

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, November 2, 2017 10 AM, 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 12, 2017)*

H) GUESTS *(Ten Minutes Each)*

1. Keith Hostler

I) OLD BUSINESS *(Five Minutes Each)*

- 1.

II) DIRECTOR REPORTS *(Ten Minutes Each)*

1. Josh Stanshaw, Operations Manager (written report)
2. Tony Vasquez, Medical Director
3. Pat Hobbs, Children & Family Services (written report)
4. Eunsun Lew, Dental Director
5. Cindy Hayes, Yreka Clinic Manager (written report)
6. Sondra Dodson, Happy Camp Clinic Manager (written report)
7. Babbie Peterson, Orleans Clinic Manager (written report)
8. Kori Novak, Health CEO (written report)
9. Vickie Simmons, HR Director (written report)
10. Lessie Aubrey, Manager of Grants, Compliance and Accreditation
11. Patti 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. Laura Olivas
3. Kori Novak
4. Barbara Snider
5. Tribal Council Members

N) SET DATE FOR NEXT MEETING (*Thursday, December 7, 2017 at 10am in Happy Camp*).

OO) ADJOURN

**Karuk Tribe – Health Board Meeting
October 12, 2017 – Meeting Minutes**

Meeting called to order at 10AM by Vice-Chairman Super

Present:

Robert Super, Vice-Chairman
Michael Thom, Secretary/Treasurer
Arch Super, Member at Large
Joseph “Jody” Waddell, Member at Large
Renee Stauffer, Member at Large
Josh Saxon, Member at Large (late)
Alvis “Bud” Johnson, Member at Large
Charron “Sonny” Davis, Member at Large

Absent:

Russell “Buster” Attebery, Chairman

Prayer was done by Sonny Davis and Robert Super read the Mission Statement.

Agenda:

Renee Stauffer moved and Bud Johnson seconded to approve the agenda, 6 haa, 0 puuhara, 0 pupitihara.

Arch asked that the consent calendar item be removed.

Arch Super moved and Renee Stauffer seconded to table the consent calendar item, 6 haa, 0 puuhara, 0 pupitihara.

Minutes of September 14, 2017:

Arch Super moved and Renee Stauffer seconded to approve the meeting minutes of September 14, 2017, 4 haa, 0 puuhara, 2 pupitihara (Jody/Michael).

Guests:

1) Dr. Michael Fratkin and Amy Bruce:

Not present. Kori explained that he will be in closed session.

2) Tanya Busby, Domestic Violence:

Tanya is present to seek approval for Nadine McElyea to Blue Lake for travel and training. The funding is in the budget. Tanya reported that her conference that was recently attended was interesting and it was good to hear several other Tribes provide testimony.

Arch Super moved and Sonny Davis seconded to approve travel for Nadine McElyea, 6 haa, 0 puuhara, 0 pupitihara.

3) Emma Lee Perez, Contract Compliance:

Emma Lee is present to seek approval of medication (1) to 12-A-008.

Renee Stauffer moved and Jody Waddell seconded to approve modification (1) to agreement, 6 haa, 0 puuhara, 0 pupitihara.

She then provided CSD under resolution 17-R-120. This provides coats for kids, youth activities as well as other emergency services. It is calendar year not fiscal year.

Arch Super moved and Jody Waddell seconded to approve resolution 17-R-120, 6 haa, 0 puuhara, 0 pupitihara.

She also sought approval of resolution 17-R-121 which is a portion of the pass-through funding that is administered by the Tribe.

Arch Super moved and Sonny Davis seconded to approve resolution 17-R-121, 6 haa, 0 puuhara, 0 pupitihara.

4) Lester Alford, TANF Director:

Lester is present to seek approval of the LIHEAP model plan. It is required annually. The Tribe receives approximately \$31,000 each year and it often gets recommended for reduction in funding. This funding provides services to those that may need assistance with heating, cooling, weatherization, or crisis items.

Jody Waddell moved and Bud Johnson seconded to approve resolution 17-R-123, 6 haa, 0 puuhara, 0 pupitihara.

Director Reports:

1) Josh Stanshaw, Operations Manager:

Josh is present to review his report. He would like to request a VISA for the Yreka Transporter, Ricky Gregory and a regular cell phone (not smart phone).

Arch Super moved and Renee Stauffer seconded to approve a VISA in the amount of \$1,500 and a cell phone, 6 haa, 0 puuhara, 0 pupitihara.

The Yreka Clinic is going through its upgrades pretty smoothly. The HVAC is underway. There was shingles needed on the entrance way but that was missed in the contract so they will find someone to complete the repair on the walkway.

Renee asked if there was a receptionist hired in Orleans. Josh reported that there is and she is under training currently.

Renee Stauffer moved and Michael Thom seconded to approve Josh's report, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon arrived at 10:30am.

2) Tony Vasquez, Medical Director:

Dr. Vasquez is present to review his report. He noted that there is some good news about a provider coming onboard. Dr. Tyson is a pediatrician and is a welcomed addition to the HHS Program. She has 30 years of experience and will receive additional training on diabetes. Jennifer Cronin has provided her resignation.

Michael Thom moved and Renee Stauffer seconded to approve Dr. Vasquez report, 7 haa, 0 puuhara, 0 pupitihara.

Jody thanked Dr. Vasquez for covering for such a long time. He thanked the Board for their support and he really believes that the recent providers are a real big help.

3) Pat Hobbs, Children & Family Services:

Pat first introduced a newly hired LCSW. Jessica provided an overview of her work. She has a lot of experience and is glad to be on board. The Health Board and audience welcomed Jessica to the Tribe.

Pat has a short report. Her two action items did not get signed off and even if she's working late she ran out of time. Josh asked if her action items are time sensitive. Pat reiterated that the holdup is her and having no time to get items completed.

She sought approval of a contract with Eagle Suns systems that provided training on case management. She noted that it has been reviewed but it is late. Pat explained that this software provides a separation in services with TANF and Behavioral Health.

Josh asked about a contract being dated in 2018 and the training being in 2017. Emma Lee noted that that is not an issue. Pat reported it is an error on her part.

Josh Saxon moved and Jody Waddell seconded to approve contract 18-C-001, 7 haa, 0 puuhara, 0 pupitihara.

Pat then provided a consultation notice.

Sonny was excused from the meeting at 10:39am

California Department of Social Services has invited the Tribe to conduct consultation on ICWA. Pat would like to have a planning session around this to determine a direction. Buster has advised to proceed, but Pat noted that there needs to be a Leader to speak on the issues.

Sonny left the meeting at 10:43am.

The ICW Meeting can be in Yreka at 3:30pm on 10/17 and then at the Planning Meeting they will be addressing the Council regarding a direction on consultation.

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

4) Dr. Lew, Dental Director:

Dr. Lew is on vacation. Josh asked who did the OHSA HIPAA class that was included in the written report. Kori reported that Dr. Lew brought someone in to complete that training.

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

5) Cindy Hayes, Clinic Manager:

Josh asked about tele-medicine visits being so high. He asked if that is because clients are getting used to it or because there is no other option. Kori reported that adding more services and high demand specialists, then it is being accessed more. There are specialty providers via tele-medicine that are assisting the patient population in the rural areas.

Michael asked about PHN providing flu shots to the employees and Health Board. Kori reported that there is no PHN to provide the service but the LVN's and Sandy have worked on getting the staff the vaccine if needed. She will put in a call and ask that the Health Board be provided the option today.

Josh Saxon moved and Renee Stauffer seconded to approve Cindy's report, 6 haa, 0 puuhara, 0 pupitihara.

6) Sandra Dodson, Clinic Manager:

Josh asked about Sandy's report. Josh asked if there is another need for a provider. Kori noted that for growth there can be a provider; however they are a sufficiently staffed at this time. Kori reported that the Happy Camp clinic is not running short. Josh asked if Dr. Tyson can have PA/FNP under her. Kori noted that she can and is willing to; however she is more comfortable with someone in her own specialty. Josh asked what percentage of clients is peds vs. other patients. Kori commented that peds is 20 years of age and below. Kori noted that there is 20-25% but it should go up to 30-40%. The peds population is small right now, but they have provided letters to all local hospitals and other facilities within 50-100 mile radius notifying them of the new provider.

Jody asked if there would be services in Happy Camp on Saturday's. Kori reported that yes eventually there will be. Kori noted that it isn't that easy to obtain a qualified physician and hiring the wrong ones is detrimental as well.

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

7) Babbie Peterson, Orleans Clinic Manager:

Babbie provided a written report.

Jody Waddell moved and Bud Johnson seconded to approve Babbie's report, 6 haa, 0 puuhara, 0 pupitihara.

8) Kori Novak, Health CEO:

Kori is present to review her report. She commented that there is an issue and would like to have direction from the Health Board. She would like a wall built to separate office space at the Shasta Building in Yreka. She reported that there are security concerns at the Yreka building that is leased for services. Pat has requested several times to have the wall put up. The Council approved this and they are getting a response from the maintenance staff that leads them to believe the Council should issue a directive. This will be moved to closed session.

There is a two month wait for dental services. They are recruiting for a dental provider which can provide additional services to open Orleans a few days a week. Dr. Kim may be interested in coming on full time which would greatly help the services provided to the patients.

DTI report is Shannon Jones has taken the lead on this project. She provided a mock inspection and preparation for accreditation as well. Dr. Millington was off for a few days and Kori reassigned the staff to painting to keep the staff busy during the provider absence.

Buster has discussed with her some complaints about not having a provider. Kori reiterated that there are services being provided. 4-5 months there hasn't been a large reduction in services. If the Board is receiving complaints that they didn't see patients, that is incorrect. She believes the clients were not onboard with certain days for providers as well as using tele-medicine, but there was service available.

Kori commented that due to the roofers and their lack of clean up they have had several tires that were flat due to screws. Emma Lee asked if it was discussed with the contractors and Kori reported that they were advised of this, but it continues.

She reported on the colors of the clinics. Between herself, Josh, Sam and the dental crew the painting has been done on the inside of the building.

Her last item is the ACORNS grant. It is still not installed and she has taken this over. There was the opportunity to apply for the third phase of that grant and they did not apply due to not being compliant with the current equipment install. The installation has gone out to bid several times but there hasn't been acceptable responses. She has discussed this with Scott Quinn and they would like to discuss installing the equipment on the Tribes property which is assist in timely installation. She will need the equipment viewed and reach out to potential installers, but she would like to seek the Tribes permission to install the equipment near the Billing Office.

The Council will discuss this and assist in finding an alternate location for the equipment to be installed.

Michael commented that when the providers are booked for months, then maybe they should be referred out for services. Kori noted that all patients are triaged and they are handling that on an HR route due to not following processes, however the rule is to triage every patient.

Jody Waddell moved and Renee Stauffer seconded to approve Kori's report, 6 haa, 0 puuhara, 0 pupitihara.

9) Vickie Simmons, HR Director:

Vickie is present to review her report. She has no action items. She provided an overview of September activities. Vickie recommends Aida, Deanna Miller, Brittany and others receive the HR training onsite that she is evaluating. Since those persons are the HR representatives or assist in HR activity.

Vickie reported that Brittany Souza stepped up and helped out while she was on travel. Dion assisted as well during her absence. She wanted to acknowledge them for their work.

The insurance changed and there are some complaints on the services. Kori noted that she will be discussing this in closed session as well, because it will affect how HHS provides care.

Michael Thom moved and Renee Stauffer seconded to approve Vickie's report, 6 haa, 0 puuhara, 0 pupitihara.

10) Lessie Aubrey, Manager of Grants, Compliance and Accreditation:

Lessie is present to review her report. She noted that a report is needed for medical home but due to the lack of providers they couldn't do the report.

A health questionnaire was missed twice and a follow up visit didn't have an allergy check in a medical chart review. Lessie further reviewed the quality reports. She would like to do a report on mammograms and ensure a project is identified that goes along with partnership health plan.

Risk management has two incident reports for safety and two reports related to angry patients. She is following policy regarding those.

Kori reported as well that the patient portals is an issue but providing additional equipment that is accessible to the patients, will really assist in services. Lessie noted that this coincides with the meaningful use. Most people are not interested in obtaining this accessibility which was identified in the patient survey. Kori reported that the patients will be provided education to assist in the overall goal to improve.

Jody Waddell moved and Michael Thom seconded to approve Lessie's report, 6 haa, 0 puuhara, 0 pupitihara.

11) Patti White, RPMS Site Manager:

Patti is seeking consensus to allow the HHS program to be a BETA test site for RPMS. By being a BETA test site she has access to software and has a current version loaded onsite which helps in getting reports done and submitted on time.

Consensus: to allow for the HHS program to be a BETA test site.

Patti provided data noting that Yreka was up by 400 visits, Happy Camp was up about 36 visits and Orleans was down by 54 visits, which was due to no provider. She commented that 54% of visits in August are Tribal people. Running total for the calendar year is similar but up a little bit from 2016, even with provider issues and staffing issues. Dental has increased drastically. The Business office is in the middle of BETA testing a third party AR patch. Eileen is overseeing that test.

Robert asked if Patti can generate a report on referrals. Patti noted that yes; she can if the referrals are entered into the RPMS system. Patti noted that some persons weren't entering them but Josh has notified them to do this activity. Robert would like to see that report. Kori explained that the

referrals are going to slow down this month and over the next couple of months, due to having staff.

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

Closed Session:

Josh Saxon moved and Renee Stauffer seconded to uphold the CHS denial and pay for CHS Case #295 from third party, 6 haa, 0 puuhara, 0 pupitihara.

Informational: ResolutionCare provided an overview of services they offer.

Consensus: for review of the budget and funding source of the bonus program to be provided in order to make a final decision on where that funding will be moved.

Consensus: for a recruitment firm contract to be identified and complaint paperwork to be submitted for a phone vote.

Executive officers approved personal use of Tribal vehicle.

Informational: for the recent reporting of Indian Health Services to be clarified.

Informational: completed policies need approved and a compliant binder by November 15th.

Informational: position description for an Assistant position will be reviewed and presented.

Consensus: to refer travel option to the Travel Clerk to evaluate the difference in cost vs. convenience.

Informational: The Vice-Chairman will seek options for a wall at the Shasta Building with the Construction Manager.

Informational: Inter-department transfer policy will be presented at a later time.

Informational: Error in DTI grant was updated and compliance is being processed. BCBS is ongoing and will be completed by Monday.

Informational: recent insurance changes need evaluated for clinic flow.

Consensus: to table the organizational chart and it be updated as it changed every couple of months.

Informational: review of the recruitment and retention specialist position description needs HR/TERO review.

Josh Saxon moved and Michael Thom seconded to allow insurance coverage for spouse KH, 6 haa, 0 puuhara, 0 pupitihara.

Informational: livescan issues were updated to the Health Board.

Consensus: to allow the letter from Jennifer Cronin to be sent to PA schools.

Informational: financial report indicated billing may be slightly behind. PRC needs evaluated to provide options of additional services to the Membership.

Josh Saxon moved and Renee Stauffer seconded to approve the health financial report, 6 haa, 0 puuhara, 0 pupitihara.

Informational: Tribal Member reported incidents and wanted to update the Health Board on experience with services.

Kori Novak: will attend the BOS meeting and provide the briefing for the Council to review prior to the meeting.

Arch Super moved and Josh Saxon seconded to allow KTHA and KCDC to hold their own holiday parties. All tribal holiday parties are to be held on December 1st, and all employees may attend the Tribes at Blue Lake if they would like; all other travel, mileage, car-pooling and office shut downs shall be in effect, 6 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Renee Stauffer seconded to approve out of state travel for Sinead Talley, 5 haa, 0 puuhara, 1 pupitihara (Michael Thom).

Josh Saxon moved and Renee Stauffer seconded to pay \$700 for shipping costs related to free holiday gift program, 6 haa, 0 puuhara, 0 pupitihara.

Renee Stauffer moved Josh Saxon seconded to approve the purchase of flowers and cards (3 persons), 5 haa, 0 puuhara, 0 pupitihara.

Josh Saxon moved and Jody Waddell seconded to approve 3 staff MKWC to OMB training, 6 haa, 0 puuhara, 0 pupitihara.

Informational: NIHC seat needs evaluated in December 2017.

Josh Saxon moved and Bud Johnson seconded to pay for one night lodging for Michael Thom recent CRIHB travel from discretionary, 6 haa, 0 puuhara, 0 pupitihara.

Next Meeting Date: November 2, 2017 at 10am in Happy Camp.

Renee Stauffer moved and Jody Waddell seconded to adjourn at 4:27pm.

Respectfully Submitted,

Robert Super, Vice-Chairman

Recording Secretary, Barbara Snider

OPERATIONS MANAGER REPORT

Date

SYNOPSIS

The major projects on the Yreka Clinic are either completed or in their final stages. The roofing project has been completed. HVAC and exterior painting are in their final stages and should be wrapped up in the next few days. The flooring is slated to begin the first week of November. With the conclusion of the major projects in Yreka I am shifting my focus on getting things in order for the coming AAAHC re-accreditation. IHS is conducting a facility review in order to help prepare for the re-accreditation. The environmental officer from IHS is familiar with AAAHC standards and will be of great help to ensure a smooth re-accreditation.

Clinic Reports

Attached are the reports from Cindy Hayes, Yreka Clinic Manager; Sandra Dodson, Happy Camp Clinic Manager; and Babbie Peterson, Orleans Clinic Manager. The highlights from their reports are provided below.

Yreka: Yreka medical has had some staff changes. LuLu Alexander is now the Telemedicine Coordinator. Jamie Wasson has transitioned back to medical assistant duties and we very much appreciate all her hard work while filling in for the Telemedicine Coordinator position. We would also like to welcome a new Medical Assistant Gretchen Wilson. We are working on building Dr. Tyson's pediatric case load.

Happy Camp: Happy Camp medical is beginning to stabilize with Greg Goodwin in full swing and the staff is working to meet all of the backlogged need.

Orleans: Orleans has had a great boost in staff with the hiring Lucy Johnson as medical reception/assistant and Viola Long as a dedicated transporter. Having a full time transporter available to the Orleans clinic will provide relief for the CHR to focus more on home visits.

Senior Nutrition

Hannah has been working hard to complete the quarterly assessments as well as coordinate Halloween events for both Orleans and Happy Camp sites. Additionally she is working ahead to get the 2018 menus approved. Additionally she will be attending a PSA2 meeting to be brought up to speed on changes coming this year.

Respectfully submitted;

Joshua Stanshaw
Operations Manager
Karuk Health & Human Services

Happy Camp and Orleans Senior Centers

This month we worked on finalizing all of home bounds quarterly assessment. We also began working on surveys for both homebound and our congregate clients. I also coordinated with Orleans center to do a Halloween party for the elders to help with their socialization skills. We will be doing a few crosswords, a coloring contest, as well as a costume contest for the congregate clients. We also will be giving away small candy bags to both home bound and our congregate clients. Also this month we worked on decorating the Centers for the holiday season.

This month I worked on the 2018 menus so they can get sent to our registered dietician for approval. Also this month I will be attending the PSA 2 providers meeting in Burney to go over the upcoming changes that will be happening this year.

CHILD AND FAMILY SERVICES

November 2, 2017

SUMMARY:

The department is continuing to offer mental health, substance use disorder and child welfare services throughout the service area. I expect to have services in Orleans by 1/1/2018 if we are able to recruit interested staff members.

SECTION 2: DIVISION REPORTS

Substance Use Disorder Program – Siskiyou Probation are pleased that we are considering offering Batterer's Intervention Program in Happy Camp. RFP in process for contractor to conduct Batterers Intervention in Happy Camp. Still no information from the state regarding Driving Under the Influence Program as of today. Joseph Perreira – Intern will be leaving the department on 11/7/2017.

The Tribe was awarded an expansion grant from HRSA to address substance us disorders. We plan to hire a full time case manage who will divide their time between Mental Health and Substance Use Disorder Program.

Mental Health Program – In the recruitment phase for a CADC/LCSW for the program. Maymi Preston will start her internship with us on 10/30/2017 and will be seeing children in Orleans and Somes Bar.

Child Welfare Program– Ms. Jones left the department on 10/20/2017. Rudy Aguirre started in the Yreka office on 10/20/2017 and will be in HC two days per week once his orientation is complete.

I am planning to attend the government to government consultation on the statewide implementation of Tribal Customary Adoptions and the Indian Child Welfare Act which will be held on 11/9/2017 unless otherwise directed by Council. If there are additional talking points to those presented during the 10/19 planning session, please let me know. It appears our primary concern from the Tribe is the loss of contact in Tribal Customary Adoptions between the child and the tribe.

Section 3: Action Items

Contract – Native American Training Institute, Wraparound Training

Contract – Native American Mental Health

Operational Agreements – Koo Vura Yee Shiip (3)

Resolution – 17-R-129 CDSS Title IVE and Karuk Tribe

Credit Card – Rudy Aguire Child Welfare Social Worker

Respectfully submitted;



Patricia Hobbs MSW LCSW

Director Child and Family Services

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

RECORD DATES: OCT 01, 2017 TO OCT 26, 2017 .

