

Indian Health Service California Area Office

ANNUAL REPORT FY 2010



Improving the Health Status of American Indians and Alaska Natives



About IHS

The Indian Health Service (IHS), a federal agency within the Department of Health and Human Services, is responsible for providing health services to American Indians and Alaska Natives (AI/AN). The provision of health services to members of federally-recognized Tribes grew out of the special government-to-government relationships between the Federal government and Indian Tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 1.9 million AI/ANs who belong to 564 federally-recognized Tribes in 37 states.

Services

MEDICAL

DENTAL

BEHAVIORAL HEALTH

NURSING

DIABETES

HEALTH PROMOTION DISEASE PREVENTION

IMPROVING PATIENT CARE

CONTRACT HEALTH SERVICES

BUSINESS OFFICE

HEALTH INSURANCE PORTABILITY &
ACCOUNTABILITY ACT

INFORMATION RESOURCE MANAGEMENT

ELECTRONIC HEALTH RECORD

VISTA IMAGING

TELEMEDICINE

ENVIRONMENTAL HEALTH SERVICES

SANITATION FACILITIES CONSTRUCTION

HEALTH FACILITIES ENGINEERING





Yvette Roubideaux, MD, MPH

Director
Indian Health Service

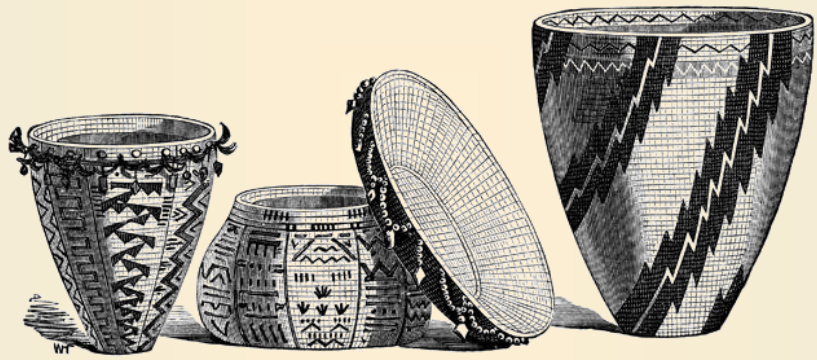


Margo Kerrigan, MPH

Director
Indian Health Service/California Area Office

FOUR PRIORITIES OF THE INDIAN HEALTH SERVICE

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





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LIST OF ACRONYMS:

AI/AN	American Indian/Alaska Native
ARRA	American Recovery and Reinvestment Act
BIA	Bureau of Indian Affairs
CAO	California Area Office
CATAC	California Area Tribal Advisory Committee
CHIS	California Health Interview Survey
CHS	Contract Health Service
CMO	Chief Medical Officer
CMS	Centers for Medicare & Medicaid Services
CPS	Child Passenger Safety
CRHIB	California rural Indian Health Board
DDTP	Division of Diabetes Treatment and Prevention
EDO	Escondido District Office
EDR	Electronic Dental Record
EHR	Electronic Health Record
EHS	Environmental Health Service
EPA	Environmental Protection Agency
FAS	Fetal Alcohol Syndrome
FDA	Food and Drug Administration
FEHB	Federal Employee Health Benefits
GPRA	Government Performance and Results Act
HD/DP	Health Promotion and Disease Prevention
HFE	Health Facilities Engineering
HIP	Housing Improvement Program
HIPAA	Health Insurance Portability & Accountability Act
HITECH	Health Information Technology
HITRC	Health Information Technology Research Center
IHS	Indian Health Service
IPC	Improving Patient Care
IST	Improvement Support Team
IT	Information Technology
M&I	Maintenance and Improvement
MU	Meaningful Use
NAHASDA	Native American House Assistance and Self Determination Act
NGST	National GPRA Support Team
NHTSA	National Highway Traffic and Safety Association
NIHB	National Indian Health Board
O&M	Operation & Maintenance
OEH&E	Office of Environmental Health & Engineering
OMS	Office of Management Support
ONC	Office of the National Coordinator for Health Information Technology
OPH	Office of Public Health
REC	Regional Extension Center
RPMS	Resource Patient Management System
SAP	Small Ambulatory Program
SDS	Sanitation Deficiency System
SFC	Sanitation Facilities Construction
USDA	United States Department of Agriculture
YRTC	Youth Regional Treatment Center

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Letter from your Area Director

*Our mission...
To raise the physical, mental,
social and spiritual health of
American Indians and Alaska
natives to the highest level.*



Margo Kerrigan, M.P.H.,
Director
Indian Health Service California Area Office

Dear Tribal Leaders and Partners,

I am pleased to present your 2010 Annual Report. As I reflect on the year just passed, we have made long strides in expanding our outreach to Tribal governments. We have invested in health and sanitation facilities, software and hardware to deploy video conferencing and facilitate *telemedicine* to remote areas, maintenance and improvement (M&I) of health facilities and medical equipment. We continue to operate with a focus on health and well being of individuals, families and communities.

MISSION PRIORITIES The context and framework for all of the Indian Health Service/California Area Office (IHS/CAO) work is centered on the agency's four priorities. Fiscal year 2010 highlights support the four priorities: renew and strengthen our partnership with Tribes; reform IHS; improve the quality of and access to care; and make all our work accountable, transparent, fair and inclusive.

OUR COMMITMENT TO GROWTH In collaboration with California Tribal governments, we have identified the ideal properties to build Youth Regional Treatment Centers (YRTC). In northern California, DQ University in Yolo County, and in

southern California, the Taylor Ranch in Riverside County, offer enormous potential as nurturing and safe healing environments for American Indian/Alaska Native (AI/AN) youth. The sites for both the northern and southern YRTCs have been identified, and the Area Office is completing its due diligence, prior to purchasing the properties.

PARTNERSHIPS The IHS/CAO conducted the fiscal year 2010 Annual Tribal Consultation Conference in southern California (Cabazon) on March 9-11, with 61 elected Tribal leaders and an overall attendance of 280 individuals. As a direct result of Tribal consultation, the IHS/CAO will provide a narrative update on progress/timeline of the YRTCs; seek additional input from all Tribes, including agenda topics, for the FY 2011 Annual Tribal Leaders' Consultation Conference; seek additional input from all Tribes (mailing of hard copies) on updating and finalizing the IHS/CAO Tribal Consultation Policy and the California Area Tribal Advisory Committee (CATAC) policy; and, conduct periodic visits to meet with Tribal officials. At least two large Tribes in northwest California established new business ventures including fish canneries. The IHS/CAO and the Food and Drug Administration met in San Francisco to identify specific roles and

responsibilities with regard to jurisdiction, inspections and regulatory compliance. The outcome of the meeting was clear and defined roles of each government agency.

TECHNOLOGY AND COMMUNICATION The IHS/CAO developed a new section for its website that will be devoted to the California YRTC Project. The new web pages will include comprehensive information for all external stakeholders, including a project timeline, descriptions of the facilities, and contact information for key staff at the IHS/CAO. Most important, the YRTC home page will include a "What's New" section that will be frequently updated and will contain timely information and progress updates.

The CAO successfully acquired ARRA funding on behalf of 23 clinic sites to fund video conferencing equipment. All equipment has been delivered and installed. Four of those sites will be implementing Resource Patient Management System (RPMS) and video conferencing will allow for targeted training as needed during implementation and maintenance of the Electronic Health Record (EHR) thus expediting EHR implementation. The other nineteen sites will benefit from video conferencing capability as we expand our virtual office for training, administrative meetings, and telemedicine opportunities. As a result, thousands of dollars in travel costs will be saved. The IHS/CAO also installed retinal imaging equipment at twelve Indian health clinics.

Additionally, various Tribal Delegation Meetings with Tribal Councils and Health Boards were held during the year, and the IHS/CAO established a listserv e-mail directory to keep in direct communication with all 103 elected Tribal Chairpersons in California.

OUR COMMITMENT TO IMPROVE THE QUALITY OF AND ACCESS TO CARE Lake County Tribal Health Consortium in northern California completed the 19,250 square foot expansion, nearly doubling the size of the current facility. This expansion was made possible through the IHS Joint Venture Construction Program and an executed lease with Indian Health Service.

The IHS/CAO is working with the Veterans Affairs Sierra Pacific Network to match data between the VA and IHS patient data systems. It is estimated that at least 17,000 Indian veterans reside in California. This data match will allow the identification of dual-eligible Indian veterans in California and improve veterans' access to both healthcare systems.

The National Government Performance and Results Act (GPRA) Support Team (NGST) sponsored an Area GPRA Coordinators' meeting. The purpose of this meeting was to discuss GPRA measures to ensure IHS is measuring its performance in an optimal manner through the GPRA process. The IHS/CAO NGST

also scheduled a webinar, available to all IHS Areas, on improvement of immunization rates. A meeting was also planned with the Science Media organization (a health education company) to discuss the production of provider training videos to help improve GPRA measures.

The UCLA Center for Health Policy Research has been working with the IHS/CAO to finalize survey questions for the California Health Interview Survey (CHIS) - a behavioral risk factor survey. CHIS uses an over-sample of the American Indians and Alaska Natives population in California.

Four California programs applied for, and were accepted into, the Improving Patient Care 3 Collaboration (IPC-3). These programs will create a core improvement team to assess current systems and processes using scientific methods. The IHS/CAO is dedicated to the IPC-3 Collaboration and has formed an Improvement Support Team (IST) composed of healthcare professionals working within the Office of Public Health. This IST will provide support to the four programs during their eighteen month journey on their way to health care improvement.

OUR COMMITMENT TO ACCOUNTABILITY The IHS/CAO finalized all aspects of the "Calendar Year 2011 - 2015 Strategic Planning Initiative". The plan integrates the four IHS priorities, includes all IHS/CAO offices, and will be implemented January 1, 2011. We are also rolling out this maiden issue of our newly structured annual report to provide you with detailed information about IHS activities.

OUR COMMITMENT TO YOU It is an honor to work with men and women in the IHS/CAO who are dedicated and committed to the mission of the Indian Health Service. In the following pages you will meet the executive staff and hear about the significant roles they play in managing a diverse workforce, including the activities they participate in to provide a high level of quality service for you. During 2010, we made significant progress in meeting our objectives.

I remain confident that the Indian Health Service/California Area Office will continue to grow stronger and to serve Tribal and urban Indian Health Programs with technical assistance and expertise.

Be well,

/Margo Kerrigan/

Margo Kerrigan, M.P.H.

Director

Indian Health Service/California Area Office

January 17, 2011

2010 Service Highlights

- The sites for both the northern and southern YRTCs have been identified. In 2010, the Area Office completed the final Environmental Assessment for the southern property and should acquire the site in 2011. The IHS/CAO has completed the site evaluation for the northern property. In 2011, the IHS/CAO will conduct the necessary community outreach and due diligence prior to acquiring the property.
- During the week of June 7, 2010 the IHS/CAO hosted the First Annual California Medical Conference in Sacramento. This conference provided the opportunity for formalized collaboration on improved quality and/or access to care, among California Indian health programs, IHS officials, and nationally recognized experts.
- The IHS/CAO staff, in an effort to improve quality and access to health care, conducted nine site visits to eight Tribal programs and one urban health program. The site visits focused on effective communication, teamwork, customer service, quality improvement, GPRA, and improving patient care.
- In July, the IHS/CAO purchased and provided Home Blood Pressure Monitors to 37 Tribal/urban programs, as follow-up to training on Blood Pressure Self-Management Support.
- To improve Mammography Screening performance by a relative 10 percent over FY 2009 levels, the IHS/CAO requested proposals from Tribal and urban health programs.
- To improve performance on the Dental Access measure, the IHS/CAO offered financial incentives through the Dental Support Center to Tribal and urban health programs that improved access by two percent or more.
- In March 2010, the IHS/CAO published and distributed a 2009 California Area GPRA Report that provided a summary of national and CAO performance on GPRA measures as well as performance at each Tribal and urban clinic in the form of graphs and charts.
- The IHS/CAO published and distributed four quarterly **“California Area IHS Newsletters”**. The newsletters were distributed to all California Tribal and urban health programs for further dissemination at gatherings, events, and healthcare facility waiting areas.
- In June, CAO sponsored two emergency preparedness workshops (Riverside and Sacramento) for Tribal and urban Indian health program staff.
- The Joint Venture Agreement construction project with Lake County Tribal Health Consortium is nearly complete. Lake County received their first staffing dollars in late FY 2010.
- The Small Ambulatory Program (SAP) grant construction project at Shingle Springs is under construction. Shingle Springs received SAP funds in late FY2010.
- Sanitation Facilities Construction funded 22 projects in FY 2010 for a total amount of \$9,496,256. Fifteen projects were completed, \$6,228,881 in funds were expended, and 609 homes were served.

ARRA Related Work

- 100% of the ARRA funds have been obligated, 90% of the M&I projects are under construction or complete, and 20 projects are funded for a total of \$12,485,100.
- The Sanitation Facilities Construction (SFC) program received an additional \$12 million in ARRA funds which were allocated to 20 projects.
- ARRA funds from Region IX Environmental Protection Agency (EPA) were designated for the IHS/CAO to improve the community wastewater treatment facility on the Round Valley Indian Reservation in Mendocino County. The project serves 160 Indian homes and provides a 14 million gallon wastewater retention pond, pump station, and 5-acre infiltration basin.
- Assisted Bear River Rancheria with water and wastewater facilities for 40 new homes funded with HUD ARRA and ICDBG funds.
- Provided water and wastewater to 26 ARRA funded Bureau of Indian Affairs (BIA) Housing Improvement Program (HIP) homes.
- Provided design services and construction inspection for 10 Native American Housing Assistance and Self Determination Act (NAHASDA) homes for Manzanita Band of Kumeyaay Indians.

- Provided design and construction inspection services for a water improvement project funded by U.S. Department of Agriculture (USDA) Rural Development at the XL Rancheria.
- The IHS/CAO invested ARRA Information Technology funds to purchase routers, domain controllers, video endpoints, VistA Imaging equipment, and retinal cameras for Tribal and urban clinics. This action had multiple benefits.
 - To handle increased capacity and load on the IHS network, routers and domain controllers were upgraded to support the Electronic Health Record (EHR), VistA Imaging, video conferencing and telehealth goals.
 - CAO deployed video conferencing endpoints to Tribal and urban health programs, allowing the CAO to: meet with boards of directors, administrators, clinical staff, providers, and Tribal leaders; provide training and mentorship to clinic staff on various projects; and, increase attendance at statewide meetings through the use of video conferencing.
 - CAO purchased retinopathy cameras for 11 Tribal and urban programs based on need.
 - CAO purchased and installed a complete VistA Imaging server and archiving system, and made it available to all Tribal and urban health programs.

- Provided design and construction inspection services for a water improvement project funded by USDA Rural Development at the Santa Rosa Reservation

Other Notables

- Moved Fresno Field Office to Clovis, California
- Sanitation Facilities Construction (SFC) hired a Tribal Utility Consultant in the Escondido District Office (EDO).
- Completed the Yurok Solid Waste Project in partnership with the Environmental Protection Agency and the Yurok Tribe.
- Sixteen Tribal Health Programs were awarded Injury Prevention Mini-grants to distribute and install 870 child safety seats, 650 bicycle helmets, and 345 smoke detectors.
- Four Tribes/Tribal Health Programs awarded Tribal Injury Prevention Cooperative Agreement Program Funding.



Margo Kerrigan, CAO Director, discussing YRTC Timeline with Beverly Miller, CAO Deputy Director, Gordon Tsatoke, CAO Environmental Services Director, and Richard Wermers, CAO Health Facilities Engineering Director

Letter from your Deputy Area Director

“Great things happen when vision exceeds reasonable expectations.”



Beverly Miller, Deputy Director
Indian Health Service California Area Office

Dear Tribal Leaders and Partners,

As Deputy Director, my job is to make sure we are moving forward in the same direction as the voices from our Tribal leaders. The IHS/CAO must capitalize on all of our resources and the expertise of our staff to the utmost, leading to maximum impact in health status for all the AI/ANs living in California.

One of the strategies in fiscal year 2010 was to capitalize on the inflow of resources that normally are not available. Through the Methamphetamine and Suicide Prevention Initiative, the IHS/CAO was able to purchase required televideo conferencing equipment so that 90 percent of the 26 Tribal health programs that offer behavior health services now have improved access to specialty mental health services. ARRA funding enabled purchase of conferencing network infrastructure and equipment that fulfilled individual program requirements. The IHS/CAO considers these technological enhancements as a gateway to other projects and we intend to continue to build and use these resources. One of our current projects is developing videos to enhance the training phase for Tribal and urban programs using the EHR system.

Internally, the IHS/CAO spent a considerable amount of time making sure our processes run more smoothly. In December, the CAO finance department acquired the accounts payable function from the Phoenix Area Office, thus reducing the amount of processing time to transmit a document from IHS into the US Treasury. Seed money from Dr. Roubideaux has provided the IHS/CAO the resources to develop an information technology

(IT) Content Management System that will support and align internal business goals. By leveraging IT investments against existing agency technologies, infrastructure, and security architecture, the IHS/CAO can move applications and communication channels into a web-based portal to provide real time information and support to our programs.

