INDIAN HEALTH SERVICE | CALIFORNIA AREA OFFICE

SUPPORTING OUR COMMUNITIES

Funding a Better Quality of Life

Department of Health & Human Services

ANNUAL REPORT FY 2014

Mission:

Our agency's mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest possible level.

Goal:

Our goal is to assure that comprehensive culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Foundation:

Our foundation is to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of tribal governments.

Our Core Values:

- Excellence
- Innovation
- Respect
- Ethics
- Leadership

List of Acronyms

AAAHC	Accreditation Association for Ambulatory Health Care
ACA	Affordable Care Act
AI/AN	American Indian/Alaska Natives
CAC	Clinical Applications Coordinator
CAO	California Area Office
CATAC	California Area Tribal Advisory Committee
CHEF	Catastrophic Health Emergency Fund
CHS (PRC)	Formerly Contract Health Services (Purchased and Referred Care)
CHSDA	Contract Health Services Delivery Area
CMS	DHHS/Centers for Medicare & Medicaid Services
CRIHB	California Rural Indian Health Board
CRS	Clinical Reporting System
EDR	Electronic Dental Record
EHR	Electronic Health Record
EHS	IHS/CAO Environmental Health Services
EPA	U.S. Environmental Protection Agency
FAS	Fetal Alcohol Syndrome
FDA	DHHS/Food and Drug Administration
FEHBP	Federal Employee Health Benefits Program
GPRA	Government Performance and Results Act
GPRAMA	GPRA Modernization Act
GSA	General Services Administration
HP/DP	Health Promotion and Disease Prevention
HFE	IHS/CAO Health Facilities Engineering
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability & Accountability Act
HITECH	Health Information Technology for Economical and Clinical Health
ICD-10	International Classification of Disease, 10th Revision
IHCIA	Indian Health Care Improvement Act
IHS	Indian Health Service
IPC	Improving Patient Care
ISDEAA	P.L. 93-638 as amended Indian Self-Determination and Education Assistance Act
IST	Improvement Support Team for Improving Patient Care
IT	Information Technology
M&I	Maintenance and Improvement of Tribal Healthcare Facilities
MSPI	Methamphetamine & Suicide Prevention Initiative
MU	Meaningful Use of Electronic Health Records
NGST	IHS National GPRA Support Team
O&M	Operation & Maintenance
OEH&E	IHS/CAO Office of Environmental Health & Engineering
OMB	President's Office of Management and Budget
OMS	IHS/CAO Office of Management Support
OPH	IHS/CAO Office of Public Health
PCMH	Patient-Centered Medical Home
PRC	Purchased and Referred Care (formally CHS)
QILN	Quality and Innovation Learning Network
RPMS	Resource Patient Management System
SDPI	Special Diabetes Program for Indians
SFC	IHS/CAO Sanitation Facilities Construction
UFMS	IHS Unified Financial Management System
VA	Veteran's Administration
YRTC	Youth Regional Treatment Center

The Indian Health Care System:

- **Tribally-operated health care services**
  Tribal facilities are operated under the authority of the Indian Self-Determination and Education Assistance Act (Public Law 93-638, as amended), Titles I and V. There are 10 Title V compacts, funded through 10 Funding Agreements, totaling $63 million. These compacts represent 42 Tribes, which is 35% of all the federally recognized Tribes in California. There are also 31 programs contracted under Title I serving 64 Tribes, with a total funding amount of $88 million. Overall, approximately 94% of the IHS budget authority appropriation is administered by Tribes through Self-Determination contracts or Self-Governance compacts.

- **Urban health care services and resource centers**
  There are 8 Urban programs, ranging from community health to comprehensive primary health care services.

- **Alcohol Treatment Services**
  There are 4 alcohol treatment programs. Their services range from referral and counseling to residential services.

Population Served:

- Members of 104 federally recognized Tribes
- 86,959 American Indians and Alaska Natives residing on or near reservations
- 6,833 American Indians in Urban clinics (users)
- 167,066 potential AI/AN users in CHSDA and 195,735 potential users not in a CHSDA (2010 census)

Annual Patient Services *(Tribal facilities):*

- Inpatient Admissions: N/A
- Outpatient visits: 588,425
- Dental visits: 216,587

Appropriations:

- FY 2012 Area Office budget appropriation: $195,566,945
- FY 2013 Area Office budget appropriation: $201,409,376

Third-party collections: N/A for P.L. 93-638

Per capita personal health care expenditures comparisons:

CAO user population: $2,018 (*excludes OEHE $*)
IHS user population: $2,690
Total U.S. population: $7,026 (*CMS Report)*

Human Resources

- Total IHS employees: 93 *(41% are Indian; Excluding medical professionals listed below)*

	All employees	Indian	Non-Indian	Physicians	Nurses	Dentists	Pharmacists	Engineers	Sanitarians
Comm. Corps	22	4	18	2	2	0	0	11	6
Civil service	71	35	36	1	2	1	0	4	1
Total	**93**	**39**	**54**	**3**	**4**	**1**	**0**	**17**	**7**
Health Professionals vacancy rates				0%	0%	0%	0%	0%	0%

Facilities

	Hospitals	Health Centers	Alaska Village Clinics	Health Stations	Residential Treatment Centers
IHS					
Tribal		45		10	5

Office of Environmental Health and Engineering

- **The services provided by the IHS/CAO OEHE are categorized into three divisions:**
  - Division of Environmental Health Services (DEHS)
  - Division of Health Facilities Engineering (DHFE)
  - Division of Sanitation Facilities Construction (DSFC)

Indian Health Service
California Area Office Funding

Funding Summary
$ millions, unless otherwise stated

	2014	2013	2012
Clinical Services			
Hospital & Clinics	$71,508,920	$71,447,365	$75,563,496
Dental	1,938,346	1,940,436	2,070,363
Mental Health	2,040,930	2,039,695	2,156,310
Alcohol	10,842,497	10,832,337	11,447,382
Third Party Reimbursements	12,804		542
Total Clinical Services:	86,343,497	86,259,833	91,238,093
Preventive Health			
Public Health Nursing	928,798	929,600	991,550
Health Education	302,155	302,185	321,554
Community Health Representatives	2,005,123	2,007,334	2,128,396
Total Preventive Health:	3,236,076	3,239,119	3,441,500
Urban Health Projects	6,778,168	6,674,127	7,230,471
Direct Operations	2,433,806	2,475,474	2,640,058
Contract Support Costs	57,453,659	43,737,231	46,026,209
Tribal Self-Governance		65,150	
Indian Health Professions		12,660	
Purchased/Referral Care (Contract Health Care)	47,834,104	42,837,066	45,105,547
Catastrophic Health Emergency Fund	40,101	89,718	291,580
Domestic Violence Prevention Initiative	223,000	223,000	223,000
Alcohol & Substance Abuse/Methamphetamine Prevention	889,000	889,000	889,000

