



Quarterly highlights

The California Area Office (CAO) reports its accomplishments during the first quarter of FY 2014, in alignment with the agency's four priorities:

1. To renew and strengthen our partnership with tribes
2. To reform the IHS
3. To improve the quality of and access to care
4. To make all our work accountable, transparent, fair, and inclusive



Above: Margo Kerrigan, Area Director, wearing red to celebrate Healthy Heart Month (February)

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To renew and strengthen our partnership with tribes

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To reform the IHS

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To renew and strengthen our partnership with tribes...

Sanitation Facilities Construction

The Sanitation Facilities Construction (SFC) Program offers assistance to California Tribal Governments by reducing and eliminating sanitation facilities deficiencies in Indian homes and communities. The SFC Program supports the IHS mission by providing engineering, technical, and financial assistance to Indian tribes for cooperative development and continuing operation of safe water and wastewater disposal systems.

During FY 2013, the IHS administered \$5,201,890 in construction funds. Many tribes contributed labor, materials, and administrative support for the construction projects. The SFC Program provided sanitation facilities to a total of 868 Indian homes in FY 2013.

Environmental Health Services

The IHS offers a broad range of technical services consistent with its mission "to reduce environmentally-related disease and injury among American Indians through preventive measures." Services offered to tribal communities include surveys, investigations, technical assistance, training, and sampling. Program emphasis includes food safety, children's environmental health, institutional environments, epidemiology, and injury prevention.

The IHS sponsored 11 training courses in tribal communities throughout California to build tribal infrastructure into environmental health. Courses were offered in general food safety (7) and occupational safety and health (4). There were approximately 135 participants of these courses from California's tribal communities.

Environmental Health Surveys

The IHS staff conducted 101 surveys in the first quarter of FY 2014, to identify environmental health risks and hazards in Indian community facilities and make recommendations for their resolution. Environmental health surveys have been conducted at the following tribal facilities in California:

- Café/Restaurants (49)
- Bars (20)
- Head Starts (5)
- Healthcare facilities (4)
- Grocery/convenience stores (4)
- Swimming pools (4)
- Food warehouses (4)
- Senior centers (3)
- Other facilities (8)

To renew and strengthen our partnership with tribes...cont'd.

Health Facilities Engineering

IHS staff are working with Northern Valley Indian Health, Inc. (NVIH) to select design-build firms for two projects. NVIH is securing funding for multiple projects. The first is to construct a 30,000 square foot clinic in the southern part of Chico. This clinic will be the future location for the Children's Health Center. NVIH will also provide adult medical and dental services from the new ambulatory health clinic. IHS staff are also assisting in the development of a request for proposals (RFP) for the design of a major remodel of the NVIH clinic in Willows. NVIH will be moving non-medical and non-dental services out of the clinic to a temporary location to allow for a constructive solution that will improve the capacity of the healthcare clinic.

IHS is working closely with Chapa-De on a major reconfiguration of the Auburn clinic. This project is not only focused on improving capacity to provide healthcare, but it will incorporate the Patient Centered Medical Home model and resolve long outstanding storm infiltration problems in the existing Activity Center.

The Riverside/San Bernardino County Indian Health, Inc. (RSBCIHI) will be renovating a 33,000 square foot facility in Grand Terrace to replace the existing San Manuel clinic. This clinic will be the new administrative home for RSBCIHI. Construction started in February 2014. In conjunction with this project, RSBCIHI has purchased a new 10,000 square foot facility to replace the Barstow health station. Engineers will work with RSBCIHI to develop a solicitation for an outside architect to design a remodel project to convert the two banks and office structure into a functional, modern dental and medical health clinic with outreach community services. IHS will also assist RSBCIHI with an expansion project at the Pechanga clinic. The clinic will be expanding by 40% in the latter part of 2014.

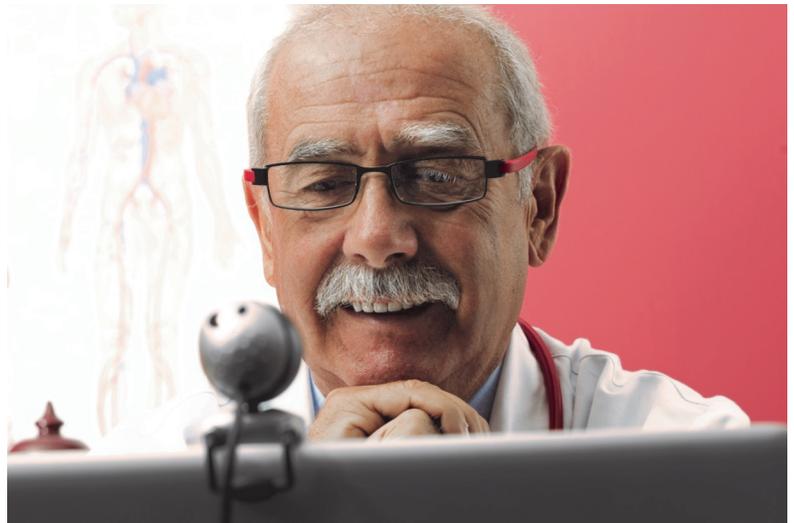


To reform the IHS...