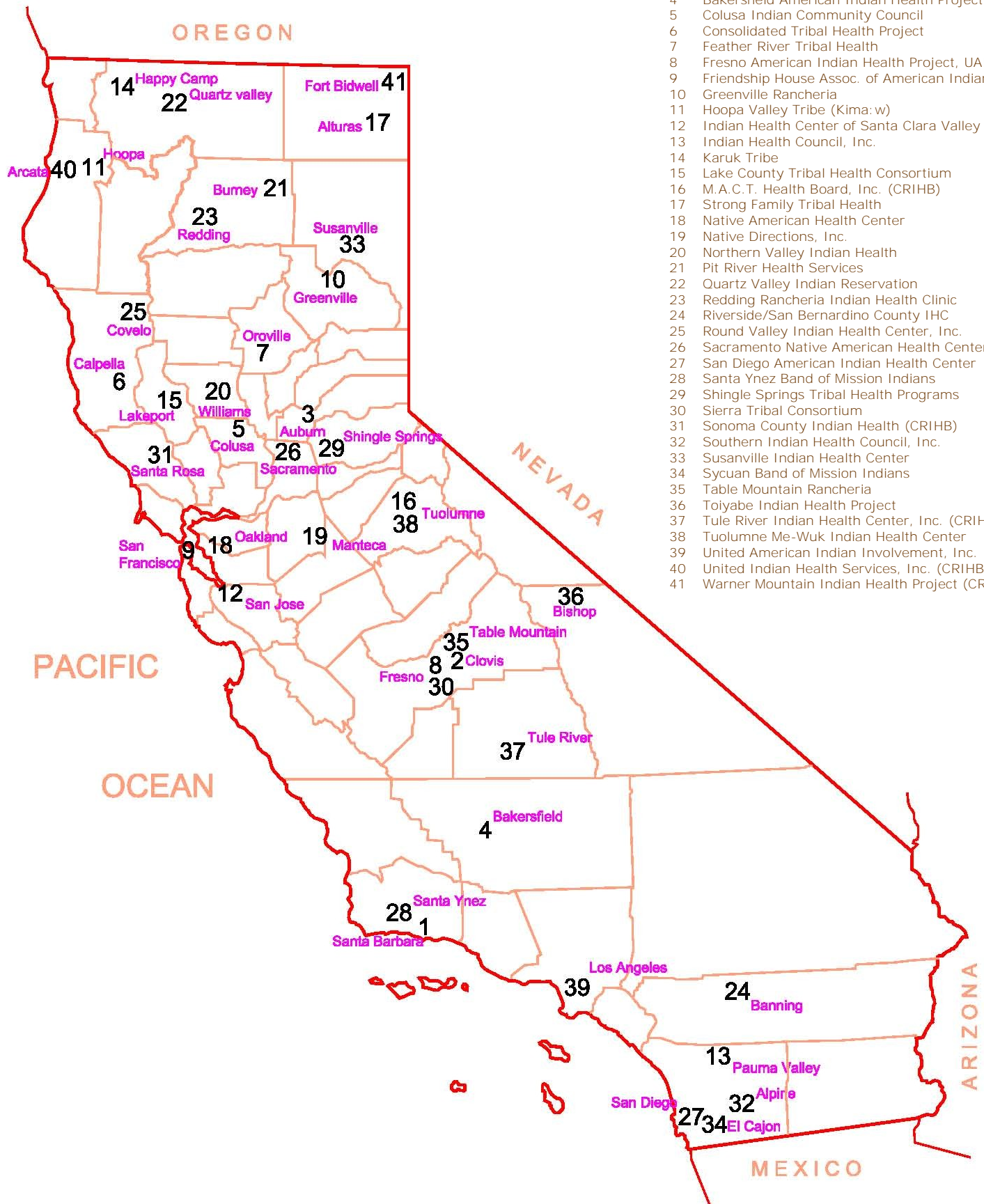
Our future offers a historic opportunity to have an impact on Tribal access to health care starting with the YRTC's. Although there are dedicated CAO staff who work full time on the north and south YRTC property purchase, the workload reaches deeper into the organization. Planning meetings, drafting reports, updating the YRTC website ,and more, requires a joint effort of office staff and leadership. We stand committed in pushing our **joint agenda to launch the YRTC's.**

I truly believe great things happen when vision exceeds reasonable expectations, and the IHS/CAO can make a difference by setting clear priorities, using data effectively, building partnerships and devising the best strategies. In the **end, it's all about the impact we can make to raise the level of health for the AI/AN population, and we are firm in our resolve to achieve this outcome.**

Warm Regards,

/Beverly Miller/

Beverly Miller
Deputy Director
Indian Health Service/California Area Office



- 1 American Indian Health & Services Corporation
- 2 Central Valley Indian Health
- 3 Chapa-De Indian Health Program
- 4 Bakersfield American Indian Health Project
- 5 Colusa Indian Community Council
- 6 Consolidated Tribal Health Project
- 7 Feather River Tribal Health
- 8 Fresno American Indian Health Project, UAII
- 9 Friendship House Assoc. of American Indians
- 10 Greenville Rancheria
- 11 Hoopa Valley Tribe (Kima:w)
- 12 Indian Health Center of Santa Clara Valley
- 13 Indian Health Council, Inc.
- 14 Karuk Tribe
- 15 Lake County Tribal Health Consortium
- 16 M.A.C.T. Health Board, Inc. (CRIHB)
- 17 Strong Family Tribal Health
- 18 Native American Health Center
- 19 Native Directions, Inc.
- 20 Northern Valley Indian Health
- 21 Pit River Health Services
- 22 Quartz Valley Indian Reservation
- 23 Redding Rancheria Indian Health Clinic
- 24 Riverside/San Bernardino County IHC
- 25 Round Valley Indian Health Center, Inc.
- 26 Sacramento Native American Health Center
- 27 San Diego American Indian Health Center
- 28 Santa Ynez Band of Mission Indians
- 29 Shingle Springs Tribal Health Programs
- 30 Sierra Tribal Consortium
- 31 Sonoma County Indian Health (CRIHB)
- 32 Southern Indian Health Council, Inc.
- 33 Susanville Indian Health Center
- 34 Sycuan Band of Mission Indians
- 35 Table Mountain Rancheria
- 36 Toiyabe Indian Health Project
- 37 Tule River Indian Health Center, Inc. (CRIHB)
- 38 Tuolumne Me-Wuk Indian Health Center
- 39 United American Indian Involvement, Inc.
- 40 United Indian Health Services, Inc. (CRIHB)
- 41 Warner Mountain Indian Health Project (CRIHB)

California Tribal/Urban Healthcare Facilities

Office of the Chief Medical Officer

The Chief Medical Officer (CMO) advises the Area Director and other IHS/CAO staff regarding health-related activities conducted by the IHS/CAO including: development of Area health priorities, implementation of IHS Headquarters initiatives, health quality and compliance, medical malpractice, public health, health data, emergency preparedness, behavioral health and Government Performance and Results Act. Additionally, the CMO provides information and technical assistance to Tribal and urban Indian health programs on these activities.

The CMO vision is for AI/AN people in California to receive high-quality, customer-focused, whole-person health care through the Tribal and urban Indian healthcare programs in the California Area.

HEALTH PROGRAM TECHNICAL ASSISTANCE

The CMO provides on-site and remote technical assistance to health program administrators and medical staff on a range of issues. The issues include: health care quality and metrics, provider credentialing, provider productivity, compliance with healthcare industry standards, healthcare finance, and health care delivery systems. Technical assistance is provided in the form of face-to-face meeting presentations with site support as well as on-site program review.

In order to enhance the responsiveness of the CMO and Office of Public Health (OPH) staff to program directors' needs, the CMO developed and distributed a Customer Satisfaction Survey. The survey helped determine the current level of satisfaction of the health program executive directors with the quality of technical assistance provided by the IHS/CAO. Of the 26 health programs that responded, the overall satisfaction rating for the IHS/CAO was 4.44 on a 5 point Likert scale indicating that respondents were generally very satisfied with the quality of technical assistance provide by the IHS/CAO.

INFORMATION DISSEMINATION

The CMO works closely with the health program executive directors. In 2010, two program directors meetings were held at which a number of topics were discussed including healthcare finance, meaningful use, and improving health care access for AI/AN veteran beneficiaries. The CMO also distributes periodic GPRA bulletins that focus on key clinical GPRA measures and best practices for improving performance. The CMO also meets via tele-conference with health program medical directors and behavioral health directors to discuss current health and wellness initiatives and activities.

ANNUAL CALIFORNIA MEDICAL PROVIDERS' CONFERENCE

The CAO now hosts the California Medical Providers' Conference for medical providers in Indian healthcare settings. This annual conference focuses on overriding issues of mutual concern to healthcare providers in California. The conference provides a forum for discussion and breakout sessions for specialty areas. The objectives of the conference are to improve quality of care and provide required continuing medical education courses necessary to maintain professional licensure.

In a recent survey, the overall satisfaction rating for the CAO was 4.44 on a 5 point Likert scale.

The 2010 conference was held during the week of June 7 in Sacramento. June 10 was designated as "Diabetes Day" and was attended by 38 California Tribal/urban health clinic staff. This conference provided the opportunity for formalized collaboration on improved quality and/or access to care, among California Indian health programs, IHS officials, and nationally recognized diabetes experts.

EMERGENCY PREPAREDNESS AND RECRUITMENT

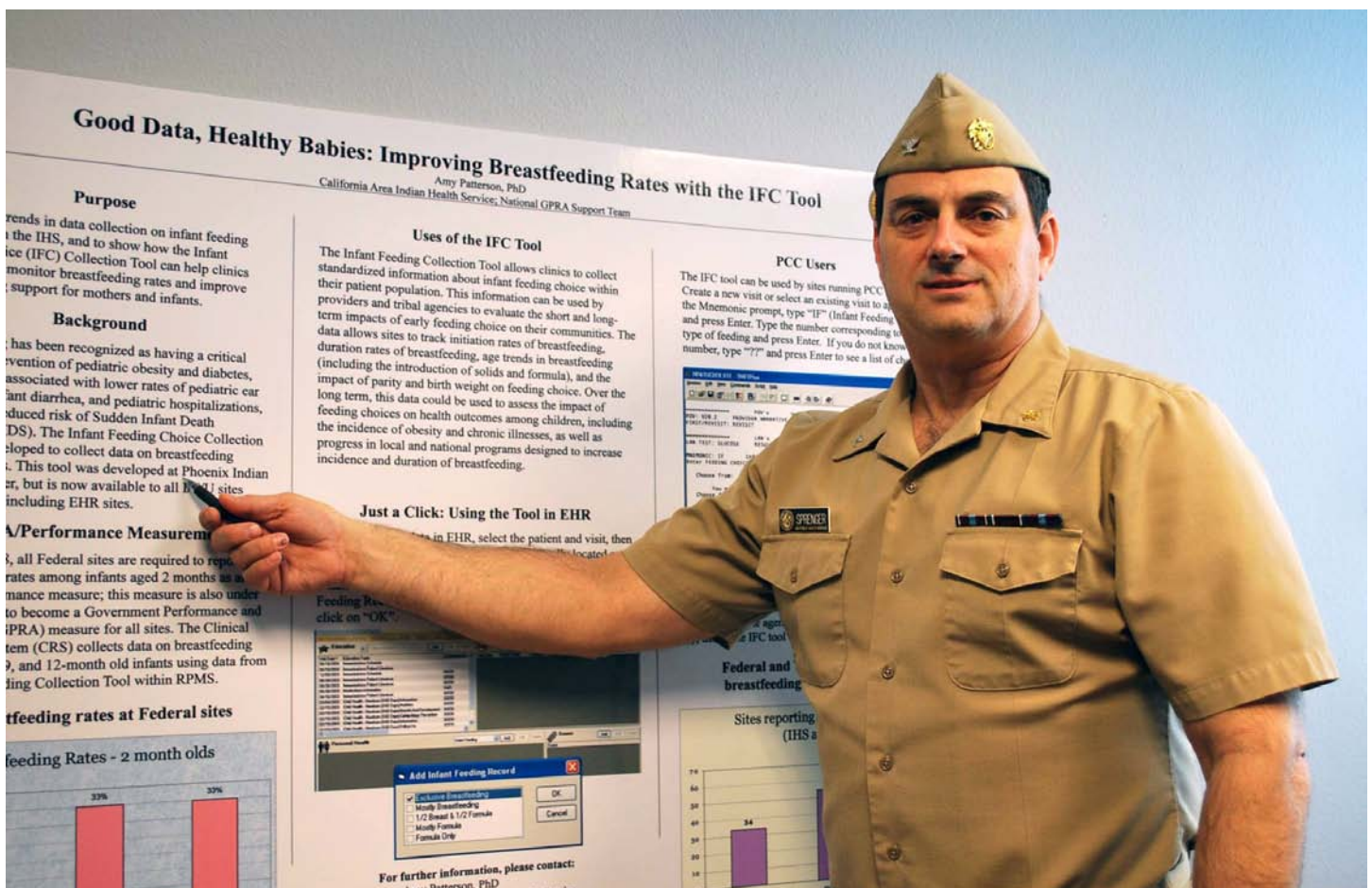
The California Area CMO assists the Tribal and urban Indian health programs to prepare for possible disasters in their communities. These include both natural disasters and man-made disasters. Assistance comes in the form of information sharing, education, networking, and training.

The IHS/CAO sponsored and participated in an emergency preparedness workshop for Tribal and urban Indian health program staff. The workshop, "Preparing for Emergencies or Disasters: Continuity of Operations & Risk Communications for California Indian Health Centers, Tribal Representatives, Public Health Officers and First Responders", was conducted June 23-24, 2010 in Sacramento. Approximately 48 persons representing 20 Tribal and urban health programs attended. The CMO acted as a facilitator and consultant to health programs to assist them in addressing the healthcare provider staffing needs.

CURRENT AND FUTURE INITIATIVES

In recognition of the role of mental well-being and lifestyle habits in our patients' overall health, one of the major initiatives for the CMO has been advocating for, and facilitation of, the integration of behavioral health and primary care services. One important aspect of this initiative is to enhance the detection of behavioral health conditions in the primary care setting.

Another initiative is to expand the use of telemedicine to help address the lack of specialty services in remote areas. Through recent activities, over 80 percent of the Tribal health programs which provide direct services in the California Area now have telemedicine capacity. The next phase of this initiative will be to help programs organize their service delivery mix to best take advantage of this technology.



CAPT David Sprenger, MD
Chief Medical Officer
Indian Health Service/California Area Office

Office of the Public Health

MEDICAL

Technical Assistance and Recruitment

The California Area Chief Medical Officer (CMO) oversees healthcare quality and compliance at Tribal and urban health programs in California. The CMO works with programs to develop and implement health policy and initiatives. More information about the CMO can be found on pages 3-4.

Information Dissemination

The IHS/CAO published four issues of the quarterly "California Area IHS Newsletter," which were distributed to all California Tribal and urban health programs, for further dissemination at gatherings, events, and healthcare facility waiting areas. Topics included: alcohol and drug abuse, seasonal allergies, healthy hearts, diabetes, HIV/AIDS, woman's health and mammograms, oral cancer screening, food-borne illness, home fires, nutrition, wellness, immunizations, elder falls, pertussis epidemic, and safe medication usage.

The IHS/CAO staff, in an effort to improve quality and access to health care, conducted nine site visits to eight Tribal programs and one urban health program, focusing on effective communication, teamwork, customer service, quality improvement, GPRA, and improving patient care.

DENTAL

Technical Assistance and Recruitment

The California Area Dental Consultant provides technical assistance to Tribal and urban programs regarding oral health issues. The IHS/CAO website contains a dental page which has valuable information for patients and staff. In 2010, the IHS/CAO dental consultant assisted in the hiring of 10 staff dentists at California Area Tribal and urban programs.

Clinical Continuing Dental Education Courses

The IHS/CAO sponsors a number of hands-on clinical courses designed to improve the skills of dentists. In 2010, a total of 20 Tribal and urban dental staff participated in the two courses offered; a hands-on oral surgery course and a periodontal crown lengthening course.

Annual Dental Conference

The IHS/CAO sponsors an annual dental conference which includes a number of lectures, panel discussions and hands-on courses that focus on the public health model of care. The



Steve Riggio, DDS
Associate Director, OPH
Indian Health Service/California Area Office

conference provides all the required annual continuing dental education courses necessary for state licensure renewal for dentists, hygienists, and registered dental assistants. The multi-day conference allows dental staff from all over California to meet, learn and share. The May 2010 conference was attended by 275 dental staff representing all Tribal and urban programs with a dental clinic.



Electronic Dental Record (EDR)

An EDR incorporates digital radiography and imaging providing for a comprehensive, integrated patient record leading to increased productivity, improved efficiency, and decreased medical errors.

Dentrix is a commercial, off-the-shelf dental, clinical, and practice management software application. A RPMS interface allows patient registration, billings, appointment scheduling, and clinical notes to be coordinated with the Electronic Health Record (EHR). Dentrix can also be used as a stand-alone application by programs that do not utilize RPMS.

Programs wishing to install Dentrix must use the IHS EHR and be "EHR Ready." Each operatory must also have a personal computer with network connectivity.

In 2010, EDR was implemented at three Tribal facilities. Currently 10 Indian healthcare programs use some form of EDR.

BEHAVIORAL HEALTH

Technical Assistance

The California Area Behavioral Health Consultant partners with the YRTC Task Force made up of psychologists, behavioral health specialists, alcohol counselors and psychiatrists to administer the YRTC program. The YRTC program provides support and resources for youths age 11-17 years that require residential treatment programs.

The following GPRA performance measures are related to behavioral health and substance abuse issues:

- Screening for depression on all adults ages 18 years and older;
- Screening for alcohol use for women ages 15-44 years old (child-bearing); and,
- Screening for intimate partner/domestic violence for women ages 15-40 years old.

The IHS/CAO provides funding opportunities to address behavioral health performance measures that improve screening rates and expand treatment options

Access to Residential Treatment Programs

The IHS/CAO facilitates access to residential treatment programs for Indian youth and the IHS Risk Pool reimburses the cost of residential treatment programs for up to six months for Indian youths using alcohol and/or other illicit substances.

The IHS/CAO administers the YRTC reimbursement program for youths ages 11-17. In 2010, over 50 adolescents were admitted into a residential treatment program thru the IHS Risk Pool.



Friendship House Association of American Indians, Inc. Youth Program

Access to Telehealth

The IHS/CAO provides support to enhance guidance on national IHS domestic and intimate partner violence, methamphetamine, and suicide prevention initiatives. Utilizing video conferencing technology, the IHS/CAO provides telemedicine access and technical assistance to address pain management and psychiatric treatment. These telemedicine services are provided in collaboration with the University of California, Davis and the New Leaf program in Lafayette, California.

Our mission is to provide nursing leadership and consultation in the promotion of high quality, evidenced-based health care. Through collaboration and active participation in the development of policy and national nursing standards of care, we support excellence in health care for AI/ANs.



Dawn M. Phillips, RN, CDE has worked in the diabetes field for over 10 years, including work as a public health nurse for a Tribal organization. From January 2008 to August 2009, Ms. Phillips was employed as the Health System Administrator of a

Federal ambulatory care facility. She supervised medical, dental, environmental health, optometry, laboratory, radiology, business office, behavioral health and information technology. In 2008, the facility served more than 25,000 patients. Presently, Ms. Phillips works with Dr. David Sprenger, California Area Chief Medical Officer, regarding behavioral health technical assistance.

NURSING

The following represent some of the services made available by the IHS/CAO through the efforts of the California Area Nurse Consultant.

Immunizations — High standards of professional practice are promoted, in line with the Advisory Committee on Immunization Practice arm of the Centers for Disease Control, emphasizing improved practice through staff education and training with an aim of exceeding the “Healthy People” adult and childhood immunizations targets each year. The IHS/CAO encourages comprehensive immunization coverage and reporting for all age groups, and the Area Nurse Consultant works with local healthcare staff to facilitate comprehensive data collection and reporting. The Area Nurse Consultant works to promote high standards of immunization practice informed by evidence based standards of vaccine preventable diseases.

Trainings/Conferences — The Area Nurse Consultant actively advocates for and facilitates local nursing staff participation in IHS, state, and national conferences geared toward preparing professional nurse leaders for practice in an ever-evolving healthcare environment.



DIABETES

Technical Assistance

The IHS Division of Diabetes Treatment and Prevention (DDTP) is responsible for developing, documenting, and sustaining clinical and public health efforts to treat and prevent diabetes in AI/ANs. The California Area Diabetes Consultant is a legislatively-mandated position closely connected to the national DDTP. The Diabetes Consultant provides and coordinates expertise to assist programs with providing high quality diabetes care. The CAO also contracts with two Registered Dietitians who make site visits to the diabetes programs, provide technical assistance and training on the diabetes packages in RPMS, and review the annual diabetes audits and GPRA measures. Today, the IHS/CAO encompasses 37 diabetes programs, including eight urban programs.



Susan Ducore, RN, MSN

has held a variety of positions in the nursing field throughout the nation. Presently, Ms. Ducore serves as the Nurse Consultant for the California Area Indian Health Service. She served as a USPHS Commissioned Corps Officer, Home Health Aid

Program Manager, Regional Coordinator for a pharmaceutical based Home IV Therapy Program, School Nurse, and a member of the Nursing Faculty at both Baylor University School of Nursing in Dallas, TX and California State University, Sacramento, CA. She obtained her Bachelor's degree in Nursing and Sociology from Case Western Reserve University in Cleveland, Ohio, and a Masters of Science in Nursing from Catholic University of America in Washington, D.C. Along with her Nurse Consultant duties, she is a Project Officer, Immunization Coordinator, and Maternal Child Health Consultant for the California Area.

Data collection is one way the IHS/CAO tracks improvement of care. The IHS/CAO strives to maintain accurate diabetes data in RPMS and other data systems. The Diabetes Consultant and contractors provide support and technical assistance for the submission of diabetes audit data to the Web Audit annually.

Information Dissemination and Trainings/Conferences

The Diabetes Consultant openly communicates with programs, providing opportunities for grants as well as assistance with grant applications. For up-to-date diabetes news and information about upcoming events, tune in to bi-monthly California Area Native American Diabetes Organization (CAN-DO) calls. The Diabetes Consultant is the bridge for information between the California programs and the Tribal Leaders Diabetes Committee. The Diabetes Consultant assists with the planning



of the Annual Diabetes Conference/Diabetes Day, Annual Tribal Leaders' Consultation Conference, California Area Medical Providers' Conference, Case Management Training, and RPMS/DMS Package—Annual Training.



