



Quarterly *highlights*

The California Area Office (CAO) reports its accomplishments during the second quarter of FY 2013, in alignment with the four agency priorities:

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

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To renew and strengthen our partnership with tribes...

Sanitation Facilities Construction

Poorly constructed and unsafe housing continues to affect the health of millions of people of all income levels, geographic areas and walks of life in the United States. Many factors influence health and safety in homes, including structural and safety aspects of the home: quality of indoor air, water quality, chemicals, and the house's immediate surroundings. The link between these housing features and illness and injury is clear and compelling. Home's structural and safety features can increase risk for injuries, elevate blood lead levels, and exacerbate other conditions. Poor indoor air quality contributes to cancers, cardiovascular disease, asthma, allergies, and other illnesses. Poor water quality can lead to gastrointestinal illness and a range of other conditions including neurological effects and cancer. Some chemicals in and around the home can contribute to acute poisonings and other toxic effects. All of these issues are influenced both by the physical environment of the home and by the behaviors of the people living in the home.

Access to safe drinking water and adequate waste disposal is essential to human health and disease prevention and is a major component of a healthy home. Families with safe water and adequate waste disposal systems require fewer medical services and place fewer demands on the tribal primary healthcare delivery system. The impact of sanitation facilities on public health in the United States is estimated to have had a rate of return of 23 to 1 for investments.

Sanitation Facilities Construction (SFC) now offers a Healthy Home Initiative that promotes a comprehensive and coordinated approach that results in the greatest possible public health impact to tribal communities. SFC plans to provide services in California to 50 Indian homes that do not have access to safe drinking water or adequate waste disposal in rural communities.



For more information, contact the IHS Office nearest you:

- | | |
|----------------------------|---------------------|
| Sacramento District Office | (916) 930-3927 x305 |
| Escondido District Office | (760) 735-6880 |
| Redding District Office | (530) 246-5339 |
| Arcata Field Office | (707) 822-1688 |
| Clovis Field Office | (559) 322-7488 |
| Ukiah Field Office | (707) 462-5314 |

To reform the IHS...

HHSInnovates Award

The CAO portal system received Honorable Mention as one of the six finalists in the U.S. Department of Health and Human Services 2013 HHSInnovates award contest. On March 19, four CAO staff attended a DHHS sponsored ceremony in Washington D.C. and were presented with the HHSInnovates award by DHHS Secretary Kathleen Sebelius. The CAO Portal System is a cost-effective, novel, and easily accessible tool that non-federal healthcare staff at remote locations throughout California use to access discipline specific online communities. These clusters of subject matter experts offer one-stop access for training and technical assistance, including:

- custom helpdesk applications
- links to documents and information
- knowledge base articles
- training videos
- peer-to-peer support chat functions
- calendar of events
- frequently asked questions



HHSInnovates Award Ceremony (Left to Right): Steve Riggio, IHS/CAO Office of Public Health Associate Director, Kelly Stephenson, IHS/CAO Web Content Manager, Yvette Roubideaux, IHS Director, Robert Gemmell, IHS/CAO Computer Information Officer, and Beverly Miller, IHS/CAO Deputy Director

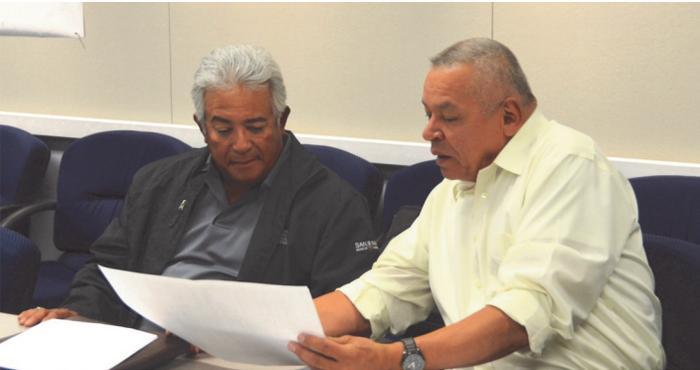
To improve the quality of and access to care...