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: FOSTER,TAMI (FAMILY THERAPIST) | | | | |
| 12-ASSESSMENT/EVALUATION-PATI | 1 | 1.3 | 1 | 1 |
| 13-INDIVIDUAL TREATMENT/COUNS | 4 | 6.0 | 3 | 4 |
| 21-FOLLOWTHROUGH/FOLLOWUP-PAT | 1 | 0.3 | 1 | 1 |
| 30-FOLLOWUP/FOLLOWTHROUGH-PAT | 1 | 0.3 | 1 | 1 |
| 31-CASE MANAGEMENT-PATIENT NO | 1 | 0.6 | 1 | 1 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 8 | 8.4 | 7 | 8 |
| PROVIDER: HAMMON,CAYLA MA (MEDICAL ASSISTANT) | | | | |
| 99-INDIVIDUAL BH EHR VISIT | 2 | 0.0 | 2 | 2 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 2 | 0.0 | 2 | 2 |
| PROVIDER: HOBBS,PATRICIA (LICENSED CLINICAL SOCIAL WORK) | | | | |
| 13-INDIVIDUAL TREATMENT/COUNS | 4 | 3.8 | 3 | 4 |
| 30-FOLLOWUP/FOLLOWTHROUGH-PAT | 1 | 0.1 | 1 | 1 |
| 56-RECORDS/DOCUMENTATION | 26 | 2.2 | 25 | 26 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 31 | 6.0 | 29 | 31 |
| PROVIDER: JANKE,PAUL (ALCOHOLISM/SUB ABUSE COUNSELOR) | | | | |
| 12-ASSESSMENT/EVALUATION-PATI | 11 | 11.3 | 8 | 11 |
| 13-INDIVIDUAL TREATMENT/COUNS | 23 | 11.8 | 13 | 23 |
| 22-CASE MANAGEMENT-PATIENT PR | 2 | 1.5 | 2 | 2 |
| 30-FOLLOWUP/FOLLOWTHROUGH-PAT | 2 | 0.5 | 2 | 2 |
| 31-CASE MANAGEMENT-PATIENT NO | 10 | 4.8 | 8 | 10 |
| 56-RECORDS/DOCUMENTATION | 1 | 0.5 | 1 | 1 |
| 91-GROUP TREATMENT | 67 | 13.9 | 16 | 67 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 116 | 44.2 | 50 | 116 |
| PROVIDER: KINNEY,BENTON PA-C (PHYSICIAN ASSISTANT) | | | | |
| 99-INDIVIDUAL BH EHR VISIT | 22 | 0.0 | 21 | 22 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 22 | 0.0 | 21 | 22 |
| PROVIDER: PERREIRA,JOSEPH E (ALCOHOLISM/SUB ABUSE COUNSELOR) | | | | |
| 12-ASSESSMENT/EVALUATION-PATI | 3 | 2.8 | 2 | 3 |
| 13-INDIVIDUAL TREATMENT/COUNS | 4 | 3.0 | 2 | 4 |
| 30-FOLLOWUP/FOLLOWTHROUGH-PAT | 2 | 0.5 | 2 | 2 |
| 31-CASE MANAGEMENT-PATIENT NO | 8 | 4.0 | 7 | 8 |
| 56-RECORDS/DOCUMENTATION | 1 | 0.5 | 1 | 1 |
| 91-GROUP TREATMENT | 58 | 13.5 | 11 | 58 |
| | ===== | ===== | ===== | ===== |

| | | | | |
|---|----|------|----|----|
| PROVIDER TOTAL: | 76 | 24.2 | 25 | 76 |
| PROVIDER: WALTER, KAREENA (LICENSED CLINICAL SOCIAL WORK) | | | | |
| 12-ASSESSMENT/EVALUATION-PATI | 3 | 4.0 | 3 | 3 |

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

PH

OCT 26, 2017 Page 2

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

RECORD DATES: OCT 01, 2017 TO OCT 26, 2017

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 |
|---|--------|-------------------|--------|----------|
| 13-INDIVIDUAL TREATMENT/COUNS | 12 | 14.8 | 9 | 12 |
| 21-FOLLOWTHROUGH/FOLLOWUP-PAT | 1 | 0.3 | 1 | 1 |
| 30-FOLLOWUP/FOLLOWTHROUGH-PAT | 1 | 0.3 | 1 | 1 |
| 31-CASE MANAGEMENT-PATIENT NO | 1 | 0.6 | 1 | 1 |
| 56-RECORDS/DOCUMENTATION | 13 | 1.0 | 12 | 13 |
| ===== | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 31 | 21.0 | 27 | 31 |
| PROVIDER: WASSON, JAMIE MA (MEDICAL ASSISTANT) | | | | |
| 99-INDIVIDUAL BH EHR VISIT | 2 | 0.0 | 2 | 2 |
| ===== | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 2 | 0.0 | 2 | 2 |
| ===== | | | | |
| FACILITY TOTAL: | 288 | 103.9 | 163 | 288 |
| FACILITY: ORLEANS | | | | |
| PROVIDER: KING, TRAVIS A MA (MEDICAL ASSISTANT) | | | | |
| 99-INDIVIDUAL BH EHR VISIT | 1 | 0.0 | 1 | 1 |
| ===== | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 1 | 0.0 | 1 | 1 |
| PROVIDER: KINNEY, BENTON PA-C (PHYSICIAN ASSISTANT) | | | | |
| 99-INDIVIDUAL BH EHR VISIT | 1 | 0.0 | 1 | 1 |
| ===== | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 1 | 0.0 | 1 | 1 |
| ===== | | | | |
| FACILITY TOTAL: | 2 | 0.0 | 2 | 2 |
| FACILITY: HAPPY CAMP | | | | |
| PROVIDER: FOSTER, TAMI (FAMILY THERAPIST) | | | | |
| 13-INDIVIDUAL TREATMENT/COUNS | 2 | 2.8 | 1 | 2 |
| 49-CRISIS INTERVENTION-PATIEN | 1 | 1.0 | 1 | 1 |
| ===== | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 3 | 3.8 | 2 | 3 |
| PROVIDER: HAMMON, CAYLA MA (MEDICAL ASSISTANT) | | | | |
| 99-INDIVIDUAL BH EHR VISIT | 2 | 0.0 | 2 | 2 |
| ===== | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 2 | 0.0 | 2 | 2 |
| ===== | | | | |
| PROVIDER: HOBBS, PATRICIA (LICENSED CLINICAL SOCIAL WORK) | | | | |
| 13-INDIVIDUAL TREATMENT/COUNS | 1 | 1.0 | 1 | 1 |
| 29-FAMILY FACILITATION-PATIEN | 1 | 0.3 | 1 | 1 |
| 56-RECORDS/DOCUMENTATION | 1 | 0.2 | 1 | 1 |
| ===== | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 3 | 1.4 | 3 | 3 |

PROVIDER: JANKE, PAUL (ALCOHOLISM/SUB ABUSE COUNSELOR)

| | | | | |
|-------------------------------|---|-----|---|---|
| 11-SCREENING-PATIENT PRESENT | 2 | 0.8 | 1 | 2 |
| 12-ASSESSMENT/EVALUATION-PATI | 3 | 2.5 | 3 | 3 |

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

PH

OCT 26, 2017 Page 3

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

RECORD DATES: OCT 01, 2017 TO OCT 26, 2017

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 |
|--|--------|-------------------|--------|----------|
| 13-INDIVIDUAL TREATMENT/COUNS | 13 | 4.3 | 5 | 13 |
| 15-INFORMATION AND/ OR REFERR | 1 | 0.5 | 1 | 1 |
| 91-GROUP TREATMENT | 19 | 9.8 | 6 | 19 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 38 | 17.8 | 16 | 38 |
| PROVIDER: KINNEY,BENTON PA-C (PHYSICIAN ASSISTANT) | | | | |
| 99-INDIVIDUAL BH EHR VISIT | 3 | 0.0 | 3 | 3 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 3 | 0.0 | 3 | 3 |
| PROVIDER: PENA,J LAUREL MA (MEDICAL ASSISTANT) | | | | |
| 99-INDIVIDUAL BH EHR VISIT | 1 | 0.0 | 1 | 1 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 1 | 0.0 | 1 | 1 |
| PROVIDER: PERREIRA,JOSEPH E (ALCOHOLISM/SUB ABUSE COUNSELOR) | | | | |
| 91-GROUP TREATMENT | 9 | 5.0 | 3 | 9 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 9 | 5.0 | 3 | 9 |
| PROVIDER: WALTER,KAREENA (LICENSED CLINICAL SOCIAL WORK) | | | | |
| 12-ASSESSMENT/EVALUATION-PATI | 1 | 1.0 | 1 | 1 |
| 13-INDIVIDUAL TREATMENT/COUNS | 15 | 16.3 | 10 | 15 |
| 49-CRISIS INTERVENTION-PATIEN | 1 | 1.0 | 1 | 1 |
| 56-RECORDS/DOCUMENTATION | 4 | 0.6 | 4 | 4 |
| | ===== | ===== | ===== | ===== |
| PROVIDER TOTAL: | 21 | 19.0 | 16 | 21 |
| | ===== | ===== | ===== | ===== |
| FACILITY TOTAL: | 80 | 46.9 | 46 | 80 |
| | ===== | ===== | ===== | ===== |
| SU TOTAL: | 370 | 150.7 | 211 | 370 |
| | ===== | ===== | ===== | ===== |
| AREA TOTAL: | 370 | 150.7 | 211 | 370 |

RUN TIME (H.M.S): 0.0.1

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Phone: (530) 493-2201
Fax: (530) 493-5364

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

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract Karuk Tribe Number Assigned: 18-C-004
 MOU
 Agreement Funder/Agency Assigned: Tribal TANF/Child Welfare
 Amendment Prior Amendment: N/A

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

Requestor: Patricia Hobbs LCSW Date: _____

Department/Program: HHS - Child and Family Services

Name of Contractor or Parties: Native American Training Institute

Effective Dates (From/To): September 14, 2017 December 31, 2017

Amount of Original: \$14,000
Amount of Modification: _____
Total Amount: \$14,000

Funding Source: 5054-02-7601.00

Special Conditions/Terms: TERO APPLIES
Project must be complete by 11/15/2016. Cost for training \$10,512.00 plus actual costs for lodging and PW. Total cost NIE \$14,000.00

Brief Description of Purpose:
Provision of Wraparound Training for Karuk Tribal departments and staff who provide direct services to tribal communities and their Managers/Directors.

**** REQUIRED SIGNATURES ****

Requestor: *Patricia Hobbs* Date: 9/11/17

**Chief Financial Officer _____ Date _____

**Director, Administrative Programs & Compliance _____ Date _____

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

Other _____ Date _____

NATIVE AMERICAN TRAINING INSTITUTE

3333 E. Broadway Ave, Suite 1210
 Bismarck, ND 58501
 701-255-6374 Phone 701-255-6394 fax
 ronyah@nativeinstitute.org

Karuk Tribe □ Yreka, CA
Patricia Hobbs, Director, Child and Family Services
 530 841-3141 ext 6304 □ 530 841-5150 fax

Wraparound in Indian Country: "The Ways of the People Are Who We Are" Parts I and II

| Expenses to be paid by Karuk Tribe | Fly + Drive | Cost (1) | Fly + Drive | Cost (2) |
|---|--|--------------------------------|---|----------------------------------|
| Travel | | | | |
| Bismarck, ND – Medford, OR | Flight | \$1100.00 | Flight X 2 | \$2200.00 |
| Medford, OR – Yreka, CA | | 300.00 | Car Rental | 300.00 |
| Two travel days In addition to training days | 2 travel days @ \$400/day (Trainer) | 800.00 | 2 travel days @ \$400/day (Trainer) \$200/day (Staff) | 800.00 400.00 |
| Per diem | 7 days X \$51/day (less meals provided) | 357.00 | 6 days X \$51/day (less meals provided) X 2 | 612.00 |
| Training Fee: | | | | |
| • Trainer | 1 trainer @ \$1000/day X 4.5 days | 4500.00 | 1 trainer @ \$1000/day X 4 days | 4000.00 |
| • Staff | | | 1 staff @ \$500/day X 4 days | 2000.00 |
| • Support Staff (Office) | 1 support staff @ \$400/day X .5 | 200.00 | 1 support staff @ \$400/day X .5 | 200.00 |
| Subtotal | | 7257.00 | | 10512.00 |
| + Lodging | 6 nights | Direct Bill | 5 nights | Direct Bill |
| + Participant Workbooks (PW) | PW x \$25/manual | TBD | PW x \$25/manual | TBD |
| TOTAL | | \$7257.00 + Lodging+ PW | | \$10512.00 + Lodging + PW |

NATI will invoice and receive 50% of the training fees (\$2500.00/1Trainer or \$3000/1 Trainer & 1 Staff) prior to the training and will invoice the actual receipts and remainder of the contract costs upon completion of the training.

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Requestor: Patricia Hobbs LCSW **Date:** September 11, 2017

Dept/Program: Karuk HHS - Child and Family **Funding Source:** 5054-02-

Check One: Small Purchase (less than \$3,000) Large Purchase (more than \$3,000)**
 Construction Contract Other:
 Independent Contractor Under \$3,000
 Independent Contractor Over \$3,000**

****Tribal Council approval is required for: all purchases exceeding \$3,000, all Agreements and all Contracts exceeding \$3,000.**

Procurement Three quotes Sealed Bid Competitive Proposal

COMPARATIVE SUMMARY (Minimum of Three Required)

| Company Name | Date | Price | Contact/Phone | Indian Y/N |
|------------------------------------|---------|---------------|---------------|------------|
| Native American Training Institute | 8/28/17 | NTE 14,000.00 | 701.255.6374 | Yes |
| | | | | |
| | | | | |

Name of Selected Vendor: Native American Training Institute

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

Comments: This was the only response we received and they provide a unique training for tribal communities.

**** REQUIRED SIGNATURES ****

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

| | |
|--|----------------------|
| | Date <u>10/11/17</u> |
| **Chief Financial Officer | Date _____ |
| **Director, Administrative Programs & Compliance | Date _____ |
| **Director of Self Governance(MOU/MOA) or TERO (Contracts) | Date _____ |
| Other _____ | Date _____ |

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AGREEMENT FOR INDEPENDENT CONTRACTOR SERVICES Contract Number:

This Agreement, dated as of, is between the Karuk Tribe (hereinafter "the TRIBE") and Native American Training Institute (hereinafter "INDEPENDENT CONTRACTOR"), who agree as follows:

1. **Description of Services:** The Tribe hereby retains Independent Contractor to provide the services described in the attached *Description of Independent Contractor Services and Activities*.
2. **Duration:** The term of this Agreement shall be from 9/14/2017 – 12/30/2017.
3. **Compensation:** Independent Contractor will be compensated as provided in the attached *Description of Independent Contractor Services and Activities*, \$10,512.00 plus actual costs of lodging and teaching materials not to exceed \$14,000.00. Lodging and teaching materials will be reimbursed at actual cost upon submission of invoice/receipts. All invoices must be submitted no later than 1/15/2018. Patricia Hobbs LCSW, Director and/or Authorized Designee shall be responsible for overseeing this Agreement and approving invoices for payment.
4. **Claims for Compensation:** Independent Contractor agrees that he/she shall not be entitled to and shall not claim compensation for services performed under this Agreement from another federally funded source of compensation for the same work performed, same working hour(s) or same working day(s). It is further agreed by the Independent Contractor that any claim for compensation submitted in violation of this clause shall, if paid, be recoverable by the Tribe.
5. **Warranty, Indemnity and Hold Harmless:** Independent Contractor warrants and represents that it has every legal right to enter into the Agreement and to perform in accordance with its terms and that it is not and will not become a party to any Agreement with anyone else which would be in violation of the rights granted to the Tribe hereunder. Independent Contractor will indemnify and hold the Tribe harmless from and against any losses, damages and liabilities, including reasonable attorney's fees for Independent Contractor's negligent performance or unexcused failure to perform services under this agreement. The Tribe makes no warranty, indemnity or hold harmless agreement.
6. **Independent Contractor Status:** It is understood and agreed between the parties that the Tribe shall not be obligated to withhold any federal, state or local taxes from fees paid to the Independent Contractor, nor shall the Tribe have any liability for such withholding. Further, any required public liability, public damage and/or Worker's Compensation Insurances shall be the sole responsibility of the Independent Contractor.

7. **Confidential Information:** Independent Contractor will not disclose directly or indirectly to or use for the benefit of any third party any secret or confidential information, knowledge or data acquired by virtue of its relationship with the Tribe without the prior written approval of the Tribe. It is understood and agreed by the parties that the obligations of this paragraph shall survive the expiration or termination of the Agreement.
8. **Non-Assignability:** This Agreement may not be assigned or transferred by either party without the prior written approval of the other party.
9. **Authority:** Independent Contractor's authority to act under this Agreement can be suspended upon written or verbal notice by the Tribal Chairman of the Tribe or his/her designee. If verbal notice is given, it shall be confirmed in writing within five (5) working days.
10. **Termination:** This Agreement may be terminated at any time, with or without cause, by either party, upon notice in writing. Any such termination shall be effective immediately. Independent Contractor shall invoice the Tribe within thirty (30) days of agreement termination for satisfactory work performed up to termination date.
11. **Complete Agreement:** This Agreement constitutes the entire agreement between the parties, and no amendment or modification hereof shall be effective unless reduced to writing and signed by both parties.
12. **Severability:** Should any provision of this Agreement be held invalid or unenforceable, such a holding shall not affect the validity or enforceability of any other provision thereof.
13. **Copyrights:** All original materials, written, photographed, recorded or otherwise collected or produced by the Independent Contractor pursuant to this Agreement are instruments of Professional Services, and shall be the sole property of Tribe.
14. **Expertise Certification:** The Independent Contractor assures the Tribe that they and all their approved sub-contractors possess the expertise, and resources necessary for satisfactory completion of the activities described in the *Description of Independent Contractor Services and Activities*.
15. **Certification Regarding Debarment, Suspension and Related Matters:** The Independent Contractor hereby certifies to the best of their knowledge that it or any of its officers or contractors or sub-contractors:
 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any Federal department or agency;
 2. Have not within a three (3) year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or agreement under a public transaction; violation of federal or state

antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph 2 of this certification; and
4. Have not within a three (3) year period preceding this Agreement had one or more public (Federal, State or local) transactions terminated for cause or default.
16. **Applicable Law:** This Agreement shall be governed by the laws of the United States of America and by Karuk Tribal law. In the absence of Federal or Tribal law, relevant laws of the State of California shall be applicable. Independent Contractor is required to comply with Office of Management and Budget Circular A-102 and is responsible for understanding and compliance with applicable grant administration requirements as set forth in the Federal agency codifications of the grants management common rule. This provision is not intended to waive the Tribe's sovereign immunity status or submit the Tribe to any jurisdiction inconsistent with such status.
17. **Indian Preference:** This Contract shall be executed in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 47) and/or the Tribal Employment Rights Ordinance (TERO), based on funding source requirements.
18. **Tribal Employment Rights Ordinance (TERO):** Independent Contractor acknowledges that a two percent (2%) TERO fee will be imposed on the gross value of any contract initiated within the interior/exterior boundaries of the Karuk Ancestral Territory, provided that the total contract or annual gross revenues meet or exceed \$2,500.00.
19. **Sovereign Immunity:** Nothing in this Agreement shall be construed or interpreted to relinquish the sovereign immunity of the Tribe.

In consideration of the mutual promises of the parties this Agreement is executed on the date first above written, in duplicate, intending each duplicate to be an original.

INDEPENDENT CONTRACTOR
Native American Training Institute
333 E. Broadway Ave, Suite 1210
Bismarck, ND 58501
701 255-6374

KARUK TRIBE
Russell Attebery, Chairman
64236 Second Avenue
Happy Camp, CA 96039
(530) 493-1600

Signature and Date

Signature and Date

Description of Independent Contractor Services and Activities (Scope of Work)

Task One

Provision of culturally relevant Wraparound Training with a focus on Native American Communities. Training will include an overview of the National Wraparound Initiative, Wraparound core values, principles, crisis and safety planning, culture-based Wraparound and hands on skill building activities.

Task Two

Teach concepts/philosophy of multidisciplinary approach and development of skills to better address Native American family needs for staff participants.

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64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract Karuk Tribe Number Assigned: 14-C-017 Modification 3
 MOU
 Agreement Funder/Agency Assigned: 3900
 Amendment Prior Amendment: _____

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

Requestor: Patricia Hobbs LCSW Date: October 25, 2017

Department/Program: KHHS-Child and Family Services

Name of Contractor or Parties: Native American Mental Health Services Corporation

Effective Dates (From/To): November 1, 2017 December 31, 2018

Amount of Original: \$46,200
Amount of Modification: \$207,140
Total Amount: \$253,340

Funding Source: 3900

Special Conditions/Terms:

Brief Description of Purpose:
Request to account for the budget that was not allocated for Modification # 2 dated 8/18/2016 and an additional \$99,000.00 to increase services to three days per month beginning 11/1/2017.

**** REQUIRED SIGNATURES ****

Patricia Hobbs Requestor Date 10/25/17

**Chief Financial Officer Date _____

**Director, Administrative Programs & Compliance Date _____

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

Other Date _____

Modification Number Three
Contract Number #14-C-017
Karuk Tribe
And
Native American Mental Health – Thomas Andrews MD

This Modification shall extend the term of Contract #14-C-017 beyond the current expiration date of May 31, 2018 to December 31, 2018 for psychiatry services. The contract modification will also include \$108,820.00 to cover the costs not included in Modification Number Two and \$99,000.00 to cover contract costs for the period beginning November 1, 2017 through December 31, 2018 to the initial contract amount to cover the fees for this service.

Justification of Modification: Psychiatry services are an important component of our tribal health care system. This service has been instrumental in managing the health care needs of our tribal and community members during the past year. The service improves outcomes for our patients/clients and is an essential service for the integration of behavioral health and primary care.

All other provisions of the original contract shall remain in effect without change.

INDEPENDENT CONTRACTOR
Native American Mental Health Services Corp
Thomas Andrews, MD President Owner
Benton Kinney, PA-C Secretary Owner
2885 Churn Creek Road
Redding, California 96002
Suite D
TIN: 45-3836061

KARUK TRIBE
Russell Attebery, Chairman
64236 Second Avenue
Happy Camp, CA 96039
(530) 493-1600

Signature and Date

Signature and Date

Native American Mental Health

| <u>Contract History</u> | <u>Allocation</u> | <u>End Date</u> | <u>Revenue</u> | <u>Expenses</u> |
|-------------------------|-------------------|-----------------|----------------------|---------------------|
| 2014 Original Contract | \$46,200 | 12/31/2014 | \$30,100.48 | \$32,400 |
| 2015 Modification 1 | \$38.500 | 12/31/2015 | \$54,888.93 | \$52,980 |
| 2016 Modification 2 | 0 | 5/31/2018 | \$59,794.68 | \$108,140 |
| 2017 | | | 39,250.21 | |
| Totals | 84,700.00 | | \$184,034.30* | \$193,520.00 |

The current Contract is -108,140.00

- \$9,189.00 outstanding insurance claims

Department of Natural Resources
39051 Highway 96
Post Office Box 282
Orleans, CA 95556
Phone: (530) 627-3446
Fax: (530) 627-3448

Karuk Tribe



Orleans Medical Clinic
39051 Highway 96
Post Office Box 249
Orleans, CA 95556
Phone: (530) 627-3452
Fax: (530) 627-3445

Administrative Office

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

Modification Number Two Contract Number #14-C-017 Karuk Tribe

And

Native American Mental Health Services Corp: Thomas Andrews MD

This Modification shall add and/or modify the following to contract 14-C-017:

Modify the terms of the contract to have a new end date of May 30th, 2018.

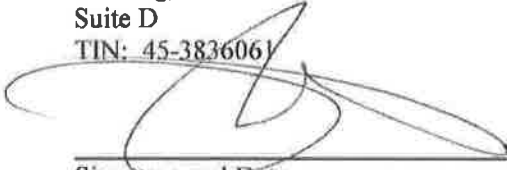
All other provisions of the original agreement shall remain in effect without change.

INDEPENDENT CONTRACTOR

Native American Mental Health Services Corp.
Thomas Andrews, MD President Owner
Benton Kinney, PA-C Secretary Owner
2885 Churn Creek Road
Redding, California 96002
Suite D
TIN: 45-3836061

KARUK TRIBE

Russell Attebery, Chairman
64236 Second Avenue
Happy Camp, CA 96039
(530) 493-1600



Signature and Date

8-18-16



Signature and Date

8-11-16

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Karuk Tribe



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REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: **Contract** Karuk Tribe Number Assigned: 14-C-017 Modification 1
 MOU
 Agreement Funder/Agency Assigned: N/A
 Amendment Prior Amendment:

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

Requestor: Patricia Hobbs LCSW Date: November 20, 2014

Department/Program: Department of Health and Human Services

Name of Contractor or Parties: Native American Mental Health Services Corp.: Thomas Andrews MD.

Effective Dates (From/To): 1/1/2015 - 12/31/2015

Amount of Original: \$46,200
Amount of Modification: 38,500
Total Amount: \$46,200 84,700 *\$7700 left from original contract.*

Funding Source: Health Program - 3900

Special Conditions/Terms:
N/A *TERO FEE applies

Brief Description of Purpose:
Provision of psychiatric services for Tribal Health Program \$3850/MD

** REQUIRED SIGNATURES **

Patricia Hobbs LCSW 12/1/14
Requestor Date

Laura Mayton 11-25-14
**Chief Financial Officer Date

Summi Othiel 11-25-14
**Director, Administrative Programs & Compliance Date

Dev Wood 12-1-14

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REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: **Contract** Karuk Tribe Number Assigned: 14-C-017 Modification 1
 MOU
 Agreement Funder/Agency Assigned: N/A
 Amendment Prior Amendment:

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

Requestor: Patricia Hobbs LCSW Date: November 20, 2014

Department/Program: Department of Health and Human Services

Name of Contractor or Parties: Native American Mental Health Services Corp.: Thomas Andrews MD.

Effective Dates (From/To): 1/1/2015 - 12/31/2015

Amount of Original: \$46,200
Amount of Modification: 38,500
Total Amount: 84,700 *\$7700 left from original contract.*

Funding Source: Health Program - 3900

Special Conditions/Terms: N/A *ZERO FEE applies

Brief Description of Purpose: Provision of psychiatric services for Tribal Health Program \$3850/mo

**** REQUIRED SIGNATURES ****

Patricia Hobbs LCSW Requestor Date: 12/1/14

Laura Mayton **Chief Financial Officer Date: 11-25-14

Summi Othild **Director, Administrative Programs & Compliance Date: 11-25-14

Dior Wood Request for Contract/MOU/Agreement Updated October 25, 2012 Date: 12-1-14

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

[Signature]
Other:

Date

12/04/14

Date

12/2/14

[Signature]
Thomas Andrews, MD

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REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract Karuk Tribe Number Assigned: 14-C-017
 MOU
 Agreement Funder/Agency Assigned: n/a
 Amendment Prior Amendment: n/a

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

Requestor: Lessie Aubrey Date: November 26, 2013

Department/Program: Dir. Health and Human Services

Name of Contractor or Parties: Native American Mental Health

Effective Dates (From/To): January 1, 2014 December 31, 2014

Amount of Original: \$46,200
Amount of Modification: \$0
Total Amount: \$46,200

Funding Source: Health Program - 3900

Special Conditions/Terms:
Not applicable

Brief Description of Purpose:
Provision of psychiatric services for Tribal Health Program.