Indian Health Service - California Area Office Funding Continued

Funding Summary
$ millions, unless otherwise stated

	2014	2013	2012
Special Diabetes Program for Indians—Direct	160,000	160,000	259,000
Special Diabetes Program for Indians—Reimbursement	200,000	200,000	200,000
Facilities & Environmental Health Support			
Environmental Health Support	3,561,070	3,582,075	3,761,500
Health Facilities Support	1,388,313	1,179,793	1,244,721
OEHE Support	17,156	19,211	15,911
Reimbursements			
Total Facilities & Environmental Health Support:	4,966,539	4,781,079	5,022,132
Indian Health Facilities			
South: Desert Sage Youth Wellness Center	15,500,000		1,996,800
Equipment	866,546	781,879	814,197
Maintenance and Improvement	3,028,040	2,850,048	3,073,230
Total Indian Health Facilities:	19,394,586	3,631,927	5,884,227
Sanitation Facilities			
Housing	1,550,000	1,454,000	1,534,000
Regular	2,033,000	1,904,000	2,380,000
Total Sanitation Facilities	3,583,000	3,358,000	3,914,000
Inter-Agency Funds			
EPA CWA IAG Contributions		2,775,992	2,371,557
Other Contributions	2,028,700		151,000
Total Contributions Facilities	2,028,700	2,775,992	2,522,557
Area Grand Total	**$235,564,236**	**$201,409,376**	**$214,887,374**

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Yvette Roubideaux, MD, MPH
Acting Director
Indian Health Service

Margo Kerrigan, MPH
Area Director
Indian Health Service/California Area Office

FOUR PRIORITIES OF THE INDIAN HEALTH SERVICE

1. **Renew and strengthen our partnership with tribes**
2. **Bring reform to the IHS**
3. **Improve quality of and access to care**
4. **Make all our work accountable, transparent, fair and inclusive**

Ms. Kerrigan's personal collection of Native baskets

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Letter from the Deputy Area Director

Dear Tribal Officials and Indian Healthcare Partners:

From the time the CAO began sending to print an annual report of funds and activities this page has always been reserved for Margo Kerrigan's letter to the Tribal leaders. Because the next few pages reflect activities and accomplishments under Ms. Kerrigan's leadership, it is only appropriate to dedicate this annual report to her. Careful consideration has been taken to reflect the things that Ms. Kerrigan enjoyed. The cover of this report, pink was Margo's favorite color and is also reflected in the CAO "family" picture later in this report. The baskets throughout this report are those collected by Ms. Kerrigan and displayed in her office. Margo's birds, "Squeak", "Birdy" and, “Binkie” brought Ms. Kerrigan immense joy and a lot of company to her. Ms. Kerrigan had lots of bird stories, she gleamed telling them.

Ms. Kerrigan came to the California Area Office in 1999 with a dream; under her leadership, she would open two youth regional treatment centers (YRTC) authorized in Public Law 102-573. Under Ms. Kerrigan's eighteen year leadership at the CAO, Ms. Kerrigan was able to locate and purchase two YRTC properties one in the north (Davis) and one in the south (Hemet). Ms. Kerrigan's ultimate dream was to build and open, at least, one of the YRTC's before she retired from Federal service. Although Ms. Kerrigan's departure from this planet was abrupt and sudden, the creator made sure Ms. Kerrigan enjoyed the Dedication of the Northern YRTC on July 16, 2013, and the ground breaking of the Southern YRTC on July 31, 2014.

Ms. Kerrigan's legacy associated with the CA YRTC's and her creativity in establishing the California Area Tribal Advisory Committee will always be a reflection of her deep commitment to serving American Indians and Alaska Natives.

Warm Regards,

/Beverly Miller/

Beverly Miller, MHA, MBA, Deputy Area Director
Indian Health Service, California

INDIAN HEALTH SERVICE
PHS • 1955

OFFICE OF THE GOVERNOR

September 3, 2014

Margo D. Kerrigan

On behalf of the state of California, I offer my condolences to the friends, family and community of Margo D. Kerrigan on the occasion of her untimely loss.

Kerrigan was a highly accomplished leader in the public health field, educated at Stanford and Berkeley. Herself a member of the White Earth (Mississippi) Band of the Minnesota Chippewa Tribe, Kerrigan devoted most of her career to improving health care for American Indians and Alaskan Natives living in California. As California Area Director of the federal Indian Health Service, she directed an agency serving over 100 tribal communities. She provided able leadership to clinics and programs throughout the state.

Kerrigan received many honors in her lifetime, including recognition from Vice President Gore's National Performance Review Committee in 1997 and induction into Stanford's Alumni Hall of Fame in the same year. Today, let us celebrate her life of public service and all the good she did for our tribal and indigenous people.

Sincerely,

Jerry Brown

EDMUND G. BROWN JR.

GOVERNOR EDMUND G. BROWN JR. • SACRAMENTO, CALIFORNIA 95814 • (916) 445-2841

In Memory of

Margo Dee Kerrigan

1953 - 2014

Margo Kerrigan, a member of the White Earth (Mississippi) Band of the Minnesota Chippewa Tribe, was Director of the IHS California Area for nearly 18 years. During her career, she devoted herself to working with and for American Indians and Alaska Native people.

Prior to Federal service, Margo worked for the California Rural Indian Health Board, Inc., and she began her career with the IHS in 1979, when she worked for the California Area Office in Health Program Operations. She then served with the Phoenix and Nashville Areas. 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.

In September 1996, Margo assumed responsibilities as the Director of the IHS California Area, where her leadership helped provide healthcare to 104 tribal communities through 48 tribally-operated health care programs, eight urban health care programs, and four alcohol treatment programs. She established the California Area Tribal Advisory Committee to further the partnership on health care services with California Area Tribal Leaders.

On the national level, Margo led the agency's GPRA Support Team for GPRA performance reporting for the annual IHS budget request and performance report. She also worked tirelessly with the Area Tribes and IHS staff on funding for the much anticipated Southern and Northern California Youth Regional Treatment Centers, the first federal health care facilities to be constructed in the state, and she very much looked forward to the completion and opening of these long-awaited facilities.

Margo received many awards and accolades during her long federal career. In 1997, she was recognized by Vice President Albert Gore's National Performance Review Committee for her contributions to the HHS Internal Regulations workgroup and was inducted into the Stanford University's Alumni Hall of Fame for her contributions in public service to Indian people. In FY 2002, Ms. Kerrigan was selected as a recipient of the Presidential Rank Award for Meritorious Service.

Although we mourn her passing, we are grateful for the lifelong service Margo dedicated to improving the health and wellbeing of American Indian and Alaska Native people.

