



Quarterly

highlights

The California Area Office performed the following activities during the second quarter of fiscal year 2011, in accordance with IHS 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

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

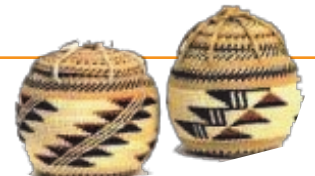
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To renew and strengthen our partnership with tribes...

Budget Formulation

During the past Annual Tribal Leaders' Consultation Conference, tribal leaders requested that the CAO present and describe the IHS budget formulation process to all four regions in California. In response to this request, the Area Director sponsored a WebEx meeting for all California tribal government leaders on September 9. The Webinar equipped tribal government leaders with information about the IHS budget process, GPRA measures, and current assessments of unmet needs. California tribal government leaders will be able to use this information when making budget recommendations and setting health priorities.



To reform the IHS...

Internal Reform

IHS/CAO has improved and streamlined the hiring process by converting to a new automated staffing software system and actively engaging all selecting officials in the hiring process. At an average hiring time per hire of 67 days in FY 2011, IHS/CAO is well within the Office of Personnel Management (OPM) 80 day hiring model. By improving recruitment timeframes, IHS/CAO attains the staffing levels needed to carry out its functions in support of healthcare services to American Indians and Alaska Natives more quickly.

External Reform

Congress recently passed the Affordable Care Act and the reauthorized Indian Health Care Improvement Act, legislation which expands the Medicare and Medicaid programs. Tribal and urban Indian healthcare programs in California await their implementation as they are experiencing third party revenue losses estimated at \$25 million per year because of the elimination of the Medi-Cal optional benefits package.

For more information about the impact that Medicaid expansion will have on American Indians and Alaska Natives, visit: http://www.nihb.org/docs/05212011/NIHB_Issue_Paper_-_Medicaid_Expansion_under_ACA_for_AI-AN_FINAL_2011-04-14.pdf

A summary of changes in patient benefits under Medicare appears here:

http://www.aoa.gov/AoARoot/Press_Room/News/2011/docs/Medicare_1_01_11.pdf

An analysis of the IHCA provisions appears here:

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

Youth Regional Treatment Centers

Under the leadership of the IHS Director and the perseverance of IHS Headquarters executive staff, in March the IHS/CAO received advance approval from the U. S. House Appropriations Committee, authorizing the expenditure of up to \$2,700,000 to purchase land for construction of the northern and southern California Youth Regional Treatment Centers. The escrow package for the southern property, near Hemet in Riverside County, has been sent to the U.S. Department of Justice (DOJ) for preliminary title opinion. The IHS/CAO has been addressing the DOJ concerns since June with the expectation that the property transfer will soon close escrow.

The proposed acquisition of the northern YRTC site, a 12 acre parcel on the D-Q University campus in Yolo County near Davis, has broad support from tribal leaders throughout California. Negotiations with D-Q University have stalled. The IHS/CAO awaits a decision from the D-Q University Board of Trustees to revert the 12 acre parcel held in trust back to the U.S. General Services Administration for sale and transfer to the IHS.



Sanitation Facilities Construction

The Environmental Protection Agency (EPA), in cooperation with the IHS, manages the Clean Water Indian Set-Aside (CWISA) Grant Program, which provides funding for Indian tribes and Alaska native villages to build wastewater infrastructure. The EPA draws priority lists from the IHS Sanitation Deficiency System to identify and select projects for CWISA program funding. To be considered for CWISA funding, tribal governments must document their wastewater needs based on the IHS Sanitation Deficiency System.

Recently the EPA and IHS team visited five northern California tribes (Hopland, Redwood Valley, Round Valley, Stewarts Point and Upper Lake) that received CWISA funding for construction projects. The EPA/IHS team met with tribal government officials to discuss project status and opportunities for future project funding. During the site visits, the EPA/IHS team also assessed progress on fourteen active CWISA construction projects, serving a total of 288 homes at a cost of \$4,039,846. In FY 2011, the IHS/CAO will administer \$2,701,411 in CWISA funding from the EPA.