** REQUIRED SIGNATURES **

Requestor: Laura Mayton Date: 12-4-2013
**Chief Financial Officer

Sam Hartman Date: 11-20-13
**Director, Administrative Programs & Compliance

Leon Wood Date: 12-3-13
**Director of Self Governance(MOU/MOA) or TERO (Contracts)

Date

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Requestor: Lessie Aubrey Date: November 25, 2013

Dept/Program: Karuk Tribal Health and Huma Funding Source: _____

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

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

Procurement _____ Three quotes Sealed Bid Competitive Proposal

COMPARATIVE SUMMARY (Minimum of Three Required)

| Company Name | Date | Price | Contact/Phone | Indian Y/N |
|--|----------|--------|---------------|------------|
| Native American Mental Health Services Corp. | 11/26/13 | 46,200 | | Y |
| | | | | |
| | | | | |
| | | | | |

Name of Selected Vendor: Native American Mental Health Services Corporation (NAMHS)

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

Comments: Please see attached.

** REQUIRED SIGNATURES **

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

Requestor _____

Date

Laura Mayton

12-4-2013

**Chief Financial Officer

Date

Evan Hedman

11-26-13

**Director, Administrative Programs & Compliance

Date

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

Date

Other _____

Date

November 25, 2013

Justification for Sole Source Non Competative Proposal

A Non Competative Proposal to contract with Native American Mental Health Services Corporation (NAMHS) to provide psychiatry services is necessary because the scope of work is unique and requires specialized skills and qualifications. Psychiatry providers are limited in our geographic area and providers who are available to meet the unique needs of Native American populations are severely limited if they exist at all. We have inquired with several tribes that currently contract with Native American Mental Health Services Corporation and have not received any negative feedback about the quality of care or the productivity of this corporation. They have eleven years of service to the Redding Rancheria Tribal Health Center. Redding Rancheria has indicated that the professional relationship has been successful and that patients have formed a strong therapeutic bond with the providers. In addition they serve clients at Greenville Rancheria, Anav Tribal Health and Pit River Indian Health Clinic.

During the past year, the Karuk Tribe Behavioral Health therapist has referred several clients to the Anav Tribal Health Center for psychiatric assessment and intervention. The interactions with providers from the NAMHS have been professional and supportive of client care goals.

It is unreasonable and not cost effective to seek a provider from outside the area and it is unlikely that we will find providers who have the depth of experience working with Native American populations.

In consultation with David Sprenger, MD from the Indian Health Service California Area Office he applauded our efforts to add psychiatric services to our mental health program. He further indicated that adding psychiatry to our treatment team would improve outcomes and lessen suffering in our patient population. He felt there was some advantage to this agency being local and having experience with Native American populations in our area of the state.

Search Results

Current Search Terms: native* american* mental* health* services* corporation*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.
No records found for current search.

SAM | System for Award Management 1.0

IBM v1.1278.20131018-1401

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.



Exclusions Search Results: Individuals

No Results were found for

Kinney , Benton

; If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

Search Again

Search conducted 11/25/2013 7:55:07 PM EST on OIG LEIE Exclusions database.
Source data updated on 11/8/2013 10:10:00 AM EST

Exclusions Search Results: Individuals

No Results were found for

Andrews , Thomas

If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation

[Search Again](#)

Search conducted 11/25/2013 7:55:45 PM EST on OIG LEIE Exclusions database
Source data updated on 11/6/2013 10:10:00 AM EST

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



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Administrative Office

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64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

RECEIVED DEC 9 2013

AGREEMENT FOR INDEPENDENT CONTRACTOR SERVICES

Contract Number: 14-C-017

This Agreement, dated as of, is between the Karuk Tribe (hereinafter "the TRIBE") and Native American Mental Health Services Corp.: Thomas Andrews, MD President Owner and Benton Kinney, PA-C Secretary Owner (hereinafter "INDEPENDENT CONTRACTOR"), who agree as follows:

1. **Description of Services:** The Tribe hereby retains Independent Contractor to provide the services described in the attached *Description of Independent Contractor Services and Activities*.
2. **Duration:** The term of this Agreement shall be from 1/1/2014 – 12/31/2014.
3. **Compensation:** Independent Contractor will be compensated as provided in the attached *Description of Independent Contractor Services and Activities*, \$3,850.00/month. All invoices must be submitted no later than thirty (30) days past the end date of this Agreement as stated in Clause 2 above. The Lessie Aubrey and/or Authorized Designee shall be responsible for overseeing this Agreement and approving invoices for payment.
4. **Claims for Compensation:** Independent Contractor agrees that he/she shall not be entitled to and shall not claim compensation for services performed under this Agreement from another federally funded source of compensation for the same work performed, same working hour(s) or same working day(s). It is further agreed by the Independent Contractor that any claim for compensation submitted in violation of this clause shall, if paid, be recoverable by the Tribe.
5. **Warranty, Indemnity and Hold Harmless:** Independent Contractor warrants and represents that it has every legal right to enter into the Agreement and to perform in accordance with its terms and that it is not and will not become a party to any Agreement with anyone else which would be in violation of the rights granted to the Tribe hereunder. Independent Contractor will indemnify and hold the Tribe harmless from and against any losses, damages and liabilities, including reasonable attorney's fees for Independent Contractor's negligent performance or unexcused failure to perform services under this agreement. The Tribe makes no warranty, indemnity or hold harmless agreement.
6. **Independent Contractor Status:** It is understood and agreed between the parties that the Tribe shall not be obligated to withhold any federal, state or local taxes from fees paid to the Independent Contractor, nor shall the Tribe have any liability for such withholding. Further, any required public liability, public damage and/or Worker's Compensation Insurances shall be the sole responsibility of the Independent Contractor.

7. **Confidential Information:** Independent Contractor will not disclose directly or indirectly to or use for the benefit of any third party any secret or confidential information, knowledge or data acquired by virtue of its relationship with the Tribe without the prior written approval of the Tribe. It is understood and agreed by the parties that the obligations of this paragraph shall survive the expiration or termination of the Agreement.
8. **Non-Assignability:** This Agreement may not be assigned or transferred by either party without the prior written approval of the other party.
9. **Authority:** Independent Contractor's authority to act under this Agreement can be suspended upon written or verbal notice by the Tribal Chairman of the Tribe or his/her designee. If verbal notice is given, it shall be confirmed in writing within five (5) working days.
10. **Termination:** This Agreement may be terminated at any time, with or without cause, by either party, upon notice in writing. Any such termination shall be effective immediately. Independent Contractor shall invoice the Tribe within thirty (30) days of agreement termination for satisfactory work performed up to termination date.
11. **Complete Agreement:** This Agreement constitutes the entire agreement between the parties, and no amendment or modification hereof shall be effective unless reduced to writing and signed by both parties.
12. **Severability:** Should any provision of this Agreement be held invalid or unenforceable, such a holding shall not affect the validity or enforceability of any other provision thereof.
13. **Copyrights:** All original materials, written, photographed, recorded or otherwise collected or produced by the Independent Contractor pursuant to this Agreement are instruments of Professional Services, and shall be the sole property of Tribe.
14. **Expertise Certification:** The Independent Contractor assures the Tribe that they and all their approved sub-contractors possess the expertise, and resources necessary for satisfactory completion of the activities described in the *Description of Independent Contractor Services and Activities*.
15. **Certification Regarding Debarment, Suspension and Related Matters:** The Independent Contractor hereby certifies to the best of their knowledge that it or any of its officers or contractors or sub-contractors:
 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any Federal department or agency;
 2. Have not within a three (3) year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or agreement under a public transaction; violation of federal or state

antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph 2 of this certification; and
 4. Have not within a three (3) year period preceding this Agreement had one or more public (Federal, State or local) transactions terminated for cause or default.
16. **Applicable Law:** This Agreement shall be governed by the laws of the United States of America and by Karuk Tribal law. In the absence of Federal or Tribal law, relevant laws of the State of California shall be applicable. Independent Contractor is required to comply with Office of Management and Budget Circular A-102 and is responsible for understanding and compliance with applicable grant administration requirements as set forth in the Federal agency codifications of the grants management common rule. This provision is not intended to waive the Tribe's sovereign immunity status or submit the Tribe to any jurisdiction inconsistent with such status.
17. **Indian Preference:** This Contract shall be executed in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 47) and/or the Tribal Employment Rights Ordinance (TERO), based on funding source requirements.
18. **Tribal Employment Rights Ordinance (TERO):** Independent Contractor acknowledges that a two percent (2%) TERO fee will be imposed on the gross value of any contract initiated within the interior/exterior boundaries of the Karuk Ancestral Territory, provided that the total contract or annual gross revenues meet or exceed \$2,500.00.
19. **Sovereign Immunity:** Nothing in this Agreement shall be construed or interpreted to relinquish the sovereign immunity of the Tribe.

In consideration of the mutual promises of the parties this Agreement is executed on the date first above written, in duplicate, intending each duplicate to be an original.

INDEPENDENT CONTRACTOR

Native American Mental Health Services Corp.
Thomas Andrews, MD President Owner
Benton Kinney, PA-C Secretary Owner
2885 Churn Creek Road
Redding, California 96002
Suite D
TIN: 45-3836061

KARUK TRIBE

Russell Attebery, Chairman
64236 Second Avenue
Happy Camp, CA 96039
(530) 493-1600

 Thomas Andrews, MD. 12/24/13

 Kinney 12.20.13
Signature and Date

 Russell A. Attebery 12-4-13
Signature and Date

Disclaimer: This email and its attachments may contain privileged and confidential information and/or protected health information (PHI) intended solely for the use of The Karuk Tribe Health & Human Services Program and the recipient(s) named above. If you are not the recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, printing or copying of this email message and/or any attachments is strictly prohibited. If you have received this transmission in error, please notify the sender immediately at 530-842-9200 and permanently delete this email and any attachments.

The PHI (Protected Health Information) contained in this email is highly confidential. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific health care services to the patient(s). Any other use is a violation of Federal Law (HIPAA) and will be reported as such. If you have received this email in error, please delete and call 530-646-7269.

Description of Independent Contractor Services and Activities (Scope of Work)

Insert Scope of Work Here. Use the Tasks from the RFP and make reference to their proposal.

Provide psychiatry care that includes medication management for patients. This would include:

Psychiatry services with clients face to face at Yreka site and telepsychiatry services to Happy Camp patients (telepsychiatry to Happy Camp patients will be via Karuk Tribe Health equipment based in Yreka clinic).

1 day per month at the rate of \$3,000.00 per day for 8 hour, with one Native American Mental Health Services provider.

Refill Requests, Authorizations, Disability documents, "Side walk Consultations with Karuk Health providers, etc.:

2 hours per month at \$300.00 per hour.

Travel

Travel from Redding to Karuk Tribe Health site in Yreka.

\$250.00 per day.

Provider of service must be eligible to bill Blue Shield and/or Blue Cross as that is one of the major insurance companies that our population utilizes for care.

Provider must adhere to Karuk Tribe Health Program Policies and Procedures.

Karuk Community Health Clinic
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REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract Karuk Tribe Number Assigned: _____
 MOU
 Agreement Funder/Agency Assigned: _____
 Amendment Prior Amendment: _____

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

Requestor: Patricia Hobbs LCSW Date: October 24, 2017

Department/Program: KHHS - Child and Family Services - Koo Vura Yee Shiiip

Name of Contractor or Parties: Siskiyou County Victim Witness

Effective Dates (From/To): October 26, 2017 September 30, 2018

Amount of Original: \$0
Amount of Modification: _____
Total Amount: \$0

Funding Source: Koo Vura Yee Shiiip

Special Conditions/Terms:
N/A

Brief Description of Purpose:
Operational Agreement between the Karuk Tribe Naa Vura Yeeshiiip Program and Siskiyou County Victim Witness intention to work together toward the mutual goal of providing the available assistance for child crime victims residing in Siskiyou County.

** REQUIRED SIGNATURES **


Requestor _____ Date 10/24/17

**Chief Financial Officer _____ Date _____

**Director, Administrative Programs & Compliance _____ Date _____

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

Other _____ Date _____

AMERICAN INDIAN CHILD ABUSE TREATMENT (AICHAT) PROGRAM

OPERATIONAL AGREEMENT BETWEEN THE

KARUK TRIBE, KARUK TRIBAL COMMUNITY DEVELOPMENT CORPORATION

KOO VÚRA YEÉSHIIP PROGRAM

AND

SISKIYOU COUNTY VICTIM WITNESS

This Operational Agreement (OA) stands as evidence the **Karuk Tribe /Koo Vúra Yeéshiip (KVY) Program** and **Siskiyou County Victim Witness** intend to work together toward the mutual goal of providing maximum available assistance for **child victims of crime** residing in Siskiyou County.

Both agencies believe the implementation of the Native American Child Abuse Treatment (AICHAT) Program application will further the program goals. To this end, the two agencies agree to participate in the exchange of services by coordinating the provisions of the AICHAT Program objectives.

1. The **Karuk Tribe/KVY Program** will refer to the **Siskiyou County Victim Witness Program** child victims of abuse which include neglect, sexual, physical and emotional abuse, domestic violence, school and community violence, hate crimes, abduction, children whose lives are victimized by parental substance abuse, high tech crimes against children, and runaway youth; assisting them in understanding and participating in the criminal justice/tribal judicial system proceedings which may occur as the result of a crime committed against the child.
 2. The **Siskiyou County Victim Witness Program** will coordinate the following support services through the **Karuk Tribe/KVY Program**:
 - Receive referrals from the **KVY Program** and work with children and their families accordingly
 - In the event of a denial of the claim on behalf of the child victim, the **Siskiyou County Victim Witness Program** shall provide assistance for an appeal with the California Victim compensation and Government Claims Board
-

- Assist youth in meeting demands of participation in the criminal justice system/judicial proceedings
 - Refer to the **Karuk KVV Program**, child victims of crime for treatment services which may include crisis counseling and psychotherapy
3. Regularly scheduled meetings between designated staff from the **Karuk Tribe/KVV** and the **Siskiyou County Victim Witness** should be maintained to discuss strategies, time tables, and implementation of American Indian Child Abuse Treatment Program services discussed herein.

This Operational Agreement will remain in effect from October 26, 2017 to September 30, 2018.

We, the undersigned, as authorized representatives of the **Karuk Tribe/KVV Program** and **Siskiyou County Victim Witness Program** do hereby approve this Operational Agreement.

Name and Signature of authorized (AICHA) person:

Print Name: _____ **Signature:** _____

Date: _____ **Agency:** _____

Name and signature of agency authorized person:

Print Name: _____ **Signature:** _____

Date: _____ **Agency:** _____

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REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract Karuk Tribe Number Assigned: _____
 MOU
 Agreement Funder/Agency Assigned: _____
 Amendment Prior Amendment: _____

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

Requestor: Patricia Hobbs LCSW Date: October 24, 2017

Department/Program: KHHS - Child and Family Services - Koo Vura Yee Shiip

Name of Contractor or Parties: Siskiyou County Office of Education

Effective Dates (From/To): October 26, 2017 September 30, 2018

Amount of Original: \$0
Amount of Modification: _____
Total Amount: \$0

Funding Source: Koo Vura Yee Shiip

Special Conditions/Terms:
N/A

Brief Description of Purpose:
Operational Agreement between the Karuk Tribe Naa Vura Yeeshup Program and Siskiyou County Office of Education intention to work together toward the mutual goal of providing the available assistance for child crime victims residing in Siskiyou County.

**** REQUIRED SIGNATURES ****

Requestor: Patricia Hobbs Date: 10/24/17

**Chief Financial Officer _____ Date _____

**Director, Administrative Programs & Compliance _____ Date _____

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

Other _____ Date _____

AMERICAN INDIAN CHILD ABUSE TREATMENT (AICHAT) PROGRAM

OPERATIONAL AGREEMENT BETWEEN THE

KARUK TRIBE, KARUK TRIBAL COMMUNITY DEVELOPMENT CORPORATION

KOO VURA YEESHIIP PROGRAM

AND

SISKIYOU COUNTY OFFICE OF EDUCATION

This Operational Agreement (OA) stands as evidence the **Karuk Tribe /Koo Vura Yeeshiip Program IKVY)** and **Siskiyou County Office of Education** intend to work together toward the mutual goal of providing maximum available assistance for **child victims of crime** residing in Siskiyou County.

Both agencies believe the implementation of the Native American Child Abuse Treatment (AICHAT) Program application will further the program goals. To this end, the two agencies agree to participate in the exchange of services by coordinating the provisions of the AICHAT Program objectives.

1. The **Karuk Tribe/KVY Program** will refer to the **Siskiyou County Victim Witness Program** child victims of abuse which include neglect, sexual, physical and emotional abuse, domestic violence, school and community violence, hate crimes, abduction, children whose lives are victimized by parental substance abuse, high tech crimes against children, and runaway youth; assisting them in understanding and participating in the criminal justice/tribal judicial system proceedings which may occur as the result of a crime committed against the child.
2. The **Siskiyou County Office of Education** will monitor the following support services provided to child victims of abuse at Happy Camp High School, Happy Camp and Junction Elementary Schools, Jackson Street and Evergreen Schools through the **Karuk Tribe/KVY Program**:
 - Educational needs /goals in relation to victimization
 - Assist with youth meeting demands of participation in the criminal justice system/judicial proceedings, treatment services which includes: crisis counseling and psychotherapy.

3. Regularly scheduled meetings between designated staff from the **Karuk Tribe/KVY** and the **Siskiyou County Office of Education** should be maintained to discuss strategies, time tables, and implementation of American Indian Child Abuse Treatment Program services discussed herein.

This Agreement will begin October 26, 2017 and will remain in effect until September 30, 2018.

We, the undersigned, as authorized representatives of the **Karuk Tribe/KVY Program** and **Siskiyou County Office of Education** do hereby approve this Operational Agreement.

Name and Signature of authorized (AICHAT) person:

Print Name: _____

Signature: _____

Date: _____

Agency: _____

Name and signature of agency authorized person:

Print Name: _____

Signature: _____

Date: _____

Agency: _____

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REQUEST FOR CONTRACT/ MOU/ AGREEMENT

Check One: Contract MOU Agreement Amendment

Karuk Tribe Number Assigned: _____
Funder/Agency Assigned: _____
Prior Amendment: _____

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

Requestor: Patricia Hobbs LCSW Date: October 24, 2017

Department/Program: KHHS - Child and Family Services - Koo Vura Yee Shiip

Name of Contractor or Parties: Humboldt County Victim Witness Program

Effective Dates (From/To): October 26, 2017 September 30, 2018

Amount of Original: \$0
Amount of Modification: _____
Total Amount: \$0

Funding Source: Koo Vura Yee Shiip

Special Conditions/Terms:
N/A

Brief Description of Purpose:
Operational Agreement between the Karuk Tribe Naa Vura Yeeshup Program and Humboldt County Victim Witness Program intention to work together toward the mutual goal of providing the available assistance for child crime victims residing in Humboldt County.

**** REQUIRED SIGNATURES ****

Patricia Hobbs Requestor 10/24/17 Date

**Chief Financial Officer Date

**Director, Administrative Programs & Compliance Date

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

Other Date

OPERATIONAL AGREEMENT BETWEEN

The Karuk Tribe/Koo Vúra Yeéshiip Program and The Humboldt County Victim Witness Program

Section 1

- a. This Operational Agreement (OA) stands as evidence that *The Karuk Tribe/Naa Vúra Yeéshiip Program* and the *Humboldt County Victim Witness Program* intend to work together toward the mutual goal of providing the maximum available assistance for child crime victims residing in Humboldt County.
- b. Both agencies believe the implementation of the American Indian Child Abuse Treatment (AI-CHAT) Program furthers this goal. To this end, the two agencies agree to participate in the exchange of services by coordinating the provision of the AI-CHAT program objectives. To further this mission, this operational agreement will be in effect.

Section 2

The Karuk Tribe/Koo Vúra Yeéshiip Program will closely coordinate the services it provides with the *Humboldt County Victims Witness Program* and will specifically:

- a. Refer to *The Humboldt County Victim Witness Program* victims of child abuse that include, but are not limited to, neglect, sexual, physical and emotional abuse, domestic violence, school and community violence, hate crimes, child abduction, children whose lives are victimized by parental substance abuse, high tech crimes against children, and runaway youth who reside in Humboldt County and who meet criteria for *The Humboldt County Victim Witness Program*.
- b. Receive referrals from *The Humboldt County Victim Witness Program* about child abuse victims as listed in Section 2, part A residing in Humboldt County and who meet criteria for *The Koo Vúra Yeéshiip Program*.
- c. Give child victims and their families necessary assistance with completing and filing the Application for Crime Victim Compensation claim forms, explaining the procedure, obtaining the required documentation, and tracking information related to the claim.
- d. Assist victims and families with their understanding and participation in the criminal justice system/judicial proceedings as the result of a crime against the child.

Section 3

The Humboldt County Victim Witness Program will closely coordinate the services it provides with *The Karuk Tribe/Koo Vúra Yeéshiip Program* and will specifically:

- a. Refer to the The Karuk Tribe/Koo Vúra Yeéshiip Program child abuse victims as listed in Section 2, part A residing in Humboldt County and who meet criteria for the Naa Vúra Yeéshiip program.
- b. Receive referrals from the The Karuk Tribe/Koo Vúra Yeéshiip Program of child abuse victims as listed in Section 2, part A residing in Humboldt County and who meet criteria for the Humboldt County Victim Witness Program.
- c. Will assist in claims made to the California Victim Compensation and Government Claims Board. In the event of a denial of the claim on behalf of the child victim, the Humboldt County Victim Witness shall provide assistance for an appeal with the California Victim Compensation and Government Claims Board.
- d. Assist victims and families with their understanding and participation in the criminal justice system/judicial proceedings as the result of a crime against the child.

Section 4

Regularly scheduled meetings between designated staff from *The Karuk Tribe/Koo Vúra Yeéshiiip Program* and *The Humboldt County Victim Witness Program* should be maintained to discuss strategies, time tables, and implementation of the Child Abuse Treatment Program services discussed herein.

Section 5

This agreement shall take effect on October 26, 2017 and end on September 30, 2018.

We, the undersigned, as authorized representatives of *The Karuk Tribe/Koo Vúra Yeéshiiip Program* and *The Humboldt County Victim Witness Program* do hereby approve this agreement in good faith.

Signature

Printed Name

Title

Date

Karuk Tribe/Koo Vúra Yeéshiiip Program

Signature

Printed Name

Title

Date

Humboldt County Victim Witness Program

Karuk Community Health Clinic
64236 Second Avenue
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Karuk Tribe



Karuk Den
64236 Sec
Post Office
Happy Camp
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Fax: (530)

Administrative Office
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64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

REQUEST FOR RESOLUTION

Check One: Resolution

Karuk Tribe Number Assigned:

17-R-129

Prior Amendment:

N/A

Requestor:

Patricia Hobbs MSW LCSW

Date: October 25, 2017

Department/Program:

KHHS - Child and Family Services

Brief Description of Purpose:

Authorizing the Karuk Tribe to receive funds allocated from the General Fund and approved through the Title IV-E Intergovernmental Agreement Number 06-6091 between the California Department of Social Services and the Karuk Tribe for the Administration of Kin-Gap, Foster Care/Fed GAP, Child Welfare Services and Adoptions.

**** REQUIRED SIGNATURES ****

10/25/17

**Self-Governance Coordinator

Date

Other

Date

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RESOLUTION OF THE KARUK TRIBE

Resolution No: 17-R-129

Date Approved: November 2, 2017

RESOLUTION AUTHORIZING THE KARUK TRIBE TO RECEIVE FUNDS ALLOCATED FROM THE GENERAL FUND AND APPROVED THROUGH THE TITLE IV-E INTERGOVERNMENTAL AGREEMENT NUMBER 06-6091 BETWEEN THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS) AND THE KARUK TRIBE FOR THE ADMINISTRATION OF THE FOLLOWING PROGRAMS: KIN-GAP, FOSTER CARE/FED-GAP, CHILD WELFARE SERVICES AND ADOPTIONS.

