



Quarterly *highlights*

The California Area IHS reports its accomplishments during the first quarter of FY 2016, in alignment with the agency's four priorities:

1. Renew and strengthen our partnerships with Tribes and Urban Indian Health Programs
2. Improve the IHS
3. Improve the quality of and access to care
4. Ensure that our work is transparent, accountable, fair and inclusive

Beverly Miller, M.H.A., M.B.A.
Area Director

Inside...

Renew and strengthen our partnerships with Tribes and Urban Indian Health Programs

Division of Environmental Health Services (DEHS)	1
Physical Activity	1
Tribal Health Program Facilities	2
Sustainability Project Awards	2

Improve the IHS

Retail Food Inspections	2
-------------------------------	---

Improve the quality of and access to care

Government Performance and Results Act (GPRA)/GPRA Modernization Act (GPRAMA) Update	2
Nutrition Education	3
Community Wellness	3
Hepatitis C Program Implementation	3
Sacred Oaks Healing Center	3
Desert Sage Youth Wellness Center	3

Ensure that our work transparent, accountable, fair and inclusive

Budget Formulation for FY 2018	6
--------------------------------------	---

Renew and strengthen our partnerships with Tribes and Urban Indian Health Programs...

Division of Environmental Health Services (DEHS)

The California Area Indian Health Service Injury Prevention program announced the availability of mini-grants to Tribal healthcare programs for the purchase of bicycle helmets, child safety seats and smoke detectors in November 2015. To date, a total of 15 applications have been received from Tribal healthcare programs in the California Area. Funding awards are being processed and expected to be distributed early next quarter.

With the assistance and support of California Area DEHS staff, the Indian Health Council and California Rural Indian Health Board were each awarded Part II grants through the IHS Tribal Injury Prevention Cooperative Agreement in October 2015. These grants are valued at \$300,000 over 5 years. This funding will support injury prevention programs focused on reducing childhood motor vehicle crash injuries within these communities through 2020.

At the Program Directors Meeting held in October 2015, LCDR Sarah Snyder presented a summary of California DEHS support services available to tribes managing a community emergency or disaster such as the Northern California wildfires in September 2015. She also provided information on how to seek technical assistance via the deployment of U.S. Public Health Service Commissioned Corp Officers from around the U.S and information concerning Project TRANSAM. Project TRANSAM facilitates the distribution of excess government medical equipment and supplies useful for emergency response preparedness to IHS and tribal healthcare program.

Physical Activity

In celebration of the 10th year the California Area IHS has partnered with the Just Move It campaign to promote physical activity, a physical activity challenge was held from September to December 2015. The challenge supported the more than 80 Just Move It partners in California and promoted the Just Move It goal of getting one million American Indians/Alaska

Natives moving. The challenge included support from Healthy Native Communities Partnership, California Rural Indian Health Board (CRIHB), Northern California Indian Development Council, Inc., and the American Cancer Society. This was one way Just Move It partners in California were able to also support the Let's Move In Indian Country initiative.



Renew and strengthen our partnerships with Tribes and Urban Indian Health Programs... cont'd.

Tribal Health Program Facilities

The Quartz Valley Indian Reservation started construction of a 3,000 square foot addition to the existing Anav Tribal Health Clinic. The expanded space is scheduled for completion in the spring 2016 and will include dental services.

Northern Valley Indian Health is in phase-3 of a 6-phase major renovation and remodel to expand dental services as well as to improve overall patient flow and HVAC system of the 16,000 square foot Willows Health Center.

Sustainability Project Awards

The Chapa-De Indian Health Program, Feather River Tribal Health, and Riverside-San Bernardino County Indian Health were awarded a combined \$252,300 in sustainability funding to support projects that improve water conservation and energy efficiency. Selected projects include two light emitting diodes (LED) lighting retrofit projects and the installation of xeriscaping.

Improve the quality of and access care...

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

The IHS/CAO GPRA team hosted the annual Area GPRA Coordinators' Conference via an Adobe Connect webinar on December 9-10, 2015. Day one of the conference was offered to Area GPRA Coordinators and performance measure leads. Day two of the conference was offered to staff from all IHS, tribal, and urban healthcare facilities. Over 100 Indian healthcare program staff attended the virtual event and discussed:

- 2015 GPRA Results
- 2016 Measure Targets
- Clinical Reporting System (CRS) Updates
- GPRA Data Mart Overview
- Updates from Measure Leads on existing and new GPRA/GPRAMA measures

To assist California tribal and urban Indian healthcare programs to achieve and meet 2016 GPRA performance measure targets, during the first quarter of FY 2016, the IHS/CAO:

- Hosted a California-Area webinar training session on November 20 for California sites to share best practices and discuss improvement strategies for the two new influenza immunization GPRA measures. Twenty California healthcare program staff attended the session.