Helen Maldonado, PA-C, CDE

started in the medical field as a Community Health Representative in 1981, became a Licensed Vocational Nurse in 1986, then graduated from UC Davis as a Physician Assistant in 1999. She worked in Family Practice

at a rural clinic for her first year out of school, then started working for Sonoma County Indian Health Project, Inc., in 2001, as a Family Practice Mid-Level Practitioner. She was then given the task to develop the diabetes program, which grew to 12 staff members, and became its own department called Healthy Traditions. While running weekly diabetes clinics, she managed the Healthy Traditions Department and developed a diabetes prevention program. Presently, Ms. Maldonado serves as the Diabetes Consultant for the IHS/CAO. She is an enrolled member of the Lytton Band of Pomo Indians in Sonoma County.

HEALTH PROMOTION DISEASE PREVENTION

Technical Assistance

The Health Promotion and Disease Prevention (HP/DP) program was initiated in 2005 to address challenges related, increasingly, to health conditions and chronic diseases impacted by lifestyle issues such as obesity, physical inactivity, poor diet, substance abuse, and injuries. The program works to coordinate all Tribal and urban healthcare programs (and their respective communities) to enhance preventive health approaches.

Services for HP/DP

- Annual Just Move It: California Challenge supporting local physical activity efforts
- Physical Activity Toolkit: nationally developed resource aimed at assisting communities' implementation of physical activity programs
- Digital Storytelling and Community-Owned Wellness: supports local efforts to identify areas of focus and implement prevention initiatives
- Technical support in the areas of program development, funding opportunities, and proposal development

Services for Nutrition

The Area Nutrition Consultant provides technical support related to the broad range of services and expectations of dietetic professionals.

IMPROVING PATIENT CARE

Technical Assistance

The purpose of the Improving Patient Care program is to engage facilities in improvement of quality and access to care. Together, we will improve access and continuity; decrease utilization of emergent and urgent care; improve staff satisfaction; and, improve health and healthcare outcomes as measured by the Clinical Reporting System and reported in the GPRA measures.

Improvement Support Team

The IHS/CAO Improvement Support Team is learning new ways to guide, accelerate and spread successful clinical improvement and innovation within the California Area. The team's objectives are to:

- Stimulate the desire and optimism for improvement and intolerance of the status quo;
- Promote wide-spread adoption of best practices that will lead to improvement; and,
- Ensure that quality is a way of life for future generations.

To maintain/improve customer service, the IHS/CAO, Improvement Support Team, conducted at least two site visits/quarter, to Tribal and urban health programs focusing on patient care, utilizing GPRA measures as benchmarks.

Beverly Calderon, MS, RD, CDE worked as the Nutrition Programs Manager/Deputy Health Promotion Director at Vandenberg Air Force Base prior to her work with the IHS/CAO. She is a Registered Dietician and Certified Diabetes Educator. She earned her Bachelor's degree in Nutritional Science from California Polytechnic State University in San Luis Obispo, CA and her Master of Science in Nutrition Education from Rosalind Franklin University of Medicine and Science in North Chicago, IL. Presently, Ms. Calderon serves as the Health Promotion/Disease Prevention and Nutrition Consultant for the IHS/CAO. She promotes employee wellness, community-based partnerships, and prevention programs. She is also a project officer providing technical support to Tribal and urban healthcare programs.

The programs' clinical staff and community members attended these sessions. During each visit, the Improvement Support Team members introduce the Model for Improvement using Plan-Do-Study-Act (PSDA) tools to measure improvement. Programs were encouraged to get involved with the Foundation Series webinars for further exercises leading up to IPC 3.

BUSINESS OFFICE

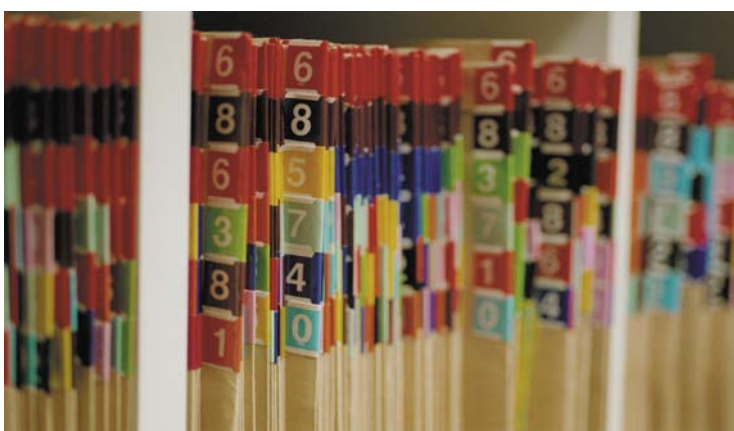
Technical Assistance

The IHS/CAO Business Office Coordinator provides general consultation and technical guidance on the business office functions related to third party revenue and patient revenue account management. Support is provided for the RPMS Third Party Billing & Accounts Receivable applications (including Health Insurance Portability & Accountability Act electronic data interchange transmissions). The IHS/CAO Business Office Coordinator assists with the planning of the Medical Billing and Coding Workshops, CMS IHS Outreach & Education Trainings, and Health Information Management Training.

Health Insurance Portability & Accountability Act (HIPAA)

Technical Assistance

The IHS/CAO HIPAA Coordinator works with Tribal & urban health programs to ensure all clinics are HIPAA compliant. The IHS/CAO HIPAA Coordinator provided HIPAA training at four Tribal health programs. In addition to the trainings, the HIPAA coordinator consulted and provided technical assistance to eight Tribal and urban sites on specific HIPAA related questions and procedural processes.



INFORMATION RESOURCE MANAGEMENT

Technical Assistance

Information technology enables improvement and helps to ensure a high level of health care for AI/ANs. Possibilities for delivering care and the base of shared knowledge that hasn't

previously existed will define new methods of serving the health and wellness of Indian people. Examples of this new horizon for California Indian health care can be found in the effort to move toward electronic medical records systems and to create a Web-based portal through which Tribal and urban Indian healthcare staff can interact and share information, not only between IHS and the health programs, but among the health programs themselves.

The primary areas of support offered by the IHS/CAO Information Resource Management staff includes the RPMS, telecommunications, management of Web technologies, the EHR, VistA imaging, security, and training.

RPMS Support

The IHS/CAO Information Technology staff provide technical support to Tribal and urban Indian health program IT staff on the RPMS databases. The information technology staff provides various mid-level technical support services to 40+ RPMS database sites, such as:

- Assist sites with RPMS issues and reporting inquiries (how to's);
- Install RPMS software applications both within the RPMS database as well as on PC desktops (such as, EHR, Clinical Reporting System, Patient Chart, Windows Scheduling, etc.);
- Update all databases by installing patches on a regular basis;
- Provide training, both one-on-one and in groups on the various RPMS packages;
- Perform export functions on behalf of each Tribal & urban Indian health program on their respective databases and transmit data to IHS National Data Warehouse for processing; and,
- Maintain ensemble/caché database environment for RPMS databases.

Telecommunications

Current telecommunications technology is installed at Tribal and urban facilities, and IHS/CAO IT staff are constantly researching new phone systems. Pricing information is obtained for circuit installs and upgrades, and IHS/CAO staff work directly with Verizon to add, upgrade, and disconnect circuits. Tele-video setup and support is arranged for Tribal and urban health programs.

Telecommunication charges undergo monthly analysis. IHS/CAO staff also assists with circuit outages and coordinates Virtual Private Network account requests for 30 sites.

Website Management

The IHS/CAO maintains a home website, and the IT staff is responsible for adding, modifying, and deleting content. Layouts are designed for new pages, and hard-code changes are made to the Web pages. All documents and resources are made 508 compliant as required by the Americans with Disabilities Act before posting to the IHS/CAO website. IHS/CAO IT staff review regulations, rules, and policies regarding 508 compliance.

Information Security

Information security must be assured before any other activities involving patient records can begin. The IHS/CAO Information Systems Security team complies with Federal standards by managing a program of continuous monitoring and risk analysis of the networks and standing data on IHS servers. The program includes the maintenance of information security agreements, operation of penetration and vulnerability tools, and management of a security awareness training system.

Training

One of the primary benefits Tribal and urban Indian health programs take from their relationship with the IHS is our training curriculum and subject matter staff experts. A key objective of the IHS/CAO for the future is the movement of training into a Web-delivered "training-on-demand" environment. The IHS/CAO anticipates that, over the next several years, there will be complete sets of training materials available online, covering everything from site manager orientation to data entry, clinical application, and security training.

ELECTRONIC HEALTH RECORD

An EHR is intended to help providers manage all aspects of patient care electronically. By moving most data retrieval and documentation activities to the electronic environment, patient care activities and access to the record can occur simultaneously at multiple locations without dependence on availability of a paper chart. Point-of-service data entry ensures that the record is always up to date for all users.

The RPMS EHR combines the powerful database capabilities of RPMS with a familiar and comfortable presentation layer, or graphical user interface. Integration of various RPMS components into the user interface allows providers to obtain a more comprehensive view of the clinical process. Access to

patient information is available via "point and click," rather than the user having to log in and out of separate RPMS applications to retrieve different types of data.

Currently there are twenty-four Indian health programs utilizing an EHR. Fourteen clinics are using the RPMS/EHR and 10 clinics are using other commercial EHR products. The California Area supports sites with RPMS /EHR for deployment and provides all sights with technical assistance for meaningful use. In 2010, the IHS/CAO has coordinated EHR implementation of six clinics. A strategy for training has been developed that targets EHR education for clinics based on their current needs related to EHR deployment and enhancement. This teaching strategy depends on two factors: clinical application coordinators (CACs) and the use of technology for remote training including Webex and video conferencing.

Types of Services

The IHS/CAO works with Tribal and urban health programs through the entire process of adopting, implementing, and using the RPMS electronic health record. IHS/CAO staff will assist sites in assessing current workflows, performing EHR set-up, and training clinic staff in EHR use.

VISTA IMAGING

In the move to an EHR, most healthcare providers hope to be completely paperless. However, external records and documents are often received in paper form. Paper-based records limit access to required information.

Vista Imaging helps to provide a complete EHR by incorporating external records (printed or electronic) into the record through scanning or import. Clinical, as well as administrative, images (such as photo ID) can be viewed by health providers easily within the RPMS electronic health record. In 2010, Vista Imaging was deployed at five Tribal programs.

Types of Services

The IHS/CAO has purchased and installed a complete Vista Imaging server and archiving system. This system is available to California Tribal health programs at a fraction of the cost typically required for systems of comparable functionality. Costs are shared by participating programs and decrease as additional programs utilize this program. Information Resource Management support is provided without additional cost.

The IHS/CAO Vista Imaging Coordinator works with other IHS/CAO and national IHS staff to insure the site receives support needed to prepare, implement, and manage Vista Imaging successfully.



Retinal screening

TELEMEDICINE

Technical Assistance

Telemedicine helps to improve both quality and access to care by eliminating geographic barriers, financial constraints, and time restrictions which frequently interfere with timely delivery of healthcare services. Telemedicine provides the vehicle for:

- Clinics to partner with major universities anywhere in the world to get technical assistance for local community health interventions;
- Improved availability of specialty care for patients with diabetes such as endocrinology, screening for retinopathy, and nutrition education; and,
- Increased access to behavioral health services such as psychiatric care, mental health counseling, and pain and addiction management.

The IHS/CAO has established relationships with respected healthcare providers to offer various telemedicine services including retinal screening, methamphetamine use prevention, and suicide prevention.

Currently nine Indian health programs provide telemedicine specialty care for their patients. There are two modalities for telemedicine visits: store and forward, and real time. Store and forward is a method of capturing an image to be "stored" and then "forwarded" to a specialist. Retinal screening and dermatology are examples of store and forward telemedicine. Ten more clinic sites received retinal screening cameras in 2010. This brings the total to 31 retinal cameras being utilized. Real time visits are interactive and take place over video conferencing equipment that allows a patient, doctor visit in real time.

During 2010, the IHS/CAO received four video conferencing units paid for by ARRA funding. Two of the units are desktop models, and the other units are mobile to allow anyone in the office to utilize the equipment for meetings or trainings. In addition, the IHS/CAO acquired 10 portable video conferencing cameras that consultants and staff can use off site to conduct training and or meetings at clinic sites. The portable units are as small as Web cams but have the ability to push content like Power Points or any other applications on the computer. These were also ARRA funded items. In 2010, the video conferencing infrastructure was shored up for seamless use by IHS/CAO staff and Indian health program staff members.

VIDEO CONFERENCING

The IHS/CAO deployed video conferencing endpoints to Tribal and urban health programs, allowing the IHS/CAO to: meet with administrators, clinical staff, providers, and Tribal leaders; provide training and mentorship to clinic staff on various projects; and, increase attendance at statewide meetings through the use of video conferencing. The IHS/CAO purchased a video conferencing system to host multiple conference attendees and to archive meetings/trainings for Web delivery, thereby establishing a true multimedia knowledge base.

Video conferencing technology makes telemedicine possible for specialty care in Indian health programs. In addition video conferencing capability creates a virtual office environment for the Area Office and clinic sites. In this environment meetings and trainings take place without the burden and expense of travel.

During 2010 we were able to increase the number of clinics that are outfitted with video conferencing equipment and retinal cameras. Seven clinic sites received video conferencing equipment paid for by methamphetamine & suicide prevention funds. Nineteen clinic sites received video conferencing equipment paid for by ARRA funding. This brings the total to 35 video conferencing units in the California Area.



Real time video conferencing

CHS Overview By Toni Johnson/Acting CHS Officer

The Indian Health Service (IHS) provides two types of services – Direct Care and Contract Health Service. Medical/dental care provided at an IHS or Tribal healthcare facility is called direct care. The Contract Health Service (CHS) Program is for medical/dental care provided away from an IHS or Tribal healthcare facility by a private sector provider. Having an IHS or Tribal healthcare facility referral does not imply the care will be paid. If an IHS or Tribal healthcare facility is requested to pay CHS, to be eligible a patient must meet the residency requirements, notification requirements, medical priority, and use of alternate resources. The eligibility requirements are stricter for CHS than they are for direct health care.

CHS funds are used in situations where: (1) no IHS direct-care facility exists, (2) the direct-care element is incapable of providing the required emergency and/or specialty care, (3) the direct-care element has an overflow of medical care workload, and (4) to supplement alternate resources.

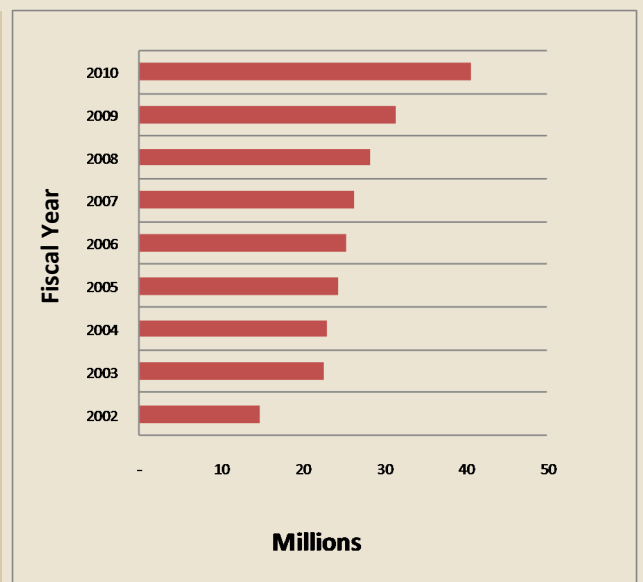
All American Indian/Alaska Natives should be aware of the following requirements each time he/she is referred or requests IHS to pay for medical care using CHS away from an IHS or Tribal healthcare facility.

- Patient responsibility to comply with CHS requirements
- Contract Health Service is not an entitlement program and benefits are not guaranteed
- CHS Eligibility Requirements (Residence)
- CHS Notification Requirements
- CHS Patient Process for Authorization for Payment
- Medical/Dental Priority of Care
- Use of Alternate Resource (Medicare, Medicaid, VA, Private Insurance, charity, etc.)
- Appeal Process for Denial of CHS care
- Patient Rights & Responsibilities
- Directory of Tribal and urban healthcare programs in California

In California, the CHS programs are administered by the Tribal health programs. To improve the quality and access to care, the California Area Contract Health Service Officer provides general consultation for the CHS regulations (42 CFR 136) and technical guidance on CHS operating guidelines, policies and procedures to Tribal staff and outside agencies. She reviews and processes all Area Catastrophic Health Emergency Fund (CHEF) cases. CHS education and training opportunities include but are not limited to: CHS 101, Medicare-Like Rate overview and calculation, health board presentations, and CHS claims processing.

About the Author

Toni Johnson is a member of the Cherokee Nation of Oklahoma. She is an Information Technology Specialist, Business Office Coordinator and Contract Health Service Officer for the IHS/CAO. Ms. Johnson holds 11 years experience in the Indian Health Service. She has eight years experience working in private physician and hospital settings and seven years at Klamath Tribal Health & Family Services. Ms. Johnson is the Chair of the National Business Office Committee. She has served as one of the technical experts in the development and enhancement of the RPMS Patient Registration, Third Party Billing, and Accounts Receivable systems. She contributed to the development of the IHS Revenue Operations Manual, and the Third Party Revenue Accounts Management and Internal Control Policy. Toni has co-designed and instructed a medical office assistance training program for American Indian/Alaska Native students.



Contract Healthcare Funding

Health Information Technology (HITECH) Overview

By Marilyn Freeman, RHIA/Clinical Application Coordinator

ARRA AND HITECH

The ARRA, Public Law 111-5, was signed on February 17, 2009 by President Barack Obama. ARRA provides many different stimulus opportunities including \$19.2 billion for health information technology. Title XIII of ARRA was given a subtitle: Health Information Technology for Economic and Clinical Health Act (HITECH). This section deals with many of the health information communication and technology provisions.

The HITECH Act seeks to improve American health care delivery and patient care through an unprecedented investment in health information technology. The provisions of the HITECH Act are specifically designed to provide the necessary assistance and technical support to healthcare providers, enable coordination and alignment within and among states, establish connectivity to the public health community in case of emergencies, and assure the workforce is properly trained and equipped to be meaningful users of EHRs. Combined, these programs build the foundation for every American to benefit from an EHR as part of a modernized, interconnected, and vastly improved system of care delivery.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) EHR FINANCIAL INCENTIVE PROGRAMS

The Medicare and Medicaid EHR Incentive Programs provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.

For the purposes of the Medicare and Medicaid Incentive Programs, eligible professionals, eligible hospitals and critical access hospitals must use certified EHR technology. Certified EHR technology gives assurance to purchasers and other users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria. Certification also helps providers and patients be confident that the electronic health IT products and systems they use are secure, can maintain data confidentially, and can work with other systems to share information. More information can be found at <http://www.cms.gov/EHRIncentivePrograms>.

HEALTH INFORMATION TECHNOLOGY EXTENSION PROGRAM

The HITECH Act authorizes a Health Information Technology Extension Program. The extension program consists of Health Information Technology Regional Extension Centers (RECs) and a national Health Information Technology Research Center (HITRC).

The HITRC gathers information on effective practices and helps the RECs work with one another and with relevant stakeholders to identify and share best practices in EHR adoption, meaningful use, and provider support.

The RECs will support and serve healthcare providers to help them quickly become adept and meaningful users of EHRs. RECs are designed to make sure that primary care clinicians get the technical help they need to use EHRs.

NIHB AMERICAN INDIAN/ALASKA NATIVE NATIONAL REGIONAL EXTENSION CENTER

The National Indian Health Board (NIHB) AI/AN National REC is the only national Regional Extension Center. Its goal is to ensure that providers throughout the Indian health system access resources to support EHR adoption and use health information technology to achieve meaningful use of certified EHRs.

The objectives of the NIHB AI/AN National REC are to:

- Provide resources to support EHR vendor selection and, to the extent possible, provide technical resources to support the adoption and use of certified EHRs.
- Provide outreach and education resources to providers in the Indian health system to assist with their goal of achieving meaningful use of certified EHRs.
- Support health IT workforce development initiatives through partnerships with Tribal organizations and the Indian Health Service.

More info is available at <http://nihb.org/rec/rec.php>

HEALTH INFORMATION TECHNOLOGY PROFESSIONALS ARE IN DEMAND

As the nation moves toward a more technologically advanced healthcare system, providers need highly skilled health IT experts to support them in the adoption and meaningful use of EHRs.