WHEREAS; the Karuk Tribe is a Sovereign Aboriginal People, that have lived on their own land since long before the European influx of white men came to this continent; and

WHEREAS; the members of the Karuk Tribe have approved Article VI of the Constitution delegating to the Tribal Council the authority and responsibility to exercise by resolution or enactment of Tribal laws all the inherent sovereign powers vested in the Tribe as a Sovereign Aboriginal People, including negotiating and contracting with federal, state, Tribal and local governments, private agencies and consultants; and

WHEREAS; the members of the Karuk Tribe have approved Article VIII of the Constitution assigning duties to the Chair, Vice Chair, and Secretary/Treasurer including signing and executing all contracts and official documents pertaining to the Karuk Tribe; and

WHEREAS; the Karuk Tribe is a federally recognized Tribe and its Tribal Council is eligible to and is designated as an organization authorized to Contract pursuant to P.L. 93-638, as amended, on behalf of the Karuk Tribe; and

WHEREAS; the members of the Karuk Tribe have approved Article VI of the Constitution assigning the Tribal Council the authority and responsibility to provide for the preservation and unity of Karuk families, and the protection of Karuk tribal children, while maintaining each child's cultural identity and relationship to the Tribe; and

WHEREAS; The Karuk Tribal Council endorsed the United Nations' Declaration on the Rights of Indigenous People on January 26, 2012; and

WHEREAS; in Article 7 of the 2008 adopted Declaration on the Rights of Indigenous People, the United Nations declared that indigenous peoples have the rights to life, physical and mental integrity, liberty and security of person; and

WHEREAS; in Article 22 part 2 of the 2008 adopted Declaration of the Rights of Indigenous People, the United Nations declared that states shall take measures, in conjunction with indigenous peoples, to insure

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

Karuk Tribe



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

Administrative Office

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

indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination; and

WHEREAS: there is a need for addressing the child protection needs of Karuk children and youth, ensuring that children and youth remain connected to their family and the Tribe whenever possible and intervening when Karuk children and youth are at risk of child abuse and neglect, and

WHEREAS: the Karuk Tribe has entered in to a Title IV-E Intergovernmental Agreement Number 06-6099 with California Department of Social Services (CDSS);

THEREFORE BE IT RESOLVED: that the Karuk Tribe agrees to administer Tribal-State Title IV-E Agreement Program allocation for the FY 2017-18 in the amount of \$407,000.00.

CERTIFICATION

We, the undersigned, hereby certify the foregoing resolution 17-R-129 which was approved at a Health Board Meeting vote on 11/2/2017, was duly adopted by a vote of ___ AYES, ___ NOES, ___ ABSTAIN, and said resolution has not been rescinded or amended in any way. The Tribal Council is comprised of 9 members of which ___ voted.

Russell Attebery, Chairman

11/2/2017

Date

Michael Thom, Secretary/Treasurer

11/2/2017

Date

YREKA MEDICAL CLINIC

HEALTH BOARD DATE NOVEMBER 2, 2017

SYNOPSIS:

October 2017 our numbers are from 10/1/2017 to 10/24/2017 because the meeting has been moved to an earlier date. October 2017 Dr. Vasquez had 174 face to face visits with patients (which are down 15.94%) from October 2016. Jennifer Cronin had 211 face to face visits (which are up 2.43%) from October 2016. Telemedicine had 20 patients (which are up 566.67%) from October 2016.

Yreka Psych Services had 27 patients (which are up 35.00%) from 2016.

Lulu Alexander is now the new Telemedicine coordinator and working hard to learn all that the new position requires.

We have Jamie Wasson doing Prior Authorizations as the new insurance requires a lot of them. Jamie's report will be attached later as she has not had time to put her numbers together due to the demand on her time with the amount of prior Authorizations.

Respectfully submitted;

Cindy Hayes

Yreka Medical Clinic Manager

October 24, 2017

HAPPY CAMP

September 2017

Our visit numbers are holding steady this month as we continue to develop our team in working together. Staff and patients seem to like Greg and our numbers should be coming up rapidly. We have had some challenges due to our new insurance and are doing our best to get refills and authorizations done as promptly as possible, but there may be some delays as we get used to the insurance. Please bear with us! Everyone is all decorated for Halloween and looking forward to treats, not tricks!

Respectfully submitted;

Sandy Dodson, RN., Clinic Manager

ORLEANS MEDICAL CLINIC

Health Board Date November, 2017

SYNOPSIS:

October 2017 our medical provider had 97 face to face visits with patients (down 24.18% from October 2016). We had 44 lab visits (down 15.79% from September 2016) with our M.A. We hired Viola Long as our new clinic transporter; she started 10/24/2017. She will be sharing an office with our CHR/Elder's worker and using the clinic/Sr. program car until the new car for that position arrives.

Respectfully submitted;

Babbie Peterson

Orleans Medical Clinic

Manager

CEO Report- Open Session

Nov. 2, 2017

Synopsis: With this being a shortened time in between Health Board meetings there wasn't much new to discuss. With the signed Cjecka agreement we have moved forward with that search and I have met with a NP who is interested in PT work (2 days a week) in Yreka which will ensure continuity of care for patients of the PA who has given notice. I was at the CRIBB meeting Oct. 25-27 in Sacramento and I had Dr. Vasquez and Dr. Lew attending with me. By Nov. 2 the Yreka clinic will be fully painted, HVAC done and preparing for flooring.

Action Items:

Signature on StarMed

Reports:

Behavioral Health walls

Acorns Grant

Karuk Tribal Health and Human Services Policy Manual

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| Policy Reference Code: 01 () 02 () 03 () 04 (X) 13 () 14 () 15 () 16 () | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09 () 10 () 11 () 12 () |
| Function: Quality of Care Provided | Policy #: 04-001-170 | Policy Title: Pain Management Policy |
| Tribal Chairman: Date: September 8, 2011 Signature: | Medical Director: Date: August 16, 2011 Signature: | Cross References: |
| Supersedes Policy 04-001-170 dated 10/15/2008 | | |

Policy: The providers of the Karuk Tribal Health and Human Services Program shall provide appropriate and safe pain management for all patients. Our emphasis is placed on improving the outcomes of pain management, which includes such measurable outcomes as improve patient functionality, comfort, side effects, complications, and patient satisfaction.

We will work with the patient when appropriate to identify, assess and remediate pain issues with care to not over medicate or under treat patients.

We will treat all patients, regardless of their medication or pain history, equally and with the same duty of care as those patients who do not require pain medication.

In addition we will abide by pain contracts provided by other medical professionals (not working for the Karuk Tribe HHS) as approved by the Medical Director

Background and Procedure:

Comment [Dr. Novak1]: Separate document

Pain Assessment and Reassessment:

The single most reliable indicator of the existences and intensity of pain is the patient’s self-report. Patient input and participation in the pain management process is imperative and expected. Age, development status, physical, emotional, cultural, spiritual, and cognitive condition and preferences will be considered. Patients identified as suffering from pain, will be assessed for the presence, absence, and history of pain at each visit. A measure of pain relief as reported by the patient will be assessed and documented as follows:

1. during a visit
2. after any pain producing event
3. with each new report of pain

4. after each pain management intervention once sufficient time has elapsed for the treatment to reach peak effect.

In order to provide for a common language throughout the system, intensity will be assessed and documented using one of the following pain scales according to age and developmental level as appropriate.

1. Visual Analog Scale (VAS)
2. 0-10 Numeric Pain Intensity Scale
3. Wong-Baker Faces

Intervention:

Pharmacological pain management will be provided to patients by provider order. Pain management intervention may include, but is not limited to:

1. Pharmacological Intervention
 - a. NSAIDS
 - b. Opioids
 - c. Local Anesthetics
2. Non-pharmacologic interventions will be considered as an alternate to, or an adjunct to, pharmacologic interventions. These may include, but are not limited to:
 - a. Simple relaxation, deep breathing
 - b. Support for spiritual care
 - c. Patient Education effective for reduction of pain. Increased sensory information and instruction aimed at reduction of activity-related pain.
 - d. Integrative therapies as appropriate.
 - e. Physical Therapy Modalities.

Age Specific Pain Management:

1. Neonate and Infant: Neonate and infants are capable of experiencing pain. Because patients in this age group are unable to provide a self-report, behavioral cues and physiologic indicators can be considered valid pain indicators. Pharmacologic interventions are commonly used in addition to non-pharmacologic interventions.
2. Pediatric and Adolescent: Behaviors may not accurately reflect pain intensity. Assessment includes self-report, utilizing the 0-10 numeric scale or the 0-5 faces scale, behavioral cues, and physiologic indicators. Family interpretation of patient discomfort may be helpful. Pre-pain education is especially helpful with this age group.

3. Adult: Pain management in the adult requires assessing the patient's perception of his/her pain. This is best accomplished through the use of a consistent scale such as the 0-10 numeric pain intensity scale. Assurance of the patient's understanding of the scale and consistent documentation of pain perception and relief obtained will help assure appropriate pain management of the adult.
4. Geriatric: Geriatric pain requires delicate management of interventions. Non-pharmacological interventions must reflect the patient's physical status. Cognitive skills may affect the elderly patient's ability to accurately utilize verbal or visual pain scales and communication needs. Visual indicators such as groaning, grimacing, and restlessness should be recognized by the caregivers as consideration for pain management interventions.

Special Populations Pain Management Considerations:

This group of patients covers a wide variety of communication difficulties to include, but not limited to, those that may or may not be able to provide a self-report of pain.

- Cognitively impaired patients
- Unconscious patients
- Cultural Considerations
- History of Addiction
- History of Diversion
- Psychiatric History

Pain Management:

Assessment strategies can include use of pain-rating scales, 0-10, behavioral response, facial expressions, body movements, crying, report of pain from parent, family or caregiver as a proxy pain rating, and physiologic measures.

Staff Education:

Information about analgesics will be made readily available to clinicians.

- a. Information about pharmacological and non-pharmacological pain management will be available.
- b. Appropriate orientation and training to treat patient's pain will be available to health professionals and included in continuing education activities.
- c. Pain management education provided during orientation includes pain management philosophy, goals of pain management, pain assessment, pain intensity scales, and the importance of patients' self-report of

pain. Staff members are provided pain management education on an ongoing basis.

Patient Family Education:

Patients and family members may assist in developing an individualized pain management plan and be given written pain management information to include, but not be limited to, pain scales, importance of aggressive preventive pain management, and the importance of pain self-reporting. Patients will be educated as to their role in pain management, and will identify their own “comfort level” goals. Such family support would rest upon the patient’s desire to include his family.

Patient education can be utilized to involve patients and family members to identify the patients’ continuing symptom management of pain to include, but not be limited to, prescriptions for analgesics, potential side effects, and the importance in reporting any inadequate pain relief and side effects to their provider (s) as soon as possible.

Procedure:

Definition:

- ❖ Acute Pain – Pain present less than six months.
- ❖ Chronic Pain – Pain present for six months or longer.

All patients will be screened for pain, based on self-report, by asking, “Are you having any pain related to your visit today?”

Those identified as having acute pain will be evaluated and treated as clinically appropriate. Intensity of pain will be documented, based on self-report, using an appropriate pain scale. Pain relief interventions will take into account the patient’s personal goal for pain relief. Efficacy of pain alleviation will be assessed at clinically appropriate intervals.

Patients with chronic pain will have a comprehensive pain assessment by the provider, using the “Initial Pain Assessment for Known Chronic Pain” and the “Ongoing Pain Assessment” forms.

Patients who are on chronic pain medication who are stable may be seen at intervals up to every three months. Efficacy of therapy must be documented using patient’s self-report and evaluated in light of the patient’s personal goals for pain relief. Those not achieving their personal goals for pain relief may be referred to a pain management specialist as clinically indicated.

Chronic pain patients, other than those with pain related to terminal illness, may be required to sign a Pain management Agreement and/or take urine drug screens at the discretion of the medical provider. This is particularly true if there are requests for early

refills; the patient reports a “lost prescription”; a pattern of escalating medication dosage; or other irregularities in the patient’s use of medication.

Performance Improvement:

Patient satisfaction will be surveyed at regular intervals.

- a. The Pain Management Committee will monitor compliance with the above standards as appropriate, consider issues relevant to improving pain treatment, and make recommendations to improve patient outcomes and their monitoring.
- b. Committee members will be interdisciplinary and will consist of the medical providers, dental providers, and the Pharmacist. Substance abuse Counselors may be invited to participate.
- c. The Committee will meet at least quarterly to review the pain management process.
- d. CQI projects will be undertaken as appropriate.
- e. The Pain Management Committee will provide regular reports to the ACQI Committee.

Replacement of Controlled Pain Medication

The purpose is to provide a structure for our providers and patients to follow in the appropriate prescribing and care of controlled drugs used in treatment procedures.

It shall be the policy of the Karuk Tribal Health Program, to institute a “No Replacement Rule”, in regards to lost or stolen controlled substances, previously prescribed to our patients.

Procedure:

- 1. Refills will be made at the appropriate usage interval.
- 2. All early requests for refill will be denied.
- 3. Assist the patient during time of loss to manage pain in an alternative method.
- 4. Exceptions will be at the discretion of the provider and will be documented in the patient’s notes.

Prescribing Narcotics to Inmates or Juveniles:

The purpose is to comply with requests from the California Forensic Medical Group.

Policy: It shall be the policy of the Karuk Tribal Health Program to limit the prescribing of narcotics to adult or juvenile inmates.

Procedure:

1. Pain medication prescribed will be an alternative to controlled substances.

Pain Management Forms:

- List of Body Sites and worst, least, average, and current level of pain
- Body Diagram and Treatment or Medication Relief
- How Pain has Interfered with Daily Functioning (2 pages)
- Pain History
- Pain Management Agreement
- Initial Pain Assessment

References:

Acute Pain Management Guideline Panel. Acute Pain Management: Operative or medical Procedures and Trauma. AHCPR Pub. No. 92-0032 Rockville, MD: Agency for health Care Policy and Research. Public Health Services, US Dept of Health and Human Services: Feb 1992

American Pain Society Quality of care Committee. Consensus Statement: Quality Improvement Guidelines for the Treatment of Acute Pain and cancer Pain. JAMA, vol 274, No. 23, Dec 20, 1995.

Clinical Manual, Second Edition. Pain Margo McCaffrey and Chris Pasero, Mosby, 1999

Chronic Pain – What is the Standard of Care? American Family Physician Linda Aranaydo, Director of Medical Services, CRIHB

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| Policy Reference Code: 01 () 02 () 03 () 04 (X) 13 () 14 () 15 () 16 () | 05 () 06 () 07 () 08 () 17 () 18 () | 09 () 10 () 11 () 12 () |
| Function: Quality of Care Provided | Policy #: 04-001-171 | Policy Title: Kernicterus Screening and Assessment Policy |
| Tribal Chairman: Date: September 8, 2011 Signature: | Medical Director: Date: August 16, 2011 Signature: | Cross References: |
| Reviewed 2011 Supersedes 04-001-171 dated 1/08/09 | | |

POLICY. Newborns seen at Karuk Tribal Health Clinics, within three to five days after birth, will have a risk assessment for Kernicterus completed by appropriate personnel.

PROCEDURES.

1. Newborns scheduled for a follow-up visit within three to five days of age must be assessed for hyperbilirubinemia.
2. Evaluate Bilirubin levels on all newborns appearing with jaundice at 3 or 5 days of age. Special precaution should be taken in newborns with dark skin.
3. Question breastfeeding mothers if they have received oral or written instructions about newborn jaundice, and if not then provide the instructions.
4. Refer to pediatrician as appropriate.
5. During prenatal visits provide educational materials regarding jaundice and breast feeding.

Comment [Dr. Novak1]: Separate document

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| Policy Reference Code: 01 () 02 () 03 () 04 (X) 05 () 06 () 07 () 08 () 09() 10 () 11 () 12 () 13 () 14 () 15 () 16 () 17 () 18 () | | |
| Function: Quality of Care Provided | Policy #: 04-001-172 | Policy Title: Nutritional Assessment |
| Tribal Chairman: Date: September 8, 2011 Signature: | Medical Director: Date: August 16, 2011 Signature: | Cross References: |
| Supersedes Policy 04-001-172 dated 8/14/2008 | | |

Purpose: The purpose of the Nutritional Assessment policy is to establish criteria and/or clinical guidelines to use when a nutritional assessment is warranted.

Comment [Dr. Novak1]: There is a purpose but no policy, just a procedure. We need to stipulate WHY we are doing this and WHO it is for.

Procedures:

1. The assessment methods shall include screenings, observations, and/or examinations.
2. Medical providers will use criteria from approved clinical guidelines (www.emedicine.com, www.fpnotebook.com, www.uptodateonline.com, CHDP Guidelines, WIC Guidelines, or approved practitioner protocols) to assess nutritional status.
3. The following components may include, but is not limited to the following:
 - BMI
 - Waist to Hip Ratio
 - Accurate measurement of length or height
 - Weight
 - Head Circumference (when appropriate)
 - Triceps skin folds measurement
 - Upper arm circumference
 - Hematocrit/hemoglobin
 - History and Physical
 - Dental inspection
 - Dietary history/food intake
 - Adequate nutrients
 - Questions to determine nutritional problems
4. Nutritional findings will be documented in the EHR
5. Referrals will be made as necessary.

Comment [Dr. Novak2]: Separate document

Karuk Tribal Health and Human Services Policy Manual

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| 13 () | 14 () | 15 () | 16 () | 17 () | 18 () | 19 () | 20 () | 21 () | 22 () | | |
| Function: Quality of Care Provided | | | | Policy #: 04-002-175 | | | | Policy Title: Patient Records Policy | | | |
| Tribal Chairman: | | | | Medical Director: | | | | Cross References: | | | |
| Date: October 13, 2011 | | | | Date: September 14, 2011 | | | | | | | |
| Signature: | | | | Signature: | | | | | | | |
| Supersedes Policy 04-002-175 dated 04/09/2009 | | | | | | | | | | | |

POLICY: The Karuk Tribal Health & Human Services Program (KTHHSP) shall ensure that its medical records are complete and kept up-to-date, in order that patients receive the best quality care available to them through efficient information management.

Comment [Dr. Novak1]: Should we discuss something about electronic records?

PROCEDURES:

Comment [Dr. Novak2]: Separate doc

1. Each patient shall have a medical record assigned with a distinctive number.
2. The medical records personnel will review records of scheduled patients to ensure accuracy and completeness. Outside reports shall be initialed by the provider prior to filing in the record.
3. Incomplete medical records will be returned to the provider for completion.
4. The medical record will contain:
 - a. A complete history, physical, psychosocial, and functional assessment by the patient's third visit or documentation of refusal.
 - b. A complete and accurate problem list denoting significant active and inactive problems.
 - c. Significant past medical, surgical, and obstetrical history.
 - d. Drug and other allergies.
 - e. A current medication list.
 - f. Reports from outside sources, i.e. lab, x-ray, specialty consultation.
5. All entries will be signed and dated by relevant providers.
6. All hard-copy records will be filed at the end of each working day in a designated locked area.
7. Copies of medical records will be released according to the policy on Release of Medical Records.
8. Medical records will be inactivated according to the policy for Inactivation of Medical Records.

Karuk Tribal Health and Human Services Policy Manual

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| Function: Quality of Care Provided | Policy #: 04-003-185 | Policy Title: Work Related Injury and Illness |
| Tribal Chairman: Date: September 8, 2011 Signature: | Medical Director: Date: August 16, 2011 Signature: | Cross References: |
| Supersedes Policy 04-003-185 dated 8/13/2009 | | |

POLICY: It is the policy of the Karuk Tribe that work related injury as defined as an injury or illness sustained or resulting from the scope or course of one’s employment with KTHHS and/or illness will ~~be rendered~~ receive appropriate and timely medical care, and that the care will be reported in accordance with Federal and State Law.

~~**DEFINITION:** Injury or illness sustained or resulting from the scope or course of one’s employment.~~

PROCEDURES: When a patient presents to a Karuk Tribal Health facility with an injury or illness, which the patient states is work related, the following steps will be taken:

1. The patient will be triaged and assessed and stabilized if necessary.
2. The employer will be contacted and authorization requested for treatment.
3. Authorization by the employer will be documented in writing, including the name of the person giving the authorization.
4. If the employer cannot be reached, the patient will be seen and the company contacted for authorization the next business day.
5. The Karuk Tribe provides works compensation services for employees and shall keep an employer Data File. The Medical Staff may consult the Employer Data File book for any special instructions from the employer as to how workers compensation injuries are to be handled (such as “a urine drug screen” required on all injuries).
6. All documentation will be made in the EHR.

Comment [Dr. Novak1]: Separate doc

Karuk Tribal Health and Human Services Policy Manual

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| Policy Reference Code: 01 () 02 () 03 () 04 (X) 13 () 14 () 15 () 16 () | | | | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 () | | | | 09 () 10 () 11 () 12 () 21 () 22 () | | | |
| Function: Quality of Care Provided | | | | Policy #: 04-004-190, 04-004-191, 04-004-192, 04-004-193, 04-004-194, 04-005-195, 04-005-196 | | | | Policy Title: Nursing Policies | | | |
| Tribal Chairman: Date: 05/10/2012 Signature: | | | | Medical Director: Date: 04/18/2012 Signature: | | | | Cross References: Nursing Procedures | | | |
| Supersedes policies 01-004-190/196 dated 11/03/2011 & 04/09/2009 | | | | | | | | | | | |

04-004-190 **Administration of Medication.**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants shall administer medication per order or protocol of the attending physician or mid-level under his/her supervision.

04-004-191 **Screening Procedures.**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants shall administer screening procedures per scope of training or supervision such as, but not limited to the following:

- Hearing and Audiometric
- Hematocrit
- Vision
- Blood Glucose, and
- Blood Pressure
- INH
- PT
- HgA1C
- HIV screen
- UA
- H Pylori
- Fecal Occult blood
- Wet Mount
- Venipuncture

04-004-192 **First Aid and Emergencies.**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants

shall administer first aid or emergency procedures per scope of training or supervision in accordance with established procedures.

04-004-193 **Other Medical Procedures.**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants shall work within their scope of practice or under direct supervision and shall follow established procedures where available.

04-004-194 **Laboratory Testing.**

Registered Nurses, Licensed Vocational Nurses, and Medical Assistants shall perform “CLIA Waived” test at Karuk Tribal Health Clinics in accordance to competence, and shall comply by Karuk Tribal Health Laboratory policies.

04-005-195 **Committees.**

Registered Nurses, Licensed Vocational Nurses, or Medical Assistants shall serve on the Karuk Tribal Health Program committees, e.g., Contract Health Services Managed Care, (CHS), Performance Improvement, (PI), or the Medical Records Committee as needed or deemed appropriate.

04-005-196 **Patient Education.**

~~—Patient education is one of the most important aspects of nursing care and the role of the nurse as a health educator offers a constant challenge. In an effort to help each individual patient achieve maximum health, the nurse- Nursing staff shall~~
assists ~~the~~ patients in learning to practice health promotion activities and adjust to conditions or diseases that effect health and lifestyles. This may be done through personal conferences, providing appropriate brochures and/or explaining clinician directives.

Karuk Health and Human Services Policy Manual

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| Policy Reference Code: 01 () 02 () 03 () 04 (X) 13 () 14 () 15 () 16 () | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20() | 09() 10 () 11 () 12 () 21() 22() |
| Function: Quality of Care (Nursing) | Policy #: 04-004-497 | Policy Title: Safe Injections |
| Tribal Chairman: Date: 06/01/2012 Signature: | Medical Director: Date: 06/01/2012 Signature: | Cross References: |
| New 2012 | | |

PURPOSE: To establish guidelines in order to perform injections in an optimally safe manner for patients, health care personnel, and others.

POLICY: Only qualified staff of The Karuk Tribal Health and Human Services Medical and Dental Department shall give injections to patients. Qualifications are based on licensure, applicable credentialing and/ or job description.

BACKGROUND INFORMATION:

- ~~—The administration of medicine by injection requires equipment (needles and syringes) that is sterile, accurate in measuring dosage, convenient to use, and that will produce as little discomfort and/or hazard for the patient as possible.~~
- ~~—Patient safety is a critical factor for the basic medical personnel. Aseptic techniques must be strictly maintained during the preparation and administration of a medication.~~
- ~~—Injection safety or safe injection practices are practices intended to prevent transmission of infectious diseases. Patients and healthcare providers must insist on nothing less than *One Needle, One Syringe, Only One Time* for each and every injection.~~

PROCEDURE:

Comment [Dr. Novak1]: Separate document

1. **Wash your hands** thoroughly using soap and hot water. Wipe your hands on a clean towel until they are completely dry. Put on rubber gloves if desired.
 - a. **Injection Methods:**
 - **Subcutaneous (Hypodermic) Injections-** The medication is injected by syringe and needle into the tissues just beneath the skin. A preparation for subcutaneous use must be a sterile liquid capable of complete absorption or it will irritate the tissues.
 - **Intramuscular-** The medication is injected into a muscle, usually in the buttocks, sometimes in upper arm or the thigh. The needle

is inserted at a 90-degree angle to the skin, through the skin and subcutaneous tissue into the underlying muscle.

- Intradermal- The medications is injected into the upper layers of skin, rather than under the skin as in a subcutaneous injection. Minute amounts are given intradermally, usually to test for drug sensitivity before administering larger amounts by other methods.
- Intravenous-A hypodermic injection into a vein for instilling a single dose of medication or beginning an IV infusion.