Injury Prevention Program

Injuries (especially motor vehicle and head injuries) are a huge problem for American Indians and Alaska Natives. To address this public health burden, the Injury Prevention Program provides annual funding to Indian health programs for the purchase of personal protective equipment for their service populations. This year, eighteen tribal and urban programs purchased 640 child safety seats and 555 bicycle helmets, which they in turn distributed to the eligible beneficiary population.

The Injury Prevention Program partnered with the California Rural Indian Health Board, Inc., the University of California, Davis, Safe Kids, and the California Highway Patrol to sponsor a national standardized child passenger safety technician certification course. Tribal health program staff learned the proper use and installation of child restraints and safety belts through classroom and hands-on instruction. Six tribal health program employees were certified as child passenger safety technicians. The course was held June 14-17 in Sacramento.



Child Passenger Safety Technician Certification Course

The Division of Health Facilities Engineering

The Division of Health Facilities Engineering implemented an initiative in January 2011 of visiting 100% of the CAO compacted/contracted health programs. The purpose is to orient their executive directors on the engineering services available from the IHS/CAO and to interview the executive directors about their program's plans/priorities for facility improvements. To date, IHS staff have visited 21 of the 27 tribal Indian health programs. Twenty-one tribal program directors confirmed plans to build new and expand existing ambulatory healthcare space in numerous locations throughout California over the next five years. These include construction of eleven replacement facilities, eight new facilities, and three facility expansions. While there has been a decrease in new health facility construction IHS-wide, the California tribal health programs are growing and financing facility improvements outside of the IHS appropriation.

The Division of Environmental Health Services

The Division of Environmental Health Services conducts environmental health surveys to identify and recommend resolution of environmental health hazards and risks in tribal healthcare facilities. Healthcare facilities are surveyed against environmental health and safety codes. The types of tribal facilities surveyed often include, but are not limited to, health centers, health stations, dental health stations, substance abuse rehabilitation centers, schools, Head Start programs, day-care centers/nurseries, motels/hotels, senior citizens' centers, food warehouses, cafés/restaurants, and swimming pools. The Division of Environmental Health Services completed 66 environmental health surveys at tribal healthcare facilities during the third quarter of FY 2011.

WebEx Trainings to Improve GPRA Clinic Performance

The IHS/CAO GPRA team hosted three national WebEx training sessions to improve clinic performance and the quality of clinical care at tribal and urban Indian healthcare programs in California. The WebEx covered these topics:

- Producing performance reports and patient lists generated through the Clinical Reporting System (CRS)
- Updating taxonomies (lists of facility-specific names of lab tests and medications) for GPRA measures
- Childhood immunizations
- Tobacco cessation

Based on the number of conference phone lines in use, an estimated 65 tribal and urban Indian healthcare programs participated in these three sessions, which were recorded and posted at <http://www.ihs.gov/california/Universal/PageMain.cfm?p=623>.

Patient Newsletter

The Office of Public Health (OPH) develops and distributes a patient newsletter on a quarterly basis to California health programs to promote healthy lifestyles among American Indian patients. Since 2009, OPH has provided this newsletter for clinic waiting rooms with the CAO mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level and the agency priority of improving the quality of and access to patient healthcare. Last quarter's newsletter featured articles by CAO health professional consultants on stroke awareness, stress management, smoking cessation, colorectal cancer prevention, recreational water safety, and the childhood caries dental initiative. All of the patient newsletters are posted on our webpage at <http://www.ihs.gov/california/Universal/PageMain.cfm?p=14#3>

Improving Patient Care

The goal of the Improving Patient Care (IPC) program is to improve access and continuity of patient care, decrease utilization of emergent and urgent care, improve clinical staff satisfaction, and improve health and healthcare outcomes. The role of the CAO Improvement Support Team (IST) is to expand the IPC program in the California Area. Currently, four California clinics (Sacramento Native American Health Center, Susanville Indian Rancheria (Lassen Tribal Health), Riverside/San Bernardino County Indian Health Center, and Hoopa Valley Tribe (Kima:w Medical Center)) participate in the IPC program. The IST facilitates communication among the IPC sites, coaches clinical staff as needed, and promotes the IPC goals to the non-participating tribal and urban Indian healthcare programs in California. Four of the six core IST members attended Learning Session 2 in Denver on April 26-28. The IST collaborated with CAO information technology staff to create an intranet webpage (SharePoint) where IST members can access and share documents. On May 24, IHS staff presented the national IPC initiative at the IHS/CAO Medical Providers' Best Practices & GPRA Measures Conference.