Youth Regional Treatment Centers (YRTCs)

The Indian Health Service/California Area Office is planning to establish two YRTCs in California. The YRTCs will provide inpatient treatment for chemical dependence for eligible American Indian and Alaska Native youth, ages 12-17. On January 8, the IHS accepted title to the site for the Northern California YRTC. The 12 acre site is approximately 6 miles west of Davis, in Yolo County. In October 2012, IHS Headquarters, in collaboration between the Area Office and an architectural firm, began designing the Southern California YRTC, which will be located in Riverside County, near the town of Hemet. We are halfway through the design-phase, and the Area Office will continue to seek advice and recommendations from California's Tribal governments. See below for the architect's preliminary sketch of the facility.



Southern YRTC design of southeast courtyard



Chris Devers and Edwin Fluette reviewing design plans for the YRTC

Feasibility Study of Establishing Regional Ambulatory Surgical Specialty Care Referral Centers

Over the past year, the IHS/CAO has been studying the need for regionalized healthcare for the AI/AN populations of California. This study looks at the need for ambulatory surgical and specialty referral healthcare services not including primary care, emergency care, maternity care, or dialysis. The feasibility study is only in the discussion phase and was presented to the California Area Tribal Advisory Committee and healthcare program directors on November 14, 2012. The study was presented to the California Area Tribal Advisory Committee on February 27, 2013. The updated presentation was provided to the tribal government officials on March 13, 2013. The final study will be issued this summer.

Tele-Videoconferencing Services

Seven California healthcare programs offer real-time telemedicine services, including psychiatry, endocrinology, and nutrition services. The IHS/CAO administers a telemedicine calendar to schedule and track patient encounters. The IHS/CAO Telemedicine Coordinator works closely with the tribal and urban healthcare programs to maintain contracts with the University of California, Davis.

Federal Communications Commission (FCC) Healthcare Connect Fund

The IHS Telecommunications Program staff shared information with Area offices last month about a new telecommunications funding support initiative that starts in January 2014. Similar to the USAC (Universal Service Administrative Company) Rural Health Care (USAC RHC) funding initiative, the FCC Healthcare Connect Fund (FCC HCF) initiative will fund tribal and urban healthcare clinics for their telecom costs. The key differences between the two initiatives are:



USAC RHC	FCC HCF
Funds only healthcare organizations that are considered by the Census Bureau as operating in a rural community	Funds any healthcare organization, regardless of their urban or rural status with the Census Bureau
Funds about 1%-20% of total telecom cost per year	Funds up to 65% of a healthcare program's total telecom cost per year
Does not provide telecom funding assistance to federal administrative facilities or behavioral health facilities	Provides telecom funding assistance to federal administrative facilities and behavioral health facilities
Does not provide telecom funding assistance for equipment (such as routers and switches)	Provides telecom funding assistance for equipment

For more information about this telecommunications funding initiative, please visit:

- Fact sheet on the FCC Healthcare Connect Fund at <http://www.fcc.gov/document/healthcare-connect-fund-fact-sheet>
- Article written by Patrick Gormley, IHS Network Program Manager at http://www.tribalnetonline.com/mag_2013_1/, page 22
- January 7, 2013, FCC Chairman Announces Up to \$400 Million Healthcare Connect Fund at <http://www.fcc.gov/document/fcc-chairman-announces-400-million-healthcare-connect-fund>

Please send your comments and questions about this new initiative to Kelly Stephenson, IHS/CAO Telecommunications Liaison, via email at Kelly.stephenson@ihs.gov.

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

Weekly Resource & Patient Management System (RPMS)/ Electronic Health Record (EHR) Office Hours

The IHS/CAO offers open RPMS/EHR office hours on Fridays to approximately 20 tribal and urban Indian healthcare program staff. During the office hours, clinic staff discuss EHR progress, troubleshoot EHR issues, and review recent activities related to Meaningful Use, EHR patches, and the IHS/CAO portal system.