2. **Gather Equipment** and place on medication tray.

- a. Choice of needle. The length of the needle you choose will depend upon the type of injection. The gauge size you choose will depend upon the type of medication
- b. Choice of syringe-The choice of syringe depends on the amount of solution and the type of solution administered.
 - i. When selecting syringe, check for the total capacity of the syringe. The syringe is usually calibrated in cubic centimeters (cc). Be sure the syringe is large enough to contain enough medication to give the shot and should only be large enough to accommodate the dosage being given.
 - ii. Check the calibration of the syringe so you can place the exact amount of medication the syringe
 - iii. Inspect packaging for defects. If the package has been opened or has any holes, discard the package and obtain sterile equipment.
 - iv. Unpack the syringe from its packaging without contaminating any sterile parts. The sterile parts are the needle adapter and the shaft of the plunger, which goes into the barrel.
 - Flexible wrapper
 - Peel the sides of the wrapper apart to expose the rear end of the syringe
 - Grasp the syringe by the barrel with the free hand.
 - Pull the syringe from packaging
 - Dispose of empty packaging in appropriate receptacle.
 - Syringe in hard plastic tube (cartridge package).
 - Press straight down on top of tube with your thumb or use twisting motion
 - Press until you hear a distinct click. The click indicates that seal has not previously been broken. If you do not hear a click, discard the syringe.
 - Remove the cap from the tub and put it down on work surface.
- c. Vials
- d. Sterile saline or sterile water, if necessary
- e. Alcohol swabs

3. **Injection Preparation**

- a. Verify the medication. The medical personnel should check the doctor's orders for the type, route and dose of medication to administer.
- b. Assemble the needle and syringe-
 - i. Remove the protective cover from the needle adapter on the syringe. Insert the needle adapter into the needle hub.
 - ii. Tight the needle with one-fourth turn to ensure it is securely attached to the syringe.
 - iii. Do not touch the needle adapter or the syringe to avoid contamination of the sterile surface.
 - iv. Remove protective cover from the needle by pulling straight off. Do not twist as this may cause needle to come off the needle hub.
 - Inspect the needle for burrs, barbs or other damage.
 - Check for contamination. Rust or foreign particles on needles
 - If needle has any defects, discard and obtain a new sterile needle and repeat the process.
 - v. Replace cover on needle until medication is ready to draw.
- c. Check the medication container label.
 - i. Verification should be made at least three times to ensure accuracy at the following times
 - When the medical personnel obtains the container from the place of storage, usually a medicine cabinet
 - Before the medications is withdrawn from the container
 - When the container is returned to the place of storage
 - ii. Follow directions on container regarding expiration date and follow policy regarding use of multidose vials.
 - iii. Check to determine if medication was stored properly (refrigerated).
- d. Dilute the medicine in a vial according to directions if necessary. If a powder, mix in a vial with the amount of prescribed sterile saline or sterile water. Some medicines come in ready to use vials.
- e. Examine the rubber stopper on the vial.
 - i. If the vial is new, remove the metal protective cap
 - ii. Examine the rubber stopper for defects.
 - iii. If a defective stopper is identified, hold the vial to the light to examine for any foreign particles and detect any changes in color and consistency of the medication. If there are foreign particles in the solution or if there is any change in color of the solution, discard and obtain another container. If the used container is dark colored glass, (wipe top of vial with alcohol swab first) insert needle and draw some solution to examine its color, if defective, discard vial, syringe and needle, and obtain new solution. You may want to obtain guidance from your supervisor.
 - iv. Check the date the multidose vial was opened and the expiration date on the medication
- f. Wipe the top of the vial with an alcohol swab and leave the swab on the stopper for at least 30 seconds.
- g. Uncap the needle on the syringe, pull the plunger out, and fill the syringe with air equal to the amount of medication ordered.

- h.** Place the vial on a flat surface and insert the needle into the rubber stopper. Make sure the needle tip passes complete through the cap. When inserting the needle the bevel should face up with a slight pressure being exerted down and forward against the needle to prevent rubber from contaminating medication. (see figure 1) The hub of the needle should not touch the rubber cap. (see figure 2)

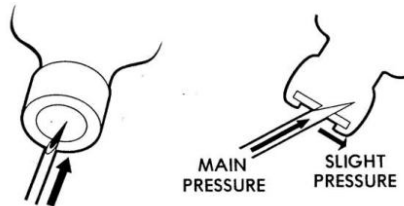


Figure 1

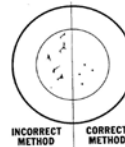


Figure 2

- i.** Invert the vial and pull back the plunger until the syringe fills with the prescribed amount of medicine. Draw slightly more the amount of medication (about 0.2 cc more) prescribed. The extra medication will be expelled when the syringes is cleared of air bubbles. (see figure 3)

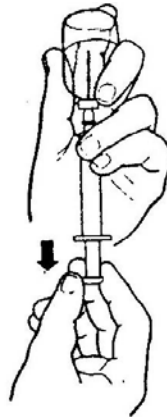


Figure 3

Withdrawing medication with vial inverted.

- j.** Clear syringe of air bubbles
- i.** Hold syringe with the needle pointing up.
 - ii.** Pull back on the plunger lightly to clear all medications from shaft of the needle.
 - iii.** Flick the barrel lightly with your finger to force air bubbles to the top of the barrel.

iv. Pull the plunger back slightly and push forward until the solution is in the needle hub clearing it of bubbles.

v. Continue pushing plunger forward until the proper amount of medication remains in syringe (excess medication is expelled). (see figure 4)



Figure 4 Clearing bubbles from barrel.

vi. Verify the correct dosage.

vii. Cover needle with plastic protective cover to maintain sterility until the injection is performed.

4. Ampule-Follow this procedure for the medications in an ampule.

a. Lightly tap the top of the upright ampule to force trapped medication back from the bottle neck (see figure 5)

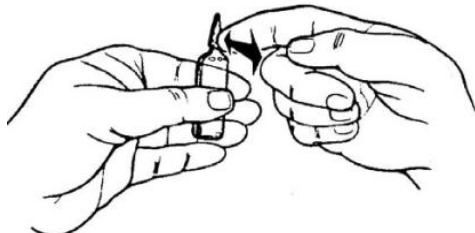


Figure 5

b. Cleanse the neck of the ampule with an alcohol swab.

c. Wrap the neck of the ampule with the sponge and leave for 30 seconds

d. Grasp the ampule with both hands, covering the neck with a sterile piece of gauze. Snap the neck of the ampule by bending away from the breakline. Ampule should be snapped away from any person to prevent injury from flying glass (see figure 6)

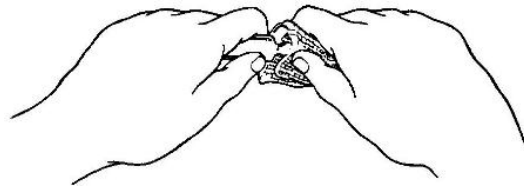


Figure 6

- e. Inspect the ampule for minute glass particles. If any glass particles are observed, discard the ampule and obtain another or use a filter needle.
- f. Pick up the assembled needle and syringe in dominant hand and remove the protective cover. Regardless of method used, care must be exercised not to contaminate the needle.
- g. Insert the needle and withdraw the medication in either of the following ways:
 - i. Holding the ampule horizontally in the nondominant hand and the syringe in the dominant hand, insert the needle into the medication. OR
 - ii. Placing the ampule upright on a flat surface and stabilizing it with the nondominant hand, insert the needle to withdraw the medication.
 - iii. The prescribed amount of medication plus 0.2 cc is withdrawn while keeping the needle immersed in solution. (see figure 7)

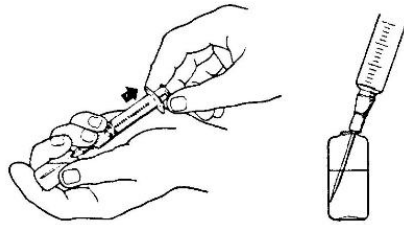


Figure 7

- iv. Withdraw the needle.
- v. Verify the correct dosage. Refer to the doctor's orders.
- vi. Clear the syringe of air bubbles.

5. Injection Details

- a. Identify the patient by two methods. (Name, Birthdate etc)
- b. Ask the patient about any known allergies before you administer any medication. You should ask about specific allergic reactions such as penicillin, eggs, or horse serum to refresh his memory. You should refer to his chart to see if any allergies are listed. If the patient is a young child or an older person, they may not be able to tell you. If there is a known allergy, consult the senior medical person in the area for guidance. Do not administer the injection if you are not sure there are no allergies. Allergic reactions can make the patient very sick or even cause death.
- c. Ask females about the possibility of current pregnancy. Some medications can cause severe birth defects if given to the mother during pregnancy. If there is a possibility of pregnancy, do not administer the injection. Refer the patient to the physician or senior medical person.

- d. Provide privacy for the patient if injecting in the buttocks or lateral thigh. Be sure to abide by a local SOP.
- e. Tell the patient about the injection procedure. Be sure to wake up a patient if he has been sleeping. If a patient is unconscious and you think he cannot understand what you are telling him, tell the patient anyway. A patient may be frightened and/or violent. If this is the case, you must seek assistance.
- f. Select Injection Site and Position Patient. An intramuscular injection is usually given in the buttocks, thigh, or the upper arm area. If the medication is more than 1 cc, give the injection in the buttocks. The amount of medication determines the selection of the site.
 - i. **Buttocks.** The buttocks are the preferred site for administration of the intramuscular injection. The muscles (gluteal) of this area are thick and are utilized frequently in daily activities, thus causing complete absorption of medications.

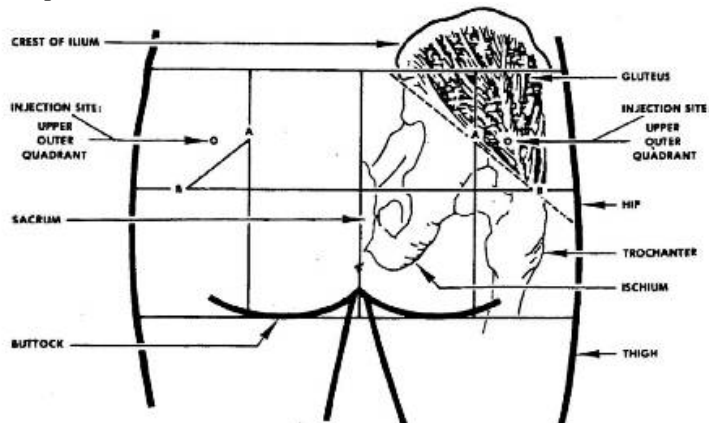


Figure 8 Intramuscular injection site in the buttocks (upper, outer quadrant)

- Using care in choosing the location for administering the injection will minimize the possibility of hitting a bone, large blood vessel, or the sciatic nerve.
- To identify the injection site, draw an imaginary horizontal line across the buttocks from hip bone to hip bone. Then divide each buttock in half with an imaginary vertical line (see figure 8). The four imaginary sections of the buttock are referred to as quadrants. The proper location for an injection is in the upper outer quadrant of either buttock.
- Remember, if an injection is given outside of the upper outer quadrant, irreparable injury may be done to the sciatic nerve or the needle may penetrate the gluteal artery and this can cause significant bleeding from the vessel.
- If 5 cc is to be given, the medication should be divided into 2 doses and injected into separate sites with a maximum of 2.5 cc per dose.

- The needle length should not exceed one and one-half inches. A one and one-fourth inch needle is commonly used.
- If the patient is receiving a number of intramuscular injections over a prolonged period, the site of injection should be rotated. A record in sites must be kept on the patient's chart for this purpose.
- Expose the buttocks to make sure you do not make an error in determining the location of the injection. The patient will lie face down with toes together and heels apart. This position relaxes the muscles of the buttocks (see figure 9)

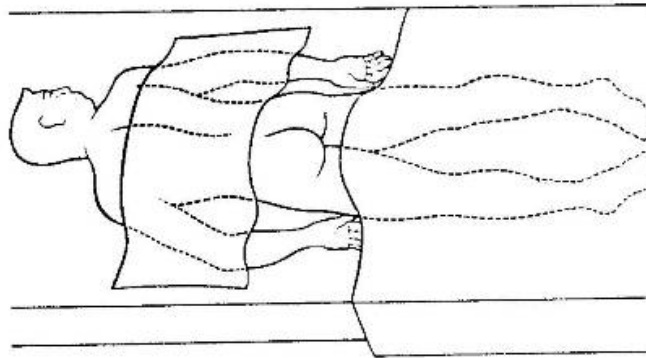


Figure 9 Patient in Prone position for intramuscular injection in the buttocks

- If no bed, cot, or table is available for the patient to lie on, the patient may be instructed to support himself with a nearby object (such as a chair). Be sure you can visualize the entire buttocks to assure identification of the injection site. The patient will lean over and shift his weight to one leg. In this position, the buttock muscles will relax in the hip not bearing the body weight. You will be able to give an injection in the gluteus medius muscle with minimal discomfort to the patient.
- ii. Lateral thigh** (vastus lateralis muscle). The vastus lateralis muscle, part of the quadriceps group of four muscles of the upper leg, is located on the outer, lateral thigh. The injection site is about a hand's width above the knee to a hand's width below the groin (or hip joint). (see figure 10) Injections outside this area may hit a bone, a nerve, or blood vessel.

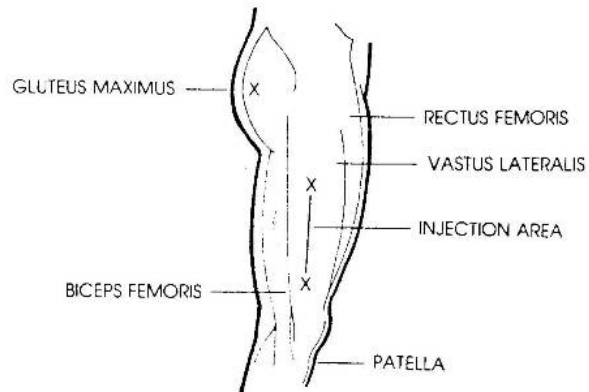


Figure 10 -Location for Thigh injection

- The volume of medication given in this site can be up to two milliliters injection in an adult.
 - The needle length must not be less than one inch and should not exceed one and one-half inches for adults. A one and one-fourth inch needle is commonly used.
 - To administer an injection, make sure the patient's lateral thigh is completely exposed so you can visualize the injection site. The patient should be lying on his back (supine) or seated.
 - Do not inject into the areas close to the knee or hip bone.
 - There are no main blood vessels or nerve trunks in the lateral thigh injection site. There is a cutaneous nerve (lateral femoral) superficially located and sometimes damage to these nerves is reported.
- iii. Upper arm (deltoid muscle).** The injection site in this area is a rectangular area bounded on the top by the lower edge of the shoulder bone (the acromion process), on the bottom by the armpit (the axilla), and by the lateral one-third of the arm (see figure 11).

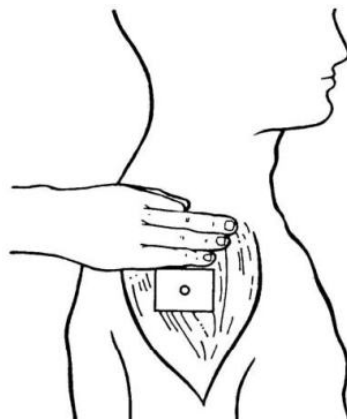


Figure 11 Location for upper arm injection

- The safe area for injection is generally defined as about three fingers below the shoulder joint.
 - The needle length of one inch is normally used because of the size of the deltoid muscle.
 - The volume of medication given in this site can be up to a maximum of one milliliter per injection for an adult. A volume of 0.5 milliliter or less is more commonly used.
 - The shoulder should be completely exposed so you can determine the exact location of the injection. The clothing should not be rolled up to attempt to administer an injection.
 - Ensure that the patient is in a standing or sitting position, with the arm at side and muscles relaxed. Direct the patient to hang the arm loose.
- g. Prepare Injection Site.** Clean the skin at the injection site thoroughly with an antiseptic pad (sponge with alcohol or Betadine). Use a circular motion from the center of the injection site outward. Place the antiseptic pad between the last two fingers for use later when you complete the injection.
- h. Remove Needle Guard or Cover.** Pull the cover straight off, rather than using a twisting motion or a sideward motion because you may bend the needle.
- i.** Avoid bending or touching the needle.
 - ii.** Place the needle cover on a clean, flat surface.
- i. Stabilize Injection Site.** Firm the tissue at the injection site with the hand that is free by pinching the skin with the thumb and forefinger so that it is taut.
- i.** The cushion of tissue formed by grasping the skin makes it easier to inject the needle in exactly the right place.
 - ii.** The needle enters more easily into taut or firm skin than into loose skin.
 - iii.** Help the patient relax his muscles by distracting his attention by asking a question or having the patient do something like blow a breath out or look at an object on the wall.
- j. Insert Needle Into Patient at Site Selected for Injection.** When inserting the needle, remember the following guidelines:

- i.** Hold the barrel of syringe firmly between the thumb and index finger of the dominant hand (see figure 12).

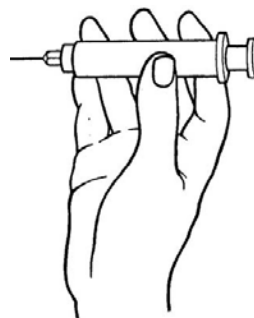


Figure 12 Hold barrel of syringe between thumb and index finger.

- ii. Move the needle tip to about one-half inch from the injection site, with the bevel up, and position the needle at a 90-degree angle to the skin surface. (All intramuscular injections are inserted at a 90-degree angle into the muscular layer below the skin.)
 - iii. Plunge the needle firmly and quickly into the muscle to the depth of the needle with a steady straightforward motion. A quick insertion of the needle will minimize the pain for the patient.
- k. Aspirate Syringe. Aspirate the syringe as follows (see figure 13).

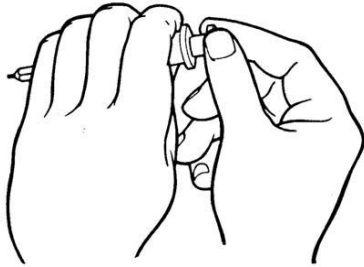


Figure 13 Aspirate the Syringe

- i. Release the hold on the skin.
 - ii. Move the free hand to the plunger of the syringe.
 - iii. Pull back the plunger until slight resistance is felt.
 - iv. Check for blood entering the syringe. If blood appears in the syringe, do not administer the medication. Proceed as follows:
 - Withdraw the needle from the skin at a 90-degree angle.
 - Dispose of the needle and syringe (see procedures for accomplishing this at the end of this lesson).
 - Explain your actions to the patient.
 - Obtain another (sterile) needle and syringe.
 - Select another injection site.
 - Start the injection procedure over, following the instructions already provided.
 - CAUTION: Failure to aspirate for blood before injecting could result in administering medication into a blood vessel, which would endanger the life of the patient. This is because the entire amount is instantly available for the body to use.
- l. Inject Medication. To inject the medication, do the following procedures:
- i. Stabilize the syringe with the nondominant hand.
 - ii. Place the thumb of the dominant hand on the plunger and the index and middle fingers under the hook of the syringe barrel.
 - iii. Push the plunger into the syringe barrel with a slow, continuous downward movement as far as the plunger will go.
 - iv. Make sure that all the medication is injected. Any medication that is left in the needle at the end of the injection may dribble into the subcutaneous tissue as it is withdrawn. Tissue injury may result.

- m. Withdraw Needle. To withdraw the needle:
 - i. Place the alcohol pad you are holding just above the injection site with the nondominant hand.
 - ii. Remove the needle straight out in same direction as the injection with a quick, outward motion.
- n. Cover Injection Site. Place an adhesive bandage over the injection site to protect clothes from possible bloodstains and protect the injection site from possible infection.
- o. Perform Postinjection Patient Care. Perform as follows:
 - i. Observe the patient for unusual reactions. Any medication can cause anaphylactic reactions.
 - ii. Give appropriate information regarding the medication and required waiting time to the patient in accordance with local guidelines.
- p. Dispose Expended Needle and Syringe. Place the needle and syringe in a non-permeable container in accordance with local policy. Proper disposal of equipment prevents cross contamination, drug abuse, and injury by needles.
- q. Record Administration of Injection. Record the information in the patient's medical record (EHR).
 - i. Prompt recording prevents other personnel from administering the same medication.

Karuk Tribal Health and Human Services Policy Manual

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|---|---|---|
| Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 () | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09 () 10 () 11 () 12 () 21 () 22 () |
| Function: Quality of Care Provided | Policy #: 04-006-200 | Policy Title: Legally Mandated Reporting |
| Tribal Chairman: Date: September 8, 2011 Signature: Supersedes Policy 04-006-200 dated 09/10/09 | Medical Director: Date: August 16, 2011 Signature: | Cross References: California Labor Code 6409. – 6413.5 (Attached) |

POLICY: The Karuk Tribe Health and Human Services organization shall comply with all federal, state and local mandated reporting regulations for issues such as: significant exposure to blood, pesticide related illnesses communicable diseases, suspected child, elder or domestic abuse or neglect, violence such as rape or assault, occupational injuries or illness and motor vehicle accidents with injury.

Exposure to Blood:

Any employee sustaining a significant blood exposure shall contact his/her supervisor and shall generate an incident report, which shall be sent to the Quality Management Department who will notify the Infection Control Officer. The employee shall have immediate medical evaluation and appropriate medical care.

Comment [Dr. Novak1]: Procedure

Pesticide Related Illnesses:

The Karuk Tribal Health and Human Service program shall comply with the Health and Safety Code and shall report suspected cases of pesticide related illnesses to either the Siskiyou or Humboldt County Public Health Department.

Communicable Disease:

The Karuk Tribal Health and Human Services program will comply with Title 17, California Code of Regulation, Sec. 2500, and shall report known or suspected cases of any communicable disease to the local jurisdiction within the required time frame. The local jurisdictions for the Karuk Health and Human Services program are Siskiyou and Humboldt County Public Health Departments.

Child, Elder and Domestic Abuse or Neglect:

Known or suspected cases of either child, elder, or domestic abuse or neglect shall be reported as mandated by law.

Other:

Motor vehicle accidents with injury, rape or assault shall be reported to the law enforcement agency with primary investigative authority.

Occupational Injury or Illness:

The Karuk Tribal Health and Human Service program shall comply with Labor Code 6413.5 and shall report any occupational related injury or disease to the State Compensation Insurance Fund, to the Worker's Compensation carrier of the employer, and the Division of Labor Statistics and Research.

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In the event the employer does not carry Worker's Compensation Insurance, the Department of Labor will be notified.

Karuk Health and Human Services Policy Manual

| | | |
|---|---|---|
| Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 () | 05 (X) 06 () 07 () 08 () 17 () 18 () 19 () 20() | 09() 10 () 11 () 12 () 21 () 22 () 23 () 24 () |
| Function: Quality Management and Improvement | Policy #: 05-000-205 | Policy Title: Organizational Performance Improvement Plan |
| Tribal Chairman: Date: 03/29/2012 Signature: | CEO: Date: 03/29/2012 Signature: | Cross References: |
| Supersedes Policies dated 07/14/2011, 7/10/2011 | | |

I. Introduction:

Purpose:

The Organizational Performance Improvement strategy shall be to constantly strive to improve care, reduce risks, and provide a structure for assessing quality and obtaining customer input to improve patient satisfaction. Its goals and purpose, within available resources, shall be to continuously improve the quality of health services provided in the most efficient and cost effective manner as possible.

Mission:

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

Vision:

Our Vision is to promote and expand access to culturally sensitive healthcare for all those we serve by continued:

- Expansion of our services; to meet healthcare needs of our patients
- Modernization of our facilities, including information technology
- Centralization of our programs within the Karuk Service Area
- Maximization of our resources;
- Adherence to the TERO, by providing employment opportunities
- Evaluation and improvement of our efforts
- Provision of an excellent work place environment, that fosters staff development and retention

Values:

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

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

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

Definition of Quality: Our definition of quality is “doing the right thing, the right way, at the right time.