Above: Kerrigan Family (Est. 1960)

Margo Kerrigan, MPH
Indian Health Service/California Area Office

Service Highlights

Public Health

- During the week of May 19, 2014 the IHS/CAO and the California Rural Indian Health Board, Inc. co-hosted the Medical Providers' Best Practices & GPRA Measures Conference in Sacramento. This continuing medical education and formalized collaboration on improving quality and access to care was designed for Indian health program physicians, mid-level providers, and clinic support staff

- During the week of May 5, 2014, the IHS/CAO and the California Rural Indian Health Board, Inc. co-sponsored the Annual Dental Conference in Sacramento. The continuing dental education courses met all of the required annual continuing dental education courses necessary for state licensure renewal for dentists, dental hygienists, and registered dental assistants

- The IHS/CAO staff, in an effort to improve quality and access to health care, conducted site visits to nine urban Indian healthcare programs and four tribal healthcare programs. The site visits focused on effective communication, teamwork, customer service, GPRA, and improving patient care

- To improve performance on the Dental Access measure, the IHS/CAO offered modest financial incentives through the Dental Support Center to tribal and urban health programs that improved access by two percent or more

- The IHS/CAO published and distributed four quarterly "IHS/CAO Patient Newsletters" to all California tribal and urban Indian healthcare programs for further dissemination to patients in healthcare facility waiting areas

- To make all our work accountable, transparent, fair, and inclusive, the IHS/CAO published and distributed four "Indian Health Service/California Area Office Quarterly Highlights" to all California Tribal Leaders to describe Area activities

Service Highlights cont'd

Environmental Health Services (EHS)

Environmental Health and Safety Surveys

In FY 2014, EHS staff conducted 451 surveys, to identify environmental health risks and hazards in community facilities and make recommendations for their resolution. Environmental health and safety surveys were conducted at the following tribal facilities:

- Food service facilities (306)
- Swimming pools (25)
- Healthcare programs (16)
- Head Start program (16)
- Convenience stores (15)
- Food warehouse (13)
- Senior centers (13)
- Other facilities (47)

Training

The EHS staff sponsored/coordinated 27 training courses in tribal communities to build capacity in environmental health related areas. Training was provided in food protection, infection control, communicable disease control, motor vehicle safety, playground safety, and hazardous materials/waste. More than 270 individuals participated in these environmental and safety courses.

Tribal Injury Prevention Cooperative Agreement Programs

The IHS Injury Prevention Program provided technical assistance/support to the Tribal Injury Prevention Programs funded by the Indian Health Service. These projects were established to hire a tribal injury prevention coordinator to conduct "best practices" that address unintentional motor vehicle injuries and elder falls. Project participants were the California Rural Indian Health Board, Indian Health Council, and Tule River Indian Health Center. The total funding for these projects was $230,000 in FY 2014 and project funding continued in FY 2015.

Sanitation Facilities Construction (SFC)

FY 2014 Appropriations	
IHS/CAO SFC appropriation	$3,583,000
Environmental Protection Agency contribution	$1,957,000
Total Funding in FY 2014	$5,540,000
Number of Projects Undertaken in 2014	27

Homes Provided Sanitation Facilities in FY 2014	# of homes served
Bureau of Indian Affairs sponsored homes (new/like new)	7
Tribal and other homes (like new)	54
Existing homes	841
Total number of homes served:	***902***

FY 2014 Sanitation Deficiency System (SDS) Information	
Total cost of sanitation deficiencies in California	$281,720,655
Total cost of sanitation deficiencies (feasible)	$185,553,358
Total number of projects identified	438
Total number of (feasible) projects identified	380
Total number of existing homes without potable water	4,150
Total number of existing homes without potable water and without adequate sewage disposal	5,845

Service Highlights cont'd

California Drought

California is in the fourth year of extreme drought conditions. On January 17, 2014, the Governor of the State of California declared a Drought State of Emergency. In response to the drought declaration, the California Area Office developed and managed rapid and follow-on assessments of tribal drinking water systems. These assessments were used to determine the severity of the drought's impact on communities, community risk/vulnerability, and what (if any) community plans were in place to address drought impacts. A total of 148 tribal water systems were assessed, and 46 systems were identified as having a high risk and vulnerability to the drought. The assessments provided a quantitative measure of the drought vulnerability and risk pertaining to tribal drinking water systems and contributed to the following activities:

- Developed a drought summary map and listing used by multiple federal/state agencies
- Developed a "Drought Contingency Plan" template for tribal use and established a website to disseminate drought information to the tribes. As a result, the number of tribes having a plan went from 10% to 65%
- Set priorities and allocation of resources by the IHS/CAO. In FY 2015, the IHS/CAO funded eight drought projects valued at $3,049,000 based on tribal water assessments and monitoring of tribal water systems
- Communicated needs and priorities to other primary stakeholders such as the tribes, Governor's Office of Tribal Affairs, State Office of Emergency Services, and the U.S. Environmental Protection Agency. Those activities included: Participation in monthly drought tasks force meetings with the Governor's Office, bi-weekly drought meetings with Governor's Office of Emergency Services, bi-monthly federal drought calls, and attendance at Regional Tribal Drought Task Force meetings
- Identified tribes needing a drought contingency plan. 65% of tribal water systems have drought contingency plans
- As of January 2015, the IHS/CAO disbursed $385,650 for emergency drinking water projects. In addition, the IHS has reprogramed remaining balances of 10 existing projects to support 17 drought projects for additional water supplies, storage capacity, or to correct major leaks. The IHS/CAO has identified 62 drought-related projects with a total need of $34 million if extreme drought conditions continue into 2016

Service Highlights cont'd

Health Facilities Engineering

Youth Regional Treatment Centers

The IHS/CAO has made significant progress toward opening two IHS-operated Youth Regional Treatment Centers (YRTCs) in California. One facility will be constructed in the south near Hemet, in Riverside County, CA and another one in the north near Davis, CA, in Yolo County.

Southern YRTC

The solicitation for construction of the Southern California Youth Regional Treatment Center construction was advertised in the spring of 2014. Construction began in December 2014 with completion in early 2016. The 35,000 square foot facility will provide alcohol and substance abuse treatment for American Indian/Alaska Native youth between the ages of 12 to 17 years of age and will include 32 beds, an indoor gymnasium, education space, computer laboratory, art room, cafeteria, fitness facilities and cultural rooms. The Tribes have requested the name "Desert Sage Youth Wellness Center" for the southern facility.

Northern YRTC

In January 2013, the IHS acquired twelve acres through a GSA land transfer from D-Q University in Yolo County near Davis. The northern facility will attempt to utilize the design/build method and the same basic building design as its sister facility in southern California, for cost and time saving measures. Design and construction funds have been received in the FY 2015 federal budget. An Environmental Assessment will complete the reports required to approve the start of design before the end of calendar year 2015.

CMO Perspectives

As I look back over the past year, I am able to reflect on many positive experiences and developments. In particular, I thoroughly enjoyed the opportunities I had to visit tribal/urban clinics and was quite impressed with the superb services clinic staff is providing in our communities. Clearly, extraordinary work is performed to address a myriad of issues. Sometimes the solutions are not readily apparent or feasible, and resources may be scant, but I have never witnessed a circumstance where the spirit and resolve to serve are diminished.

Given this underlying, pervasive spirit of service, it was not surprising to see a wide variety of extraordinary accomplish ments as I visited various locations in California. Of course, there are many clinics I have not yet seen. Thus, I still have much to learn about what has been done and the plans people have for the future. Here are a few examples of what I have noted to this point:

1. A clinic that attained accreditation and Patient Centered Medical Home (PCMH) certification, a clear indication of a superb foundation for quality of care initiatives.

2. Several clinics that were able to meet the VA MOU requirements, another testament to achieving quality of care goals and expanding the breadth of services available to our communities.

3. An administrative team, working together for more than 12 years, which designed and used a cost-benefit analytic process to assess new initiatives. The results – a very efficient operation which yielded increased revenues. Some of the rewards – a magnificent new clinic facility and numerous collaborative relationships that render high quality care and a timely, robust referral system.