To help address this growing demand, the Office of the National Coordinator for Health Information Technology (ONC) has funded the Health IT Workforce Development Program. The goal is to train a new workforce of health IT professionals who will be ready to help providers implement electronic health records to improve health care quality, safety, and cost-effectiveness.

Educational programs are available at the community college and university level. More information is available at <http://healthit.hhs.gov>

PROGRAM OF ASSISTANCE FOR UNIVERSITY BASED TRAINING

This program is designed to rapidly and sustainably increase the availability of individuals qualified to serve in specific health IT professional roles requiring university-level training:

1. Clinician/Public Health Leader
2. Health Information Management and Exchange Specialist
3. Health Information Privacy and Security Specialist
4. Research and Development Scientist
5. Programmers and Software Engineer
6. Health IT Sub Specialist

About the Author



Marilyn Freeman is a Clinical Applications Coordinator (CAC) with the California Area Office Indian Health Service. Marilyn supports VistA Imaging and EHR implementation which coordinates the improvement of patient care through meaningful use of an

electronic health record. Marilyn joined the California Area Office in January 2010. She has extensive management experience in a variety of healthcare settings. Marilyn graduated from the health information administration program at Loma Linda University and is a Registered Health Information Administrator (RHIA).

Accomplishments of California Meaningful Use Coordinator

Communicated Health IT needs of California Indian healthcare programs to:

- Office of National Coordinator (ONC) Project Officer
- National Indian Health Board (NIHB) AI/AN National (HITECH) Regional Extension Center (REC)
- California Rural Indian Health Board (CRIHB)

IHS MEANINGFUL USE TEAM

- Met with team regularly to develop strategies
- Development of position description for IHS Meaningful Use/Improving Patient Care (MU/IPC) Consultants

KEY TRAININGS PROVIDED

- California Program Directors Meeting in Sacramento in January and July 2010
- California Medical Directors meeting in June 2010
- California Site MU Coordinators teleconferences in September, October, and December 2010

SUCSESSES

1. Enlisted ONC support for health IT needs of California Indian/Tribal and urban healthcare programs
2. Resourced California Indian Tribal and urban healthcare programs with ARRA funded IHS consultants for EHR implementation
3. Obtained ARRA funded hardware for telemedicine and EHR implementations
4. Collaborated with CRIHB to develop strategy for support of EHRs at all California Indian/Tribal and urban healthcare programs
5. Recruited and organized site meaningful use coordinators for all California Indian/Tribal and urban healthcare programs
6. Identified and recruited first IHS OIT funded MU/IPC Consultant (to support California Indian healthcare programs)

Office of Environmental Health & Engineering



First Row (L to R): Luke Schulte, Paul Young, Don Brafford, Susan Rey, Margo Kerrigan, Brian Lewelling, Matt Mergenthaler, Chris Brady, Martin Smith, Barry Jarvis
Second row (L to R): Ramsay Hawasly, Phil Church, John Jeng, Sara Wikoff, Michelle Blackowl, Ed Fuelle, Josh Newcom, Antony Tooley, Kurt Nelson, Dwayne Cordray, Dave Mazorra, Talat Mahmood, Steve Poitra, Raffi Papazian
Last Row (L to R): Robert Newsad, Julia Kane, Steve Rooklidge, Pattigall Whitehouse, Gary Ball, Lolita Brinkley-Nunn, Rick Wermers, Trisha Sutherland, J.J. Garcia, Robert Rutherford, Jonathan Rash, Elizabeth Oliver, Richard Tipton, Charles Thompson, Aaron Oliver, Nancy Dewees, Keith Bailey, Tom Campbell, Mary Weber, Gene Ryan, Denise O'Gorman



CAPT (Ret.) Edwin Fluette
Associate Director, OEH&E
Indian Health Service California Area Office

The IHS/CAO offers a wide range of direct services through the Office of Environmental Health & Engineering (OEH&E). The OEH&E is dedicated to improving the health of California Indians through the provision of quality environmental health and engineering services. Area, District, and Field Offices are strategically located throughout California, to ensure our staff has quick and convenient access to Indian homes, communities, and health programs.

The services provided by the OEH&E are categorized into four individual components: Environmental Health Services, Injury Prevention Program, Health Facilities Engineering, and Sanitation Facilities Construction. Traditionally, each component offers specific health services. In California, the OEH&E is structured so each component and staff work together to ensure comprehensive, high quality service to Indian people.

DIVISION OF ENVIRONMENTAL HEALTH SERVICES

The Division of Environmental Health Service (EHS) program provides a broad range of technical services, consistent with the DEHS mission "to reduce environmentally related disease and injury among American Indians through preventive measures." Program emphasis includes safe drinking water, food protection, institutional environments, solid waste, Indian gaming facilities, epidemiology, and injury prevention.

For the first time in over 20 years, the IHS/CAO added a new position to the DEHS team, increasing the number from five to six staff. **LTJG Lisa Nakagawa** was selected to serve as the Injury Prevention Specialist and Environmental Health Specialist for the Sacramento District. **LCDR Martin Smith** transferred from Redding to Sacramento to serve as the Deputy Director, DEHS and Area Emergency Management Coordinator. **CDR Gordon Tsatoke** transferred to Sacramento from the Phoenix Area IHS to serve as the new DEHS Director. **LCDR Charles Craig** transferred from the Tucson Area IHS to Redding to serve as the District Environmental Health Specialist for northern California. **CDR Mary Weber** continues to serve as the O&M Specialist for northern California and Environmental Health Specialist for the Ukiah area. **CDR Brian Lewelling** continues to serve as the District Environmental Health Specialist for southern California.

General and Institutional Program Highlights

Environmental Health Surveys: The DEHS staff conducted 249 comprehensive environmental health surveys in CY 2010, to identify environmental health risks in community facilities



LCDR Martin Smith tests the moisture content in a Tribal facility as part of a mold assessment

and to make recommendations for their resolution. Those surveys included: Tribal restaurants, retail grocery stores, and food warehouses (140), dental and medical x-ray units (30), bars/taverns (45), head start programs (16), casinos (4), health care centers (2), swimming pools (2), and other facilities (4).

Indoor Air Quality: The DEHS investigated a heavy mold contamination in a Tribal facility where a ruptured water pipe flooded the kitchen area, resulting in significant mold growth.



California DEHS staff (L to R): Martin Smith, Gordon Tsatoke, Charles Craig, Ed Fluette - OE&E Director, Brian Lewelling, Mary Weber, and Lisa Nakagawa

Verbal and written instructions were provided for: 1) personal protective equipment for employees involved in the clean-up; 2) how to remove the mold; and 3) options for cleaning the affected areas. Additional precautions were taken to prevent reappearance of mold growth after cleaning and to ensure all affected sheetrock/building materials were removed.

Rabies Vaccination Clinics: The DEHS supported the U.S. Army's Veterinarian Program to provide rabies vaccination clinics. More than 120 dogs/cats were vaccinated in Indian communities, at a value of \$5,700.

Solid Waste: The DEHS completed a comprehensive solid waste clean-up/project, in partnership with the Environmental Protection Agency and the Yurok Tribe. The project included a solid waste needs assessment conducted by DEHS staff, closure of three solid waste disposal sites; and implementation of a community-wide educational initiative. Total cost of the project was \$860,000.

Training: The DEHS sponsored eight training courses throughout California, to build Tribal capacity in environmental health-related areas. Four O&M courses were conducted to train Tribal water system operators to manage Tribal utility systems and/or become certified community water system operators. A Food and Drug Administration (FDA) Food Code review course was provided for Tribal food service managers and a "basic safety officer" course was provided for Indian health program safety officers. More than 135 participants from Tribal communities attended the DEHS sponsored courses.

Injury Prevention Program Highlights

Projects: The DEHS assisted four Tribes/Tribal health programs to acquire funding from the IHS, Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) to establish Tribal injury prevention programs. Three of the four programs will hire Tribal injury prevention coordinators and all four programs will implement "evidence-based" activities that address unintentional motor vehicle injuries. Grant recipients were: California Rural Indian Health Board, Indian Health Council, Tule River Indian Health Center, and Greenville Rancheria. These California projects were funded at a value of \$1.16 million dollars over the next five years.

Projects: The DEHS awarded injury prevention "mini-grants" to 16 Tribal health programs. These "evidence-based" projects are intended to reduce the health risks often associated with unintentional injuries. In 2010, more than 870 child safety seats, 650 bicycle helmets, and 345 smoke detectors were distributed in Tribal communities, with a value of \$35,000.

Projects: The DEHS provided technical assistance and guidance to the Rincon Head Start program, to implement *Ride Safe*, a national initiative funded by the IHS Injury Prevention Program. The Ride Safe objective is to address motor vehicle injuries in American Indian communities by promoting motor vehicle child restraint use. The Rincon Head Start received funding for 60 child motor vehicle safety seats for all enrollees. Education about the importance of child passenger safety for parents and students will continue through the end of the school year.

Training: The DEHS co-sponsored two National Highway Traffic and Safety Association (NHTSA), Child Passenger Safety (CPS) Technician Courses, in partnership with the California Rural Indian Health Board. These courses provided child passenger safety advocates with the knowledge and skills necessary to correctly install child safety seats in motor vehicles and serve as a CPS resource in communities. Twenty-one advocates from Tribal communities were certified as CPS Technicians.



Area Injury Prevention Specialist, Lisa Nakagawa, installing a smoke detector in a residential home.

DIVISION OF HEALTH FACILITIES ENGINEERING

The Division of Health Facilities Engineering (HFE) provided \$3,150,000 in funding towards health program facilities - maintenance and improvement (M&I) projects. Of the total funding, \$1,790,000 was distributed to Tribal health programs for routine maintenance activities and \$1,360,000 for improvement projects.

Tribal health programs that received improvement projects were Colusa Indian Health Center, K'ima:w Medical Center, Karuk Tribal Health Program, Lake County Tribal Health



Left to Right: Phillip Church, Richard Wermers, Gary Ball, Nathan Wong

Consortium, Northern Valley Indian Health Center, Pit River Health Services, Quartz Valley Indian Reservation and Toiyabe Indian Health Program. These funds were used to assist the Tribal health programs with numerous types of renovation/improvement projects. The DHFE managed fund distribution and provided technical assistance throughout the duration of the projects.

Technical engineering assistance (construction review and inspection) was provided for the IHS/Lake County Tribal

Health Consortium's Joint Venture construction project. Space planning and program planning services were provided at Northern Valley Indian Health, Toiyabe Indian Health Project and a newly proposed IHS health facility for Paskenta.

The DHFE received \$3,605,000 in American Recovery and Reinvestment Act (ARRA) Maintenance and Improvement and Medical Equipment funds for IHS/CAO Tribal health programs. Each of the 25 Tribal health programs was allowed to purchase, at a minimum, a \$10,000 medical equipment item. In addition, 95% of the health programs' ARRA M&I projects have been implemented. Examples of facility improvement projects include installation of solar panel systems, emergency generators, ventilation upgrades, painting, and floor replacement.

The IHS/CAO continued progress toward purchasing two properties for construction of the Youth Regional Treatment Centers (YRTC's). The IHS/CAO completed an Environmental Assessment for the northern site, sponsored public meetings, and dealt with local opposition. IHS Headquarters officials participated in a meeting with Congressman McClintock on December 1. As a result, the IHS/CAO developed a contingency plan to identify and rank alternate sites.

The IHS/CAO completed an Environmental Assessment and conducted a public/community meeting for the southern site and IHS Headquarters reviewed and approved the purchase assembly (escrow package). The IHS/CAO anticipates final purchase in early CY 2011.

The Small Ambulatory Program (SAP) grant construction project at Shingle Springs is underway. Shingle Springs met IHS requirements and received SAP funds (\$2 million) in late FY 2010.



Lake County Tribal Health Consortium Inc., Joint Venture Expansion Project during and after construction

DIVISION OF SANITATION FACILITIES CONSTRUCTION

The Sanitation Facilities Construction (SFC) program is the largest component of the IHS/CAO, Office of Environmental Health & Engineering (OEHE) with 41 total staff, including 17 engineers, 12 engineer technicians, three autoCAD specialists, one technical writer, and eight administrative support staff. Staff is strategically located in seven district/field offices throughout California to conveniently serve the Reservations and Rancherias.

During FY 2010, the SFC program received annual appropriations (IHS and contributed) of \$9.5 million to support 22 community sanitation facilities projects, serving 609 Indian homes. Of the 22 projects, 15 are already complete.

The SFC program provided design and construction inspection services for:

- 10 Native American House Assistance and Self Determination Act (NAHASDA) homes for the Manzanita Band of Kumeyaay Indians;
- A \$721,000 water improvement project funded by United States Department of Agriculture (USDA) Rural Development at the XL Rancheria; and,
- A \$1,560,000 water improvement project funded by USDA Rural Development at the Santa Rosa Reservation.

In addition to effectively managing the FY 2010 annual appropriations, the IHS/CAO, SFC program received \$12.5 million in ARRA funds to support 20 additional community sanitation facilities projects. Four projects are 100% complete, 15 will be completed in FY 2011, and the Tule River



Tribal Capacity Building Course: Water Treatment Operator Certification Training

Reservation project (wastewater collection and treatment plant) will be completed in FY 2012. This project, funded jointly by the IHS and Region IX Environmental Protection Agency, is the single largest SFC ARRA project in the U.S.

The IHS/CAO, SFC program assisted the Bear River Rancheria with their ARRA water/wastewater project to serve 40 homes. The SFC program also provided water and wastewater services to 26 ARRA funded Bureau of Indian Affairs - Housing Improvement Program BIA HIP homes.

OPERATION & MAINTENANCE

The IHS/CAO, OEHE established an Operation & Maintenance (O&M) position in Ukiah in the mid 1990s, to coordinate/ conduct EPA funded courses for Tribal water and waste system operators and to provide hands-on technical assistance in troubleshooting problems with Tribal community sanitation facilities. At the beginning of FY 2011, the IHS/CAO/OEHE established an additional O&M position in Escondido to provide technical assistance to Tribal water/ waste system operators throughout southern California.



Pumphouse construction at United Indian Health Center, Inc. (Smith River, CA)

SFC Project Engineer of the Year

Lieutenant Roger Hargrove was selected as the IHS/CAO SFC Project Engineer of the year in recognition of his outstanding accomplishments toward the attainment of IHS/CAO SFC Program objectives. LT Hargrove started working for the Escondido District Office (EDO) on February 17, 2009 and previously worked in Parker, AZ, in the Phoenix Area. Within less than a year, he became acquainted with the 15 Tribes that he was assigned to, made significant advances on several projects, and made a positive impact on the health of Tribes in southern California.

Within three months of arriving at the EDO, Roger reached out to the 15 Tribes to which he is assigned to and LT Hargrove had complete reconnaissance for new projects to include in the FY 2010 Sanitation Deficiency System (SDS). He introduced several new projects into SDS and made updates to dozens of others. He identified deficiencies which will lead to five new SDS projects that are very likely to be funded in FY 2010. LT Hargrove quickly showed an ability to establish relationships with key personnel and to identify deficiencies and appropriate solutions.

When LT Hargrove arrived at EDO, he inherited a large project workload, all in very early stages. The following list represents the progress he has made on assigned projects in just 10 ½ months:

- CA 07-L95: Renovation of Water Storage Tanks on the Rincon Reservation. Total funding: \$120,000. LT Hargrove's accomplishments: Planning is complete and design is 50% complete
- CA 08-080: Water Main Extension on the Santa Ysabel Reservation. Total funding: \$306,500. LT Hargrove's accomplishments: 100% of design and procurement completed, construction 20% complete
- CA 08-082: New Water Source on the Santa Rosa Reservation. Total funding: \$484,000. LT Hargrove's accomplishments: 100% of design and procurement for well drilling completed, construction 50% complete
- CA 08-M09: Connection of Two Water Systems on the Santa Ysabel Reservation. Total funding: \$525,000. LT Hargrove's accomplishments: 100% of planning complete



LT ROGER HARGROVE

- CA 08-M10: Planning for the Water Main Replacement on the Rincon Reservation. Total funding: \$20,000. LT Hargrove's accomplishments: 60% of planning complete
- CA 09-Y04: Complete Replacement of Water Distribution System on the Santa Rosa Reservation. Total funding: \$1,560,000. LT Hargrove's accomplishments: 100% of planning completed, 25% of design complete

LT Hargrove has provided thorough planning, design, and construction inspection, and shown attention to detail.

Additionally, LT Hargrove has gone beyond being merely an excellent project engineer. Despite being new to EDO, he has been Acting District Engineer on several occasions in the District Engineer's absence. He is active on the Engineer Professional Advisory Committee Category Day Planning Subcommittee. He frequently works long hours, rarely working fewer than 48 hours per week. He is dedicated, curious, and has great instinct and knowledge for his level of experience. LT Hargrove is deserving of recognition as the IHS/CAO project engineer of the year.

OEH&E Office Locations



OEH&E Office Locations

OEH&E has strategically located field offices throughout California (Redding, Arcata, Sacramento, Ukiah, Clovis, Porterville, and Escondido) to effectively serve Indian individuals, communities, and health programs. Staffing at these locations includes professional engineers, engineer technicians, environmental health specialists, utility consultants, and administrative support.



Sacramento District Office

650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4708



Clovis Field Office

613 Harvard Avenue, Suite 101
Clovis, CA 93612



Porterville Field Office

2780 Yowlumne Ave., Suite C
Porterville, CA 93257



Ukiah Field Office

1252 Airport Park Blvd., Suite B5
Ukiah, CA 95482-5979

Redding District Office

1900 Churn Creek Road, Suite 210
Redding, CA 96002-0292



Arcata Field Office

1125 16th Street, Suite 100
Arcata, CA 95521-5585

Escondido District Office

1320 West Valley Parkway, Suite 309
Escondido, CA 92029-2129





Office of Management Support

The Office of Management Support is responsible for providing the contracting, finance, and administrative functions for the IHS/CAO. The National GPRA Support Team (NGST), which provides GPRA data aggregation, analysis, and reporting support to headquarters as well as support and technical assistance to Tribal and urban programs in California, is also part of the Office of Management Support. Activities of the human resources specialist are also reported under the Office of Management Support section.

NATIONAL GPRA SUPPORT TEAM

In addition to supporting national GPRA data collection and reporting, the NGST provides direction and guidance to individual Tribal and urban clinics in California. The NGST provides individual feedback on performance in the form of dashboards and projections. These are supplemented by site visits to specific clinics as well as trainings and guidance. In 2010, members of the NGST made visits to seven individual clinics and provided WebEx trainings on improving blood sugar control and blood pressure control for patients with diabetes, on breast cancer screening, and on depression screening. The NGST also developed and provided guidance on methods of screening for depression and on strategies for performance improvement.

In March 2010, the NGST published and distributed a 2009 California Area GPRA Report that provided a summary of national and CAO performance on GPRA measures as well as

performance at each Tribal and urban clinic in the form of graphs and charts. The report was provided to Tribal leaders, at the FY 2010 Annual Tribal Consultation Conference, so they could assess how well their clinic's community was providing basic preventive care and care to patients with diabetes. The report was also distributed to each Tribal and urban clinic program director, as a reference, to monitor how well the clinic performed compared to national and Area averages and to other area clinics. In 2010, Central Valley Indian Health and Susanville Indian Rancheria were recognized as the best performers on GPRA performance measures, and Southern Indian Health Council, Lake County Tribal Health Consortium, and Round Valley Indian Health were recognized as the most improved. These awards were presented at the March 2010 Tribal Consultation Meeting.

In FY 2010, the California Area met or exceeded the target for five of 20 clinical GPRA measures. Although only five measures met their targets, 15 measures maintained or exceeded FY 2009 performance; eight measures exceeded FY 2009 performance (when compared to FY 2009 results without refusals).

The met/not met performance for the California Area should be viewed in the context of greatly increased targets for FY 2010. The FY 2010 targets for most measures represented extremely significant increases over FY 2009 performance, well above any historical annual performance improvements.