Goals:

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

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

II. Overview and Planning:

External Customers:

Patients and Families
Contract Health Service Providers (CHS)
Head Start
Quest Diagnostics
Dental Laboratories
Indian Health Services
California Rural Indian Health Board (CRIHB)
Human Resource Service Administration
Plumas County Health Department
Other Funding (Grant) Agencies
Fairchild Medical Center
Cancer Detection Programs: Every Woman Counts
Other Hospitals, (Redding, So. Oregon and Humboldt Co)
Medical /Dental Specialist
Siskiyou County Public Health
Siskiyou County Behavioral Health
Child Protective Services
Adult Protective Services
Siskiyou Domestic Violence and Crisis Center
Humboldt County District Attorney’s Office
Other Humboldt County Agencies
Accreditation Association for Ambulatory Health Care,
Inc.(AAAHC).
HC Pro (Greeley Company)

National Association of Healthcare Quality
California Association of Healthcare Quality
CMRI
Office of Statewide Health Planning and Development
(OSHPD)
Health Alliance of Northern California (HANC)
CA Primary Care Association
College of the Siskiyou
Happy Camp High School and Elementary School
Local Agencies
Ambulance Services (EMS)
Raley's Pharmacy
Employers
Third Party Payors
Vendors and Suppliers
Non-Health Related Tribal Programs

Internal Customers:

Karuk Tribal Health Board
Tribal Administrative Staff
KT Finance Department
Executive Director of Health and Human Services
Reception/Intake Staff
Quality Management Staff
Dental Staff
Medical Staff
Child and Family Services
Substance Abuse Staff
Elders Workers
Community Outreach Staff
Contract Health Services Staff
Patient Advocate Staff
RPMS
GPRA (IHS)
Data Entry
Billing
Eligibility Worker(s)
Medical Records
Nursing
Diabetic Education
Infection Control and Safety
Public Health Nursing and Education
Compliance
HIPAA Privacy
HIPAA Security

Information Technology

Patients:

Types: Outpatient/Ambulatory
Community Outreach
CHW's
Elders
Substance Abuse

Patient Medical Services:

Diabetic Education
Waived Laboratory
Pharmacy
Public Health Nursing
Community Health Representatives
Referral
Patient Dental Services:
Maintenance
Prevention
Hygiene
Education
Restoration
Emergency
Dental Laboratory
Referral

Patient Care:

Acute
Chronic
Prevention
Education
Therapeutic

Behavioral Health:

Social Services
Indian Child Welfare Act (ICWA)
LCSW Counseling
Substance Abuse

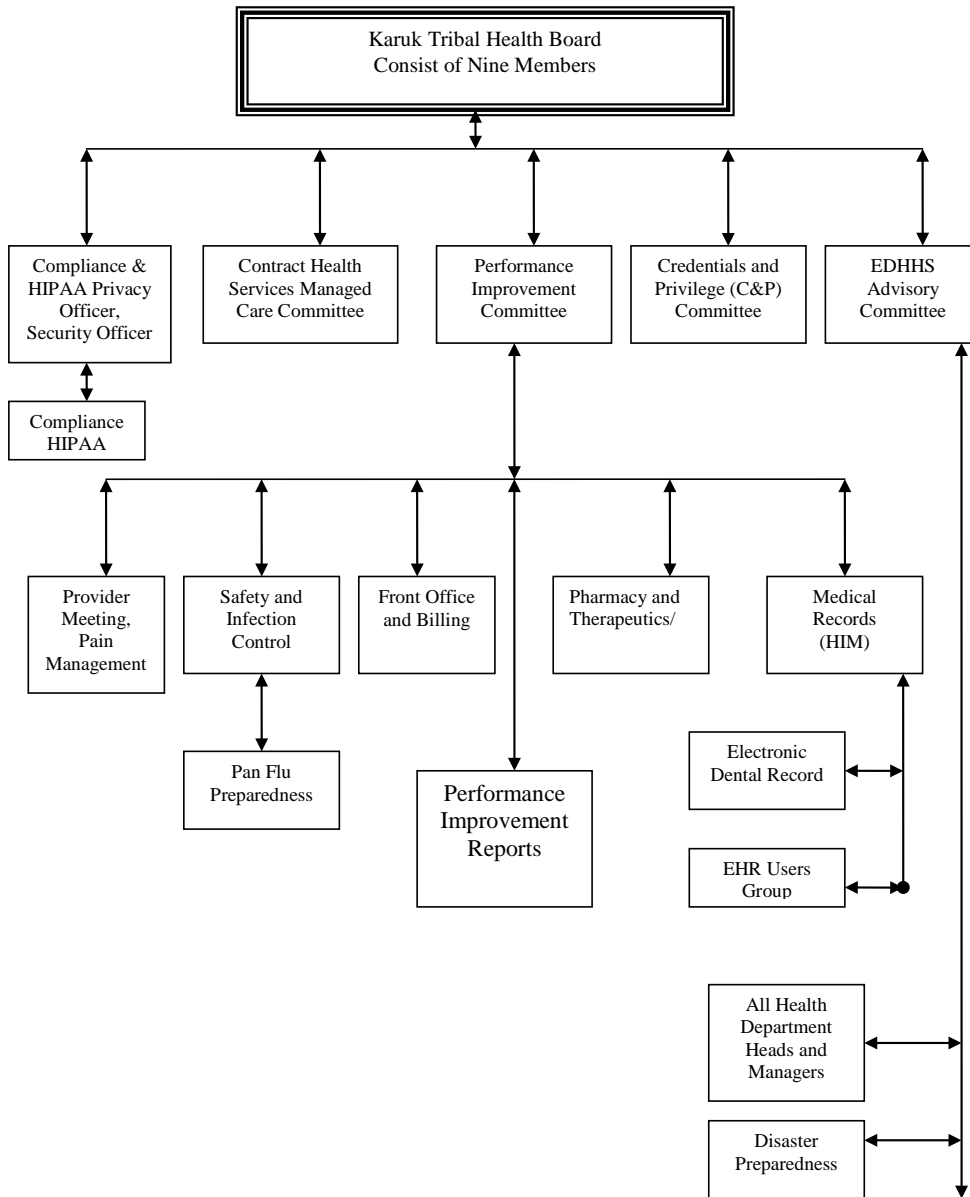
Patient Age:

Neonate (0 – 1 year)
Toddler (1-3 years)
Preschool (3-6 years)
School Age (6-12 years)
Adolescent Age (12-18 years)
Young Adult (18-44 years)
Middle Age (45-64 years)
Older Adult (65 + years includes Geriatric)

III. Karuk Tribal Health Performance Improvement

Communications Flow Sheet

Comment [Dr. Novak1]: This needs updating



IV. Roles and Responsibilities:

The Karuk Health Board:

The Karuk Tribal Health Board is a nine-member board elected from the general membership of the Karuk Tribe. The role of the Karuk Tribal Health Board is to deal specifically with Health and Human Service Program issues and to set policy for financial and strategic direction, appoint, reappoint Licensed Independent Practitioners, and grant privileges. The Health Board works closely with the Performance Improvement Committee (PI) to select priorities for Organizational Performance Improvement activities designed to improve clinical outcomes.

The Karuk Health Council receives reports from Health Directors and other staffs on a regular basis, which will include a brief summary of the respective committee meetings, and adopts or approves reports, position descriptions, policies, and etc and is the final decision of all conflicts or rulings.

The Karuk Health Board ensures active participation to enhance effectiveness and evaluation by appointing one of it's' members to sit on the Performance Improvement Committee.

Comment [Dr. Novak2]: Who is this currently??

The Performance Improvement Committee:

The Accreditation and Continuous Quality Improvement (ACQI) Committee meets monthly, the Second Wednesday of each month from 9:00-10:00 AM. The Clinical Operations Administrator (COA) acts as chairperson of the committee. Minutes are taken by appointed staff. The membership consists of the following:

Comment [Dr. Novak3]: Either this should be Lessie's title or we need to change lessies title to match this.

- The Medical Director
- The Dental Director
- The ~~Executive Director~~CEO of Health and Human Services
- Clinical Operation Administrator
- Yreka Medical Director
- Orleans Medical Director
- Social Services Director
- Quality and HRSA Coordinator
- Health Board Member
- Others

Comment [Dr. Novak4]: ?? Clinic managers?

Other staff members or PI team leaders will present themselves to the committee when their report is due.

Comment [Dr. Novak5]: So should this be on the committee or as guests, such as Anna, Charlene Amy etc. ??If they are not just "guests" (who don't have to sit through the whole meeting, then their titles should be on here as well

The ACQI Committee reports to the Karuk Health Board and is responsible for the following:

- Monitoring compliance with AAAHC Performance Improvement Standards and any other relevant standards.
- Monitors other committee functions and makes recommendations.

Comment [Dr. Novak6]: What other committees?

- Initiate Performance Improvement Activities through patient and community input.
- Reviews significant Incident Reports designed to reduce risk and improve quality of care.
- Overseeing development or revision of the organizational performance improvement plan;
- Integrating performance improvement in the organization's strategic plan.
- Setting goals and priorities for organizational performance improvement in accordance with the organization's mission, vision, values, and goals.
- Reviewing current team activities;
- Chartering performance improvement teams;
- Reviewing and approving actions proposed by performance improvement teams; and
- Ensuring that managers, staff, and teams have appropriate education and other support for quality improvement.

Clinical Operations Administrator:

Provides staff support and expertise to the health program and the performance improvement Committee as needed, develops the agenda and provides meeting minutes. The COA is responsible for the following:

- Evaluates and monitors compliance with AAAHC Manual for Ambulatory Healthcare.
- Facilitates the efforts of the Performance Improvement Committee;
- Assisting management in developing education programs;
- Serving as an expert in performance improvement concepts and tools;
- Driving the initiative within the organization, and
- Assisting in the design and implementation of performance improvement concepts and activities.

The C and P (Credentialing and Privileging) Committee:

The C and P Committee is synonymous with a Medical Staff Committee found in larger health organizations. Although, the name "C and P" stands for credentialing and privileging, it is actually the precise name of the committee.

This committee has only three members, which are the Medical Director, the Dental Director, and the ~~Executive Director~~CEO of Health and Human Services. The Clinical Operations Administrator (COA), who also provides the services of a medical staff office, provides adjunct assistance to the C and P Committee.

It is the responsibility of this committee to ensure that all Licensed Independent Practitioners, and mid-levels, applying for membership to the Karuk Tribal Health Programs Medical Staff, are credentialed and privileged through uniform criteria.

The C and P Policy and Procedures spell out the mechanisms by which applicants are approved for appointment and reappointment. Criteria are collected on the applicant to determine the LIP's background, and current competence, and to assure that patients receive quality care. A core criterion includes:

- ❑ Current Licensure
- ❑ Relevant Education, Training or Experience
- ❑ Current Competence, and
- ❑ Ability to Perform Requested Privileges

The key word is "Primary Source", which the credential file will demonstrate.

The C and P Committee is the gatekeeper to the Karuk Tribal Council or Health Board, because recommendations to approve the applicant for appointment and the granting of clinical privileges must come from the C and P Committee prior to the Governing Body (Karuk Tribal Health Board) appointment and privileging activities. If a recommendation is not made to the governing body, the council will not act on the application.

Corrective actions, investigations, and quality control in regards to a licensed independent practitioner (s), or mid-level is also a duty of this committee.

The Safety and Infection Control Committee:

The Safety and Infection Control Committee is responsible for complying with the Environment of Care and Surveillance, Prevention, and Control of Infection Standards, and the development of policies and procedures to comply them.

The main purposes of the Safety Committee are to manage processes that:

- Reduce and control environmental hazards and risk
- Prevent accidents and injuries
- Maintain safe conditions for patients, visitors and staff
- Maintain an environment which is sensitive to patient needs for comfort, social interaction, positive distraction, and self-control, and
- Maintain an environment that minimizes unnecessary environmental stresses for patients, visitors, and staff.

The main purposes of the Infection Control Committee are:

- Identify risk of acquiring infections
- To reduce the risk of transmitting infections among patients, staff and visitors.
- Prevention of Infections
- Breaking the chain of transmission
- Improving the ability of individuals to avoid infectious agents
- Surveillance

This committee meets quarterly, is chaired by the Public Health Nurse/Director of Outreach with assistance from the Safety Officer.

Comment [Dr. Novak7]: We need to spell out who is on this committee

Medical Records Committee

The Medical Records Committee will focus on issues of the patient health record, whether printed or electronic. The purpose of this committee is to protect patient information from intrusion by unauthorized individuals. Areas of responsibility include confidentiality, security, and the safety of the medical record.

This committee coordinates the use of forms and procedures and enforces information management policies throughout the organization.

The Committee will meet quarterly and the chairperson is elected from the members. One of the members will record the minutes.

In regards to HIPAA, this committee will protect the privacy of Personal Health Information (PHI), and Security of electronic storage and transfer of information.

The goals of this committee are to:

- Improved medical record documentation
- The provision of privacy in regard to PHI, and management of risk
- The provisions of securing electronic storage and transfer of information, and the risk thereof
- The avoidance from potential liabilities arising from non compliance
- The reduction of risk leading to exposure and federal and state imposed penalties
- Adopt, omit, and revise policy and procedures to suit or conform to the KTHHSP as indicated on a continuous basis.

The membership includes the following positions:

- Clinical Applications Coordinator
- Medical/Dental/CFS Records Clerks
- Receptionists
- RPMS Site Manager
- Business Office Manager
- Quality and HRSA Coordinator
- Operations Manager
- Others, as indicated by necessity or interest.

Front Office and Billing Committee

The purpose of this committee is to address any issues, concerns, or problems with patient registration, front office, and billing in Medical, Dental, and Child and Family Services. The committee is made up of billing and A/R staff, receptionists, and data entry clerks/analysts.

This committee's responsibility is to establish fair billing practices, compliance to federal and state laws or regulations, and the prevention of Fraud and Abuse as it relates to the reimbursements for medical and dental services.

Comment [Dr. Novak8]: How often do they meet and have they done this recently?

Goals of this committee are to:

- Establish communications between front office staff and business office
- Review fees and charges
- Establish Sliding Fee scale
- Improve education for relevant staff
- Reduce claim denials
- Provide patient notification of their rights

Provider Meeting and Compliance Audit

The purpose of this committee is to focus on standards of patient care and to provide a forum where medical, dental, and social service providers collaborate to discuss patient care issues along with pain management.

Compliance audits will be a regular part of this committee as to establish fair billing practices, compliance to federal and state laws or regulations, and the prevention of Fraud and Abuse as it relates to the reimbursements for medical and dental services. The business office manager will randomly audit visits for documentation, levels of care, and report the findings to this committee.

The Provider / Compliance Audit Committee will adopt, omit, and revise policy and procedures to suit or conform to the KTHHSP as indicated on a continuous basis.

➤ **Pain Management: The providers shall:**

- Continuously monitor and improve the quality of pain management.
- Provide continuing education opportunities for staff, providers, and patients.
- Determine current practices and knowledge of staff.
- Adapt pain management guidelines to match the organization's needs.
- Research and adopt alternative therapies for methods of pain management.

Members of this committee include:

- Medical Director
- COA/Compliance Officer
- Medical/Dental Providers
- Business Office Manager

This committee will meet quarterly and the Medical Director will chair this committee.

**Pharmacy and Therapeutics – CHSPRC (Contract Health ServicesPRC acronym)
Managed Care Committee:**

The purpose of the P & T – ~~CHS-PRC~~ Managed Care Committee is to develop, review, revise policy and procedure, and adhere to State and/or Federal laws.

The Committee shall address pharmacy issues, i.e., formulary, non-formulary prescribed medications, high alert medications, medication errors, do not use abbreviations, sample drugs, and the Drug Indigent Programs, to determine if community needs are being met, and that there are cost savings as a benefit.

Regular program reviews will be the responsibility of this committee to determine:

- Quality Control
- Safety and Error Reduction
- Appropriate use of High Cost Drugs

Providers will discuss successes or failures with new drugs or strategies.

This committee will also address ~~CHS-PRC~~ Budget expenditures and assess budget balances to determine if resources are will be available throughout the budget period for the Native American patients. The committee determines whether the Levels of Care increase or decrease to maintain expenditures within the ~~CHS-PRC~~ Managed Care budget. The KTHHSP ~~CHS-PRC~~ policies are also enforced by this committee.

Members P & T – ~~CHS-PRC~~ Managed Care Committee shall include:

- Medical Director
- Contract Health Services Manager
- ~~Executive Director~~CEO of Health and Human Services
- Physicians and mid-levels
- ~~Dentist~~Dental Director
- Others may attend as needed

This committee will meet bi-monthly and is co-chaired by the CHS Manager and the Medical Director. A CHS Clerk will record the minutes.

Comment [Dr. Novak9]: ????

EHR Users Group

The purpose of this committee is to provide a forum and discussion group for anyone that uses the electronic Health Record. The committee will allow EHR users to bring problems and issues with the use of EHR to the group.

This group will meet quarterly as needed.

Members of the group include:

- IT Director
- Clinical Operations Administrator

- Clinical Application Coordinator
- RPMS Site Manager
- Anyone that uses the EHR

Electronic Dental Record Implementation Committee

Comment [Dr. Novak10]: Are they doing this?

The purpose this committee is to facilitate the move toward the electronic dental record, and to assess accomplishments, directions, and future needs.

The committee will meet bi-monthly and members include:

- Dental Director
- IT staff
- RPMS Site Manager
- Dentists
- Hygienists
- And other Dental Staff as needed

Disaster Preparedness Committee

Comment [Dr. Novak11]: They need to meet sooner to go over the last disasters and prepare for fire season

The purpose of this committee is to establish policies and procedures in the event of a disaster in any of our communities. This committee will work closely with State and County Agencies to develop the plan. The committee will collaborate with the Karuk Tribes Administrative Disaster Plan Committee.

The committee will meet quarterly. The committee is made up of representatives from each of the clinics/locations, Safety Officer, and other staff as needed.

Executive Directors/CEO Advisory Committee

The ~~ED-CEO~~ Advisory Committee will meet on the fourth Tuesday ~~of each month~~ quarterly from ~~8:159:00~~ am to end.

The ~~CEO/ED~~HHS meets with department head to talk about what is happening within the health program. This forum provides information sharing, training and program reporting.

The ~~Executive Director/CEO~~ of Health and Human Services chairs this committee. The Dental Coordinator is the record of the minutes.

Members Include:

- ~~Executive Director/CEO~~ of Health and Human Services
- Clinical Operations Administrator
- Clinical Application Coordinator
- IT Director
- AOD Director

Comment [Dr. Novak12]: Who is this?

Comment [Dr. Novak13]: Since he doesn't work under HHS do we still want to include him? I'm ok with it...

Comment [Dr. Novak14]: Since we have BH Director do we need AOD to be there as well?

- ~~Senior Services Director~~
- Disaster Preparedness Chairperson
- Business Office Manager
- ~~PRC CHS~~ Director
- ~~Dental Coordinator~~ Dental Director
- Safety Officer
- Public Health Nurse/Director of Outreach Services
- Quality and HRSA Coordinator
- ~~Yreka Medical Office Supervisor~~
- Medical Director
- Child and Family Services Director

Performance Improvement Teams:

All PI teams have a team leader who facilitates data collection and analysis. It is the responsibility of the Team Leader to report to and submit a written report to the PI Committee on a quarterly basis, which shows evidence of improvement or provides a plan for a specific study or change of activity.

Teams in Progress:

- I. Childhood Immunizations: The purpose of this study is to create an immunization recall System so that are childhood immunizations rates for two year olds will increase by 2% or more per year. (HRSA Grant Project)
- II. Yreka Dental Blood Pressures: The purpose is to increase the quality of care provided to the patients by checking their blood pressures annually and on every visit on known hypertensives. Checking blood pressures is a standard of care.
- III. Medical Records Audits- To ensure and identify potential areas for improvement in the electronic health records management and documentation processes at the three medical clinics.
- IV. Plumas County Title III HIV/AIDS PI Activity: The purpose of this activity is to ensure that patients have access to similar services across the region and to determine if case managers are providing the same level of care to their patients as those across the region.
- V. Increase number of patients seen project- The Purpose of this sturdy is to increase provider productivity by increasing number of patients seen by 5% each year through 2012. (HRSA Grant required project)
- VI. Government Performance Rating Act (GPRA) - Quarterly report on 19 measures required for Indian Health Services by Congress. This is to report on quality of health care provided to American Indians and Alaska Native people.
- VII. Increase Pap Smear Rates-Purpose is to increase number of women who receive pap smears once every 3 years by 10%. (HRSA Grant Project)
- VIII. Lower total Cost per patient - Purpose is to lower total cost per patient by 2% per year by looking at supply costs in each of our clinics and identifying ways to lower the cost of our supplies whether they are medical/dental supplies or office supplies. (HRSA Grant Project)

Comment [Dr. Novak15]: This shouldn't be in the policies since it will change

- IX. Eligibility Project -The purpose of the projects is to increase the quality of health care to patients without the ability to pay, by enrolling them into alternative coverage programs.
- X. Dental Project-Purpose of this report is to meet a HRSA Grant Reporting requirement of Oral Health. Performance Measure-Comprehensive Oral Health Exams and completed treatment plans in a 12 month period.
- XI. Dental Record Audits- The purpose for the review is to improve the thoroughness of charting and look for accuracy and care of our patient's charts.
- XII. Flu Vaccine Project-The purpose of this study is to keep accurate data on the influenza vaccine by tracking current population served, current number of patients receiving the vaccine within our clinics. The report will contain information on where and when patients received their flu vaccine. The project will help to develop a plan for flu clinics, transportation for elders and disabled and a plan for the whole community.
- XIII. HTN Project-The purpose is to determine the proportion of adult hypertensive patients, ages 18-85 years of age, that have an adequately controlled blood pressure (less than 140/90) at the time of their last reading. (HRSA / UDS Reporting measure)
- XIV. Risk Management: Incident reports are used to identify potential problems and prevent adverse occurrences. Incident reports flow through the Quality Management Department (Clinical Operations Administrator) to either Safety and Infection Control or administration (EDHHS). From Safety and Infection Control, they flow to administration and back to COA for maintenance or Root-Cause Analysis. Root-Cause Analysis is a tool we use to identify the source of a problem and strategize its correction.
 Incident Reports are conveyed to the ACQI Committee and may be reported to the Karuk Council if unresolved.
 Periodic assessment of the appropriateness of the utilization of services and the quality of services provided are done through our annual peer review process supervised by the physicians who are members of the C and P committee.
- XV. Utilization/Operation Reports: The RPMS Site Manager generates monthly operation reports and other specific reports for decision making and monitoring. These are being presented directly to the Health Board within the Site Managers Monthly Board Report.

Identifying a System or Process Breakdown:

Information on system or process breakdowns is received from teams or individual staff members, patient complaints, incident/occurrence reports, clinical measurement scores, and budget expenditure documents. This information is documented in the appropriate committee minutes. Selection for a quality improvement activity is based on a priority system using criteria (high risk, high volume, problem prone, and high cost).

Quality Assessment Method:

The Karuk Tribal Health Program is adopting the AAAHC's method for reporting Performance Improvement activity.

Comment [Dr. Novak16]: Procedure

First Step:

1. Purpose: Explain the following:
 - What problem exist(or may exist)
 - Why is it important to fix the problem?
2. Goals/Objectives: Determine:
 - What data are needed to verify;
 - a. Whether the problem actually exists (if uncertain)
 - b. The frequency and severity of the problem
 - c. The source of the problem
 - How will the data be collected?
 - Against what standards will the data be evaluated?
3. Data: Collect the data and compare it to the previously identified standard to determine
 - Whether the suspected problem really exist and, if so
 - What do the data tell you about the frequency, severity and source(s) of the problem?
4. Findings: Analysis what the data has revealed.
5. Corrective Action: What are you going to do to fix the problem.
 - Determine what must be done differently in order to solve the problem
 - Implement the new processes, procedures, etc.
6. Communicated: To ensure the governing body, and the organization as a whole, learn from the PI activity and make changes, if needed.

Consecutive Steps:

7. Remeasure: To determine the effectiveness of the corrective actions. Repeat the data collection step to see if the new approach (es) has been successful in solving the problem. Repeat step 3 -6.
8. Additional Corrective Action Plan: To make additional attempts to fix the problem (s) if the first attempt was not sufficiently successful.

If the problem still remains:
 - Determine what else must be done to differently to solve the problem.
 - Implement the additional new processes, procedures, etc.
 - Repeat step # 5 to determine if the additional new processes have solved the problem.
9. Repeat step # 6.

Tools for Collecting and Analyzing Data:

Graphs, tables, charts, computer database, and spreadsheets, surveys, patient complaints, patient suggestions, sampling and root cause analysis are the majority of the tools used in the collection and analysis of data.