Improve the IHS...

Retail Food Inspections

For the first time, the California Area DEHS enrolled in the U.S. Food and Drug Administration (FDA) Voluntary National Retail Food Regulatory Program Standards and completed a self-audit of the IHS retail food assessment program in October 2015. This national program is designed to create uniformity among food safety regulatory programs and represents a standard of excellence and continual improvement for food safety professionals. The self-audit process allowed DEHS to identify the areas where the program may have the greatest impact on retail food safety and evaluate the effectiveness of food safety interventions implemented by DEHS staff in the California Area.

Additionally, the DEHS began working towards the standardization of all staff in retail food inspections. The standardization of retail food safety personnel is an FDA initiative designed to subject the skills and knowledge of food safety personnel to ensure the uniform implementation of national food regulatory policy. The California Area currently has three DEHS who are FDA standardized with all staff expected to have completed the process by the close of 2016.

- Hosted three national webinar training sessions for all IHS, tribal, and urban Indian healthcare programs. On October 1, the training session focused on the influenza and childhood immunization measures. On November 19, three high performing healthcare programs presented their best practices for improving GPRA/GPRAMA performance measures rates. On December 3, Megan Galope, IHS Clinical Reporting System (CRS) Contract Lead, demonstrated how to run GPRA/GPRAMA reports, patient lists, forecast reports, and how to update medication and lab taxonomies. Over 80 healthcare program staff attended each of these sessions.



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

Transitions

In December 2015, Ms. Carolyn Garcia joined the staff of the Division of Environmental Health Services as the division director. Ms. Garcia comes to the California Area Office from the U.S. Department of Agriculture (USDA) Agricultural Research Service (ARS) - Western Regional Research Center where she served as the facility's occupational health and safety officer. Prior to her service with ARS, she was the Minnesota District Environmental Health Officer in the Bemidji Area for 9 years.

Improve the quality of and access to care...cont'd.

Nutrition Education

The California Area IHS piloted a five session online continuing education learning opportunity for dietetic professionals. It was developed for those interested in learning together and sharing what works in a practical online environment. The sessions introduced professionally-relevant person-centered approaches and applied participatory facilitation tools.

Community Wellness

The IHS/CAO participated in the Healthy Native Communities Partnership National Gathering October 27-29 in San Diego along with over 20 Tribal and urban Indian partners. The training event was an opportunity to strengthen a movement for wellness rooted in the traditions, culture, and wisdom of Native communities. It supported the wisdom and strength of community-based efforts aimed at helping communities realize their own vision of wellness, promote capacity building, leadership development, partnerships, and networking. Healthy Native Communities Partnership facilitated a California-specific planning session the day prior to the event to help in gathering input and initiate the planning process for a 2016 California Community Wellness Forum.



Special Diabetes Programs for Indians (SDPI)

Several changes impacted California SDPI grantees starting in FY 2016, including:

- Previous four budget cycles transformed to one budget cycle
- California Area received an increase of \$985,979
- Each California program received an increase in grant funding based on their FY 2014 user population data
- Twenty-nine Tribal healthcare programs and 8 urban Indian healthcare programs were successful applicants, including the following “new” tribes:
 - Wilton Rancheria
 - Hopland Band of Pomo Indians
 - Tuolumne Rancheria
 - Quartz Valley Indian Reservation
- IHS/CAO provided technical assistance after notification of successful grantees, including site visits, mid-year progress reports, and webinars

The IHS/CAO Diabetes Team includes the Area Diabetes Consultant and two contracted diabetes educator professionals. In the first quarter of FY 2016, the IHS/CAO Diabetes team provided technical assistance after notification of successful grantees, including:

- Conducted site visits
- Hosted webinar training sessions
- Coordinated with the IHS Division of Diabetes Treatment and Prevention and the IHS Division of Grants Management to provide the most up-to-date information to grantees
- Attended the Annual Healthy Native Communities Partnership Conference
- Prepared for the Annual Diabetes Care and Outcomes Audit
- Reviewed required EHR data to ensure it is being captured correctly
- Met virtually with the California Rural Indian Health Board, Inc. regarding the one-year grant provided by the SDPI grant to their Tribal Epi-Center to improve the quality of data reported to the National Data Warehouse