4. Initiation of a unique community program that routinely reaches out to elders and at-risk children at their homes, community centers and planned field trips. Some positive preliminary results:

a. Improved health of elders

b. New activities for children to enhance their learning experiences

c. A service that ensures the presence of a known health care provider, if desired, when a tribal member requires care at a distant location

d. Development of trust that facilitates acceptance of health care provider recommendations in the midst of an emergency. The fruits of this labor was quite evident during a recent fire event that required quick action.

5. Evidence of a growing desire for and acceptance of alter native/complementary/traditional medicine as many are laying the groundwork for a new array of services and interventions that have the potential to improve health outcomes.

6. Partnerships with the academic community to enhance our knowledge of and access to evidence-based interventions that address the unique needs of American Indians. One prominent example – a recent publication of NIH-funded research that demonstrated the therapeutic effectiveness of Native music.

7. Successful attainment and implementation of several federal grants to develop primary prevention strategies. In a relatively short time, an outstanding team has blazed new trails of innovation and creativity to forge new collaborative relationships, establish wellness centers and create unique gardens that render inexpensive and healthy vegetables in arid settings.

CMO Perspectives cont'd.

I greatly appreciate the time you generously donated in relaying these experiences. It has left a lasting, positive impression. In addition, you have given me a clear perspective regarding your priorities.

First and foremost for most of the clinic leaders I have spoken to is examining how we can improve recruitment/retention. Primary care providers are becoming increasingly difficult to find, and we have also learned about some key research that outlines what is needed to retain providers once they are attained.

This relates to another priority – quality of care initiatives. Data reveals that physicians and other providers are more likely to remain at a clinic when certain processes are established. Many of these are closely related to a variety of activities associated with quality of care. In addition, it has also been noted that this is important for retaining patients as well. We need to carefully examine how we need to move forward in this important arena.

In addition, we have a great opportunity to address a chronic disease – Hepatitis C - in a meaningful way. This is possible due to continued advances in medications that can successfully treat this deadly malady with few if any side effects.

Meeting with Great Friends from Tuolumne at Best Practices

Two other areas have been discussed prominently:

1. Primary Prevention Strategies

2. Reestablishing a Role for Traditional Medicine

I am confident we can make great progress in these and other arenas as we work collaboratively over the coming months and years. This should be a wonderful adventure for all.

Southern YRTC

Overview of Southern YRTC

Southwest View of Southern YRTC Property

Southern YRTC

Beginning of Construction December 3rd, 2014

Construction during Snow - December 31st, 2014

Southern YRTC

Acting Area Director Beverly Miller visits construction site

Pouring concrete...

Southern YRTC

Building A - Southern YRTC

Building B - Southern YRTC

Southern YRTC

Building C - Southern YRTC

Building D - Southern YRTC

2014 Annual Tribal Consultation

Left: Margo Kerrigan, California Area Director, welcomed all California tribes
Below: Dorothy Dupree, Phoenix Area Director, welcomed all Nevada tribes

The event was hosted by the California Area Indian Health Service and Reno Sparks Indian Colony

Former and current members of the California Area Tribal Advisory Committee (clockwise from top left):
Judy Elaine Fink, Pete Masten Jr., Cheryl Seidner, Chris Devers, Silver Galleto, Dominica Valencia, George Gholson, Rosemary Nelson

Left: Terry Bentley presented on behalf of the Department of Veterans Affairs

Right: Red Hoop Singers

Above (L to R): Chairman Stacy Dixon, Dr. Yvette Roubideaux, and RADM Sandra Pattea with California Tribal Officials

California Tribal Officials with Dr. Yvette Roubideaux

Below (top to bottom): Dr. Yvette Roubideaux with Robert Marquez, Honor Guard member from Pyramid Lake, Nevada Tribal member

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Office of Public Health (OPH)

The California Area OPH consists of health professional consultants in the following specialties:

- Medical
- Dental
- Nursing
- Diabetes
- Behavioral Health
- Health Promotion/Disease Prevention
- HIPAA
- VistA Imaging
- Meaningful Use
- Electronic Health Records
- Telemedicine
- Resource & Patient Management System
- Business Office
- Information Resource Management
- Mock Accreditation Surveys

These professionals work with tribal and urban Indian healthcare programs to meet nationally accepted standards of care for healthcare organizations.

Dental

The mission of the IHS Dental Program is to protect and promote oral health and prevent oral disease among all Indian beneficiaries. The following principles underlie this stated mission:

- Oral health is an essential component of total health
- All people should have the opportunity to achieve sound oral health
- All people should have the right and responsibility to participate, individually and collectively, in the planning and implementation of their oral health care

Technical Assistance and Recruitment

To improve customer service, the IHS/CAO Dental Consultant provided technical assistance to tribal and urban Indian healthcare programs on oral health. Technical assistance is available for a number of dental clinical topics including, but not limited to chart reviews, the peer review process, credentialing and privileging, and clinical efficiency. The Dental Consultant is also available for dental program reviews.

The IHS/CAO is dedicated to distributing the most current information on oral health issues. The IHS/CAO publishes a patient newsletter quarterly which features articles on oral health issues including gum disease, oral cancer, early childhood caries, and oral hygiene. The IHS/CAO website contains a dental page which has valuable information for patients and healthcare program staff. The website also lists all the California Area healthcare programs offering dental services.

Recruitment and retention of dental personnel is critical to the provision of dental services. In 2014, the IHS/CAO Dental Consultant assisted in the hiring of dentists at California Area tribal and urban Indian healthcare programs. The IHS has a loan repayment program which is available to dental providers employed at tribal and urban Indian healthcare programs. Loan repayment is a valuable tool in the retention of recent dental school graduates.

Annual Dental Continuing Education

The IHS/CAO sponsors an annual dental continuing education which includes lectures, panel discussions, and hands-on courses that focus on the public health model of dental care. The conference offers all of 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 the California Area to meet, learn, and share knowledge and experiences. The May 2014 conference was attended by 300 dental staff representing 33 tribal and urban Indian healthcare programs with a dental clinic. Over 5,000 hours of continuing dental education credits were earned.

Dental Billing and Coding Compliance Training

To improve clinic income streams, the IHS/CAO held a Dental Billing and Coding Training for tribal and urban Indian healthcare program staff. Proper dental billing requires billing staff and providers to communicate to ensure proper and timely billing. For this reason, both program billing staff and dental providers were invited to attend the May 2014 training. The training covered third party billing and an update on Denti-Cal. Accurate and timely dental billing is essential to tribal and urban Indian healthcare programs which rely on third party income or revenue to supplement IHS funding.

Government Performance and Results Act (GPRA) Measures

To improve the quality of and access to care, the Dental Consultant in partnership with the Dental Support Center, encourages tribal and urban Indian healthcare programs to meet and/or exceed the national GPRA measure targets for dental access, application of topical fluorides, and placement of dental sealants. In 2014, the IHS and Dental Support Center established two dental GPRA challenges to improve GPRA measure results. The ultimate intention was to improve the oral health status of the California Area AI/AN population:

- Eleven programs met the goal of improving the dental access measure (for 0-5 year olds) result by 2% or more
- Thirteen programs met the goal of improving the dental sealants measure (for 2-15 year olds) result by 2% or more

Electronic Dental Record (EDR)
An EDR incorporates digital radiography and imaging, offering a comprehensive, integrated patient record leading to increased productivity, improved efficiency, and decreased dental errors. Dentrix is a commercial, off-the-shelf dental, clinical, and practice management software application that is integrated with the Resource and Patient Management System (RPMS). It interfaces with patient registration, billing, appointment scheduling, and clinical notes to be submitted to the electronic health record (EHR). Dentrix can also be used as a stand-alone application by tribal healthcare programs that do not utilize RPMS. Dentrix Enterprise is now being utilized at 11 healthcare programs in the California Area, and a total of 28 healthcare programs use some form of EDR.

