINE	191	(+19.4)
ALCOHOLISM/SUB ABUSE COUNSELOR	142	(+35.2)
LICENSED PRACTICAL NURSE	122	(-51.2)
DENTAL HYGIENIST	97	(-39.4)
UNKNOWN	94	(**)
COMMUNITY HEALTH REP	73	(+62.2)
LICENSED CLINICAL SOCIAL WORK	33	(-44.1)
CLINIC RN	20	(**)
PUBLIC HEALTH NURSE	20	(-48.7)



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). Encounter for immunization	297	(**)
2). Other specified counseling	161	(**)
3). Essential (primary) hypertension	102	(**)
4). Other chronic pain	98	(**)
5). Type 2 diabetes mellitus without co	88	(**)
6). Encounter for dental exam and clean	80	(**)
7). DENTAL EXAMINATION	67	(-87.5)
8). Low back pain	63	(**)
9). Encounter for other specified speci	52	(**)
10). Dental caries, unspecified	51	(**)

CHART REVIEWS

There were 1,054 (-10.2) chart reviews performed during this time period.

INJURIES

There were 64 visits for injuries (-49.6) reported during this period. Of these, 20 were new injuries (-62.3). The five leading causes were:

- 1). Oth cause of strike by thrown, proj 5 (**)
- 2). Contact with fats and cooking oils, 3 (**)
- 3). Fall same lev from slip/trip w stri 2 (**)
- 4). Accidental malfunction of hunting r 2 (**)
- 5). Person injured in unsp motor-vehicl 1 (**)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL

There were 292 patients (-27.2) seen for Dental Care. They accounted for 342 visits (-35.6). The seven leading service categories were:

- 1). PATIENT REVISIT 255 (-38.0)
- 2). HYPERTENSION SCREENING 147 (-40.0)
- 3). LOCAL ANESTHESIA IN CONJUNCTION WIT 98 (-30.5)
- 4). PREVENTIVE PLAN AND INSTRUCTION 92 (-37.8)
- 5). INTRAORAL - PERIAPICAL FIRST RADIOG 90 (-34.8)
- 6). LIMITED ORAL EVALUATION - PROBLEM F 79 (-25.5)
- 7). TOPICAL APPLICATION OF FLUORIDE VAR 76 (-39.2)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

There were 1,812 new prescriptions (-17.4) and 0 refills (**) during this period.

**Tribal Statistics
August 2016**

	Registered Indian Patients September	Indian Patients Receiving Services September	APC Visits by Indian Patients September
Karuk	2130	429	397
Descendants residing in CA	1916	205	169
All other Tribes	2275	121	95
Total	6321	755	661

Karuk Tribe



Karuk Tribal Health Board Report For Meeting Date November 3, 2016 Location- Happy Camp

1. Training and Staff Schedules

- As of October 24, 2016 Shannon Jones and Kayla Bridwell are Registered Dental Assistants (RDA). They have applied for the open RDA positions at the Yreka Dental Clinic.

2. December Orleans Dental Screening Clinic

The Hygienist is scheduled to hold the next Dental screening Clinic in Orleans on December 20, 2016.

3. Projects Updates –Transition to I.H.S. /Dentrix Dental Electronic Dental Record and Digital X-rays

- No update** on the transition to the Dentrix/I.H.S Dental Electronic Record project. Eric had an email conversation with the Dentrix and I.H.S contacts and we are set to go, just waiting on the I.H.S. Technical to contact Eric.
- Transition to Dental Digital X-rays
 - Eric Cutright, Dale and I meet this month and discussed this project:
 - I confirmed that the estimated cost given to us by Sullivan Schein was \$1112,384.33, which includes: Dexis Digital Software and licenses; x-ray sensors, integrator for Dentrix Enterprise, training, and a digital panoramic x-ray unit for Yreka.
 - The HRSA Grant was for 45,366.00, so we will need matching funds in the amount of \$67,018.33, in order to do this project,
 - We now have a copy of the grant and need to meet again to review the project status and do some planning.

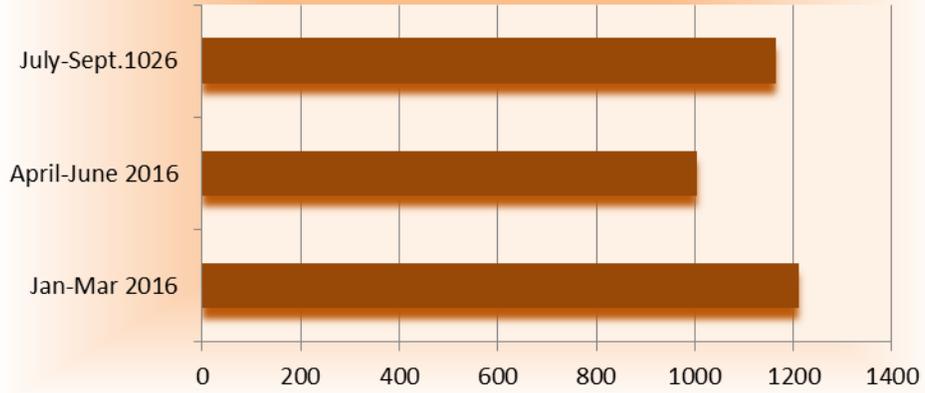
4. Dental Staffing Updates

- Dr. Lew – Newly hired Dental Director will be starting on Yreka on October 26, 2016.
- On November 1, 2016 - Dr. Robert Millington DDS will be starting to work as a Yreka Dental Clinic Dentist
- Christine Crouch the RDH will start in Yreka on Oct. 31
- Dental Sterilization Technicians in Yreka and Happy Camp will start Nov. 1
- Other Dental vacancies:**
 - Unlicensed Dental Assistant (two for Yreka and one for Happy Camp) interviews were conducted and we have started their hiring process.
 - We expect to have all the positions filled and new staff working, no later than November 14, 2016.