Five measures met or exceeded targets for FY 2010. These measures were Ideal Glycemic Control, Poor Glycemic Control, Dental Access, Comprehensive CVD Assessment, and Childhood Weight Control. Ideal Glycemic Control improved by one percentage point over FY 2009 performance and Poor Glycemic Control was maintained at the FY 2009 rate. Performance on both of these measures is noteworthy because these are high cost measures requiring frequent medical visits, expensive medications, patient compliance and lifestyle adaptations. Also, performance on both of these measures had decreased by one percentage point in FY 2009. The Dental Access measure result improved by one percentage point over FY 2009 performance, from 42% to 43%. California has the highest Dental Access rate out of the 12 IHS Areas in the Indian Health Service, well above the national result of 25%. The Comprehensive Cardiovascular Disease Assessment measure also met the FY 2010 target, although performance on this measure decreased by one percentage point, from 44% in FY 2009 to 43% in FY 2010. Childhood Weight Control, which is a long-term measure reportable in FY 2010, was maintained at the FY 2009 rate of 24%.



Elaine Brinn
Associate Director, OMS
Indian Health Service/California Area Office

Six measures that did not meet the FY 2010 targets but improved over FY 2009 performance results without refusals were: Adult Pneumovax 65+, Mammography Screening, Colorectal Cancer Screening, Tobacco Cessation, FAS Screening, and Prenatal HIV Screening. These measures increased by 1 to 3 percentage points over FY 2009 results.

- Adult Pneumovax 65+ increased by 2 percentage points, from 78% in FY 2009 to 80% in FY 2010, but missed the FY 2010 target of 83%
- Mammography Screening increased by 2 percentage points, from 43% in FY 2009 to 45% in FY 2010, but missed the FY 2010 target of 47%
- Colorectal Cancer Screening increased by 2 percentage points, from 30% in FY 2009 to 32% in FY 2010 but missed the FY 2010 target of 36%
- Tobacco Cessation increased by 3 percentage points, from 22% in FY 2009 to 25% in FY 2010, but missed the FY 2010 target of 27%
- Fetal Alcohol Syndrome (FAS) Screening increased by 2 percentage points from 41% in FY 2009 to 43% in FY 2010 but missed the FY 2010 target of 55%

Prenatal HIV Screening increased by 1 percentage point from 61% in FY 2009 to 62% in FY 2010 but missed the FY 2010 target of 77%. This measure is difficult to improve in California since most clinics report referring pregnant patients out to the private sector for prenatal care.

Five measures which did not meet the FY 2010 target but maintained FY 2009 performance were: Diabetes: Controlled Blood Pressure, Influenza Vaccination 65+, Pap Screening, Domestic Violence/Intimate Partner Violence (DV/IPV) Screening, and Depression Screening.

Blood Pressure Control in Diabetics had decreased by one percentage point in FY 2009, so it is noteworthy that

performance on this measure was maintained in FY 2010 as this is another high cost measure that is difficult to improve.

CONTRACTING

The contracting office is responsible for award and administration of all contracts issued by the IHS/CAO. This includes P.L. 93-638 contracts, Title V urban contracts, and commercial contracts of various types including those in support of the SFC program. This office issues purchase orders and delivery orders using simplified acquisition procedures to support IHS/CAO operations as well to support the Tribal/urban programs.

These include services such as diabetes review, alcohol counselor certification, and activities in support of the information technology function. This office is also responsible for local administration of Self-Governance compacts.

In its contract administration duties, the contracting office provides training and technical assistance to Tribal and urban health programs. It also has the responsibilities for resolution of A-133 financial audits of Tribal and urban organizations. The contracting staff is responsible for tracking contract support costs needs, funding, and shortfall for the CAO.

Over the past year the staff renewed thirty-three P.L. 93-638 contracts. Most of these were Annual Funding Agreement (AFA) renewals; however eight of these were new contracts. In addition, 17 P.L. 93-638 construction contracts were awarded with ARRA funds. Numerous modifications were issued to all of the on going contracts and AFAs adding funds for various program increases received during the year as well as non-recurring funding awarded to Tribal and urban programs. In addition, they awarded 13 contracts to urban Indian organizations for health care, alcoholism services, or a combination of both. The contracting office also issued a contract to a Native Hawaiian organization for services to American Indians/Alaska Natives residing in Hawaii. They issued three requirements contracts for construction of sanitation facilities and exercised options on two additional contracts.



What You Should Know About GPRA Performance Measures

By Wendy Blocker, MPH/National GPRA Support Team

Do you know what performance measures are? Have you ever heard of the Government Performance and Results Act of 1993 (GPRA)?

Performance measures tell us something important about health care services and processes. They are tools to help us understand, manage, and improve what health facilities do.

Performance measures let us know:

- How well we are doing
- If we are meeting our goals
- If you are satisfied
- If processes are in control
- If and where improvements are necessary
- If there is a need to try new things

Performance measures, including ones required by GPRA, give health facilities the information needed to make smarter decisions about how they care for patients. In addition, annual reports on GPRA measures show Congress how well the IHS is performing and are linked to the annual budget request for IHS.

There are measures that monitor immunizations for elders and children, cancer screenings, care for patients with diabetes, and a variety of other procedures to identify problems early and prevent disease.

Most performance measures can be grouped into one of the following six categories of good care:

- **Safety:** You should not be harmed by the care that is intended to help you
- **Efficiency:** Care should be given without wasting equipment, supplies, ideas, and energy
- **Effective:** Care should be based on scientific knowledge and offered to all who could benefit
- **Patient-Centered:** Care should be respectful of and responsive to individual patient preferences, needs, and values
- **Timely:** Excessive waiting and delays in care should be reduced both for those who receive care and those who give care
- **Equitable:** Care should not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status

You can ask your clinic if it is using performance measures and how it is doing on providing quality care to its patients and to you.

Delivery orders were issued against these contracts. Many purchase orders/delivery orders were also issued for various supplies and services using simplified acquisitions procedures.

The contracting office is also responsible for the local administrative responsibilities of eight Title V compacts under self-governance. The contracting staff conducted on-site administrative reviews of all of the non-638 contracts (urbans) as required by statute. They also worked with numerous representatives of Tribes and Tribal organizations in providing training and technical assistance to help them successfully provide healthcare services under their contracts and compacts.

HUMAN RESOURCES

One of the provisions in the Indian Health Care Improvement Act (IHCIA) allows Tribes and Tribal organizations, carrying out a program under the Indian Self-determination and Education Assistance Act, to purchase insurance (health and life) coverage for employees from the Federal Employee Health Benefits (FEHB) program. To assist in the evaluation of this potential option, the HR specialist made several presentations on the

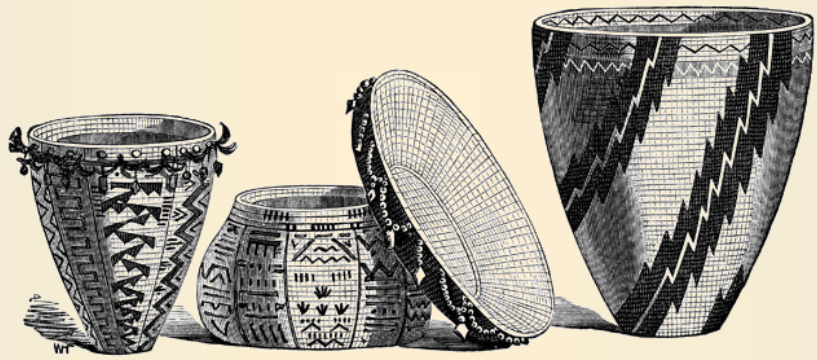
FEHB to the Program Directors and to the California Rural Indian Health Board (CRIHB) in 2010.

FINANCE

One of the highlights of FY 2010 for the Finance operation was the assumption of some of the functions that were previously performed by the Phoenix Area Office on our behalf. This change is significant because it allows the IHS/CAO to control these processes and make them more efficient, providing better service to the Tribal and urban programs in our Area. On December 1, 2009, the IHS/CAO assumed accounts payable from the Phoenix Area IHS, Finance Office. This transition has improved the timeliness of payments to Tribal programs from two or three days of receipt of the contract/compact, compared to two weeks or more. This allows Tribal health programs to pay CHS and other expenses promptly and patient care to continue without interruption.

The full financial report of the California Area Office appears on the following pages.

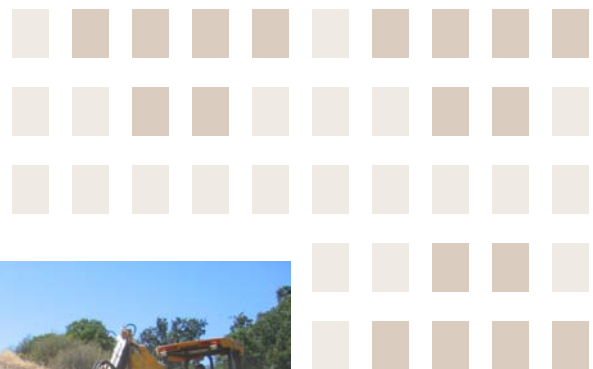


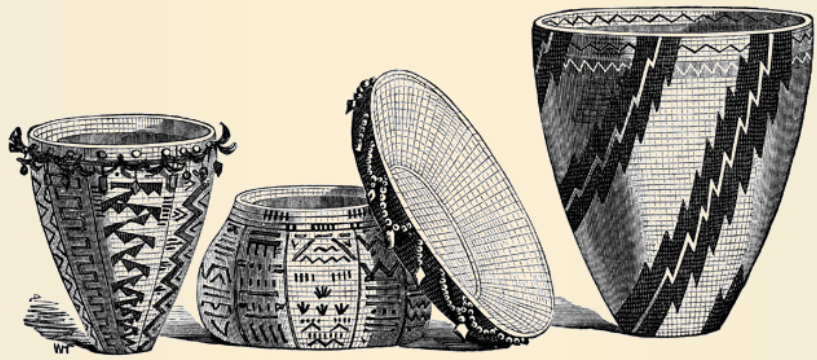




From the Desk of the Chief Financial Officer

Beverly Miller






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Final Financial Report—Summary

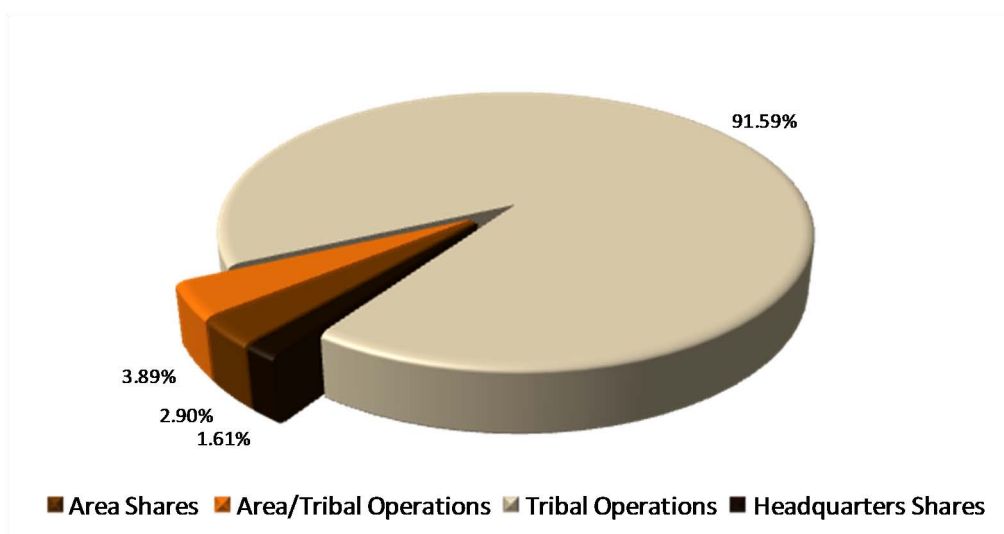
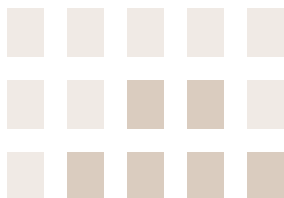
ACTIVITY	ALLOWANCE	OBLIGATION	BALANCE
CLINICAL SERVICES			
Hospital & Clinics	\$72,585,142	\$72,585,142	\$0
Dental	1,844,803	1,844,803	-
Mental Health	1,733,666	1,733,666	-
Alcohol	11,442,765	11,442,765	-
Reimbursements	89,049	89,049	-
Total Clinical Services:	87,695,425	87,695,425	-
PREVENTIVE HEALTH			
Public Health Nursing	722,188	722,188	-
Health Education	325,499	325,499	-
Community Health Representative	2,110,122	2,110,122	-
Total Preventive Health:	3,157,809	3,157,809	-
URBAN	7,263,224	7,263,224	-
DIRECT OPERATIONS	2,353,104	2,353,104	-
CONTRACT SUPPORT COSTS	37,277,108	37,277,108	-
CONTRACT HEALTH CARE	40,913,273	40,913,273	-
SPECIAL DIABETES PROGRAM FOR INDIANS—DIRECT	259,000	-	259,000
CATASTROPHIC FUND	101,243	101,243	-
ALCOHOL AND SUBSTANCE ABUSE (INCLUDING METH SUICIDE PREVENTION INITIATIVE)	889,000	572,099	316,901
AMERICAN RECOVERY AND REINVESTMENT ACT 			
Administrative	200,000	200,000	-
EPA- Clean Water Act	7,548,000	7,548,000	-
EPA- Safe Drinking Water Act	753,100	753,100	-
Health Information Technology	887,860	887,860	-
Maintenance & Improvement	3,020,000	3,020,000	-
Medical Equipment	584,333	584,333	-
Sanitation Facilities	4,068,000	4,068,000	-
Total American Recovery and Reinvestment Act	17,061,293	17,061,293	-

Final Financial Report—Summary

ACTIVITY	ALLOWANCE	OBLIGATION	BALANCE
FACILITIES & ENVIRONMENTAL HEALTH SUPPORT			
Environmental Health Support	\$3,778,338	\$2,750,154	\$1,028,184
Facilities Health Support	697,638	231,830	465,808
OEHE Support	14,458	14,458	-
Reimbursements	10,201	-	10,201
Total Facilities & Environmental Health Support	4,500,635	2,996,442	1,504,193
INDIAN HEALTH FACILITIES			
Equipment	799,883	757,684	42,199
Maintenance and Improvement	2,699,993	1,361,442	1,338,551
Total Indian Health Facilities:	3,499,876	2,119,126	1,380,750
SANITATION FACILITIES			
Housing	2,008,000	2,008,000	-
Regular	2,558,455	2,558,455	-
Total Sanitation Facilities	4,566,455	4,566,455	-
INTER-AGENCY FUNDS			
Contributions	461,050	461,050	-
Total Contributions Facilities	461,050	461,050	-
Area Grand Total	\$209,998,495	\$206,537,651	\$3,460,844

Figure 1

Figure 1 represents total area funding, made up of area shares, Tribal operations, area/Tribal operations, and headquarters shares.



CLINICAL SERVICES
Hospital & Clinics

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
American Indian Health & Services Corporation	\$17,500	Scotts Valley Band of Pomo Indians	\$186,332
Cabazon Band of Mission Indians	69,442	Sherwood Valley Band of Pomo Indians	154,325
California Rural Indian Health Board, Inc.	9,236,823	Southern Indian Health Council, Inc.	2,999,689
Central Valley Indian Health, Inc.	4,471,669	Strong Family Health Center	273,215
Chapa-De Indian Health Program, Inc.	3,982,909	Sycuan Band of Mission Indians	195,224
Cold Springs Tribal Council	165,346	Table Mountain Rancheria	90,008
Colusa Indian Health Community Council	215,848	Toiyabe Indian Health Project, Inc.	2,404,332
Coyote Valley Tribal Council	200,189	Tule River Indian Health Center, Inc.	2,207,517
Feather River Tribal Health, Inc.	2,818,119	Tuolumne Me-Wuk Indian Health Center, Inc.	453,913
Greenville Rancheria	1,100,155	United American Indian Involvement, Inc. -Public Health	74,688
Guidiville Indian Rancheria	131,165	United American Indian Involvement, Inc. -Bakersfield	1,000
Hopland Band of Pomo Indians	153,902	United American Indian Involvement, Inc. -Aftercare	102,000
Indian Health Center of Santa Clara Valley, Inc.	24,328	United American Indian Involvement, Inc. -Fresno	1,000
Lake County Tribal Health Consortium	1,721,625	Consolidated Tribal Health Project	1,749,663
Native American Health Center, Inc.	107,698	Hoopa Valley Tribe	1,880,071
Pinoleville Band of Pomo Indians	40,000	Indian Health Council	4,206,601
Pit River Health Services, Inc.	1,083,544	Karuk Tribe of California	1,221,217
Quartz Valley Indian Reservation	185,047	Northern Valley Indian Health	1,432,439
Round Valley Indian Health Center, Inc.	930,231	Redding Rancheria	3,356,537
Sacramento Native American Health Center, Inc. -Alco	3,000	Riverside-San Bernardino Indian Health	10,342,645
Sacramento Native American Health Center, Inc. -Hlth	9,200	Susanville Indian Rancheria	822,308
San Diego American Indian Health Center, Inc.	107,000		
Santa Ynez Band of Mission Indians	983,229	Total Tribal Operations:	61,912,693

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$1,045	Consolidated Tribal Health Project	\$133,600
Central Valley Indian Health, Inc.	252,200	Hoopa Valley Tribe	184,300
California Rural Indian Health Board, Inc.	278,424	Indian Health Council	271,400
Chapa-De Indian Health Program, Inc. -PFSA	190,800	Karuk Tribe of California	67,000
Feather River Tribal Health, Inc.	153,450	Northern Valley Indian Health	54,300
Greenville Rancheria	16,600	Redding Rancheria	265,800
Pit River Health Services, Inc.	41,000	Riverside-San Bernardino Indian Health	581,400
Southern Indian Health Council, Inc.	186,900	Susanville Indian Rancheria	47,800
Strong Family Health Center	13,600		
Toiyabe Indian Health Project, Inc.	165,900	Total Tribal Operations- Area Shares:	2,905,519

**TRIBAL OPERATIONS—HEADQUARTERS SHARES
CONTRACTOR****FUNDED
AMOUNT**

Cabazon Band of Mission Indians	\$1,350
California Rural Indian Health Board, Inc.	185,464
Central Valley Indian Health, Inc.	69,452
Feather River Tribal Health, Inc.	74,947
Greenville Rancheria	21,039
Pit River Health Services, Inc.	28,239
Santa Ynez Band of Mission Indians	15,159
Southern Indian Health Council, Inc.	92,030
Strong Family Health Center	9,314
Toiyabe Indian Health Project, Inc.	61,757
Consolidated Tribal Health Project	38,675
Hoopa Valley Tribe	45,889
Indian Health Council	215,635
Karuk Tribe of California	29,036
Northern Valley Indian Health	28,892
Redding Rancheria	138,908
Riverside-San Bernardino Indian Health	359,254
Susanville Indian Rancheria	15,211
Total Tribal Operations Headquarters Shares:	1,430,251

MOA OPERATION EXPENDITURES**FUNDED
AMOUNT**

Personnel Services	\$1,551,092
Transportation	13,028
Total MOA Operation Expenditures:	1,564,120

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)**FUNDED
AMOUNT**

Personnel Services	\$2,534,734
Travel	255,683
Transportation	33
Rent, Comm., Util.	1,133,201
Printing	12,458
Contractual Services	534,262
Training	135,179
Supplies	99,112
Equipment	64,984
Insurance Claims and Indemnities	2,825
Interest Penalties	88
Total Area & Tribal Operation Expenditures:	4,772,559