Telemedicine Specialty Care

2014 marks the 14th year of telemedicine services in the California Area. Currently, 13 tribal and urban Indian healthcare programs provide real time telemedicine services in the areas of psychiatry, endocrinology, and nutrition. Programs currently providing telemedicine services include:

- Anav Tribal Health Clinic (Quartz Valley)
- Chapa-De Indian Health Program, Inc. (Auburn)
- Consolidated Tribal Health Project, Inc. (Redwood Valley)
- Greenville Rancheria Tribal Health Program
- K'ima:w Medical Center (Hoopa)
- Karuk Tribal Health (Happy Camp)
- Modoc Tribal Health (Alturas)
- Pit River Indian Health Service, Inc. (Burney)
- Redding Rancheria Indian Health Service
- Rolling Hills Clinic (Paskenta)
- Round Valley Indian Health Center, Inc. (Covelo)
- Toiyabe Indian Health Project, Inc. (Bishop)
- Tule River Indian Health Center, Inc. (Porterville)



If your program is interested in telemedicine services, please contact Steve.Viramontes@ihs.gov.

To improve the quality of and access to care...

Diabetes Program Update

IHS/CAO Diabetes Program staff assisted California tribal and urban Indian healthcare programs with their Special Diabetes Program for Indians (SDPI) Community-Directed grants during this quarter in the following ways:

- Evaluated data and project outcomes and reviewing Cycle 1 grantee FY 2013 Annual Progress Reports
- Assisted in program planning and reviewing Cycle 2 grantee FY 2014 applications
- Assessed work plans for best practices of Cycle 3 grantee FY 2014 applications
- Completed Cycles 1 & 2 GrantSolutions commitments
- Wrote and submitted the IHS/CAO SDPI CD grant application for Diabetes System of Care
- Trained new Grants Specialist contractor

The IHS/CAO Diabetes staff visited the following California healthcare programs this quarter:

- American Indian Health & Services Corporation (Santa Barbara)
- Santa Ynez Tribal Health
- United American Indian Involvement, Inc. (Los Angeles)

Just Move It! 2013 California Challenge

The IHS Healthy Weight for Life (<http://www.ihs.gov/healthyweight/>) and Just Move It both support The First Lady's Let's Move! Initiative (<http://www.letsmove.gov>). The completion of the 2013 Just Move It California Challenge marked the 8th year IHS/CAO supported tribal and urban Indian healthcare programs to promote increased physical activity. More than 28 California tribal and urban Indian healthcare programs are Just Move It! partners. Their shared success stories are posted on <http://justmoveit.org> demonstrate what is to work at the local level. This supports the national goal, to have one million indigenous natives moving and sharing what works at the community level.

VistA Imaging

The IHS/CAO provided scanning training and support through remote and/or on-site visits to the following California healthcare programs during the months of November/December 2013:

- Anav Tribal Health Clinic (Quartz Valley)
- Karuk Tribal Health (Happy Camp)
- Lake County Tribal Health Consortium, Inc.
- Pit River Indian Health Service
- San Diego American Indian Health Center
- Southern Indian Health Council, Inc. (Alpine)

Government Performance and Results Act (GPRA)/GPRA Modernization Act (GPRAMA) Update

The IHS/CAO GPRA team hosted the annual Area GPRA Coordinators' Conference via an Adobe Connect webinar in December 2013. Day one of the two-day virtual conference was offered to staff from all tribal healthcare clinics. Day two was offered to Area GPRA Coordinators and performance measure leads. A total of 79 attendees for both days attended the GPRA conference. Area GPRA coordinators and performance measure leads discussed 2013 GPRA results, updates regarding other data reporting requirements, measure standardization, and best practices to improve GPRA results.

To assist California tribal and urban Indian healthcare programs to achieve and meet FY 2014 GPRA performance measures, during the first quarter of FY 2014, the IHS/CAO:

- Hosted a collaborative webinar session on November 14, 2013 for California sites to share best practices and discuss improvement strategies. The webinar focused on universal behavioral health screening for the three behavioral health GPRA measures: depression screening, alcohol screening, and domestic violence/intimate partner violence screening.
- Hosted a national webinar training entitled "Provider Engagement in GPRA" on November 15, 2013 designed for all tribal and urban Indian healthcare programs. Staff from nine California tribal and urban Indian healthcare programs attended. The training focused on building provider involvement in GPRA and quality care improvement activities.
- Hosted a national Clinical Reporting System (CRS) webinar training session on December 13, 2013 for all federal, tribal, and urban Indian healthcare programs. Staff from seven California tribal and urban Indian healthcare programs attended. The training explained how to run GPRA/GPRAMA reports, patient lists, forecast reports, and how to update medication and lab taxonomies.
- Conducted two individual site GPRA trainings at Rolling Hills Clinic (Corning) and Chapa-De Indian Health Program (Auburn). The presentations included a GPRA/GPRAMA Review, FY 2014 measure logic changes, individual site results, improvement strategies, GPRA resources, and questions/discussion.