Dental Advisory Committee
The Dental Advisory Committee is composed of dental professionals representing tribal and urban Indian healthcare programs in the California Area. The committee participates in monthly calls and bi-annual meetings to advise the Area Dental Consultant on oral health issues impacting our communities. The committee members' clinical experience and expertise is an invaluable resource in ensuring that dental funds are spent wisely and meet the oral health needs of the AI/AN patient population. The committee also acts as the steering committee for the Dental Support Center located at the California Rural Indian Health Board (CRIHB).

Dental Support Center
The California Dental Support Center (DSC) combines resources and infrastructure with IHS Headquarters and the IHS/CAO to offer technical assistance and expertise to all California Area healthcare programs. The DSC is a collaboration between the IHS/CAO and the California Rural Indian Health Board, Inc. (CRIHB) and is housed at CRIHB. The Dental Advisory Committee acts as the steering committee for the DSC.

Assistance is provided for local and Area clinic-based and community-based oral health promotion/disease prevention initiatives, including the following:

- Early Childhood Caries Initiative
- Mini-Grants
- Head Start trainings
- Registered Dental Assistant certifications
- Distribution of dental education materials
- Training for dental staff
- IHS Basic Screening Survey
- Tobacco cessation training
- Co-sponsorship of hands-on clinical courses
- Co-sponsorship of the annual dental continuing education

Government Performance and Results Act (GPRA)/ GPRA Modernization Act
The Government Performance and Results Act (GPRA) of 1993 required each federal agency to have performance measures that show Congress how effectively it spends its funding. On January 4, 2011 President Barack Obama signed into law the GPRA Modernization Act of 2010 (GPRAMA), Public Law 111-352. GPRAMA strengthens GPRA by requiring federal agencies to use performance data to drive decision making. In FY 2013, the IHS began reporting six GPRAMA measures. Four of the GPRAMA measures are clinical measures reported through the Clinical Reporting System (CRS), including Good Glycemic Control, Childhood Immunizations, Depression Screening, and CVD Comprehensive Assessment. The remaining GPRA and IHS performance measures were reclassified as "budget measures" and will continue to be reported nationally in the IHS annual budget request. The IHS will monitor the agency's performance by quarter and report final budget measure results in the annual IHS budget request and the Congressional Justification. Even though their designation has changed from GPRA measures to budget measures, they are still considered national performance measures.

IHS had a total of 90 budget measures in FY 2014. Twenty-two of these measures track health care provided at the individual clinic level and are reported through CRS; four of the twenty-two measures are the clinical GPRAMA measures. Results from each clinic are aggregated and a national rate is reported to Congress.

In FY 2014, California Area tribal healthcare programs, on average, improved on 9 of 18 measures for which comparable data existed in FY 2013 (3 of the 22 measures had significant logic changes in FY 2014 and one measure was new for tribal healthcare programs; these four measures had "baseline" targets for FY 2014). California met the national targets for 5 of the 18 GPRA performance measures with specific targets. The largest improvements were seen in the following four measures:

- Breastfeeding Rates
- CVD Comprehensive Assessment
- Sealants
- Tobacco Cessation

California Area tribal healthcare programs met the target for 1 of the 4 clinical GPRAMA measures in FY 2014:

- Good Glycemic Control

In FY 2014, California Area urban Indian healthcare programs improved on 9 of 13 measures for which comparable data existed in FY 2013. The largest improvements for the urban programs were seen with the following five measures:

- Childhood Immunizations
- DV/IPV Screening
- Colorectal Cancer Screening
- Influenza 65+
- Depression Screening

National GPRA Support Team (NGST)
The National GPRA Support Team, located within the Office of Public Health, supports GPRA activities at both the national and area levels. At the national level, the team leads the national IHS GPRA program by collecting, analyzing, and reporting on GPRA data from every participating IHS, tribal, and urban clinic throughout Indian country. At the California Area Office level, the team assists all California tribal and urban clinics by providing regular feedback about performance and assisting with improvement efforts. Dashboards that graphically display national, area, and clinic level performance data are provided on a regular basis, so that each tribal and urban Indian healthcare program can monitor performance and identify health measures that need improvement.

GPRA Performance in FY 2014
Under Titles I and V of P.L. 93-638, California tribal Indian healthcare programs are not mandated to track and/or submit GPRA data to the IHS and OMB, however most do so on a voluntary basis. Urban Indian healthcare programs are required, by contract, to track and submit GPRA data to the IHS. Many tribal and urban Indian healthcare programs in California are small and because they experience high staff turnover, they need regular training on GPRA measure logic and targets.

To assist California tribal and urban Indian healthcare programs in achieving FY 2014 GPRA targets, the IHS/CAO:

- Hosted six national GPRA improvement webinar training sessions that California Area tribal and urban program staff were encouraged to attend to improve GPRA performance and the quality of clinical care
- Hosted seven improvement webinar sessions specifically for California tribal and urban Indian healthcare program staff, which included updates on California's GPRA performance, IHS/CAO improvement initiatives, and best practices from high-performing sites in California
- Provided technical assistance via email or phone for California Area urban and tribal healthcare programs with issues or questions related to GPRA or CRS
- Provided individual site trainings to six California healthcare programs
- Updated and distributed the GPRA Resource Guide, which contains instructions, informational materials, and resources to assist tribal and urban Indian healthcare programs with improving clinical care and performance measure results
- Published and distributed a California 2013 GPRA Report booklet, which includes a summary of California Area performance on 22 GPRA performance measures, trend graphs, and a comparison of performance by individual tribal and urban Indian healthcare programs
- Distributed quarterly dashboards with individual clinic results to each California health program, identified performance measures that needed significant improvement to meet end-of-year targets, and shared this information in quarterly conference calls with California health program
- Hosted the California Annual Medical Providers' Best Practices & GPRA Measures Continuing Education May 19-21 in Sacramento
- Created and distributed a survey for California GPRA coordinators to provide feedback on GPRA activities
- Maintained and updated the California Area GPRA Portal which allows healthcare programs to access the numerous GPRA and CRS resources and training programs and to ask questions regarding GPRA or CRS and share improvement strategies via a message board

Annual California Area GPRA Report
While California tribal programs only met 9 of 22 measures on average in FY 2014, at the individual clinic level, performance varied widely. Some clinics did very well, with the best performing clinic meeting 17 of 18 measures with targets. Some did very poorly, with the lowest performing clinic meeting only one of the 18 measures with targets. Information about individual clinic performance on these measures is available in the annual California Area Report. This report shows individual clinic performance for each measure for two years and shows California average performance from 2006 to the present year. This report is prepared each March. The most current version is for FY 2013 and is available on the California Area website or upon request. California urban program results are also included in the report.

