



Quarterly *highlights*

The California Area IHS reports its accomplishments during the fourth quarter of FY 2017, in alignment with the agency's priorities:

1. People
2. Quality
3. Partnerships
4. Resources

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Inside...

Quality

Desert Sage Youth Regional Treatment Center.....1-2

People

Family Spirit Training, Tribal and urban Indian healthcare program director meeting.....2

Partnerships

IHS National Council of Chief Nurse Officers workgroup meeting, Joint agency meeting, Injury Prevention program, DEHS surveys.....2

Resources

DEHS & wildfires, SFSC activities....4



Quality

The California Area currently has one federal facility, which began accepting patients on July 24, 2017. Planning has begun to ensure the facility is able to obtain accreditation by the Commission on Accreditation for Rehabilitation Facilities (CARF) or the Joint Commission. YTRC leadership reached out to IHS HQ to determine which accreditation is the most appropriate path for the YTRC. Senior YTRC staff reviewed all policies and procedures with a consultant. This resulted in a work plan that is guiding preparations for the accreditation process, which begin after the facility has been seeing patients for at least 6 months. All accreditation information will be shared with the governing board, the YTRC Advisory Committee, the tribes, and other interested parties.



To ensure patients have the best experience of care at the YTRC, the IHS/CAO has commissioned a study to visit all Tribal and urban Indian health programs in California to obtain recommendations. The recommendations sought will assist in learning which services and activities the California health programs believe will be most beneficial during treatment at the YTRC. The study will also assess the readiness of each community to provide aftercare treatment, once their youth return home. The study specifically will determine each health program's access to behavioral health resources, drug and alcohol counselors, and other drug and alcohol related community resources. As of September 22, 2017, 38 of 39 Tribal and urban Indian sites have been studied. The IHS/CAO plans to complete the study by the end of FY 2017. The findings will be used to plan for aftercare needs and identify appropriate services and activities for the youth during their treatment.

Quality (continued)

To foster a culture of safety the Governing Body developed and approved a compliance plan, emergency preparedness plan, and disaster recovery plan during this Fiscal year. Several standing committees were developed to address a culture of safety on an ongoing basis. The Environment of Care/Life Safety Committee, is one example that meets frequently to address hazards to patients and staff, and to manage staff activities to reduce the risk of human injury. A requirement that all new employees participate in a training program the first week they report to work, with annual training refreshers and updates as applicable was implemented by the YRTC leadership. This signifies a commitment to a culture of safety and awareness for its employees, patients, and visitors. Training is documented in employee's training folder meeting accreditation requirements. The training program includes:

- Safety Services; emergency preparedness, hazard communication standards, material safety data sheet requirements, life safety procedures, and Webcident
- Administrative Services; key policies and procedures, privacy and confidentiality requirements, Standards of Conduct, cultural and diversity awareness, and general administrative requirements through a New Employee Orientation Manual
- Nursing Services; Infection control, BLS/CPR, Basic First Aid, and medication management
- Clinical Services provides; Suicide Prevention, Critical Incident Response, PROACT, and Trauma Informed Care.

To enhance Service Unit Governing Board oversight, the IHS/CAO developed a Governing Body for California's YRTCs and convened three quarterly meetings. The Governing Body established standing committees to address quality improvement, and monitor patient safety and maintain a safe environment, which include:

- Tribal Advisory Committee
- Medical Staff Credentialing Committee
- Quality Assurance/Performance Improvement
- Environment of Care/Life Safety Committee
- Grievance Committee
- Finance Committee
- Personnel Committee

People...



The IHS/CAO contracted with Johns Hopkins University Center for American Indian Health to offer two Family Spirit Trainings in this fiscal year, at no cost to home visitors associated with California Tribal and urban Indian healthcare programs and their supervisors. This evidence-based and culturally tailored home-visiting intervention program is delivered by paraprofessionals to support young Native parents from pregnancy to 3 years postpartum. A total of 12 California healthcare program staff were trained in January 2017. In August 2017, 11 California healthcare program staff were trained to include, 5 Nursing Supervisors and 5 CHRs. As a result of the program, valued at more than \$7,000 per healthcare program, American Indian/Alaska Native mothers will have increased maternal knowledge, increase self-efficacy, reduced parent stress, improved home safety attitudes, decreased depression, decreased substance use, and fewer behavior problems.

The IHS/CAO conducted its semi-annual meeting with Tribal and urban Indian healthcare program directors in Sacramento on September 11, in conjunction with the Department of Healthcare Services Consultation on the Drug Medi-Cal Organized Delivery System. The following topics were included on the meeting agenda:

- Water Quality & Safety
- Small Ambulatory/Sustainability Funding
- YRTC Update
- Indian Health Care Improvement Fund Update from the California Rural Indian Health Board, Inc.
- Opioid Crisis
- Update, Detwiler Fire from MACT Health Board, Inc.
- Department of Healthcare Services Update
- Health Initiative Status Report – Comprehensive Medication Management and Hepatitis C
- October Wellness Event
- The Future of Health IT in IHS

Partnerships...