5. Budgets

New Budget Year started on October 1, 2016 so at this time I have no budget concerns at this time.

Total Dental Visits for First Three Quarters of 2016



Report respectfully submitted by Vickie Walden RDA on October 27, 2016



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A team-based approach to primary care is making all the difference

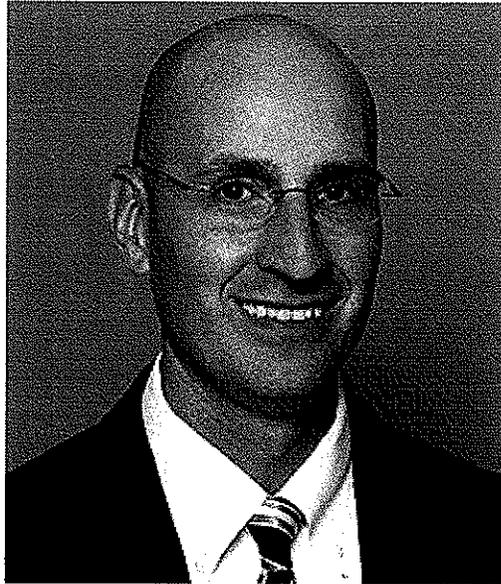
Kevin Manemann, October 4, 2016

For years, medical providers have claimed to work as a team. However, the reality was that the physician – particularly the primary care provider – typically managed most patient visits on his or her own. Everything from examinations to copious note-taking was on the one doctor's shoulders.

St. Joseph Heritage Healthcare knew there had to be a better way, and it was our physicians who sought the change. Not only were doctors exhausted from examining patients and taking notes on each visit in 15-minute blocks of time, they were saddled with mountains of administrative duties after-hours. The joy of practicing medicine seemed fleeting and the feeling of isolation was apparent. Our doctors were together in a group practice, but essentially alone.

Team-based care has been a welcome solution and a natural extension of our focus on patient-centered care. In our new set-up, physicians, nurses, medical assistants and administrative team members share responsibilities for the patient visit and follow-up, as do social workers, care managers and pharmacists, when warranted. Typically these shared responsibilities include patient intake, patient history updates, and follow-up communication and planning with the patient. The result is often a more satisfying and comprehensive visit for both patient and doctor.

One physician described the change as returning to the true art of medicine. "We have the time to connect with patients, and that is what truly differentiates the best doctors," he says. "We are



Kevin Manemann, President & CEO

rediscovering our passion for medicine and are reinvigorated by the work.”

While everyone on our team understood and appreciated this approach when first introduced, changes to everyone’s routines were required. Most of the changes focused on improving communication among the team of care professionals. For example, mornings now include team huddles in which the physicians, nurses, medical assistants and others meet

to discuss the office’s schedule for the day and particular challenges. At some of our sites, these meetings involve social workers/care managers who get to know the patients on the daily schedule who will most likely need behavioral health or other services. Our team-based care approach also draws on the expertise of pharmacists, who assist providers with medication reconciliation and patient education.

When time permits, staff members and physicians often share stories of the past day’s successes to motivate the team to continue working to the best of their abilities. We have found that, for the most part, processes do improve when a team is involved. Because effective teamwork requires everyone to pitch in and work efficiently, the team is always seeking ways to improve upon their evidence-based protocols. It is typical for a team to review each portion of the patient encounter to ensure nothing slips through the cracks.

Patients, too, have noticed the difference. They appreciate the time spent with a physician who is focused on communicating with them rather than entering notes into the computer. Additionally, administrative processes have become more efficient and staff are more knowledgeable about each patient’s needs. Patient and family members have remarked that they notice they have an entire team behind them rather than one physician and a few hurried staff members.

With our new approach, we can also take time to educate patients on the tools they have for managing their care. These tools include

on-line scheduling and checking test results via the patient portal. Telemedicine and e-visits also are available. These enhancements are not only more convenient for certain patients, they have opened up scheduling slots for others who want or need an office visit.

With office visits better managed and patient satisfaction on the rise, we are also better equipped to welcome larger patient volumes. Whereas physicians previously struggled with managing 1,500 patients, we now believe they these volumes can increase by at least 25 to 50 percent without compromising high levels of clinical practice and patient satisfaction.

Although this new team-based model is still relatively new for us, we are discovering additional benefits almost every day. Our patients are appreciative. Physicians and staff are finding greater satisfaction in their work. And everyone is more inclined to keep improving on a model that is already proving very successful.

Kevin Manemann is president and CEO of St. Joseph Heritage Healthcare. Part of St. Joseph Health, St. Joseph Heritage Healthcare (Heritage) was founded in 1994 and includes eight medical groups throughout California. In addition to its medical groups, Heritage supports six distinct affiliated physician networks throughout the state. Combined, they provide residents access to more than 2,000 providers in virtually every specialty. Heritage medical groups and affiliated physicians have received top honors from various organizations, including the Orange County Medical Association for Physicians of Excellence and the Integrated Healthcare Association with distinction in clinical quality.

Kevin Manemann

Kevin Manemann, President & CEO