FY 2015 Action Plan
There is still a need to improve GPRA performance and to properly document the provision of preventive healthcare. The National GPRA Support Team has developed a FY 2015 action plan to support and promote GPRA quality improvement efforts at each tribal and urban Indian healthcare program. The plan includes providing feedback on performance, offering trainings, hosting webinar meetings to share information about successful practices, and providing technical assistance to individual clinics with specific needs. The team will work throughout the coming year to support improvement in a variety of ways.

2014 Final National Dashboard (IHS/Tribal)

Diabetes	2013 Target	2013 Final	2014 Target	**2014 Final**	2014 Final Results
Good Glycemic Control	Baseline	48.3%	48.3%	48.6%	Met
Controlled BP <140/90	Baseline	64.6%	64.6%	63.8%	Not Met
LDL (Cholesterol) Assessed	68.0%	72.7%	73.9%	73.4%	Not Met
Nephropathy Assessed[a]	64.2%	68.2%	Baseline	60.0%	Met
Retinopathy Exam	56.8%	57.6%	58.6%	59.9%	Met
Dental					
Dental: General Access	26.9%	28.3%	29.2%	28.8%	Not Met
Sealants	Baseline	13.9%	13.9%	14.6%	Met
Topical Fluoride	Baseline	26.7%	26.7%	27.9%	Met
Immunizations					
Influenza 65+	62.3%	68.0%	69.1%	68.1%	Not Met
Pneumovax 65+[a]	84.7%	89.2%	Baseline	85.7%	Met
Childhood IZ	Baseline	74.8%	74.8%	75.4%	Met
Prevention					
(Cervical) Pap Screening[a]	Baseline	61.7%	Baseline	54.6%	Met
Mammography Screening	49.7%	53.8%	54.7%	54.2%	Not Met
Colorectal Cancer Screening	Baseline	35.0%	35.0%	37.5%	Met
Tobacco Cessation	Baseline	45.7%	45.7%	48.2%	Met
Alcohol Screening (FAS Prevention)	61.7%	65.7%	65.9%	66.0%	Met
DV/IPV Screening	58.3%	62.4%	64.1%	63.5%	Not Met
Depression Screening	58.6%	65.1%	66.9%	66.0%	Not Met
CVD- Comprehensive Assessment	32.3%	46.7%	51.0%	52.3%	Met
Prenatal HIV Screening	82.3%	87.7%	89.1%	88.0%	Not Met
Childhood Weight Control[b]	24.0%	22.8%	N/A[b]	22.8%	N/A
Breastfeeding Rates	Baseline	29.0%	29.0%	35.1%	Met
Controlling High Blood Pressure (MH)[c]	N/A	N/A	Baseline	59.5%	Met
Public Health Nursing Encounters	405,962	388,590	425,679	Pending	N/A
Suicide Surveillance[d] (forms completed)	1,376	1,438	1,668	Pending	N/A

[a]Measure logic changes in FY 2014

Measures Met: 14

[b]Long-term measure; will be reported in FY 2016

Measures Not Met: 8

[c]New measure reported by federal and tribal programs as of FY 2014

[d]Measure data is submitted from 11 Areas

Measures in red are GPRAMA measures

2014 Final California Dashboard **Diabetes**	**California 2014 Final**	California 2013 Final	National 2014 Final	National 2014 Target	2014 Final Results
Diabetes Dx Ever	10.9%	10.8%	14.0%	N/A	N/A
Documented A1c	84.3%	85.7%	85.7%	N/A	N/A
Good Glycemic Control	48.8%	51.5%	48.6%	48.3%	Met
Controlled BP <140/90	62.9%	64.5%	63.8%	64.6%	Not Met
LDL Assessed	70.6%	71.9%	73.4%	73.9%	Not Met
Nephropathy Assessed[a]	49.8%	61.3%	60.0%	Baseline	Met
Retinopathy Exam	51.2%	50.2%	59.9%	58.6%	Not Met
Dental					
Dental Access	40.5%	41.2%	28.8%	29.2%	Met
Sealants	16.9%	13.7%	14.6%	13.9%	Met
Topical Fluoride	30.8%	30.0%	27.9%	26.7%	Met
Immunizations					
Influenza 65+	55.7%	57.5%	68.1%	69.1%	Not Met
Pneumovax 65+[a]	77.4%	83.9%	85.7%	Baseline	Met
Childhood IZ	58.3%	62.2%	75.4%	74.8%	Not Met
Prevention					
Pap Screening[a]	45.4%	54.8%	54.6%	Baseline	Met
Mammography Screening	42.9%	42.6%	54.2%	54.7%	Not Met
Colorectal Cancer Screening	30.7%	30.8%	37.5%	35.0%	Not Met
Tobacco Cessation	38.9%	37.4%	48.2%	45.7%	Not Met
Alcohol Screening (FAS Prevention)	54.8%	56.1%	66.0%	65.9%	Not Met
DV/IPV Screening	55.7%	57.9%	63.5%	64.1%	Not Met
Depression Screening	57.5%	57.2%	66.0%	66.9%	Not Met
CVD-Comprehensive Assessment	41.9%	38.6%	52.3%	51.0%	Not Met
Prenatal HIV Screening	71.4%	70.6%	88.0%	89.1%	Not Met
Childhood Weight Control[b]	22.6%	24.6%	22.8%	N/Ab	N/A
Breastfeeding Rates	55.6%	43.0%	35.1%	29.0%	Met
Controlling High Blood Pressure	57.2%	N/A	59.5%	Baseline	Met

[a]Measure logic revised in FY 2014

[b]Long-term measure as of FY 2009, next reported in FY 2016

Measures Met: 9

Measures Not Met: 13

Measures in red are GPRAMA measures

Improving Patient Care

The aim of the Improving Patient Care (IPC) Initiative is to change and improve the Indian healthcare system. The IPC Initiative develops high-performing and innovative healthcare teams to improve the quality of, and access to, care. Improved clinical care, patient self-care support, prevention of chronic illness, cost containment, and positive patient experience are the focus of improvement activities in the IPC Initiative. The result will be a "patient-centered medical home" that sets new standards for healthcare delivery and advances the health and wellness of AI/AN people. The Patient-Centered Medical Home (PCMH) is a better way to give patients the best and safest care possible. The foundation of a Medical Home is the relationship between the patient, his/her family, as appropriate, and the primary point of care.

California Area Improvement Support Team

The IHS/CAO Improvement Support Team (IST) is multidisciplinary and consists of a registered nurse, certified physician assistant, registered health information administrator, and two public health analysts. The IST lead has been trained as an Improvement Advisor. The Improvement Advisor program is a ten-month development and support program whose goal is for participants to become highly effective leaders in helping their organization accomplish strategic improvement plans. The Improvement Advisor currently serves as faculty on the National IPC Team. The California Area IST participates in all national IPC trainings and serves as faculty on the national IPC Program. Each member of the California Area IST transfers their knowledge of improvement methods into their daily tasks.

California Area IPC Initiative Successes

The following four California programs are currently participating in the IPC Initiative:

- K'ima:w Medical Center (Hoopa)
- Lassen Indian Health Center (Susanville)
- Riverside/San Bernardino County Indian Health (Morongo)
- American Indian Health & Services Corporation (Santa Barbara)

In FY 2013, three sites were part of the Quality and Innovation Learning Network (QILN) as their programs were involved in the previous IPC collaborative. The healthcare teams at these sites attended national webinar trainings to continue to build skills for quality improvement and serve as mentors for sites new to the IPC collaborative.