RPMS/EHR Trainings

The IHS/CAO offered the following RPMS/EHR trainings during the second quarter of FY 2013:

- ePrescribing Go Live at Round Valley Indian Health Project in Covelo in January
- ePrescribing Go Live at Central Valley Indian Health in Clovis in February
- EHR Clinical Applications Coordinator Review at the IHS/CAO in January
- EHR Behavioral Health for Clinical Application Coordinators at the IHS/CAO
- Clinic site trainings at Round Valley Indian Health in Covelo, Consolidated Tribal Health Project in Redwood Valley, and Lassen Indian Health Center in Susanville

Diabetes Webinar Trainings

The IHS/CAO hosts training webinars every other month for California's 37 diabetes programs. During the second quarter of FY 2013, the training and sharing focused on strengthening relationships with communities. K'ima:w Medical Center (Hoopa) presented on Community Partnership, demonstrating innovative ways to partner to develop healthy habits within the community. Additionally, Dr. Ann Bullock, Acting Director of the IHS Division of Diabetes, presented on the new diabetes treatment guidelines for A1c and blood pressure targets.

Immunization Coverage Improvement

The IHS/CAO offered two GPRA-based immunization improvement challenges to California tribal and urban Indian healthcare programs. Ten healthcare programs have provided statements of intent to participate in one or both of the challenges and have articulated plans for improving childhood and adult immunization coverage. Top performers will be recognized for their efforts.

The IHS/CAO will host an Immunization 101 RPMS Package Training on May 9, 2013. California healthcare program staff will have the opportunity to participate in this training from the IHS/CAO conference room, as it is being held virtually from Albuquerque.

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

As of the second quarter of FY 2013, the California Area has met the targets for 10 of the 21 GPRA/GPRAMA performance measures, and is within range of meeting four additional measures.

To assist California tribal and urban Indian healthcare programs in achieving FY 2013 GPRA targets, during the second quarter of FY 2013, the IHS/CAO:

- Hosted a webinar training session on March 13 for all California tribal and urban Indian healthcare programs. Twenty-nine healthcare program staff, participating via webinar, discussed California 2013 2nd Quarter GPRA results, the new California Area GPRA/GPRAMA portal, and the 2013 California Medical Providers' Best Practices & GPRA Measures Conference.
- Hosted two collaborative webinar sessions where California sites shared best practices and discussed improvement strategies. The January webinar focused on the alcohol screening (fetal alcohol syndrome prevention) measure and the February webinar focused on the breastfeeding measure.
- Held an individual site GPRA training at Shingle Springs Tribal Health Clinic in February. The presentation included an introduction to GPRAMA, FY 2013 measure logic changes, individual site results, Clinical Reporting System (CRS) tools, GPRA best practices, GPRA resources, and questions/discussion.

The IHS/CAO GPRA team also hosted three additional national webinar training sessions to improve clinic performance and the quality of clinical care at tribal and urban Indian healthcare programs. The webinars covered the following GPRA measures:

- Breast Cancer Screening (Mammography)
- Cervical Cancer Screening (Pap Screening)
- Childhood Immunizations.

An estimated 60 tribal and urban Indian healthcare program staff participated in each of these sessions. The webinars were recorded and posted on the IHS/California Area Office webpage and GPRA/GPRAMA portal, here: <http://www.ihs.gov/california/>.

The IHS/CAO established a GPRA/GPRAMA portal for all California GPRA coordinators, other interested healthcare program staff, and non-federal employees from tribal and urban Indian healthcare programs. The portal launches from the IHS/CAO webpage and functions as a point of access to comprehensive information. The following resources are available in this portal:

- California Area and national GPRA results
- GPRA reporting information
- GPRA 101 information for new staff
- GPRA monthly webinar recordings
- National GPRA webinar recordings
- Clinical Reporting System (CRS) tools
- Screening tools
- Events calendar
- Discussion forums

To obtain access to this portal, send an e-mail to Kelly.Stephenson@ihs.gov or create an account at:

<http://www.ihs.gov/california/index.cfm/member-portal/>



CALIFORNIA TELECONNECT FUND

State Funded Discounts for Advanced Communication Services

The **California Teleconnect Fund** is a program of the California Public Utilities Commission that provides a 50% discount on advanced communication services to qualified non-profits.