Performance Improvement Education and Training:

Ongoing education and training is provided for, or purchased by the Tribal Health Program. In addition, manuals, books, newsletters, and subscriptions to pertinent material are also purchased as resource material.

The COA attends seminars hosted by the California Association of Healthcare Quality, the National Association of Healthcare Quality, and the Accreditation Association for Ambulatory Health Care, Inc., The Greeley Company/HcPro.

Subscriptions:

- Prescriber's Letter
- Natural Medicines Comprehensive Database
- HIPAA Security

Reporting:

All Performance Improvement (CQI) activities shall be reported to the ACQI Committee quarterly and shall include graphs showing trends, patterns, or variables, as indicated. Verbal or written performance improvement activity reports will be submitted to the Karuk Health Board after being accepted by the PI Committee.

Confidentiality:

All health staff shall sign a confidentiality statement annually.

Karuk Tribal Health and Human Services Policy Manual

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| Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 () | 05 (X) 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09 () 10 () 11 () 12 () |
| Function: Quality Management and Improvement | Policy #: 05-001-210 | Policy Title: Peer Review |
| Tribal Chairman: Date: December 15, 2011 Signature: | Medical Director: Date: November 2, 2011 Signature: | Cross References: |
| Supersedes Police 05-001-210 dated 11/13/2008 | | |

INTRODUCTION:

The Credentialing and Privileging (C and P) Committee is similar to the hospital medical staff, however the Karuk Tribal Health and Human Services Program (KTHHSP) operates outpatient Tribal Health Clinics. Our Licensed Independent Practitioners (LIP's) are employed by the program or they provide services through a contract, to work in our facilities and provide primary medical, dental and behavioral health services in a general or family practice setting. The LIP's are credentialed and privileged and the mid-level providers are credentialed and work under supervision.

In the Karuk Tribal Health Program we have two formal processes for peer review.

- 1) Annual peer review completed in last quarter of the calendar year, and
- 2) In response to a patient complaint in regards to the care rendered.

PURPOSE:

The purpose of peer review is to evaluate an individual practitioner's professional performance and identify opportunities to improve care.

POLICY:

The Karuk Tribal Health Program shall require annual peer reviews of all practitioners employed or contracted by the health program and shall conduct a peer review in response to a patient's complaint of care.

Peer review data shall be privileged and confidential in accordance with state and federal laws pertaining to confidentiality and discoverability.

Peer review information is authorized to those with a legitimate "need to know". The specific provider, the C and P Committee, the ~~Clinical Operations Administrator~~ (COA) Operations Manager, HHS CEO and the Health Board have been identified for access to this information.

Copies of the peer review may be made for the specific provider, however no other distribution of peer review documents shall be authorized.

It shall be the authority of the C and P Committee to authorize external peer reviews.

PROCEDURES:

Comment [Dr. Novak1]: Separate doc

Annual Peer Reviews:

- 1) The Quality Management department will initiate the peer review process by:
 - a. Developing a schedule of times and peer reviewers for employed/contracted practitioners.
 - b. Providing the peer review forms to reviewers
 - c. Randomly selecting patient/charts for review according to categories of illness (diabetic, HTN, medications, etc.)
 - d. Collecting all completed reviews, filing and maintaining them.
- 2) The practitioner performing the peer review will schedule a time with the specific provider to discuss the results of the review.
- 3) Identified problems will be taken to the C and P Committee for corrective action.
- 4) Peer review results will be considered during reappointment.

Complaint Response Peer Review:

- 1) The Department of Quality Management will initiate this review upon receiving a patient complaint in regards to the care they received.
- 2) Results will be reported to the C and P Committee if deemed necessary.
- 3) Peer review results will be considered during reappointment.

Karuk Tribal Health and Human Services Policy Manual

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| Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 () | 05 (X) 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09 () 10 () 11 () 12 () |
| Function: Quality Management and Improvement | Policy #: 05-001-215 | Policy Title: Process for Handling Complaints against Licensed Independent Practitioner's regarding their Provision of Medical Care. |
| Tribal Chairman: Date: October 13, 2011 Signature: | Medical Director: Date: September 14, 2011 Signature: | Cross References: |
| Supersedes Policy 05-001-215 dated January 8, 2009 | | |

Policy Title: Process for Handling Complaints against Licensed Independent Practitioner ('s) regarding their Provision of Medical Care.

Purpose: To establish a process for handling complaints against LIP's

Policy: All issues of possible significance related to a grievance regarding medical care rendered by a KTHHSP LIP will be reviewed following an established process.

Procedures:

1. A Peer Review Action Summary will be used to review action taken below.
2. Quality Management will send out the following letters:
 - a. Letter of response or acknowledgement to patient or staff member making the complaint. (template available)
 - b. Notification to the Provider (of the complaint)
3. The provider will respond to the notification letter within 3 working days, and will send it to the Quality Management Director via confidential interoffice mail.
4. The Director of Quality Management will select an LIP to perform the review and will send the LIP a letter (see letter to peer reviewer template).
5. The reviewer will complete the Peer Review Form and write a response to his/her findings, and will return it within three working days.

Comment [Dr. Novak1]: Separate doc

6. A score of:
 - a. 0, 1, and “C” will be brought to the attention of the Medical Director, who will decide how to proceed. Cases scored a 0, 1, or “C” do not need to be presented to the C and P Committee.
 - b. 2 or 3 will be presented to the C and P Committee. For a score of two, the committee may consider sending the provider for CME where documentation of completion must be provided. For a score of three, a face-to-face meeting will be held with the Medical/Dental Director and the EDHHS, which may lead to suspension until resolved.
 - c. The C and P Committee may consult with an attorney on how to respond to patient complaints regarding a score of 3.
 - d. The Director of Quality Management or the C and P Committee will respond in a letter to patients for scores of 0, 1, 2, or “c”.

Explanation of scores:

0 - No identifiable quality of care issue.

1 - Minor quality of care issue; not potentially harmful

2 - Moderate quality of care issue or significant deviation from what other providers would have done.

3 - Potentially life-threatening or significantly disabling event, significant deviation from what nearly all other providers would have done.

C - Communication issue only

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| Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 () | 05 (X) 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09 () 10 () 11 () 12 () 21 () 22 () |
| Function: Quality Management and Improvement | Policy #: 05-001-220 | Policy Title: Suggestion Box |
| Tribal Chairman: Date: December 15, 2011 Signature: | HHS CEO: Date: November 2, 2011 Signature: | Cross References: |
| Supersedes Policy 05-001-220 dated 5/14/2009 | | |

PURPOSE To allow for anonymous patient communication to enhance quality improvement and patient satisfaction.

POLICY The Karuk Tribal Health & Human Services Program (KTHHSP) shall maintain suggestion boxes in each clinic lobby and shall periodically review them to select performance improvement activities.

PROCEDURE

Comment [Dr. Novak1]: Separate doc

- A. **Location**. Suggestion boxes will be placed in an accessible location within the clinic lobby and shall be maintained in the following clinics:
 - Happy Camp Dental Clinic
 - Karuk Community Health Clinic in Happy Camp
 - Orleans Medical Clinic
 - Yreka Medical Clinic
 - Yreka Social Services
 - Yreka Dental
- B. **Maintenance**. Designated staff will maintain the key to the suggestion box at each clinic site. Extra keys to all clinic suggestion boxes will be maintained in the Quality Management Department.
- C. **All suggestion** boxes shall be checked prior to the monthly ACQI Committee meeting.
- D. **All patient suggestion** will be brought before the ACQI Committee each month. Managers must ensure that suggestions are sent to the Clinical Operations Administrator prior to the monthly ACQI Committee meeting.

E. **Continuous Quality Improvement (CQI) Activity.** Suggestions will be reviewed by the ACQI Committee and recommendations made to either:

- Discard the suggestion
- Recommend further study of the suggestion or a CQI activity
- Recommend immediate action
- Other as indicated

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| Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 () | 05 (X) 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09() 10 () 11 () 12 () 21 () 22 () |
| Function: Quality Management and Improvement | Policy #: 05-002-225 | Policy Title: Incident and Occurrence Reporting |
| Tribal Chairman: Date: December 15, 2011 Signature: | Medical Director: Date: November 2, 2011 Signature: | Cross References: Sentinel Event Reporting Policy 05-002-226 |
| Supersedes Policy 05-002-225 dated 5/14/2009 | | |

POLICY: The Karuk Tribal Health & Human Services Program (KTHHSP) shall clinically and administratively identify, evaluate and reduce risk of injury to patients, personnel and visitors, and the risk of loss to the organization itself.

DEFINITIONS:

- **INCIDENT.** A risk situation or unusual happening involving patients, visitors, volunteers, and the general public.
- **OCCURRENCE SCREEN.** A concurrent review process to determine if an event has occurred that is a result of healthcare management and not of the disease process.

PROCEDURES:

1. **Documentation.** Incident reports shall be written utilizing the attached form and/or utilizing the form and attaching a written document.
2. The following events shall be reported:
 - Disruptions of clinic functions
 - Adverse public relations occurrences
 - Undesirable events inconsistent with routine patient care
 - Violations of established policy and procedure
 - Events that may or do result in injury
 - Security and confidentiality breaches
 - Sudden unexpected adverse results of treatment
 - Biomedical equipment and mechanical failures or problems
 - Defective premise conditions
 - Incidents involving voiced hostility by a parent, visitor, or family member
 - Other adverse events

Comment [Dr. Novak1]: Separate doc

3. **Responsibility for Reporting.** It is the responsibility of any KTHHSP staff member witnessing, discovering, or having direct knowledge of an incident to file an incident report. Staff is encouraged to report any untoward events and shall not be penalized for reporting. In fact, it is not a punishable offense because serious consequences may result from not reporting an adverse event. Immediately contact the Clinical Operations Administrator (COA) or the ~~Executive Director~~[CEO](#) of Health and Human Services (EDHHS) when a serious incident occurs. For more information see “**Sentinel Event**” policy.
4. **Submission of Incident Reports.** Incident reports shall be submitted to the COA, who shall review them with the HHS [CEO](#).
5. **Copying.** The copying of incident reports and/or documentation in the medical record is not allowed in order to protect them from discovery.
6. No Incident Report forms are to be filed in the patient’s health record.

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| Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 () | 05 (X) 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09 () 10 () 11 () 12 () 21 () 22 () 23 () 24 () |
| Function: Quality Management and Improvement | Policy #: 05-002-226 | Policy Title: Sentinel Event Reporting |
| Tribal Chairman: Date: December 15, 2011 Signature: | Medical Director <u>HHS</u> CEO: Date: November 2, 2011 Signature: | Cross References: |
| Supersedes Policy 05-002-226 dated 5/14/2011 | | |

PURPOSE. To become aware of the event, to understand what caused it, to determine the underlying event and to make changes in the process.

DEFINITION. An unexpected occurrence or variation involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function and must meet two of the three following criteria:

1. The event has resulted in an unanticipated death or major permanent loss of function.
2. The event is associated with significant deviation from the usual process (es) for providing healthcare services or managing the organization.
3. The event has undermined, or has significant potential for undermining the public’s confidence in the organization.

The event is called “sentinel” because it sends out a signal or sounds a warning that requires immediate attention.

POLICY. The Karuk Tribal Health & Human Services Program (KTHHSP) shall self-report to the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) whenever an unexpected occurrence falls within the definition of a sentinel event as defined above. A “Root Cause Analysis” shall be completed within 45 days of the event.

PROCEDURE.

1. When a Sentinel Event has occurred or is identified, the employee involved must immediately contact the Clinical Operations Administrator (COA) or the

Comment [Dr. Novak1]: Separate Doc

- Executive Director of Health and Human Services (EDHHS) to report the event.
2. The COA shall accept a verbal report and may opt to tape the interview.
 3. The EDHHS shall notify the Tribal Chairman and Tribal Attorney.
 4. The EDHHS, the Tribal Chairman, the Tribal Attorney, and the COA shall decide to directly perform a “Root Cause Analysis” or select an alternative action.
 5. The Association for Ambulatory Health Care, Inc. shall then be notified that such an event has occurred and informed of our decision in regards to the investigation.
 6. The COA shall head the investigation, also known as “Root Cause Analysis.” In either case he/she shall work in conjunction with the Tribal Attorney and the EDHHS.
 7. The AAAHC and/or the Tribal Council shall be notified of the results of the investigation within 45 days of the event.
 8. The results shall include a plan of action, which shall include a performance improvement activity in which to measure the effectiveness of processes or system improvements in risk reduction.

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| Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 () | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09 () 10 () 11 () 12 () 21 () 22 () |
| Function: Administration | Policy #: 03-001-130 | Policy Title: Employee Orientation |
| Tribal Chairman: Date: September 8, 2011 Signature: | Medical Director <u>CEO</u> : Date: August 16, 2011 Signature: | Cross References: |

PURPOSE: To establish required preparation for new employees, students, youth workers, SWEEP workers, volunteers, and placements from outside agencies (NCIDC, Community Service, etc.), which will enable them to work safely within the Karuk Tribal Health and Human Services Program (KTHHSP).

POLICY: All new employees, students, youth workers, SWEEP workers, volunteers, and placements from outside agencies placed in a position to work within the KTHHSP shall receive KTOC and KTHHSP orientation prior to beginning work. Further, all full and part time employees will have their employee physical, required immunizations and test performed within 7 days of their employment.

A competency assessment shall be completed within 30 days of employment, and shall be completed by a qualified employee.

PROCEDURE:

1. The Human Resource Manager or employee supervisor shall notify the Quality Management Department of a new hires start-up date.
2. The Quality Management Department will issue a Health Program Orientation packet and the following videos to the employee’s supervisor:
 - Ergonomics
 - Protecting Patient Confidentiality
 - HIPAA – Protecting Patient Privacy
 - Infection Control (Blood Borne Pathogens)
 - Age Specific Competencies, if applicable
 - Protecting Electronic Health Information
 - Fire: Countdown to Disaster
 - Fire Extinguishers at Work
 - The list is not all inclusive, but may expand as videos/CD’s become available

Comment [Dr. Novak1]: Separate document

3. The supervisor will review the orientation packet with the new employee and shall check-off each item covered on the orientation check-list attached.
4. The new employee must sign a:
 - Confidentiality Statement
 - Employee Verification Regarding the Code of Ethical Behavior
 - The Orientation Check List

The Confidentiality Statement and the Orientation Checklist shall be turned into Personnel while the Verification Regarding the Code of Ethical Behavior must be returned to the Quality Management Department.

5. The employee may keep all other materials found in the orientation packet.
6. When the new employee begins working a competency assessment shall be conducted over the next 30 days. This evaluation will check the skills of the new employee against the specific duties or responsibilities listed in the position description.
7. Competency shall be documented on an employee evaluation form, which is conducted initially, and annually thereafter.
8. The employees need for training shall be documented and scheduled as indicated or available.

Karuk Tribal Health and Human Services Program Employee Orientation Checklist

Name: _____ Job Title: _____ Date: _____

Location/Facility: _____ Supervisor _____

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

Date of Hire: _____

Review the following and initial in gray box

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

Employee Health Exam-(must be completed within 15-7 days) -- Form Attached
(California Health and Safety Code, Section 1226.1)

The topics listed above have been reviewed with me:

Signed _____ Date _____

Supervisor _____ Date _____

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

Karuk Tribal Health and Human Services Policy Manual

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| Policy Reference Code: 01 () 02 () 03 (X) 04 () 13 () 14 () 15 () 16 () | | | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 () | | | 09 () 10 () 11 () 12 () 21 () 22 () | | |
| Function: <u>Administration</u> <u>HHS</u> <u>Human Resources</u> | | | Policy #: 03-001-135 | | | Policy Title: Provider Recruitment and Retention Plan | | |
| Tribal Chairman: | | | CEO: | | | Cross References: | | |
| Date: 11/03/2011 <u>03/09/2017</u> | | | Date: 10/12/2011 <u>03/19/2017</u> | | | | | |
| Signature: | | | Signature: | | | | | |
| Supersedes Policy 03-001-135 dated 2009, <u>11/03/2011</u> | | | | | | | | |

PHILOSOPHYPolicy: ~~It is the policy of t~~The Karuk Tribal Health and Human Services Program (KTHHSP) ~~will to~~ recruit ~~primary-health~~ care providers dedicated to the provision of quality, comprehensive, ~~and~~-cost-effective medical care. KTHHSP will maintain and support an on-going Provider Recruitment and Retention Plan that provides:

- A comprehensive recruitment package designed to employ ~~primary-care~~ medical providers committed to the mission of community based Tribal health centers and dedicated to meeting the health care needs of the KTHHSP patients.
- A work environment that supports the personal and professional needs ~~of primary care~~ medical providers and their families, thus encouraging long-term employment commitments to the KTHHSP.

CENTER REQUIREMENTS: The success of the KTHHSP Provider Recruitment and Retention requires the KTHHSP to provide:

- A clear and definitive role of primary care providers as team leaders among the medical support staff in the provision of health services.
- An effective and efficient medical support team that works with primary care providers in meeting the overall health needs of Clinic patients and special needs populations.
- A work environment that encourages the successful completion of established clinical goals.
- A work environment where administrative/management teams and primary care providers understand the unique organizational and financial structure of the tribal health program, and work cooperatively in the planning, management, and evaluation of the health center.
- An opportunity for primary care providers to participate in community based Tribal health care initiatives, networks, and cooperative agreements and/or develop affiliations with other health care entities for the purpose of continued personal, professional and/or academic growth and development.

RECRUITMENT OF PROVIDER STAFF:

1. Determine Need and Recruitment Strategy

The entire staff of the clinic will be involved in the process at varying stages. The following steps will be taken to ensure the most desirable outcome:

- a. Determine the need for recruitment. Involve the provider staff in the process.
- b. Determine desirable provider attributes and position qualifications.
- c. Determine the feasibility of desirable recruitment methods.
- d. Select the method(s) that best suit KTHHSP's needs.
- e. Include mailings of the position profile containing a concise description of the practice opportunity:
 1. Specialty needed
 2. Practice opportunity location
 3. Description of the medical opportunity
 4. Brief summary of the compensation package
- f. Target graduating residents from Family Practice Resident Programs.
- g. Target the search area to the six or seven closest states; expand the area as necessary.
- h. Develop a "sourcing action plan" considering all likely resources:
 1. Residency programs
 2. Medical school alumni list/publications
 3. Publication – newspapers, journals
 4. Internet
 5. State medical scholarship programs
 6. Directories of State Licensure Boards
 7. JAMA - Annual education issue
 8. National Health Service Corps
 9. Professional Recruitment Services

2. Development of Candidates

Do not assume that all inquiries about the position are serious. Initial screening activities should include:

- a. Review candidate's resume/CV (Curriculum Vitae) for qualifications
- b. Conduct a phone interview to ascertain the level of interest; answer questions about the practice opportunity and explain the recruitment process.
- c. If the candidate is viable, send a recruitment package with a sample contract and schedule an in-depth phone interview.

- d. If five or more viable candidates complete this phase, select the top three for further consideration, based upon all available data.

3. Candidate(s) Site Visit

Before the candidate visits the site, certain preparations need to be completed, including the following:

- a. A pre-visit planning call to determine the objectives of the candidate.
- b. Arrangement of travel, lodging, and written itinerary for the visit two weeks prior to the visit, including recommendations for proper clothing for weather and events.
- c. Meeting of the recruitment/reception committee to review the site visit plans, their roles and preparation for the interview and responses to the candidate's questions regarding the community.
- d. Allow time to discuss the contract thoroughly before the visit ends.
- e. Make every effort to ensure that the visit is pleasant and ends on a positive note.

4. Selecting the Candidate

Selecting the final candidate will include input from the provider staff, Health Board representatives, EDHHS, and other members as appropriate. Consideration will be based on:

- a. Candidate who best fits the qualifications and other desired attributes and requirements for the position.
- b. Candidate who best fits the health clinic practice site and community.
- c. The most mutually financially beneficial relationship for the health center and the provider.
- d. Overall fit and satisfaction of the candidate with the community.

5. Follow-up/Making the Offer

Immediately following the site visit and selection process by the recruitment committee, the following steps will be taken:

- a. Send a letter to the selected candidate which includes:
 - 1. Expression of thanks for visiting the program.
 - 2. An offer to accept the position with a designated time frame for reply.
- b. Encourage recruitment committee members to also write letters.
- c. Send thank you letters to other candidates invited to visit the center.

6. Follow-up Acceptance Letter

The following steps will be taken to bring closure to the recruitment process:

- a. Immediately confirm the following in writing:

1. The candidate's acceptance has been received.
 2. The acceptance is based upon the agreed contract.
 3. The expected start date.
- b. Finalize plans to relocate with candidate.
 - c. Keep lines of communication open.

7. Retention

- a. **Health Center Orientation:** A provider will be assigned to each new recruit to:
 1. Introduce the new provider to the clinic.
 2. Provide orientation to the health center.
 3. Provide information about responsibilities of medical staff, such as attendance at meetings, chart completion expectations, and protocols for scheduling patients.
 4. Assist with establishing the provider in becoming acquainted with the community.
- b. **Community Orientation:** The KTHHSP will work to assist the new provider in becoming acquainted with the community.
- c. **Open Communication:** Do not assume that the new provider will be integrated into the practice situation after the initial few days or weeks. The normal orientation phase takes about six months. During this initial period, it is important that the Medical Director communicate regularly with the new provider regarding the adjustment to the practice and community. Maintaining an open line of communication may prevent misunderstandings and conflicts from arising later.
- d. **Team Building:** Retention depends a great deal on instilling a "team" atmosphere for the new provider. It is important that the new provider become a part of the organization as quickly as possible. This process can be facilitated by a planned approach to involving the new provider in health center functions. The retention strategy will also incorporate teaching the history, traditions, and customs of the clinic and community.
- e. **Salary and Benefits:** These policies and procedures are particularly important for the retention of existing providers, as well as recruitment of new providers.

Comment [Dr. Novak1]: Procedure

Karuk Tribal Health and Human Services Policy Manual

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| Policy Reference Code: 01 () 02 () 03 (X) 04 () 13 () 14 () 15 () 16 () | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09 () 10 () 11 () 12 () 21 () 22 () |
| Function: Human Resources | Policy #: 03-001-136 | Policy Title: Impaired Health Care Provider |
| Tribal Chairman: | Medical Director: | Cross References: |
| Date: | Date: 08/13/2014 | Policy # 02-001-045 Credentialing and Privileging |
| Signature: | Signature: | |
| Supersedes Policy 03-001-136 dated 03/20/2012; Reviewed 08/13/2014 | | |

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

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

Policy: It is the policy of the Karuk Tribal Health and Human Services Program (KTHHSP) to protect the health and safety of ~~its~~ patients and staff while providing the highest quality of care. If a health provider is suspected of being impaired as defined by (however we define it) KTHHSP will take immediate actions to protect patients and to help the impaired provider ~~get treatment~~with appropriate assistance.

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

1. Report it to their immediate supervisor or to the Medical Director immediately.
2. Give an accurate description of the incident in which the provider is suspected of being impaired.

Comment [Dr. Novak1]: So how do WE define it? One or both of these definitions?

Comment [Dr. Novak2]: We should provide our definition in the policy

Comment [Dr. Novak3]: Take out and move as separate document.

3. The employee need not provide proof, but must give the facts that led to the suspicion.

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

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

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

Karuk Health and Human Services Policy Manual

Comment [Dr. Novak1]: It seems that only the sr. Nut. Center should fall under this policy not the whole center since Bari runs the other half of the center.

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| Function: Administration | Policy #: 03-002-150 | Policy Title: Policy on Panamnik Facility Usage |
| Tribal Chairman: | CEO: | Cross References: |
| Date: | Date: 08/13/2014 | |
| Signature: | Signature: | |
| Supersedes Policy 03-002-150 dated 8/14/2008, <u>08/13/2014</u> | | |
| No changes, reviewed 08/13/2014 | | |

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

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

Procedure:

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

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| Function: Administration | | | Policy #: 03-003-301 | | | Policy Title: Policy on <u>Policy Categorization</u> | | |
| Tribal Chairman: Date: 05/10/2012 Signature: | | | CEO: Date: 04/16/2012 Signature: | | | Cross References: | | |
| Supersedes Policy on Policy dated 08/13/2009, 05/10/2012 | | | | | | | | |

PURPOSE: To provide a system for identifying and cataloging the policies for the Karuk Tribe Health and Human services organization-wide and departmental policies.

POLICY: All Karuk Tribal Health and Human Services Program policies shall be in writing and approved by the Accreditation Continuous Quality Improvement Committee (ACQI), who makes recommendation to the Health Board for final approval. There are no policy exceptions. All procedures will be in writing and must be approved by the ACQI committee with input by department managers and directors as appropriate. The ACQI committee has final jurisdiction over all procedures.