GRAND TOTAL (H&C)**\$72,585,142**

CLINICAL SERVICES

Dental

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$7,000	San Diego American Indian Health Center, Inc.	\$1,000
Central Valley Indian Health, Inc.	1,000	Santa Ynez Band of Mission Indians	1,000
Chapa-De Indian Health Program, Inc. -PFSA	70,983	Southern Indian Health Council, Inc.	140,556
Colusa Indian Health Community Council	1,000	Toiyabe Indian Health Project, Inc.	1,000
Feather River Tribal Health, Inc.	124,371	Tule River Indian Health Center, Inc.	1,000
Greenville Rancheria	31,858	Tuolumne Me-Wuk Indian Health Center, Inc.	1,000
Indian Health Center of Santa Clara Valley, Inc.	1,000	Consolidated Tribal Health Project	1,000
Lake County Tribal Health Consortium	36,000	Hoopa Valley Tribe	15,500
Native American Health Center, Inc.	4,000	Indian Health Council	1,000
Pit River Health Services, Inc.	13,000	Karuk Tribe of California	5,800
Quartz Valley Indian Reservation	1,000	Northern Valley Indian Health	60,583
Round Valley Indian Health Center, Inc.	4,000	Riverside-San Bernardino Indian Health	804,571
Sacramento Native American Health Center, Inc. -Hlth	1,000	Total Tribal Operations:	1,330,222

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$40	Consolidated Tribal Health Project	\$6,000
California Rural Indian Health Board, Inc.	101,203	Hoopa Valley Tribe	7,900
Chapa-De Indian Health Program, Inc. -PFSA	8,100	Indian Health Council	10,500
Feather River Tribal Health, Inc.	6,700	Northern Valley Indian Health	2,400
Greenville Rancheria	300	Redding Rancheria	10,100
Toiyabe Indian Health Project, Inc.	7,400	Riverside-San Bernardino Indian Health	24,100
Pit River Health Services, Inc.	600	Susanville Indian Rancheria	2,100
Southern Indian Health Council, Inc.	8,100	Total Tribal Operations- Area Shares:	196,143
Strong Family Health Center	600		

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$35
California Rural Indian Health Board, Inc.	6,341
Central Valley Indian Health, Inc.	2,261
Feather River Tribal Health, Inc.	4,447
Greenville Rancheria	1,023
Pit River Health Services, Inc.	543
Santa Ynez Band of Mission Indians	956
Southern Indian Health Council, Inc.	4,588
Strong Family Health Center	281

**TRIBAL OPERATIONS—HEADQUARTERS SHARES contd.
CONTRACTOR****FUNDED
AMOUNT**

Toiyabe Indian Health Project, Inc.	\$1,585
Consolidated Tribal Health Project	1,894
Hoopa Valley Tribe	3,061
Indian Health Council	6,760
Karuk Tribe of California	1,867
Northern Valley Indian Health	517
Redding Rancheria	3,762
Riverside-San Bernardino Indian Health	4,666
Susanville Indian Rancheria	903
Total Tribal Operations- Headquarters Shares	45,490

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)**FUNDED
AMOUNT**

Personnel Services	\$155,412
Travel	14,633
Contractual Services	30,603
Equipment	72,300
Total Area & Tribal Operation Expenditures:	272,948

GRAND TOTAL (DENTAL)**\$1,844,803****CLINICAL SERVICES**

Mental Health

**TRIBAL OPERATIONS
CONTRACTOR****FUNDED
AMOUNT**

California Rural Indian Health Board, Inc.	\$208,215
Central Valley Indian Health, Inc.	86,566
Chapa-De Indian Health Program, Inc.	62,787
Feather River Tribal Health, Inc.	42,748
Greenville Rancheria	10,709
Lake County Tribal Health Consortium	118,434
Pit River Health Services, Inc.	51,548
Round Valley Indian Health Center, Inc.	53,008
Santa Ynez Band of Mission Indians	14,439
Southern Indian Health Council, Inc.	71,901
Strong Family Health Center	8,006
Table Mountain Rancheria	1,548

**TRIBAL OPERATIONS
CONTRACTOR****FUNDED
AMOUNT**

Toiyabe Indian Health Project, Inc.	\$62,444
Tule River Indian Health Center, Inc.	75,462
Tuolumne Me-Wuk Indian Health Center, Inc.	14,783
Consolidated Tribal Health Project	63,936
Hoopa Valley Tribe	59,285
Indian Health Council	90,159
Karuk Tribe of California	58,342
Northern Valley Indian Health	19,657
Redding Rancheria	76,040
Riverside-San Bernardino Indian Health	194,578
Susanville Indian Rancheria	52,274
Total Tribal Operations:	1,496,869

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$5	Consolidated Tribal Health Project	\$700
California Rural Indian Health Board, Inc.	95,002	Hoopa Valley Tribe	900
Central Valley Indian Health, Inc.	1,300	Indian Health Council	1,300
Chapa-De Indian Health Program, Inc.-PFSA	900	Karuk Tribe of California	600
Feather River Tribal Health, Inc.	800	Northern Valley Indian Health	200
Greenville Rancheria	200	Redding Rancheria	1,200
Pit River Health Services, Inc.	200	Riverside-San Bernardino Indian Health	2,800
Southern Indian Health Council, Inc.	900	Susanville Indian Rancheria	200
Toiyabe Indian Health Project, Inc.	800	Total Tribal Operations- Area Shares:	108,007

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$60
California Rural Indian Health Board, Inc.	23,518
Central Valley Indian Health, Inc.	8,388
Feather River Tribal Health, Inc.	7,733
Greenville Rancheria	2,282
Pit River Health Services, Inc.	2,013
Santa Ynez Band of Mission Indians	1,658
Southern Indian Health Council, Inc.	7,974
Strong Family Health Center	1,040
Toiyabe Indian Health Project, Inc.	5,911
Consolidated Tribal Health Project	4,224
Hoopa Valley Tribe	5,323
Indian Health Council	11,752
Karuk Tribe of California	1,051
Northern Valley Indian Health	1,915
Redding Rancheria	6,541
Riverside-San Bernardino Indian Health	18,637
Susanville Indian Rancheria	1,570
Total Tribal Operations- Headquarters Shares:	111,590

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Travel	\$47
Transportation	9,218
Contractual Services	7,935
Total Area & Tribal Operation Expenditures:	17,200

GRAND TOTAL (MENTAL HEALTH)	\$1,733,666
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CLINICAL SERVICES

Alcohol

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
American Indian Health & Services Corporation	\$8,000	Southern Indian Health Council, Inc.	\$190,334
California Rural Indian Health Board, Inc.	948,903	Strong Family Health Center	60,146
Central Valley Indian Health, Inc.	639,222	Sycuan Band of Mission Indians	355
Chapa-De Indian Health Program, Inc.	185,116	Table Mountain Rancheria	4,436
Colusa Indian Health Community Council	305	Toiyabe Indian Health Project, Inc.	535,846
Feather River Tribal Health, Inc.	284,404	Tule River Indian Health Center, Inc.	7,548
Friendship House Association	821,910	Tule River Tribal Council	547,561
Greenville Rancheria	31,178	Tuolumne Me-Wuk Indian Health Center, Inc.	37,715
Guidiville Indian Rancheria	43,676	United American Indian Involvement, Inc. -Aftercare	409,904
Indian Health Center of Santa Clara Valley, Inc.	12,000	United American Indian Involvement, Inc. - Bakersfield	3,216
Ke Ola Mao	192,467	United American Indian Involvement, Inc. -Fresno	3,000
Lake County Tribal Health Consortium	158,606	United American Indian Involvement, Inc. -Women	446,746
Native American Health Center, Inc.	12,000	United American Indian Involvement, Inc. -Youth	10,725
Native Directions, Inc.	412,567	Consolidated Tribal Health Project	175,475
Pit River Health Services, Inc.	82,250	Hoopa Valley Tribe	497,862
Round Valley Indian Health Center, Inc.	252,025	Indian Health Council	345,408
Sacramento Native American Health Center, Inc. -Hlth	51,500	Karuk Tribe of California	162,931
Sacramento Native American Health Center, Inc. -Alco	55,929	Northern Valley Indian Health	114,401
San Diego American Indian Health Center, Inc.	12,000	Redding Rancheria	135,606
Santa Ynez Band of Mission Indians	132,633	Riverside-San Bernardino Indian Health	968,599
Scotts Valley Band of Pomo Indians	44,042	Susanville Indian Rancheria	91,515
Sierra Tribal Consortium	707,795	Total Tribal Operations:	9,837,857

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$197	Consolidated Tribal Health Project	\$29,400
California Rural Indian Health Board, Inc.	573,982	Hoopa Valley Tribe	39,200
Central Valley Indian Health, Inc.	57,700	Indian Health Council	51,700
Chapa-De Indian Health Program, Inc.	39,900	Karuk Tribe of California	23,100
Feather River Tribal Health, Inc.	33,300	Northern Valley Indian Health	12,000
Greenville Rancheria	4,600	Redding Rancheria	50,100
Pit River Health Services, Inc.	9,600	Riverside-San Bernardino Indian Health	119,800
Southern Indian Health Council, Inc.	39,800	Susanville Indian Rancheria	10,600
Strong Family Health Center	3,000	Total Tribal Operations Area Shares:	1,134,479
Toiyabe Indian Health Project, Inc.	36,500		

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$127
California Rural Indian Health Board, Inc.	14,607
Central Valley Indian Health, Inc.	8,713
Feather River Tribal Health, Inc.	16,234
Greenville Rancheria	3,840
Plt River Health Services, Inc.	2,089
Santa Ynez Band of Mission Indians	3,485
Southern Indian Health Council, Inc.	16,742
Strong Family Health Center	1,079
Toiyabe Indian Health Project, Inc.	5,976
Consolidated Tribal Health Project, Inc.	7,059
Hoop Valley Tribe	10,690
Indian Health Council	24,668
Karuk Tribe of California	6,360
Northern Valley Indian Health	1,989
Redding Rancheria	13,730
Riverside-San Bernardino Indian Health	39,104
Susanville Indian Rancheria	3,295
Total Tribal Operations Headquarters Shares:	179,787

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	\$101,037
Travel	17,626
Contractual Services	171,929
Training	50
Total Area & Tribal Operation Expenditures:	290,642

GRAND TOTAL (ALCOHOL)	\$11,442,765
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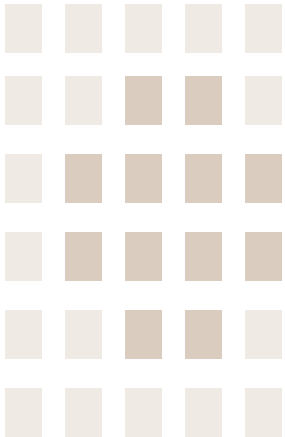
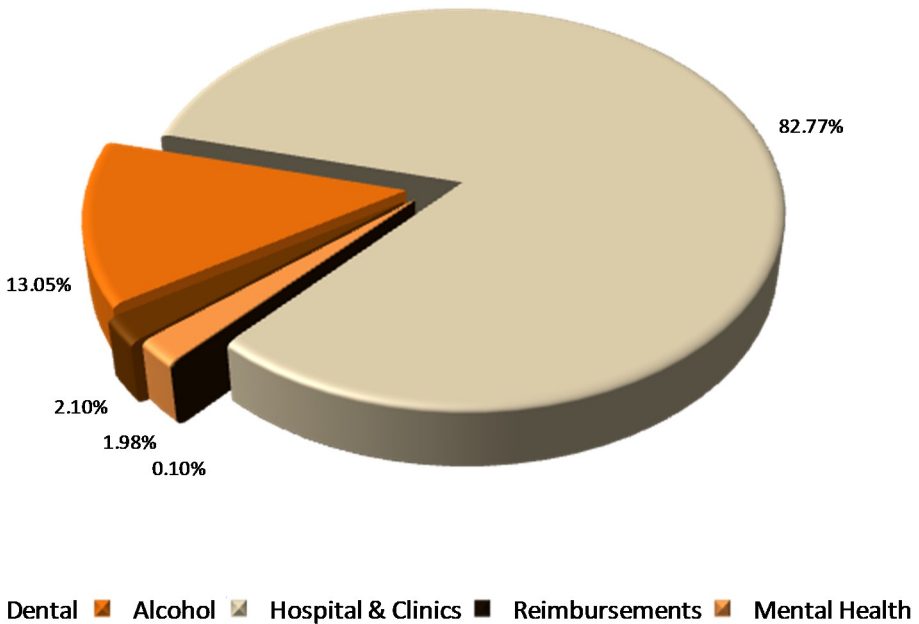
CLINICAL SERVICES
Reimbursements

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Travel	\$4,393
Transportation	12,193
Rent, Comm., Util.	16,306
Printing	4,909
Contractual Services	24,318
Training	7,992
Supplies	11,288
Equipment	7,650
Total Area & Tribal Operation Expenditures:	89,049

GRAND TOTAL (REIMBURSEMENTS) \$89,049

Figure 2

Figure 2 represents total funding to clinical services including hospital & clinics, alcohol, dental, mental health, and reimbursements.



PREVENTIVE HEALTH
Public Health Nursing

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$64,147	Tule River Indian Health Center, Inc.	\$51,071
Central Valley Indian Health, Inc.	50,399	Consolidated Tribal Health Project	62,173
Feather River Tribal Health, Inc.	4,000	Hoopa Valley Tribe	25,634
Lake County Tribal Health Consortium	100,381	Indian Health Council	90,166
Pit River Health Services, Inc.	50,469	Riverside-San Bernardino Indian Health	163,221
Round Valley Indian Health Center, Inc.	2,000	Susanville Indian Rancheria	13,352
Table Mountain Rancheria	609	Total Tribal Operations:	677,622

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$6,550
Total Tribal Operations Area Shares:	6,550

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$23
California Rural Indian Health Board, Inc.	9,985
Central Valley Indian Health, Inc.	3,561
Feather River Tribal Health, Inc.	3,109
Greenville Rancheria	938
Southern Indian Health Council, Inc.	3,206
Strong Family Health Center	443
Consolidated Tribal Health Project	1,738
Hoopa Valley Tribe	2,140
Karuk Tribe of California	1,306
Northern Valley Indian Health	812
Redding Rancheria	2,629
Riverside-San Bernardino Indian Health	7,495
Susanville Indian Rancheria	631
Total Tribal Operations Headquarters Shares:	38,016

GRAND TOTAL (PUBLIC HEALTH NURSING)	\$722,188
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PREVENTIVE HEALTH
Health Education

**TRIBAL OPERATIONS
CONTRACTOR**

**FUNDED
AMOUNT**

United American Indian Involvement, Inc.-Fresno	\$10,000
Hoopa Valley Tribe	2,500
Total Tribal Operations:	12,500

**TRIBAL OPERATIONS—AREA SHARES
CONTRACTOR**

**FUNDED
AMOUNT**

**TRIBAL OPERATIONS—AREA SHARES
CONTRACTOR**

**FUNDED
AMOUNT**

Cabazon Band of Mission Indians	\$56	Hoopa Valley Tribe	\$11,100
California Rural Indian Health Board, Inc.	103,912	Indian Health Council	14,700
Central Valley Indian Health, Inc.	16,400	Karuk Tribe of California	6,500
Chapa-De Indian Health Program, Inc.	11,300	Northern Valley Indian Health	3,400
Pit River Health Services, Inc.	2,700	Redding Rancheria	14,200
Southern Indian Health Council, Inc.	11,300	Riverside-San Bernardino Indian Health	34,000
Strong Family Health Center	900	Susanville Indian Rancheria	3,000
Toiyabe Indian Health Project, Inc.	10,400	Total Tribal Operations Area Shares:	252,268
Consolidated Tribal Health Project	8,400		

**TRIBAL OPERATIONS—HEADQUARTERS SHARES
CONTRACTOR**

**FUNDED
AMOUNT**

Cabazon Band of Mission Indians	\$30
California Rural Indian Health Board, Inc.	11,984
Central Valley Indian Health, Inc.	4,355
Feather River Tribal Health, Inc.	3,909
Greenville Rancheria	1,167
Pit River Health Services, Inc.	1,046
Santa Ynez Band of Mission Indians	838
Southern Indian Health Council, Inc.	4,032
Strong Family Health Center	540
Toiyabe Indian Health Project, Inc.	3,073
Consolidated Tribal Health Project	2,159
Hoopa Valley Tribe	2,690
Indian Health Council	5,939
Karuk Tribe of California	1,642
Northern Valley Indian Health	994
Redding Rancheria	3,307
Riverside-San Bernardino Indian Health	9,416
Susanville Indian Rancheria	793
Total Tribal Operations Headquarters Shares:	57,914

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Printing	\$2,817
Total Area & Tribal Operation Expenditures:	2,817
GRAND TOTAL (HEALTH EDUCATION)	\$325,499

PREVENTIVE HEALTH

Community Health Representative

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$306,575	Southern Indian Health Council, Inc.	\$72,252
Central Valley Indian Health, Inc.	103,077	Strong Family Health Center	57,845
Chapa-De Indian Health Program, Inc.	48,437	Table Mountain Rancheria	1,992
Colds Springs Tribal Council	35,519	Toiyabe Indian Health Project, Inc.	169,068
Coyote Valley Tribal Council	30,781	Tule River Indian Health Center, Inc.	52,650
Feather River Tribal Health, Inc.	32,906	Tuolumne Me-Wuk Indian Health Center, Inc.	11,557
Greenville Rancheria	8,475	Consolidated Tribal Health Project	40,942
Hopland Band of Pomo Indians	30,751	Hoopa Valley Tribe	92,978
Lake County Tribal Health Consortium	39,476	Indian Health Council	119,565
Pinoleville Band of Pomo Indians	30,105	Karuk Tribe of California	92,940
Pit River Health Services, Inc.	32,728	Northern Valley Indian Health	15,246
Quartz Valley Indian Reservation	9,801	Redding Rancheria	58,989
Round Valley Indian Health Center, Inc.	44,876	Riverside-San Bernardino Indian Health	312,349
Santa Ynez Band of Mission Indians	32,661	Susanville Indian Rancheria	35,801
Sherwood Valley Band of Pomo Indians	31,520	Total Tribal Operations:	1,951,862

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$16	Toiyabe Indian Health Project, Inc.	3,000
California Rural Indian Health Board, Inc.	5,458	Hoopa Valley Tribe	3,200
Central Valley Indian Health, Inc.	4,600	Indian Health Council	4,200
Chapa-De Indian Health Program, Inc.	3,200	Karuk Tribe of California	1,900
Pinoleville Band of Pomo Indians	200	Northern Valley Indian Health	1,000
Pit River Health Services, Inc.	800	Redding Rancheria	4,000
Santa Ynez Band of Mission Indians	12,000	Riverside-San Bernardino Indian Health	9,600
Southern Indian Health Council, Inc.	3,200	Susanville Indian Rancheria	900
Strong Family Health Center	200	Total Tribal Operations Area Shares:	57,474

**TRIBAL OPERATIONS—HEADQUARTERS SHARES
CONTRACTOR**

**FUNDED
AMOUNT**

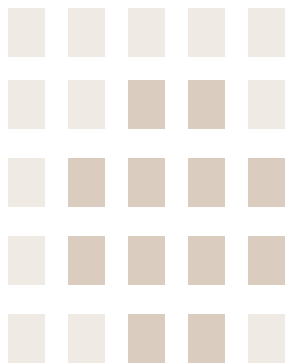
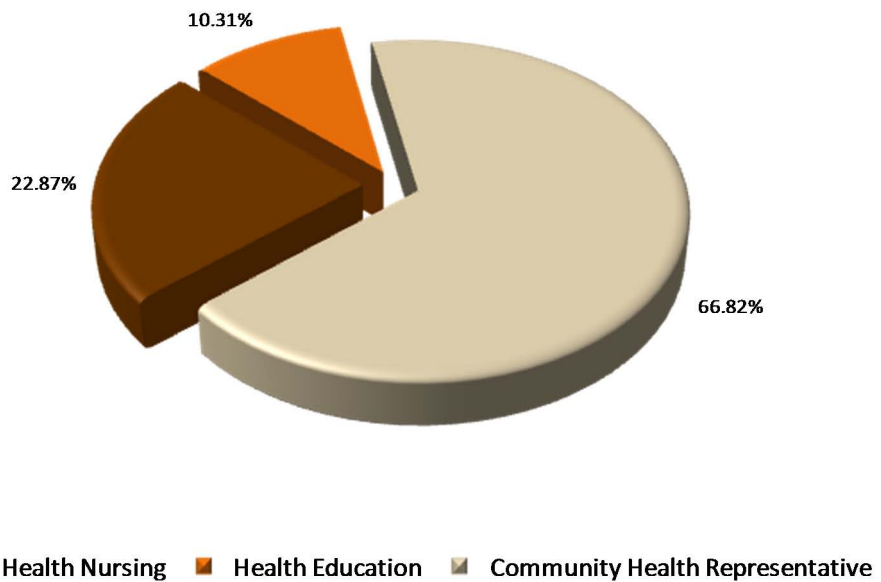
Cabazon Band of Mission Indians	\$62
California Rural Indian Health Board, Inc.	25,547
Central Valley Indian Health, Inc.	8,359
Feather River Tribal Health, Inc.	8,069
Strong Family Health Center	1,129
Pinoleville Band of Pomo Indians	690
Southern Indian Health Council, Inc.	8,320
Consolidated Tribal Health Project	103
Hoopa Valley Tribe	2,878
Indian Health Council	12,261
Karuk Tribe of California	3,390
Northern Valley Indian Health	2,079
Redding Rancheria	6,825
Riverside-San Bernardino Indian Health	19,436
Susanville Indian Rancheria	1,638
Total Tribal Operations Headquarters Shares:	100,786

GRAND TOTAL (COMMUNITY HEALTH REPRESENTATIVE)

\$2,110,122

Figure 3

Figure 3 represents total area funding for preventive health including public health nursing, health education, and community health representative.