All of the national and California monthly webinars were recorded and posted on the IHS/California Area Office California Area GPRA/GPRAMA Portal, located here: <http://www.ihs.gov/california/index.cfm/member-portal/california-area-gpra-gprama/gpra-toolkit/>

To improve the quality of and access to care...cont'd.

Health Information Management

During the first quarter of FY 2014, IHS/CAO staff participated in national HIM policy setting with IHS HIM consultants across the nation during meetings held on December 4-5, 2013. In addition, Marilyn Freeman, IHS/CAO Health Insurance Portability and Accountability Act (HIPAA) Consultant, provided HIPAA training to the governing board of Pit River Health Service.

Weekly RPMS Office Hours

RPMS/EHR Office Hours (every Thursday, 1:30-3:30pm) are still going strong. The RPMS/EHR team has been conducting these office hours for over 1 1/2 years. All clinic program staff that

touch the EHR are invited to this weekly Adobe Connect web meeting. Approximately 20-30 participants attend each meeting, which allows participants to virtually discuss EHR progress, troubleshoot EHR issues, and receive EHR updates. Topics include meaningful use, the latest EHR patches, new CAO "Site Managers Portal" functionality, upcoming training, and more. The meetings tap into the collective knowledge of subject matter experts in the areas of RPMS/EHR configuration, meaningful use, clinical application of RPMS/EHR, health information management of the legal medical record, and VistA Imaging. To receive an invite to the office hours, email Steve.Viramontes@ihs.gov.

To make all our work accountable, transparent, fair and inclusive...

Digital Storytelling

The IHS/CAO assists tribal and urban Indian healthcare programs and Indian communities to create digital stories and host digital storytelling workshops. The California Indian Conference and Gathering in Sacramento in October 2013 included a plenary session on digital storytelling, showcased digital stories created by California natives. A screening of California AI/AN created digital stories was held in November in honor of AI/AN month. In December 2013, Indian Health Council and Riverside/San Bernardino County Indian Health sponsored two digital storytelling workshops.

Budget Formulation for FY 2016

Tribal consultation with tribal governments is the foundation of the IHS budget formulation process. The IHS California Area budget formulation forum for FY 2016 began with tribal consultation held on December 3 in Sacramento. The following health priorities were recommended by the duly-elected tribal officials:

- **Contract Health Services.** Contract health services (CHS) funds are used to purchase hospital and emergency care, physician specialty services, outpatient healthcare, laboratory, dental, radiology, pharmacy, transportation services, and other health services from the private sector. The California Area is 100% contracted/compacted and is CHS dependent as there are no IHS-operated hospitals or clinics. The California Area under utilizes the CHEF because tribal healthcare programs have difficulty meeting the \$25,000 threshold. This priority was ranked #1 for FY 2015 by duly-elected tribal officials.
- **Obesity/Diabetes + Complications (Dialysis).** The national rate of diabetes for AI/ANs is 16.1%. Congress authorized Special Diabetes Program for Indians (SDPI) grant funds to fight diabetes. Tribal and urban Indian healthcare programs use these funds to offer education, self-management support, clinical, and specialty care for AI/AN patients battling diabetes. This priority was ranked #2 for FY 2015 by tribal officials in California.
- **Behavioral Health.** The behavioral health funds are used for prevention and treatment of chemical dependence and depression. Psychiatric and psychological services are necessary to improve outreach, education, crisis intervention, and the treatment of mental illness. This priority was ranked #3 for FY 2015 by tribal officials.
- **Youth Regional Treatment Centers.** YRTCs will provide culturally-appropriate chemical dependence treatment services to AI/AN youth, ages 12-17. For the southern California YRTC, in 2011, the IHS purchased a 20-acre site in Riverside County, near Hemet, and began the design phase. In the north, early this year, the IHS purchased a 12-acre site in Yolo County, near D-Q University. This priority was ranked #4 for FY 2015 by tribal officials.
- **Indian Health Care Improvement Fund.** The IHCIF measures the resources needed by tribal healthcare programs by calculating its level of needed resources percentage relative to health insurance costs and comparing them to the Federal Employees Health Benefits Program (FEHB). If Congress appropriates additional funding for the IHCIF, IHS and tribal healthcare programs with the greatest unmet needs are funded first. This priority was ranked #5 for FY 2015 by tribal officials.



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