Hepatitis C Program Implementation

In November 2014, the IHS/CAO established a framework for implementing a Hepatitis C program. This includes identification of individuals at high-risk of infection and implementation of life-saving treatments. The IHS/CAO provides technical assistance to clinics that wish to implement tools to identify individuals at highest risk and establish key processes that facilitate patient assessment and evaluation. The IHS/CAO has enlisted support from the University of California, San Francisco (UCSF) Consultation Center to ensure the most appropriate medication is being utilized for patients with a positive screening test. Once the appropriate treatment is determined, the IHS/CAO assists programs with acquiring the medication at a reasonable price.

Sacred Oaks Healing Center

Funding in the FY 2015 President’s Budget request for both design and construction of Sacred Oaks Healing Center was approved in the amount of \$17.61M. The design-build procurement of the Sacred Oaks Healing Center will incorporate existing design elements of the Desert Sage Youth Wellness Center for time and cost savings, but will include site adaptations and lessons learned as well as cultural elements specific to the region. A permanent street address has been established as 33100 County Road 31, Davis, CA 95616. Current activities in-progress include finalizing the Environmental Assessment and corresponding Program of Requirements.

Desert Sage Youth Wellness Center

Construction of the Desert Sage Youth Wellness Center continues. Completion of major construction milestones include exterior and interior structural components and roofing systems for all three buildings, and the water storage tank. Current construction activities in-progress include exterior sliding installation, stucco, exterior painting, building windows, interior utilities and interior finish work in the resident building. The estimated construction completion date is scheduled for March 2016.

In addition to working with contractors on the final construction plans, the IHS/CAO has made numerous trips to the construction site to facilitate tours by tribal members and tribal officials. IHS/CAO staff have visited other youth regional treatment centers in Nevada, North Carolina, and Oklahoma to gather best practices to incorporate

Improve the quality of and access to care...cont'd.

into California's facilities' policies and procures. To date, 99% of the policies and procedures have been completed for the Desert Sage Youth Wellness Center. All policies and procedures meet the IHS, Commission on Accreditation of Rehabilitation Facilities (CARF), and state licensing requirements. Additionally, IHS/CAO have met with Hemet Unified School District to develop the facility's educational program that will enable youth to transfer credits back to their local schools. Sustainability has been an important issue for the facility. The IHS/CAO has hired a billing/office manager to facilitate the billing process and have held meetings with the Centers for Medicare and Medicaid Services (CMS), the California State Indian Health Program, and interested parties regarding billing options for the facility.

In addition to all of the above, the IHS/CAO is in the process of contracting with all of the services that will be needed for the facility, such as propane, electricity, internet, garbage, laundry service, and food, to name a few. The IHS/CAO is also identifying all of the necessary equipment and supplies for the facility, including:

- furniture for living quarters and the offices
- computers for staff and the youth
- all associated supplies such as pens and papers, copiers, fax machines, linens, towels, rugs, garbage cans, pots and pans, dishes, kitchenware, cleaning supplies, and medical supplies and equipment

For the latest information on the construction and operations of the YRTC, please visit the website at <http://www.ihs.gov/california/index.cfm/yrtc-project/>



Admin Building Exterior—12-17-15



Education Building Exterior—12-17-15



Cultural Room Exterior—12-17-15



DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE
California Area Office
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4708



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IX
75 Hawthorne Street
San Francisco, CA 94105-3901

Dear Tribal Leader,

We are pleased to share with you the *Drought Planning Handbook: Emergency Drinking Water Supply for California Indian Tribes*, available at the following IHS website: <http://www.ihs.gov/california>. The Handbook is a collaborative effort of the Indian Health Service (IHS), the U.S. Environmental Protection Agency (USEPA), and 11 other California and federal agencies to enhance cross-agency coordination and readiness in responding to the emergency drinking water supply needs of tribes impacted by our prolonged drought.

This Handbook contains valuable information on the multitude of state and federal agency programs and resources that are available to address emergency drinking water supply issues, through either direct provision of drinking water or indirect means such as technical assistance and coordination. We hope the Handbook will serve as a useful and handy resource for you to identify suitable agency assistance programs in the event the demands for emergency water supply should exceed the response capacity of the Tribe.