URBAN HEALTH PROJECTS

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
American Indian Health & Services Corporation	\$636,267	San Diego American Indian Health Center, Inc.	\$821,955
Friendship House Association	670,333	United American Indian Involvement, Inc. -Aftercare	119,794
Indian Health Center of Santa Clara Valley, Inc.	559,623	United American Indian Involvement, Inc. -Bakersfield	420,487
Native American Health Center, Inc.	1,044,132	United American Indian Involvement, Inc. -Fresno	474,519
Sacramento Native American Health Center, Inc.-Hlth	619,625	United American Indian Involvement, Inc. -PubHlth	1,483,922
Sacramento Native American Health Center, Inc.-Alco	384,128	Total Tribal Operations:	7,234,785
INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)			FUNDED AMOUNT
Travel			\$13,360
Rent, Comm., Util.			15,036
Supplies			43
Total Area & Tribal Operation Expenditures:			28,439
GRAND TOTAL (URBAN HEALTH PROJECTS)			\$7,263,224

DIRECT OPERATIONS

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$444
California Rural Indian Health Board, Inc.	150,051
Central Valley Indian Health, Inc.	53,013
Feather River Tribal Health, Inc.	47,582
Greenville Rancheria	14,197
Pit River Health Services, Inc.	13,529
Santa Ynez Band of Mission Indians	10,210
Southern Indian Health Council	58,700
Strong Family Health Center	6,572
Toiyabe Indian Health Project, Inc.	38,696
Consolidated Tribal Health Project	26,314
Hoopa Valley Tribe	32,773
Indian Health Council	82,018
Karuk Tribe of California	19,980
Northern Valley Indian Health	13,094
Redding Rancheria	46,166
Riverside-San Bernardino Indian Health	128,477
Susanville Indian Rancheria	9,659
Total Tribal Operations Headquarters Shares:	\$751,475

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	\$1,459,487
Travel	42,474
Rent, Comm., Util.	4,670
Contractual Services	52,001
Training	14,249
Equipment	28,748
Total Area & Tribal Operation Expenditures:	1,601,629

GRAND TOTAL (DIRECT OPERATIONS) \$2,353,104

CONTRACT SUPPORT COST

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$67,651	Sherwood Valley Band of Pomo Indians	\$37,619
California Rural Indian Health Board, Inc.	6,788,951	Sierra Tribal Consortium	374,415
Central Valley Indian Health, Inc.	2,053,917	Southern Indian Health Council, Inc.	1,963,688
Chapa-De Indian Health Program, Inc.	1,779,737	Strong Family Health Center	395,522
Chapa-De Indian Health Program, Inc.—PFSA	51,116	Sycuan Band of Mission Indians	66,883
Colds Springs Tribal Council	29,442	Table Mountain Rancheria	14,452
Colusa Indian Health Community Council	21,502	Toiyabe Indian Health Project, Inc.	1,005,071
Coyote Valley Tribal Council	82,327	Tule River Indian Health Center, Inc.	920,852
Feather River Tribal Health, Inc.	948,403	Tule River Tribal Council	100,469
Greenville Rancheria	253,306	Tuolumne Me-Wuk Indian Health Center, Inc.	191,283
Guidiville Indian Rancheria	148,382	Consolidated Tribal Health Project	1,471,477
Hopland Band of Pomo Indians	15,145	Hoopa Valley Tribe	1,279,748
Lake County Tribal Health Consortium	910,617	Indian Health Council	2,718,968
Pinoleville Band of Pomo Indians	10,162	Karuk Tribe of California	1,242,919
Pit River Health Services, Inc.	555,372	Northern Valley Indian Health	588,865
Quartz Valley Indian Reservation	84,300	Redding Rancheria	2,881,898
Round Valley Indian Health Center, Inc.	400,407	Riverside-San Bernardino Indian Health	6,562,316
Santa Ynez Band of Mission Indians	505,004	Susanville Indian Rancheria	696,427
Scotts Valley Band of Pomo Indians	58,495	Total Tribal Operations:	37,277,108

GRAND TOTAL (CONTRACT SUPPORT COST) \$37,277,108

CONTRACT HEALTH CARE

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$8,501	Southern Indian Health Council, Inc.	\$1,236,197
California Rural Indian Health Board, Inc.	7,582,200	Strong Family Health Center	187,427
Central Valley Indian Health, Inc.	2,952,566	Sycuan Band of Mission Indians	75,337
Chapa-De Indian Health Program, Inc.	2,352,805	Table Mountain Rancheria	24,016
Colusa Indian Health Community Council	62,382	Toiyabe Indian Health Project, Inc.	1,491,502
Coyote Valley Tribal Council	86,294	Tule River Indian Health Center, Inc.	1,996,858
Feather River Tribal Health, Inc.	1,849,340	Tuolumne Me-Wuk Indian Health Center, Inc.	259,503
Greenville Rancheria	638,239	Consolidated Tribal Health Project	1,410,142
Guidiville Indian Rancheria	8,256	Hoopa Valley Tribe	1,785,194
Lake County Tribal Health Consortium	954,366	Indian Health Council	2,497,772
Pinoleville Band of Pomo Indians	11,691	Karuk Tribe of California	1,094,831
Pit River Health Services, Inc.	561,438	Northern Valley Indian Health	963,151
Quartz Valley Indian Reservation	53,341	Redding Rancheria	2,143,152
Round Valley Indian Health Center, Inc.	697,221	Riverside-San Bernardino Indian Health	6,371,450
Santa Ynez Band of Mission Indians	474,877	Susanville Indian Rancheria	484,180
Scotts Valley Band of Pomo Indians	10,371	Total Tribal Operations:	40,359,397
Sherwood Valley Band of Pomo Indians	34,797		

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$55	Toiyabe Indian Health Project, Inc.	\$10,200
California Rural Indian Health Board, Inc.	164,080	Consolidated Tribal Health Project	8,300
Central Valley Indian Health, Inc.	16,100	Hoopa Valley Tribe	11,000
Chapa-De Indian Health Program, Inc.	11,100	Indian Health Council	14,500
Feather River Tribal Health, Inc.	21,400	Karuk Tribe of California	6,400
Greenville Rancheria	2,900	Northern Valley Indian Health	3,400
Pit River Health Services, Inc.	2,700	Redding Rancheria	14,000
Santa Ynez Band of Mission Indians	18,300	Riverside-San Bernardino Indian Health	33,500
Southern Indian Health Council, Inc.	11,100	Susanville Indian Rancheria	3,000
Strong Family Health Center	900	Total Tribal Operations Area Shares:	352,935

**TRIBAL OPERATIONS—HEADQUARTERS SHARES
CONTRACTOR****FUNDED
AMOUNT**

Cabazon Band of Mission Indians	\$73
California Rural Indian Health Board, Inc.	90,265
Central Valley Indian Health, Inc.	10,528
Feather River Tribal Health, Inc.	9,448
Greenville Rancheria	2,818
Pit River Health Services, Inc.	2,417
Santa Ynez Band of Mission Indians	2,028
Southern Indian Health Council, Inc.	9,746
Strong Family Health Center	1,248
Toiyabe Indian Health Project, Inc.	7,322
Consolidated Tribal Health Project	5,220
Hoopa Valley Tribe	6,504
Indian Health Council	14,359
Karuk Tribe of California	3,970
Northern Valley Indian Health	2,403
Redding Rancheria	7,993
Riverside-San Bernardino Indian Health	22,680
Susanville Indian Rancheria	1,919
Total Tribal Operations Headquarters Shares:	200,941

GRAND TOTAL (CONTRACT HEALTH CARE)**\$40,913,273****CATASTROPHIC FUND****TRIBAL OPERATIONS
CONTRACTOR****FUNDED
AMOUNT**

California Rural Indian Health Board, Inc.	\$19,617
Pit River Health Services, Inc.	33,713
Consolidated Tribal Health Project	13,458
Redding Rancheria	12,117
Susanville Indian Rancheria	22,338
Total Tribal Operations:	101,243

GRAND TOTAL (CATASTROPHIC FUND)**\$101,243**

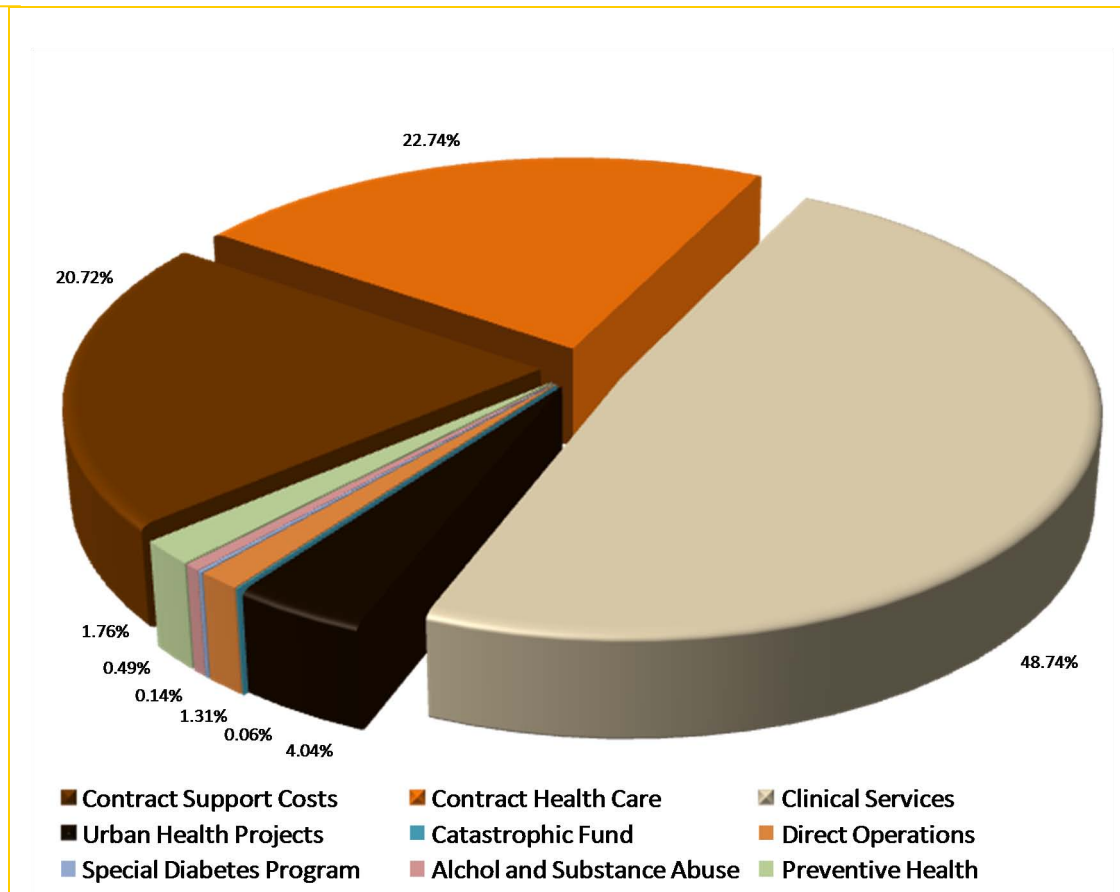
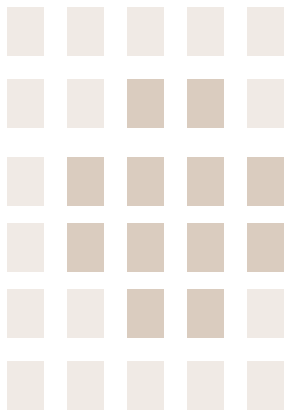
ALCOHOL AND SUBSTANCE ABUSE
 (Including Meth Suicide Prevention Initiative)

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$130,060
San Manuel Band of Mission Indians	156,930
Toiyabe Indian Health Project, Inc.	107,500
Hoopla Valley Tribe	177,609
Total Tribal Operations:	572,099

GRAND TOTAL (METH SUICIDE PREVENTION INITIATIVE)	\$572,099
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Figure 4

Figure 4 represents total area funding to contract support costs, contract health care, contract health care, clinical services, urban health projects, catastrophic fund, direct operations, special diabetes program, alcohol and substance abuse, and preventive health..



AMERICAN RECOVERY AND REINVESTMENT ACT
Administrative



INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	\$53,002
Travel	39,437
Transportation	10,717
Rent, Comm., Util.	34,351
Contractual Services	6,030
Training	6,651
Equipment	49,812
Total Area & Tribal Operation Expenditures:	200,000
GRAND TOTAL (ARRA—ADMINISTRATIVE)	\$200,000

AMERICAN RECOVERY AND REINVESTMENT ACT
EPA-Clean Water Act

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	\$7,548,000
Total Area & Tribal Operation Expenditures:	7,548,000
GRAND TOTAL (ARRA—EPA-CLEAN WATER ACT)	\$7,548,000

AMERICAN RECOVERY AND REINVESTMENT ACT
EPA-Safe Drinking Water Act

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	\$753,100
Total Area & Tribal Operation Expenditures:	753,100
GRAND TOTAL (ARRA—EPA-SAFE DRINKING WATER ACT)	\$753,100

AMERICAN RECOVERY AND REINVESTMENT ACT
Health Information Technology

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$494,503
Indian Health Center of Santa Clara Valley, Inc.	100,000
Indian Health Council	100,000
Native American Health Center, Inc.	80,257
Redding Rancheria	54,100
Riverside-San Bernardino Indian Health	59,000
Total Tribal Operations:	887,860
GRAND TOTAL (ARRA—HEALTH INFORMATION TECHNOLOGY)	\$887,860

AMERICAN RECOVERY AND REINVESTMENT ACT
Maintenance & Improvement

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$742,562	Strong Family Health Center	\$25,837
Central Valley Indian Health, Inc.	102,963	Sycuan Band of Mission Indians	11,866
Chapa-De Indian Health Program, Inc.	202,147	Toiyabe Indian Health Project, Inc.	169,086
Colusa Indian Community Council	13,875	Tuolumne Me-Wuk Indian Health, Inc.	13,158
Feather River Tribal Health, Inc.	177,076	Consolidated Tribal Hlth Project	93,825
Greenville Rancheria	68,467	Hoopa Valley Tribe	121,263
Lake County Tribal Health Consortium	59,807	Indian Health Council	255,980
Pit River Health Service, Inc.	66,984	Karuk Tribe of California	98,801
Quartz Valley Indian Reservation	15,789	Northern Valley Indian Health	185,200
Round Valley Indian Health Center, Inc.	118,180	Riverside-San Bernardino Indian Health	188,511
Santa Ynez Band of Mission Indians	46,793	Susanville Indian Rancheria	46,936
Sierra Tribal Consortium	39,520	Total Tribal Operations:	3,020,000
Southern Indian Health Council, Inc.	155,374		
GRAND TOTAL (ARRA—M&I)		\$3,020,000	

AMERICAN RECOVERY AND REINVESTMENT ACT
Medical Equipment

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$113,608	Toiyabe Indian Health Project, Inc.	\$34,689
Central Valley Indian Health, Inc.	27,890	Tuolumne Me-Wuk Indian Health, Inc.	17,900
Chapa-De Indian Health Program, Inc.	32,637	Consolidated Tribal Hlth Project	12,213
Feather River Tribal Health, Inc.	44,544	Hoopa Valley Tribe	36,972
Greenville Rancheria	26,087	Indian Health Council	44,000
Pit River Health Service, Inc.	27,890	Northern Valley Indian Health	32,395
Quartz Valley Indian Rerservation	10,000	Redding Rancheria	8,000
Round Valley Indian Health Center, Inc.	12,622	Riverside-San Bernardino Indian Health	40,021
Santa Ynez Band of Mission Indians	10,730	Susanville Indian Rancheria	8,139
Southern Indian Health Council, Inc.	23,996	Total Tribal Operations:	584,333
Sycuan Band of Mission Indians	20,000		
GRAND TOTAL (ARRA-MEDICAL EQUIPMENT)			\$584,333

AMERICAN RECOVERY AND REINVESTMENT ACT
Sanitation Facilities

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	\$215,634
Travel	3,458
Contractual Services	3,848,908
Total Area & Tribal Operation Expenditures:	4,068,000
GRAND TOTAL (ARRA-SANITATION FACILITIES)	\$4,068,000

FACILITIES AND ENVIRONMENTAL HEALTH SUPPORT
Environmental Health Support

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$8,826
Chapa-De Indian Health Program, Inc.	7,024
Feather River Tribal Health, Inc.	11,707
Greenville Rancheria	7,024
Lake County Tribal Health Consortium	7,026
Indian Health Council	2,153
Northern Valley Indian Health	7,024
Total Tribal Operations:	50,784
TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$2,183
Southern Indian Health Council, Inc.	6,969
Hoopla Valley Tribe	94,190
Redding Rancheria	8,310
Riverside-San Bernardino Indian Health	93,207
Total Tribal Operations- Area Shares:	204,859
INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	\$2,375,452
Travel	3,246
Transportation	10,282
Contractual Services	100,842
Training	989
Equipment	3,700
Total Area & Tribal Operation Expenditures:	2,494,511
GRAND TOTAL (ENVIRONMENTAL HEALTH SUPPORT)	\$2,750,154

FACILITIES AND ENVIRONMENTAL HEALTH SUPPORT
Facilities Health Support

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$88,211
Total Tribal Operations:	88,211

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Southern Indian Health Council, Inc.	\$17,141
Indian Health Council	28,696
Total Tribal Operations—Area Shares:	45,837

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	\$97,782
Total Tribal Operations—Area Shares:	97,782

GRAND TOTAL (FACILITIES HEALTH SUPPORT)	\$231,830
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FACILITIES AND ENVIRONMENTAL HEALTH SUPPORT
OEHE Support

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	\$117
Southern Indian Health Council, Inc.	656
Consolidated Tribal Health Project	237
Hoopa Valley Tribe	3,908
Indian Health Council	1,969
Northern Valley Indian Health	326
Redding Rancheria	1,209
Riverside-San Bernardino Indian Health	5,870
Susanville Indian Rancheria	166
Total Tribal Operations:	14,458

GRAND TOTAL (OEHE SUPPORT)	\$14,458
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INDIAN HEALTH FACILITIES
Equipment