The IHS National Council of Chief Nurse Officers (NCCNO) workgroup September 9-12, included CA Area Nurse Consultant. The workgroup met to discuss/define/strategize IHS Area Nurse Consultants role and nursing's support of the Patient-Centered Medical Home (PCMH), a model of care that aims to transform how primary care is organized and delivered to children, adolescents and adults and to improve capacity in Ambulatory Care.

The University of California Davis (UCD) Medical Center hosted a joint agency meeting on September 6th, the IHS and HRSA with the CAO represented by the Area Nurse Consultant. The UCD Medical Center facilitated the HRSA EMSC project officer and HRSA SPROC grantee introductions to IHS. The meeting aimed at engagement and collaboration, and included attendees from IHS Head Quarters, IHS/CAO, EMSC Innovation & Improvement Center (EIIC), National Emergency Medical Service for Children Data Analysis Resource Center (NEDARC), California State Partnership EMS program. This interagency stakeholder meeting aligned with IHS objective - Improving Capacity to provide pediatric emergency care to AI/AN children and youth through Federal and State partnerships.

The California Area Indian Health Service Injury Prevention program announced the availability of mini-grants to Tribal healthcare programs for use in the purchase of bicycle helmets, child passenger safety seats and smoke detectors on October 6th. The application and associated guidance information was distributed electronically to California Area Tribal health program directors and injury prevention stakeholders. Completed applications are due December 15, 2017. LCDR Molly Madson is available to answer any questions concerning the application process and associated forms.

During this quarter IHS/CAO DEHS staff completed 122 surveys of that included 92 retail food establishments, 11 swimming pools/whirlpool spas, 5 head start/child care centers, 3 RV parks and 1 community center. During this 3rd quarter two institutional environmental health reviews were completed. In August, LCDR Shelhamer joined staff from IHS OEHE Health Facilities Engineering to perform an accessibility review of the Consolidated Tribal health project's Clinic in Redwood Valley, California.

In September, LCDR Shelhamer performed a nitrous oxide exposure assessment at the Sonoma County Indian Health Project, in Santa Rosa, California. Equipment used in the administration of nitrous oxide was assessed for leaks and the performance of waste anesthetic gas scavenging equipment was evaluated.



The CAO provided on-going technical assistance to 37 Special Diabetes Program for Indians (SDPI) diabetes programs. In-person, site visits had two focuses:

- Diabetes Self-Management Educ./Audit (21 visits)
Assisted programs in preparing the Diabetes Audit, Promoted evaluation of diabetes-related data, Diabetes Audit Data used as a concrete measure of quality improvement of diabetes care, Guidance to programs moving away from RPMS, Partners with the Health Services Advisory Group (HSAG) to provide free training to Indian health clinics/communities for DEEP Peer Education with Trained Peer Educators facilitating weekly group educational programs for community members in 6 week diabetes prevention program.
- SDPI Grant Management and reporting (23 visits)
Top 3 Best Practices Selected by Programs:
 - Diabetes Education
 - Eye Exams
 - Nutritional Education
 All required reporting documents completed,
All programs completed and submitted Key Measures for their Target Groups,
Continuation applications for FY 2018 completed and submitted by way of GrantSolutions

Resources...

In August, wildfires in northern and central California impacted many tribal communities in California. DEHS staff were on hand to aid these communities with mitigating the impact of hazardous outdoor air quality on the health of susceptible tribal members. During the month of August DEHS staff delivered a supply of 2400 N95 respirators to Hoopa Valley, Karuk, Quartz Valley and Yurok tribal communities for distribution to tribal members. With the development of subsequent fires in central California, Ms. Alyssa Bernido in the Clovis Field Office was able to arrange for delivery of 265 N95 masks supplied by the Madera County OES to the Picayune Rancheria for distribution.

The Tuolumne Sewer Project is the result of many years of planning and coordination, between the IHS/CAO, Environmental Protection Agency (EPA) Region 9, the Tuolumne Band of Me-Wuk Indian Tribe and the Tuolumne City Sanitary District came for realization, with . Eighty-four homes on the Tuolumne Rancheria utilize septic tank drain field (STDF) system for wastewater disposal. Due to non-permeable soil, rock and high groundwater, soil conditions on the Rancheria the STDF system is not suitable. The majority of the STDF system



had failed, with raw sewage causing several illnesses on the



Rancheria. In June, the Tribe signed an agreement with the District to dispose sewage from the 84 homes at the District's wastewater treatment facility in Tuolumne City, CA EPA/IHS funded a community sewage collection system to transport sewage from the Rancheria to District's wastewater treatment facility for \$3,471,990.

The IHS Sacramento District Office completed the design for the community sewage collection system in 2016. Bids from local contractors were solicited by the Tribe and a notice of award for the construction project was issued to Allen Gill Construction on February 9, 2017. Construction began on May 1, 2017. This project installed approximately 30,000 linear feet of low pressure sewer force main, 84 individual pump stations, and Rehabilitation of an existing community sewer lift station. The sewer system has been fully tested and the connections occurred September 18-22, 2017. This project overcame many challenges including rock excavation for the installation of sewer mains, adverse and varying terrain, unforeseen subsurface conditions and all while minimizing road and home access disruptions in an active community. The contractor, the IHS and the Tribe have worked together to communicate with residents and assure the job was built successfully and on time. This project has a direct impact on improving the health of the Tribal members on the Rancheria.



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