IPC Initiative Results

As a result of participating in the IPC collaborative, many IHS, tribal, and urban Indian healthcare programs across the nation have experienced the following outcomes:

- Optimized clinic functionality – everyone does their job
- Reduced waste and duplication – processes are efficient
- Cost savings – makes other improvements possible
- Higher quality visits
- Increased patient/family engagement
- Improved screening rates
- Decreased patient no-shows
- Improved patient and staff satisfaction
- Increased opportunities for accreditation and certifications

Health Promotion/Disease Prevention

Initiated in 2005, the IHS Health Promotion/Disease Prevention (HP/DP) program established to address challenges related increasingly to health conditions and chronic diseases that are significantly impacted by lifestyles issues such as obesity, physical inactivity, poor diet, substance abuse, and injuries. Working in partnership with tribal and urban Indian healthcare programs, the HP/DP program coordinates services that enhance prevention health approaches.

Community Wellness Planning
The IHS/CAO offered several community-focused sessions at the 2014 California Providers' Best Practices & GPRA Measures Continuing Medical Education in May including, Tobacco Cessation is Prevention, Introduction to the American Cancer Society AI/AN Health Equity Team, Native Vision, and Digital Storytelling first person narrative to address a wide spectrum of health concerns.

The IHS/CAO promoted the Community Wellness Forum 2014 to increases health and wellness engagement among California American Indian/Alaska Native communities. The Community Wellness Forum 2014 encouraged learning together, sharing what works, focusing on local efforts, engaging in conversations that matter, making new connections, and honoring community champions. Participants included, among others, 40 California tribal and urban Indian community members and those working with them in partnership. The two and a half day event included morning general sessions, collaborative group learning and breakout sessions. Supporting partners included:

- California Division of the American Cancer Society
- Healthy Native Communities Partnership
- Native American Health Center
- Northern California Indian Development Council
- Sacramento Native American Health Center

Digital Storytelling
Digital storytelling efforts to build capacity continued in FY 2014 for the consecutive year. Three workshops and three conference presentations supported community-based wellness efforts.
As a low-cost, powerful, and compelling way to engage individuals and groups; digital storytelling can be used to promote social change and action, with first-person narratives combined with digital media. The workshops and presentations introduced 225 individuals to digital storytelling. In FY 2014, the workshops provided over $21,000 in cost savings to California tribal and urban Indian healthcare programs when compared to commercially available digital storytelling trainings resources. Capacity was demonstrated by two programs who as a result of prior year training hosted digital storytelling workshops or created digital stories with clients' one-one.

***Just Move It* Challenge**
The annual *Just Move It* campaign supported tribal and urban Indian community-based physical activity efforts. Tribal and urban program shared on the Just Move It website, 45 activity events with 850 participants, representing over 64% of tribal and urban Indian healthcare programs and 77 tribes. In FY 2014, the online virtual physical activity training website was used to promote the IHS Physical Activity Toolkit.

Behavioral Health

The mission of the California Area is to collaborate and share best practices which promote a holistic approach for mental and/or behavioral health problems. This incorporates the overall mission of the IHS, to raise the physical, mental, social, and spiritual health of American Indians/Alaska Natives to the highest level.

Methamphetamine and Suicide Prevention Initiative Funds/Domestic Violence Prevention Initiative (DVPI)
The IHS/CAO collaborates with more than 46 tribal and urban Indian healthcare programs to address behavioral and mental health, domestic violence, methamphetamine use, and suicide. Each of these programs offers some type of behavioral and/or mental health services and/or program depending on the individual needs of the community. In 2009, the IHS distributed limited special funding to address some of the behavioral health problems such as suicide, methamphetamine use, and domestic violence.

Eight tribal and urban Indian healthcare programs rely on methamphetamine and suicide prevention initiative funds. Additionally, seven programs receive domestic violence funding. Because of this funding, there has been an increased awareness and development of community prevention programs. One highly successful program is the expansion of the Fit Kid/Fit Teen program within the public school in Covelo near the Round Valley Indian Reservation. The Covelo community is extremely remote and 80% of the children and adolescents that attend public school are American Indian. Ten years ago, Round Valley Indian Health Center received a small amount of funding from UC Davis Medical School and tailored the community intervention "Fit Kid/Fit Teen" program to meet the community needs.

For the past two years Round Valley Indian Health substance use counselors are have been co-located within the school daily. The local school offers the "White Bison" and "12-Step Medicine Wheel" curriculum as electives and adolescents can take these two classes and receive credits toward graduation. In addition, students are learning to speak their Native language (Wailaki) in the high school. An application has been submitted to make the Wailaki language state-recognized as a foreign language option for high school students.

Behavioral Health Work Shops
The IHS/CAO sponsored the 6th Annual Government Performance Results Act (GPRA) Best Practices Conference in May. More than 240 professional and para-professional health care providers attended this year's event. Dr. Eduardo Duran provided the keynote presentation on Cultural Awareness and Trauma-Informed Care. In addition, the IHS/CAO offered trainings on the following behavioral health topics:

- Intensive Case Management to Improve Behavioral Health Outcomes
- Trauma Informed Care; Combining Medical and Psychological Approaches
- Behavioral Health Approach to Diabetes Care

Evaluation results indicated that the event was a great success. Several attendees commented that they enjoyed Dr. Duran's presentation; one even commented that he "changed my life forever." As a result of this conference, 11 behavioral health professionals earned 132 hours of training that can be applied towards their license.

Alcohol and Substance Abuse Treatment Program
The IHS/CAO partners with tribal and urban Indian healthcare programs to support alcohol and substance abuse prevention programs. There are more than 84 alcohol and substance abuse counselors employed by tribal and urban Indian healthcare programs and 72 are certified counselors. For the past few years, the California Area has expanded training opportunities and education to certify and re-certify alcohol and substance abuse counselors through a contract. The majority of the Indian healthcare program alcohol and substance abuse counselors are certified by the California Association of Alcoholism & Drug Abuse Counselors (CAADAC). Each counselor must obtain 30 units of continuing education every two years to maintain their certification. In addition, the Indian healthcare program counselors are surveyed each year regarding their training needs. Since September 2013, four substance use disorder addiction courses have been offered. During each training, counselors completed an on-site course evaluation and results show positive overall satisfaction.

This is a huge accomplishment as these facilities can bill California directly for youths enrolled in Medi-Cal. In addition, the IHS/CAO is partnering with the other IHS Areas and coordinating technical support with the Department Health Care Services (DHCS) to gain a better understanding of billing Medi-Cal once California's YRTCs open.

Youth Regional Treatment Centers

Since August 2013, more than 22 youths had been admitted for residential treatment through the YRTC Risk Pool administered by the California Area Office. In addition, 10 youths are still receiving residential treatment from FY 2012. Of the 22 admissions, 11 were female, 11 were male with an average age of 16 years old. More than 45% of youths have dual-diagnoses and 9 youths had thought about suicide (suicide ideation) or attempted suicide. The number one drug of choice is cannabis and alcohol is the secondary drug. The MSPI funds have improved access to residential treatment. On average, youths stay in the program for an average of 180 days compared to 120 day programs. The tribal and urban Indian healthcare program alcohol counselors, YRTC Risk Pool staff, and behavioral health directors participate in conference calls about every other month.