IST members pictured above (L to R): Wendy Blocker, Tim Campbell, Marilyn Freeman, Helen Maldonado, Susan Ducore

Annual Dental Conference

With the assistance and guidance of the California Area Dental Advisory Committee and the California Dental Support Center, IHS/CAO hosted its Annual Dental Conference for dental providers May 2-5 in Sacramento. Over 300 dental staff (dentists, dental hygienists, and dental aides), representing over 50 tribal and urban dental clinic sites, attended the event. The conference offered 29 units of continuing dental education for courses specifically selected to enhance the skills of tribal and urban healthcare program dental staff.

Annual Medical Providers' Best Practices & GPRA Measures Conference

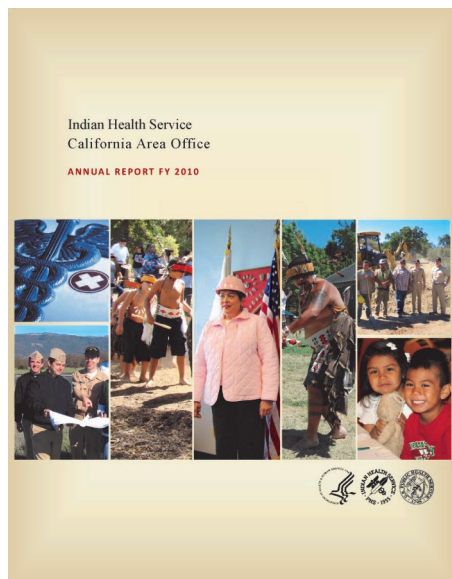
IHS/CAO and the California Rural Indian Health Board, Inc. co-hosted the 5th Annual Medical Providers' Best Practices & GPRA Measures Conference May 24-25 in Sacramento. This national event, sponsored by Lytton Rancheria and the Choctaw Nation of Oklahoma, featured a pre-conference on May 23 for topics specific to the California Area and offered several sessions for Meaningful Use Coordinators. Over 200 physicians, mid-level practitioners, nurses, and support staff attended the event, and 115 attendees received up to 18.5 IHS-sponsored continuing medical education units. On May 26, the CAO sponsored and facilitated an area-wide "Diabetes



Annual Best Practices Conference, Holiday Inn, Sacramento, CA

Day" to address chronic kidney disease, diabetes case management, self-management support, and the Special Diabetes Program for Indians (SDPI) grants management. The "Diabetes Day" event strengthened California tribal and urban program staff, who returned to their respective programs with new knowledge and skills to support American Indian patients with diabetes. Medical providers from 37 tribal and urban healthcare programs were trained. The written conference evaluations reflected a high level of satisfaction.

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

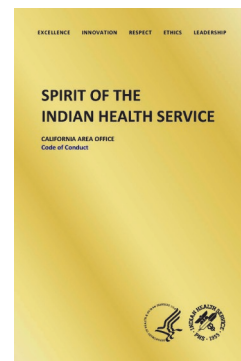


Annual Report

To provide tribal governments and tribal and urban healthcare programs with a more complete accounting of the IHS/CAO budget, IHS has expanded parameters of the IHS/CAO Annual Report. In addition to fiscal year financials, the Annual Report FY 2010 features details about IHS/CAO programs, services and accomplishments. The report is available at the following link: <http://www.ihs.gov/California/uploadedfiles/agendaminutes/FY2010-IHSCAO-AnnRpt.pdf>

Spirit of the IHS

IHS/CAO recently created a Code of Conduct booklet titled "Spirit of the Indian Health Service" for all employees. The booklet outlines and defines the CAO's organizational core values of excellence, innovation, respect, ethics, and leadership. The booklet also includes a summary of rules and regulations that apply to all employees, such as prohibited personnel practices.



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