The purpose of the program is to facilitate access to more advanced communications through a discounted rate.

For more information on the program, to request an in person presentation or for application assistance:

Visit the CTF Program website: www.CTFProgram.org

Contact the CTF Help Desk at (866) 742-8587

Email: CTFHelpDesk@rhainc.com

Environmental Health Services

Since 1993, the DEHS at IHS Headquarters has annually recognized an outstanding Environmental Health Specialist (EHS) of the Year. The selection process involves nomination of an outstanding EHS by an Area DEHS Director and subsequent selection at the National level based on special accomplishments, professionalism, and innovation in environmental health.

The National IHS EHS of the Year in 2012 was LT Lisa Nakagawa. The following are examples of her special accomplishments:

- Completed an evaluation of the California Area's Injury Prevention mini-grant program
- Led an effort to bring the first ever "Tai Chi: Moving for Better Balance" train-the-trainer course to tribal communities
- Initiated a descriptive injury research study that will describe injury deaths, hospitalizations, and emergency department admission for primary prevention efforts
- Served as project officer for three IHS funded tribal Injury Prevention Cooperative Agreements
- Completed the IHS Injury Prevention Specialist Fellowship



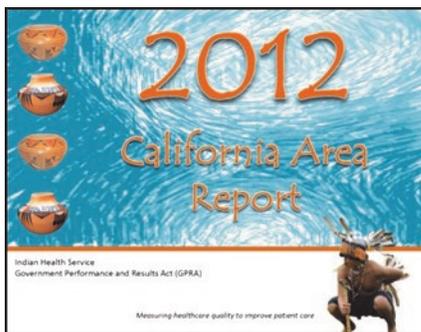
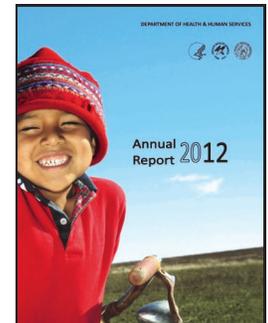
LT Lisa Nakagawa,
IHS Environmental Health Officer/
Injury Prevention Specialist

Congratulations to LT Lisa Nakagawa for being California's first ever national EHS of the Year in 2012. More information about LT Nakagawa's National EHS of the Year Award can be found at <http://www.ihs.gov/dehs/>.

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

Annual Financial Report for FY 2012

To provide tribal governments and tribal and urban Indian healthcare programs with a complete accounting of the IHS/CAO budget, IHS published the FY 2012 IHS/CAO Annual Report. In addition to fiscal year financial, the Annual Report features details about IHS/CAO programs, services, and accomplishments. The report is available at <http://www.ihs.gov/california/index.cfm/tribal-consultation/resources-for-tribal-leaders/tribal-consultation-resources/>.



2012 California Area GPRA Report

The IHS/CAO publishes an annual California Area Report with GPRA performance results of all California Area tribal and urban Indian healthcare programs. This enables the programs to compare their own performance against that of other programs, against their own prior year performance, and against the Area average. The report includes additional information about the clinical importance of the measures as well as a trend graph of the progress made on the measures nationally. The 2012 California Area Report will be available to all healthcare program staff at the California Medical Providers' Best Practices & GPRA Measures Conference in Sacramento on May 20-23. To request a copy, e-mail the National GPRA Support Team at caogpra@ihs.gov.

State Hosts Tribal and Urban Indian Healthcare Program Designee Annual Meeting

On March 6-7, the IHS/CAO staff attended a two-day invitational event sponsored by Medi-Cal, the Tribal and Indian Health Program Designee Annual Meeting. The IHS/CAO Behavioral Health Consultant presented on the Youth Regional Treatment Center (YRTC) Risk Pool and the annual number of youths who receive services. The risk pool funds 45 youths annually at an average length of stay of 6 months. The Behavioral Health Consultant also provided an update of the Southern California YRTC design which is currently in progress.



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