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	\$169,183	Southern Indian Health Council, Inc.	\$33,638
Central Valley Indian Health, Inc.	34,605	Sycuan Band of Mission Indians	13,530
Chapa-De Indian Health Program, Inc.	55,510	Toiyabe Indian Health Project, Inc.	49,336
Colusa Indian Health Community Council	1,940	Tuolumne Me-Wuk Indian Health Center, Inc.	11,696
Feather River Tribal Health, Inc.	50,298	Consolidated Tribal Health Project	18,284
Greenville Rancheria	18,326	Hoopa Valley Tribe	30,497
Lake County Tribal Health Consortium	18,601	Indian Health Council	41,639
Strong Family Health Center	3,781	Karuk Tribe of California	18,610
Pit River Health Services, Inc.	14,297	Northern Valley Indian Health	23,423
Quartz Valley Indian Reservation	2,205	Redding Rancheria	15,246
Round Valley Indian Health Center, Inc.	21,807	Riverside-San Bernardino Indian Health	84,187
Santa Ynez Band of Mission Indians	12,287	Susanville Indian Rancheria	8,976
Sierra Tribal Consortium	5,782	Total Tribal Operations:	757,684

GRAND TOTAL (INDIAN HEALTH FACILITIES-EQUIPMENT)

\$757,684

INDIAN HEALTH FACILITIES
Maintenance & Improvement

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Central Valley Indian Health, Inc.	\$49,495	Sycuan Band of Mission Indians	\$5,245
Chapa-De Indian Health Program, Inc.	75,667	Toiyabe Indian Health Project, Inc.	65,925
Colusa Indian Health Community Council	65,259	Tuolumne Me-Wuk Indian Health Center, Inc.	5,413
Feather River Tribal Health, Inc.	77,144	Consolidated Tribal Health Project	28,794
Greenville Rancheria	25,508	Hoopa Valley Tribe	40,687
Lake County Tribal Health Consortium	24,456	Indian Health Council	181,959
Pit River Health Services, Inc.	116,582	Karuk Tribe of California	44,553
Quartz Valley Indian Reservation	5,768	Northern Valley Indian Health	39,688
Round Valley Indian Health Center, Inc.	22,512	Redding Rancheria	66,719
Santa Ynez Band of Mission Indians	20,541	Riverside-San Bernardino Indian Health	152,593
Sierra Tribal Consortium	19,834	Susanville Indian Rancheria	20,209
Strong Family Health Center	4,084	Total Tribal Operations:	1,158,635

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	\$202,805
Interest Penalties	2
Total Tribal Operations:	202,807
GRAND TOTAL (INDIAN HEALTH FACILITIES-M&I)	\$1,361,442

SANITATION FACILITIES
Housing

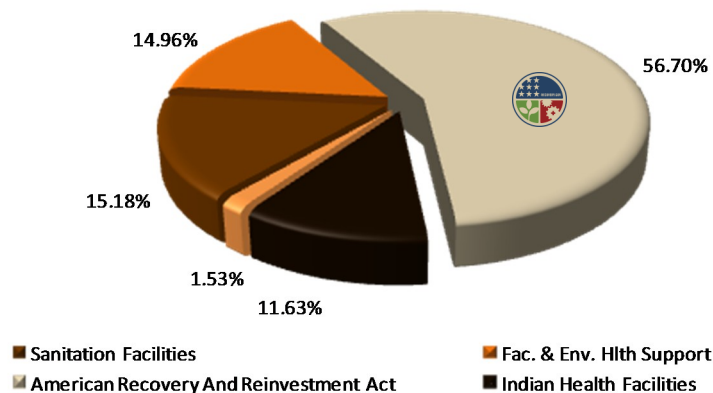
INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	\$2,008,000
Total Tribal Operations:	2,008,000
GRAND TOTAL (SANITATION FACILITIES-HOUSING)	\$2,008,000

SANITATION FACILITIES
Regular

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	\$2,558,455
Total Tribal Operations:	2,558,455
GRAND TOTAL (SANITATION FACILITIES-REGULAR)	\$2,558,455

Figure 5

Figure 5 represents total area funding, made up of sanitation facilities, ARRA, facilities and environmental health support, and Indian health facilities.



CONTRIBUTIONS

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	\$461,050
Total Tribal Operations:	461,050
GRAND TOTAL (CONTRIBUTIONS)	\$461,050

Figure 5

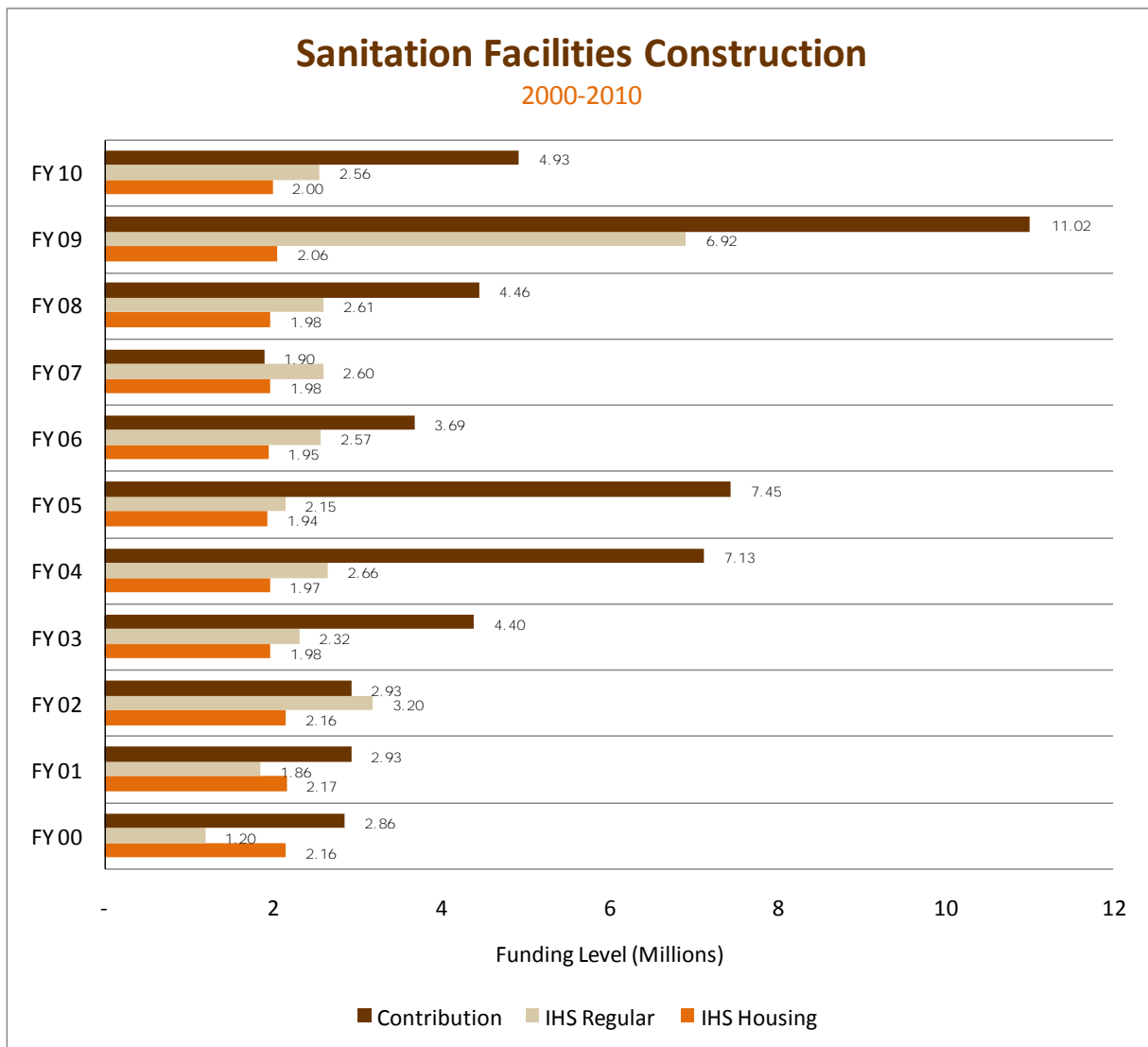
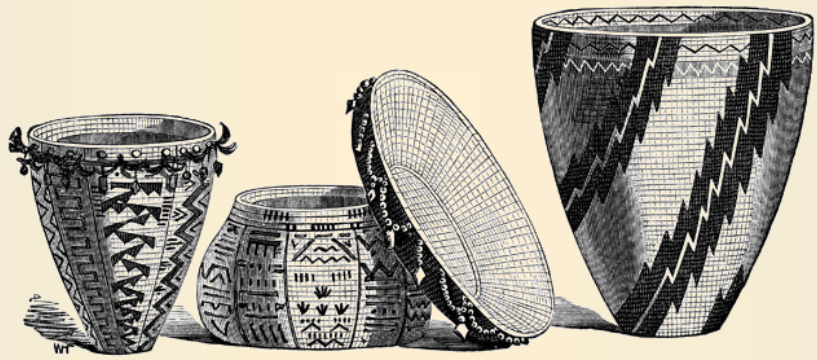


Figure 5 represents funding levels for sanitation facilities construction for Fiscal years 2000 to 2010.





California Area Tribal Advisory Committee (CATAC)

CATAC MEMBERS

NORTHERN REGION

Primary

Peter Masten—Hoopa
John Green—Elk Valley
Duane Sherman—Hoopa

Alternate

Lawrence Harlan—Ft. Bidwell
Stacy Dixon—Susanville
Diane Holiday—Blue Lake

EAST CENTRAL REGION

Primary

Jacquie Davis-Van Huss—North Fork
Joseph Saulque—Benton
Rachel Joseph—Lone Pine

Alternate

Robert Marquez—Cold Springs
Tilford Denver—Bishop
David Moose—Big Pine

WEST CENTRAL REGION

Primary

Reno Franklin—Kashia
Debra Ramirez—Redwood Valley
Crista Ray—Scotts Valley

Alternate

Silver Galleto—Cloverdale
Beverly Rodriguez—Hopland
Geraldine Johnson—Elem

SOUTHERN REGION

Primary

Johnny Hernandez—Santa Ysabel
Diana Chihuahua—Torress Martinez
Chris Devers—Pauma

Alternate

Mark Romero—Mesa Grande
Patricia Schoolcraft—Agua Caliente
Robert Smith—Pala

URBAN PROGRAM REPRESENTATIVE

Dave Rambeau

NATIONAL INDIAN HEALTH BOARD REPRESENTATIVE

Reno Franklin

UNAFFILIATED CALIFORNIA INDIAN REPRESENTATIVE

Rosemary Nelson

Executive Staff



Margo D. Kerrigan, MPH began her career with the Indian Health Service in 1979 at the California Program Office, Office of Program Operations. She also served at the Phoenix Area, Office of Third Party Health Resource Management, followed by an assignment to the Office of the Director in the Nashville Area. From 1989 to 1996, she served as the Director of the Division of Management Policy, Office of Administration and Management, at IHS Headquarters in Rockville, MD. Presently, Ms. Kerrigan serves as the Director of the California Area Indian Health Service. Ms. Kerrigan holds a Bachelor of Arts degree in Human Biology from Stanford University, Palo Alto, CA, and a Master of Public Health degree in health administration, planning, and policy from the University of California at Berkeley. She is a member of the White Earth (Mississippi) Band of the Minnesota Chippewa Tribe. As Area Director, she manages a unique ambulatory health care program provided entirely through contracts/compacts as allowed by the Indian Self-Determination and Education Assistance Act, Public Law 93-638, where Tribes establish and maintain responsibility for the development and operation of their health facilities, programs, and services.

Beverly Miller, CPA, MBA, MHA joined the Indian Health Service in 1993 as a financial management officer and served in various senior executive management positions. Ms. Miller has over 25 years of experience in government and private industry. Ms. Miller is a financial and management expert having worked in public accounting and also provided her expertise in financial process engineering to San Juan Unified School district. Ms. Miller is a Certified Public Accountant and a member of the American Institute of Certified Public Accountants. She has a Master of Business Administration degree from Golden Gate University and a Master of Health Administration degree from the University of Southern California. Presently Ms. Miller is working as the Deputy Area Director for the California Area Office providing financial and management expertise in guiding and developing health care policies and programs.



CAPT David Sprenger, MD serves as the Chief Medical Officer of the California Area Indian Health Service. As the Chief Medical Officer, Dr. Sprenger provides technical assistance and coordinates a number of activities within the medical and behavioral health fields. He coordinates the Youth Regional Treatment Center Task Force and disaster preparedness program, and serves as a project officer for a number of health programs. In addition to his duties as the Chief Medical Officer, Dr. Sprenger is a practicing psychiatrist, treating patients in person at a Sacramento area Tribal health program, and via telemedicine at several tribal health programs throughout northern California. He is Board Certified in both General Psychiatry and in Child and Adolescent Psychiatry.

Steve Riggio, DDS began his career with the California Area Office in 2005 as the Dental Officer, and presently serves as the Associate Director for the Office of Public Health. Prior to his current position, he owned a private dental practice and managed a preschool and day care facility. From 2002 to 2005, Dr. Riggio served as the Executive Director of the M.A.C.T. Health Board where he **oversaw 12 clinics in four rural counties. He obtained his Bachelor's degree from the University of San Diego and a Doctor of Dental Surgery degree from the University of Southern California.** He is also certified in early childhood education from the University of California at Los Angeles. As the Associate Director of Public Health and Dental Consultant, Dr. Riggio works extensively with Indian Tribes and health clinics throughout California, particularly relating to dental care.



Elaine Brinn has held several Federal government and private industry positions before joining the Indian Health Service in 1999. She began her Federal career as a management intern with the Office of Personnel Management and later served as their Administrative and Personnel Officer. She also worked in private industry, managing the investor relations and human resources functions for a public company. She has led the National GPRA Support Team since 2004 and presently **serves as the Associate Director for the Office of Management Support. She obtained her Bachelor's degree in Political Science from the University of New Hampshire.**

CAPT Edwin J. Fluette began his career with the Indian Health service in 1978 as Service Unit Sanitarian at the Fort Belknap Indian Reservation in Harlem, MT. After serving six years in Montana, Mr. Fluette transferred to Anchorage, AK working year round in isolated Alaska Native villages on the Aleutian Islands, Kodiak Island, Lake Iliamna, and the highway villages of the Anchorage Service Unit. He also served as Safety Officer at the Alaska Native Medical Center. He transferred to Sacramento in 1987 to serve as the District Environmental Health Officer, and was promoted to Chief, Environmental Health Services in 1988. He presently serves as Associate **Director, Office of Environmental Health & Engineering (OEH&E). Mr. Fluette earned his Bachelor's degree in Environmental Health from Ferris State University in Big Rapids, MI and a Master of Public Health degree in Environmental Health from the University of Hawaii, Manoa in Honolulu, HI.** He is a member of the Little Traverse Bay Band of Odawa Indians in Petoskey, Michigan. As Associate **Director of OEH&E, Mr. Fluette manages a unique "direct service" program which includes Sanitation Facilities Construction, Health Facilities Engineering, and Environmental Health Services.**



Jeanne Taylor has served in the federal government for 27 years and is currently a Senior Human Resources Specialist for the Department of Health & Human Services, Indian Health Service, Western Region Human Resources Center. Ms. Taylor has a Master of Public Administration degree from the University of Southern California. She is involved in all aspects federal human resources such as recruiting, position management, pay-setting, employee/labor relations, employee development, benefits, background investigations, suitability and ethics. She primarily supports the California Area Indian Health Service agency, but also provides technical support to the Alaska and Portland Area agencies, and to the Indian Health Service headquarters agency.

Office Directory



First Row (L to R): Jeanne Taylor, Rachel Pulverman, Edna Lorimer, Susan Rey, Elaine Brinn, Beverly Miller, Margo Kerrigan, Myrtle Larocque, Jeannette Reynolds, Angie Singh, Marilyn Freeman, Kelly Stephenson
 Second row (L to R): Robert Gemmell, Ana Chavez-Alvarez, Marie Lowden, Jean Reynolds, Dawn Phillips, Vinay Behl, Harry Weiss, Christine Brennan, Karen Nichols, Phil Church, Mary Weber, Kurt Nelson, Julie Morrow
 Last Row (L to R): Josh Newcom, Toni Johnson, Richard Wermers, Susan Ducore, Steven Lopez, Travis Coleman, Chris Brady, Gary Ball, Gordon Tsatoke, Edwin Fluette, Don Brafford, Gary Mosier, Wendy Blocker, Steve Riggio, Dave Mazorra, Michael Hodahkwen, Luke Schulte, Nathan Wong, Lisa Nakagawa, Michelle Martinez, Steve Viramontes
 Not Pictured: David Sprenger, Mona Celli, Helen Maldonado, Beverly Calderon, Amy Patterson, Linda Wilson, Martin Smith, Cordell Bailey, Steven Zerebecki, Bob Johnson, Lolita Brinkley-Nunn, Trisha Sutherland

OFFICE OF THE AREA DIRECTOR

Margo Kerrigan, MPH
 Director

Beverly Miller
 Deputy Director

CAPT David Sprenger, MD
 Chief Medical Officer

Travis Coleman
 Indian Self-Determination Program
 Manager (Acting)

OFFICE OF PUBLIC HEALTH

Steve Riggio, DDS
 Associate Director

Government Performance and Results Act

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 Public Health Analyst

LCDR Wendy Blocker, MSN
 Public Health Analyst

Christine Brennan, MPH
 Public Health Analyst

Rachel Pulverman
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 Clinical Applications Coordinator
 VistA Imaging Coordinator

CAPT Steven Lopez, RHIA
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OFFICE OF MANAGEMENT SUPPORT

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Accounting Technician

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Cordell Bailey
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Travis Coleman
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Michael Hodahkwen
Contract Specialist

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Regional Human Resources Specialist

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Mona Celli
Management Analyst

Myrtle La Rocque
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Jean Reynolds
Receptionist

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Associate Director

Susan Rey
Secretary

Jeannette Reynolds
Administrative Assistant

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Director

Gary Ball
Architect

Philip Church
Engineer

Nathan Wong
Facilities Engineer

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Director

LCDR Martin Smith, RS
Environmental Health Specialist

LT JG Lisa Nakagawa, MPH
Environmental Health Specialist
Injury Prevention Specialist

Brian Lewelling
District Environmental Health Specialist
(Escondido)

Charles Craig
District Environmental Health Specialist
(Redding)

Mary Weber
Area Tribal Utility Consultant (Ukiah)

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Deputy Director of Sanitation Facilities

Luke Schulte, PE
Area Environmental Engineer Consultant

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Office Automation Clerk

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Bob Johnson
Engineer Technician

Trisha Sutherland
Administrative Assistant

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Matt Mergenthaler
Field Engineer (Fresno)

J.J. Garcia
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Darrell Vera
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Raffi Papazian
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Aaron Oliver
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Liz Oliver
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Sacramento, CA 95814-4706

INTERNET INFORMATION

Information on the CAO's financial results and its products and services is available on the internet at <http://www.ihs.gov/California>.

FINANCIAL INFORMATION

The CAO Annual Report is available electronically at the website listed above.



INQUIRIES

For general information, you may reach the CAO by phone at (916) 930-3927.



ANNUAL MEETING

The CAO hosts an **ANNUAL TRIBAL LEADERS' CONSULTATION CONFERENCE** for Tribal Leaders in California. The 2010 meeting was held at the Morongo Casino in Cabazon, CA in March. The 2011 meeting will be held at the Chukchansi Gold Resort & Casino in Coarsegold, CA in March. Contact the CAO for more information about the next Tribal Leaders' Consultation Conference.

Organization Information



Mission

The overall mission of the IHS is to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

Goal

The main goal of the IHS is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indians and Alaska Natives.

Foundation

The IHS foundation is to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native communities and cultures, and to honor and protect the inherent sovereign rights of Tribes.

Vision

The vision of the IHS/CAO is to raise the health status of American Indians and Alaska Natives to the highest possible level by supporting Tribal governments and urban Indian communities in the development and administration of comprehensive health care delivery systems that meet the needs of Indian people.

Core Values

EXCELLENCE...exceeding expectations through teamwork and creativity

INNOVATION...finding new and better ways to serve our constituents

RESPECT...for everyone all the time

ETHICS...honesty, fairness and dignity for all individuals and groups

LEADERSHIP...enhancing health services through education and prevention