Policy approvals and revisions: All KTHHSP policies are approved by the Health Board after receiving a recommendation from the ACQI Committee.

Initiation of policy revision: All policies should reflect or capture the current processes of the organization. Policies that do not reflect or capture the current processes should be revised or eliminated.

Any KTHHSP staff member or patient may initiate a new policy or policy revision, but the policy must be recommended by the ACQI Committee to the Health Board for approval.

All KTHHSP Directors have the responsibility to fully implement all applicable policies. In addition, managers or supervisors should assure that staff is educated appropriately. Each employee shall receive orientation suitable to their job, which will be documented and placed into their personnel file. In regards to the policies, continuing education shall be conducted through the ACQI Committee or its subcommittees to learn of new, revised, or eliminated policies.

PROCEDURES:

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Comment [Dr. Novak1]: ACQI committee needs to decide how we are going to do with the new policies

Comment [Dr. Novak2]: Separate document

1. Policy Topic: The basic policy divisions shall correspond to the functions listed in the AAAHC Manual. Each function shall be given a topic number (see policy cover page attachment A).
2. Policy Subject: Each policy shall have a title, and each policy statement shall be limited to one policy. From the policy subject a number will be assigned. Related policies of the same subject shall contain the same subject number.
3. Policy Number: Each individual policy shall be assigned a unique number, even if it contains the same subject number.
4. Examples:
 - A.) Topic number is 06, subject number is 002 and policy identifier is 030. Policy number is 06-002-030.
 - B.) Topic number is 06, subject number is 002 (same subject as ex. A), and policy identifier is 035 (different than ex. A). Policy number is 06-002-035.
 - C.) Topic number is 05 (different than ex. A and B), subject number is 007 and policy identifier is 050. Policy number is 05-007-050.
5. The topic number indicates the policy's function, which is taken from the AAAHC Manual.
6. The subject number indicates the subcategory of the function.
7. The policy identifier number provides a unique reference for a single policy within a given policy topic.
8. Department specific policies will be followed by alpha characters representing that department if needed. Additional identifiers may be added as indicated.
9. Cross reference: Policies that are interdependent or relevant should be cross-referenced in the appropriate policies.

~~10. Policy approvals and revisions: All KTHHSP policies are approved by the Health Board after receiving a recommendation from the ACQI Committee.~~

~~11. Initiation of policy revision: All policies should reflect or capture the current processes of the organization. Policies that do not reflect or capture the current processes should be revised or eliminated.~~

~~12. Any KTHHSP staff member or patient may initiate a new policy or policy revision, but the policy must be recommended by the ACQI Committee to the Health Board for approval.~~

~~13. All KTHHSP Directors have the responsibility to fully implement all applicable policies. In addition, managers or supervisors should assure that staff is educated appropriately. Each employee shall receive orientation suitable to their job, which will be documented and placed into their personnel file. In regards to the policies, continuing education shall be conducted through the ACQI Committee or its subcommittees to learn of new, revised, or eliminated policies.~~

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| Policy Reference Code: 01 () 02 () 03 () 04 () 13 () 14 () 15 () 16 () | | | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 () | | | 09 () 10 () 11 () 12 () 21 () 22 () | | |
| Function: | | | Policy #: 04-000-155 | | | Policy Title: <u>Patient</u> Medical Assessments | | |
| Tribal Chairman: | | | Medical Director: | | | Cross References: | | |
| Date: | | | Date: | | | | | |
| Signature: | | | Signature: | | | | | |
| Supersedes Policy 04-000-155 dated 08-13-2009, 09/08/2011 | | | | | | | | |

PURPOSE: To assess patients according to the severity of their health status.

POLICY: It is the policy of the Karuk Tribe Health and Human Services to allow only licensed medical, dental or behavioral health personnel to perform formal assessments and initiate recommendations to patients seeking care in our facilities.

Assessment Implementation Period: A complete assessment will be recommended and such recommendation documented and / or the assessment performed by the patient's third visit if judged appropriate by the provider.

Such assessments will be conducted according to KTHHSP Clinical Practice Guidelines approved by the organization.

Complete assessments shall be documented in the EHR.

Reassessment: Classifications:

1. Geriatric patients without chronic illnesses
2. Geriatric patients with chronic illnesses
3. Adults with chronic illnesses
4. Adults with acute emergent conditions
5. Early pediatric acute illnesses (under 10 years)
6. Pediatric patients without chronic illnesses

Geriatric without Chronic Illness: Geriatric patients without chronic illnesses shall be followed / reassessed annually or as deemed appropriate by the provider.

Geriatric / Adult with Chronic Illness: Geriatric and other adult patients with chronic illnesses shall be followed at least monthly until a stabilization period has been reached, then every three months thereafter or as deemed appropriate by the provider.

If the patient does not return for reassessment as instructed, then attempts to reach patient by telephone or letter shall be documented.

Adults with Acute Conditions: Adults with acute conditions shall be followed according to the nature of the problem.

If the patient does not return for reassessment as instructed, then attempts to reach patient by telephone or letter shall be documented.

Pediatric Patients without Chronic Illness: Pediatric patients without chronic illness will be followed / reassessed according to American Association of Pediatrics (AAP) / Child Health and Disability Prevention Program (CHDP) guidelines.

Pediatric Patients with Chronic Illness: Pediatric patients with chronic illness will be followed at appropriate intervals until a stabilization period has been reached, then every 2-3 months thereafter or as deemed appropriate by the provider.

Pediatric patients of this classification must be followed at appropriate intervals depending on the severity of the condition.

If the patient does not return for reassessment as instructed, then attempts to reach patient's parents or guardians by telephone or letter shall be documented.

Comment [Dr. Novak1]: Procedures

Abuse Assessment Screen

This tool may be used to quickly screen for domestic violence. Prior to use the agency should have record-keeping and confidentiality standards that ensure against disclosure of participant information and maximize participant safety.

Comment [Dr. Novak1]: This doesn't seem a best practices document. Maybe we can reach out to Siskiyou Domestic Violence to see if they have a screening document

Instructions: Circle Yes or No for each question.

- 1. Have you ever been emotionally or physically abused by your partner or someone important to you? YES NO
- 2. Within the last year, have you been hit, slapped, kicked or other wise physically hurt by someone? YES NO

If YES, by whom? (Circle all that apply)

~~Husband~~ Spouse ~~Ex-Husband~~ spouse Boy/Girlfriend Stranger
Other Multiple
Total number of times _____

- 3. (If applicable): Since you've been pregnant, have you been slapped, kicked or otherwise physically hurt by someone?
YES NO

Comment [Dr. Novak2]: Would this matter specifically? Meaning, don't we cover this in the other questions?

If YES, by whom? (Circle all that apply)

Husband Ex-Husband Boyfriend Stranger Other Multiple
Total number of times _____

- 4. Within the last year, has any one forced you to have sexual activities?
YES NO

If YES, by whom? (Circle all that apply)

~~Husband~~ Spouse ~~Ex-Husband~~ spouse Boy/Girlfriend
Stranger Other Multiple
Total number of times _____

- 5. Are you afraid of your partner or any one you listed above?
YES NO Multiple (please list)

Comments:

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| Policy Reference Code: 01 () 02 () 03 () 04 (X) 13 () 14 () 15 () 16 () | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20 () | 09 () 10 () 11 () 12 () 21 () 22 () |
| Function: Quality of Care Provided | Policy #: 04-000-160 | Policy Title: Identification of Domestic Violence and Abuse |
| Tribal Chairman: Date: 05/10/2012 Signature: | CEO: Date: 04/16/2012 Signature: | Cross References: |
| Supersedes Policy 04-000-160 dated 07/30/2009 | | |

POLICY: The KTHHSP shall train all patient care staff on the identification of Domestic Violence and Abuse.

ASSESSMENT CRITERIA:—All health staff shall use sound objective criteria to identify victims of domestic abuse or violence, which shall be listed and maintained in the procedures of this policy.

STAFF TRAINING: All health staff shall receive domestic violence and abuse training which shall include the identification or victims, who is a mandated reporter, how and what to report, and awareness of local public and private agencies that provide protective services.

SPECIAL NEEDS:——Victims having special needs (rape, protective services, etc.), shall be referred to the appropriate agency for treatment or care. A list of these agencies shall be included and maintained in the procedures of this policy.

Suspected victims of rape shall be referred to law enforcement for reporting and collection of physical evidence.

DOCUMENTATION:—— Findings shall be documented in the patient’s health record or referral to another institution or agency will be documented.

The Karuk Tribal Health and Human Services Program shall utilize the following forms as required by law:

- SOC 341 (6/00) Dependent Adult/Elder

- SS8572 -(12/02) Child Abuse
- : Patients are informed of our mandate to report known or suspected child, elder, or domestic abuse in our Patient Handbook and posted in our clinics.
- _____

CONSENT: Patients are informed of our mandate to report known or suspected child, elder, or domestic abuse in our Patient Handbook and posted in our clinics.

NOTIFICATION AND RELEASE

OF INFORMATION: The Karuk Tribal Health and Human Services Program shall utilize the following forms as required by law:

- SOC 341 (6/00) Dependent Adult/Elder
- SS8572 (12/02) Child Abuse

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REPORTING: Known and suspected cases of abuse will be reported immediately or as soon as feasibly possible by telephone. Report forms must be submitted within two working days following a telephone report.

CONFIDENTIALITY: The identity of the employee(s) making a report shall be kept confidential. California law imposes punishment for violations of confidentiality as misdemeanors punishable by imprisonment in a county jail not to exceed six months, by a fine of five hundred dollars or by both.

Comment [Dr. Novak1]: Procedures

PROCEDURES

Resource Information

The Three Stages of Spousal Abuse

Stage I:

- The first step entails adult patients presenting with injuries on the head, face or body.

Stage II:

- Visits to primary care settings/ambulatory care sites
- Complaints are vague
- C/O nervousness, headaches, potential gynecological problems and/or
- Tearful references to unspecified marital problems

● Miss scheduled appointments

Stage III:

May manifest signs of:

- Alcoholism
- Depression
- Suicide attempts
- Anxiety
- Drug Addiction
- Inability to cope

~~Health professionals must screen for abuse by asking about it because spontaneous disclosure is rare (questionnaire attached).~~

Definitions:

~~**General Child Neglect:** means the negligent failure of a person having the care and custody of a child to provide adequate food, clothing, shelter, medical care, or supervision, where no physical injury to the child has occurred.~~

~~**Severe Child Neglect:** the neglect or failure of a person having custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive.~~

~~**Willful Cruelty or Unjustifiable Punishment of a Child:**~~

~~unreasonable or extreme patterns of discipline that result in emotional distress or suffering for children. If any person willfully causes or permits a child to suffer, or inflict unjustifiable physical pain or mental suffering on a child, this constitutes willful cruelty.~~

~~**Child Abuse:** physical injury, which is inflicted by other than accidental means on a child by another person~~

~~**Sexual Child Abuse:** includes sexual assault and sexual exploitation. Sexual exploitation refers to conduct or activities related to the use of children in pornography or prostitution.~~

~~**Domestic (spousal) Violence (includes homosexual relationships):**~~

~~Violence can be physical, sexual, psychological, social or economic. Results of these behaviors are humiliation, damage or injury to another person and/or which result in someone living in fear of another person's behavior. Most often male versus female, but can be from either partner.~~

~~**Battery during Pregnancy:**~~

~~Domestic violence or abuse during pregnancy with characteristic signs and health related, i.e. PID, vaginal and anal tearing.~~

~~**Argument:** When one party does not have more power over the other, a discussion without physical force, can be a healthy way to resolve differences~~

Violence: ~~Physical force exerted for the purpose of violating, damaging, or abusing. The abusive or unjust exercise of power from either spouse.~~

Mandated Reporters: All KTHHSP licensed and/or certified personnel are considered mandated reporters. ~~For our intent and purposes,~~ This includes Physicians, Dentists, Family Nurse Practitioners, Physician Assistants, Registered Nurses, Licensed Vocational Nurses, Dental Hygienists, Social Workers, Therapists and Community Health Workers.

Health Record Documentation

California Law recommends the following be included in the health record of the person being reported:

- a. Comments by the injured person regarding past domestic violence
- b. Comments regarding the name of any person suspected of inflicting the wound, or other physical injury
- c. A map of the injured person's body showing the indentifying injuries and bruises at the time of health care
- d. A copy of the law enforcement reporting form

Procedures for documentation:

1. Use the patient's words to describe the current or past experiences and frequency of abuse.
2. Record the date of the most recent incident(s) of abuse, and where it occurred.
3. Document who caused the injuries, their relationship to the patient, and where they currently reside.
4. Use a body map to indicate location, size, color, and age of injuries.
5. Document other possible related physical and mental health problems.

Reporting:

Clinic staff working under supervision who suspects or has knowledge that an incidence of child/elder/domestic violence has occurred must report this information to the supervising Physician, FNP, or PA who will make the required telephone report and complete the required paperwork. All staff sharing this knowledge must sign the completed report before it is mailed to the appropriate agency.

Community Health Representatives must complete the required documentation unless the Public Health Nurse has assessed the victim. Then a joint report must be filed. In all other instances, the PHN shall provide guidance to the CHW's.

Special Needs/Referrals/Transfer

Refer victims of domestic violence and their children and adult victims of sexual assault to:

In Siskiyou County

- Siskiyou Domestic Violence and Crisis Center <http://sdvcc.org>
Business Office (530) 842-6629
Emergency Hotline..... (877) 842-4068

Siskiyou Domestic Violence and Crisis Center offers the following free services:

- 24 Hour Hotline
 - 24-Hour Crisis Response
 - Emergency Shelter
 - Legal Advocacy
 - Individual Counseling
 - Group Counseling
 - Accompaniment
 - Information and Referral
 - Sexual Assault Advocacy
- Other Siskiyou County Services can be found at the County website <http://www.co.siskiyou.ca.us>

In Humboldt County

- Humboldt Domestic Violence Services
<http://co.humboldt.ca.us/hhs/phb/familyviolencepreventionprogram.asp>
Information (707) 444-9255
24-hr Crisis line..... (707) 443-6042
- Other Humboldt services can be found at the county website
<http://co.humboldt.ca.us/portal/health.asp> or <http://co.humboldt.ca.us/hhs/mhb>

Attachments:

- Abuse Assessment Questionnaire
- Body Map for Domestic Violence Assessment
- Types of Abuse Chart-Contains Physical and Behavioral Criteria's
- California HHS Form "SOC-341"- Report of Suspected Dependent Adult/Elder Abuse and "SS 8572"- Suspected Child Abuse Report

Comment [Dr. Novak2]: Procedures

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| Policy Reference Code: 01 () 02 () 03 () 04 (X) 05 () 06 () 07 () 08 () 09() 10 () 11 () 12 () 13 () 14 () 15 () 16 () 17 () 18 () 19() 20 () | | |
| Function: Quality of Care Provided | Policy #: 04-001-165 | Policy Title: Medical Health Care Triage Policy |
| Tribal Chairman: Date: September 8, 2011 | Medical Director: Date: August 16, 2011 | Cross References: |
| Signature: | Signature: | |
| Supersedes Policy 04-001-165 dated 10/16/2008, <u>09/08/2011</u> | | |

Policy: ~~Patients who do not have an appointment will be evaluated by clinic staff and directed to the most appropriate care.~~ Patients/clients who come to Karuk Health & Human Services Facilities for treatment without appointments will be seen by service providers according to the severity of their illness and the availability of the health care providers. If the facility is unable to assist the patient or client due to the severity of their issue, they will be immediately referred to appropriate care and/or authorities.

Any patient or client who arrives during operating hours will be seen the same day.

Procedure:

1. Walk-in patients without an appointment: These patients who request to be seen without an appointment will be offered the following options.
 - a. An appointment at the provider’s next available time slot.
 - b. Call the patient if there is a cancellation.
 - c. Triage

2. Triage Procedures:
 - a. Referral for triage and screening made to the Medical Team supervised by the Medical Provider or Nursing Staff.
 - b. According to the triage, patients will be advised:
 - 1) To call 911 or let us call 911 for them (if they are calling on the Phone)
 - 2) To let us start initial treatment and call 911 (if they are in the clinic)
 - 3) That they should proceed to ER by private vehicle

- 4) That they should be seen by a medical provider during the next business day. Note: every effort should be made to see a patient who says they are ill by the end of the next business day.
- 5) That they should be seen at the next available routine appointment

Comment [Dr. Novak1]: Procedures

Karuk Health and Human Services Policy Manual

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|--|--|---|
| Policy Reference Code: 01 () 02 () 03 () 04 (x) 13 () 14 () 15 () 16 () | 05 () 06 () 07 () 08 () 17 () 18 () 19 () 20() | 09() 10 () 11 () 12 () 21() 22() 23 () |
| Function: Quality of Care | Policy #: 04-001-166 | Policy Title: Hospitalization Tracking Policy |
| Tribal Chairman: Date: 01/12/2012 Signature: | Medical Director: Date: 12/14/2011 Signature: | Cross References: |
| Supersedes Policy dated:01/12/2012 | | |

POLICY: The KTHHSP shall track inpatient admissions of patients in our user population and shall coordinate the patient's follow up care with the facility discharge planner.

PROCEDURE:

1. When a Provider receives notification from another provider or from a hospital that one of their patients has been admitted as an inpatient to a hospital, the KTHHSP Provider will enter a note in EHR.
2. The note will be in the form of an EHR Quick Note entitled, "Patient Hospitalized". The note will say that the patient was admitted as an inpatient to the hospital and the Provider will provide the ICD-9/10 code of the admission.
3. The Provider will add our nurse/case manager as an additional signer to the Patient Hospitalized note. Our nurse/case manager shall coordinate the patient's follow up with the discharge planner at the inpatient facility.
4. At the end of each reporting period, the HRN numbers of the patients admitted will be generated in a list. A hand audit of those EHR records and consult notes will lead to a tabulation of the number of patients admitted... by reporting period, by provider, and by ICD-9/10 code.

Comment [Dr. Novak1]: Procedure

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| Policy Reference Code: 01 () 02 () 03 () 04 (X) 13 () 14 () 15 () 16 () | 05 () 06 () 07 () 08 () 17 () 18 () | 09 () 10 () 11 () 12 () |
| Function: Care of Patients | Policy #: 04-001-167 | Policy Title: After Hours <u>Medical</u> Care |
| Tribal Chairman: Date: Signature: | Medical Director: Date: Signature: | Cross References: |
| Revised 10/01/14 New Policy 12/05/2013 | | |

Purpose: To establish a policy ~~and procedure~~ for providing professional after hour coverage during the hours when the Karuk clinics are closed.

Policy: The Karuk Tribal Health Program shall provide professional after-hours care coverage by clinicians employed by the Karuk Tribe to enhance continuity of care for our patients and to other providers caring for our patients.

This will include on call staff who can provide medical advice, referrals, prescriptions or seeing patients in need as necessary.

Procedures:

1. Providers will sign a formal agreement with the Karuk Tribe agreeing to provide after hour on-call services.
2. Providers will be paid for their on call service.
3. The Answering Service will continue to screen calls.
4. Providers will receive Mobile Devices and Cell Phones to use with their after hour coverage service. It is expected that the On-Call provider will remain within Verizon cell service for the duration of their call period, and they will return phone calls within 15 minutes.
5. This is a telephone-only service. If immediate care of the patient is required, the patient will be instructed to go to the nearest Emergency Department.
6. The Medical Director and the CAC/After Hours Coordinator shall provide leadership and scheduling.

Comment [Dr. Novak1]: Separate doc

7. Providers may make arrangements with their peers to cover for them whenever necessary, but must notify the CAC/After Hours Coordinator.
8. A call log shall be maintained and documentation completed appropriately, using the EHR Note Title “After Hours Call”.
9. Providers may make referrals to outside providers or facilities as appropriate.
10. Providers will instruct patient to return to their primary care provider for follow-up care, and will identify that provider as an “additional signer” in the After Hours progress note.

HR DIRECTOR REPORT
Karuk Tribal Health Board Meeting
November 2, 2017
Vickie Simmons
October Report

ACTION ITEMS:

Billing Office Job Descriptions

OCTOBER ACTIVITIES:

New Hires:

O LCSW – Jessica Caple (orientation 10/9/17 Brittany)
Y Medical Assistant – Gretchen Wilson (orientation 10/18/17 Cindy)
Y Domestic Violence Services Specialist – Krystal Wilson-Smith (orientation 10/18/17 Trista/Vickie)
Y/HC – Social Worker – Rudy Aguirre (orientation 10/23/17 Pat)
O Clinic Transporter – Viola Long (orientation 10/25/17 Babbie/Vickie)
Youth and Families Activity Director – Darryl McBride (10/30/17 Vickie et al)
Mental Health Therapist I – Intern – Maymi Preston-Donahue (10/30/17 Vickie/Pat)

Interviewed:

Human Resources Director – selection made and job accepted
O Clinic Transporter – selection made and job accepted
Y Substance Use Disorder Program Manager – selection made and offer accepted
Y Dental Receptionist – selection made, not accepted, second choice accepted
Y Medical Assistant – selection made and job accepted
HC PT Custodian (KTHA) – selection made and job accepted
HC Digital Print Press Operator – selection made and job accepted
HC Student Services Coordinator – selection made and not yet accepted

Screenings:

Digital Print Press Operator
Head Start Bus Monitor/Cook Assistant
Substance Use Disorder Program Manager
Y – Medical Assistant
Y – Dental Receptionist
Public Health Nurse – did not qualify
HC Construction Crew Lead Carpenter (KTHA)
Part-Time Custodian (KTHA)
Y Student Services Coordinator
HC Student Services Coordinator
Y Head Start Bus Driver/Classroom Assistant
Y Human Services Office Manager
HC Compliance Officer
HC Supervising Advocate-Tribal Court

Resignations/Employment Terminations:

PA Jennifer Cronin submitted resignation – last day to be November 17th
Terminations - 2

HHS jobs yet to fill: Yreka Dentist, Clinic Physician for Happy Camp and Yreka, Medical Social Worker, Orleans LVN, Substance Abuse Counselor I or II, and PHN.

1. Miscellaneous HR duties: employment verifications, open enrollment insurance applications (Brittany), supervisor and employee counseling, license verifications, etc.

2. FML –two employees returned this month from leave. Two employees are still out on FML; one will return November 1st and the other sometime in November.
3. Miscellaneous conference calls, meetings, webinars, nurse report, PA report, and orientations.

OCTOBER TRAININGS:

New hire, Trista Parry (10/16/17), is now our HR Director with emphasis on the non-health programs. I began teaching her what was taught to me, but we are learning that there is so much more. She has also met with Sara Spence, Serena Chavez, and others for advice. I look forward to her help.

NUMBERS:

HHS Staff – 99

Contracted Staff - 3

Respectfully Submitted by,
Vickie Simmons
HR Director

RPMS/EHR/EDR Report
Karuk Tribal Health and Human Services Program
Health Board Meeting
November 2, 2017

Synopsis:

--The **Operations Summary** for Karuk showed 1,822 visits for September 2017. This number is down from the previous month by 138 visits. Yreka was down by 128 visits, Happy Camp was down by 97 visits and Orleans was up by 87 visits. Medical was down by 16 visits, Dental was down by 124 visits, AOD was down by 34 visits, and Mental Health was down by 15 visits. Telemedicine was up by 18 visits and miscellaneous services were down by 20 visits. 1146 of these visits were 'official' APC visits and of 628 (55%) of these visits were for Native Americans.

The running total for calendar year 2017 is 17,460 visits compared to 16,899 visits for the same period in 2016. We have 561 more visits in 2017 than in 2016 for the same period. Medical is down by 2,260 visits in 2017 compared to 2016. Dental is up by 2,117 visits over 2016. AOD is down by 483 visits while Mental Health is up by 76 visits during the same period in 2017. Telemedicine is up by 350 visits over 2016. We continue to add more specialties to telemedicine as time goes by.

--RPMS/EHR Updates --

There were no significant updates during September to RPMS/EHR/Dentrix.

RPMS Budget: As of October 25 , 2017.

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|------------------------------|---------------------|
| Budget Code | 3000-75 |
| Program Year | 2017-2018 |
| Total Budget | \$233,751.99 |
| Expenses year to date | \$6,477.42 |
| Unencumbered Balance | \$227,274.57 |
| Percent used | 2.77% |

Respectfully Submitted,

Patricia C White,
RPMS Site Manager