If you have any questions regarding a listed agency resource, please contact that agency's designated representative. Inquiries for the IHS can be directed to Mr. Chris Brady at 916-930-3981, ext. 340. Inquiries for the USEPA can be directed to Mr. Andrew Sallach at 415-972-3503.

Sincerely,

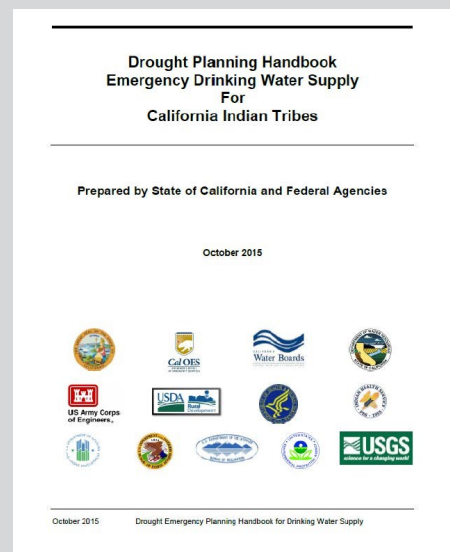
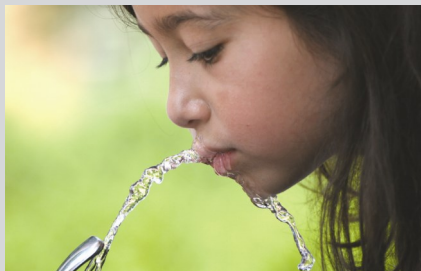
Beverly Miller
Director
Indian Health Service
California Area Office

Jared Blumenfeld
Regional Administrator
U.S. Environmental Protection Agency
Region 9

Drought Handbook

To view the Drought Planning Handbook, and access additional resources related to California's drought, visit:

<http://www.ihs.gov/california/index.cfm/offices/oehe/dsfc/drought-2016/>



Ensure that our work transparent, accountable, fair and inclusive...

Budget Formulation for FY 2018

Tribal consultation with tribal governments is the foundation of the IHS budget formulation process. The IHS California Area budget formulation forum for FY 2018 began with tribal consultation held on November 10 in Sacramento. The following health priorities were recommended by the duly-elected tribal officials:

Priority #1 Purchased/Referred Care (PRC)

In the California Area, there are no IHS or Tribal hospitals, therefore Area Tribal healthcare organizations rely heavily upon PRC funding. The vast majority of Area health projects provide only primary care; as a result, the majority of PRC funds are utilized for specialty referrals, laboratory testing, and diagnostic studies. PRC funds are rarely adequate to cover Levels of Care beyond Priority II. Few healthcare programs are able to cover any in-patient services. This is reflected in the low number of California Area Catastrophic Health Emergency Fund (CHEF) cases.

Priority #2 Behavioral Health/Mental Health

In the California Area, the lack of funding is reflected in the 2015 Government Performance and Results Act (GPRA) data. Almost 13,000 American Indian and Alaska Native (AI/AN) patients were not screened for depression at tribal healthcare programs in the California Area. Nearly 5,000 women were not screened for domestic violence and over 5,000 women of childbearing age were not screened for alcohol use. An increase in funding and subsequent staffing would allow a greater percentage of the population to be screened and more importantly treated.

Priority #3 Methamphetamine and Suicide Prevention Initiative

Both methamphetamine and suicide are taking a tremendous toll in California. Methamphetamine use is epidemic and the impact on the social fabric in many communities is devastating. Suicides, especially of adolescents and young adults, are tragic. Early intervention and treatment for all communities is needed.

Priority #4 Domestic Violence/Intimate Partner Violence

Native communities suffer a disproportionate amount of domestic violence/intimate partner violence. Families are torn apart by the generational impact. Early screening and intervention is critical. Health programs need funds to hire professionals to address these issues.

Priority #5 Health Information Technology

Additional resources are needed for IHS, Tribal, and urban Indian healthcare programs to have the tools, infrastructure, and security to meet the Office of the National Coordinator for Health Information Technology and CMS definitions for Meaningful Use as a minimum for improving patient care. Enhancements to the practice management system are needed; specifically, provide an automated quality general ledger/billing/adjudication system that is integrated into the IHS health information system and aligned with the PRC program requirements and cost saving efficiencies initiatives.



Indian Health Service/California Area Office
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4706
(916) 930-3927
<http://www.ihs.gov/California/>