The IHS/CAO is working cooperatively with the management team from IHS/Phoenix Area and IHS/Portland area. These three YRTC programs are enrolled as Medi-Cal providers:

- Desert Visions
- Nevada Skies
- Healing Lodge of the Seven Nations in Spokane, Washington

This is a huge accomplishment as these facilities can bill California directly for youths enrolled in Medi-Cal. In addition, the IHS/CAO is partnering with the other IHS Areas and coordinating technical support with the Department Health Care Services (DHCS) to gain a better understanding of billing Medi-Cal once California's YRTCs open.

Universal Behavioral Health Screening Incentives

The IHS/CAO advocates for "universal screening" for the behavioral health GPRA clinical measures. The three behavioral health screenings include depression for all adults 18 and over; alcohol use for women of child-bearing years; and, domestic/intimate partner violence screening for women ages 15-40 years old. The Veterans Administration has demonstrated that "universal screening" in behavioral health increases screening rates and removes the stigma associated with the screenings. Another treatment modality is the deployment of the Front Desk Kiosk which will be located in the medical department at clinics. The Front Desk Kiosk software interfaces with the RPMS and allows patients to respond to behavioral health screening questions privately using a computer. The research shows this type of privacy allows patients to answer honestly, and problems can be identified sooner. The first tribal healthcare program to adopt this screening tool will be the largest tribal healthcare program in California located in Riverside/San Bernardino County.

Information Resource Management (IRM)

CAO's Information Technology (IT) staff provide technical support to the tribal and urban Indian healthcare programs in California. The majority of offered support provided is for and about the Resource and Patient Management System (RPMS) databases maintained by each of our tribal & urban health programs.

IT staff also provides technical assistance for the following systems:

- Electronic Health Record
- Information Security
- Office Automation
- Telecommunications
- Website

Electronic Health Record
The electronic health record (EHR) is intended to help providers manage all aspects of patient care electronically. By moving most data retrieval and documentation activities to an 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 providers.

Types of Services
The IHS/CAO works with tribal and urban Indian healthcare programs throughout the entire process of adopting, implementing, and using the RPMS EHR. IHS/CAO staff assists sites in assessing current workflows, performing EHR set-up, and training clinic staff in EHR use.

The RPMS EHR software is certified by the Authorized Testing and Certification Body appointed by CMS. Certification indicates that any clinics using the Certified RPMS EHR will qualify for meaningful use incentives; provided they have eligible providers and they meet the patient volume test. The IHS/CAO provides RPMS EHR support so that clinic programs can qualify for meaningful use incentives. The process for installing the latest patch (Patch 13) begins with pre-work duties and ends with post install duties. Duties were explicitly spelled out and made available on the CAO "Site Managers Portal" for program CACs to review and download. All 23 installs should be completed by July 2015.

The conversion to the "Integrated Problem List" for entering clinical problems into the electronic health record has been a huge change in the way providers do business. CAO is providing extensive training before and after the install of Patch 13. In addition, ICD-10 coding will be required by September 1st 2015. The RPMS Certified EHR has been configured to change over to ICD-10 from ICD-9 coding. Patching for this will take place mid-2015, training for the conversion has been ongoing throughout 2013-2014.

Preparation for a "Patient Portal" and "Direct Messaging" has begun. The "Patient Portal" allows patients to access their health information on line, and "Direct Messaging" allow patient to interact with their clinic and / or provider by secure email. California area preparation has included designating a California Area Administrator (Marilyn Freeman) and Registrar (Toni Johnson) for both the "Patient Portal" and "Direct Messaging". Ultimately each clinic program will have administrators and registrars for the patient portal and Direct Messaging. This work started in 2014.

EHR "e-prescribing" Installs
During 2014 IHS/CAO worked with IHS/OIT to complete phase 1 of the e-prescribing initiative by supporting programs without pharmacies to implement e-prescribing using "Sure Scripts" software. This allows providers at 17 California healthcare programs to order medications directly from thousands of pharmacies nationwide using the RPMS EHR application. In 2015, IHS/CAO will work with IHS/OIT to complete phase 2 of the e-prescribing installation and provide support for installation of e-prescribing capability to programs with pharmacies on-site.

Bi-directional Lab Interfaces
This year 4 more Quest bi-directional interface were completed. The IHS/CAO currently has 16 bi-directional lab interfaces installed leaving 7 more to be installed. Completion of these installs dependent on clinic preferences and resources. Each interface cost approximately $10,000.00 to complete.

Southern Indian Health Council will be the first clinic to have two bi-directional lab interfaces. One being the Quest interface and the other will be a lab interface with "Sharp Health Care Foundation". This is expected to be completed mid 2015.

The California Area Lab Consultant is Kat Goodwin-Snyder. She is available to all California healthcare programs for lab file updates, quick order updates, and to help with installation of the bi-directional interfaces.

California Area RPMS/EHR Team:

Name	Duties
Steven Viramontes	Coordinates RPMS/EHR support
Marilyn Freeman, RHIA	Coordinates Vista Imaging support and Health Information Systems Supports
Robert Gemmell, CIO	Responsible for all Aspects Network Operation
Gary Mosier	Patch maintenance, Interface configuration for e-prescribing and bidirectional lab, Help Desk
Michelle Martinez	Patch maintenance, Help Desk, ICD-10 Area Coordinator
Steve Thibodeau	Supports all aspects of EHR, Mentor for all program CACs needing support, Help Desk
Natalie Klier, CCS-P	Supports all aspects of EHR, Mentor for all program CACs needing support, Help Desk
Emmanuel Yennyemb, MBA, CSAP	Supports all aspects of EHR, Mentor for all program CACs needing support, Help Desk
Kelly Stephenson	Network support, Help Desk
Denise Vermilyea, PharmD	Prepares RPMS/EHR drug files for e-prescribing and performs monthly updates, creates quick orders
Toni Johnson	Business Office Consultant, Contract Health Officer, Billing Specialist, Help Desk
Edna Johnson	Help Desk coordinator, sets up Electronic classrooms

Telemedicine
Telemedicine improves both quality and access to care by eliminating transportation challenges, 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 clinical assistance for local community health interventions
- Improved availability of specialty care for patients with diabetes such as endocrinology, screening for retinopathy, and nutrition education
- 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 U.C. Davis medical specialists to offer various telemedicine services including retinal screening, methamphetamine use prevention, and suicide prevention. Area programs also receive specialty care from UC Berkeley School of Optometry as well as Native American Mental Health and Services.

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. Real time visits are interactive and take place over video conferencing equipment that allows a patient-doctor visit in real time. Retinal screening and dermatology are examples of store and forward telemedicine.

Fourteen clinic programs currently provide "real time" telemedicine services in the areas of endocrinology, psychiatry, nutrition, and dermatology.

Thirty-two clinics currently provide retinal screening onsite IHS/CAO Area Clinical Application Coordinator provides troubleshooting support and on-site trainings that include capturing images and developing strategies for increasing screening rates.

The IHS/CAO continues to maintain a calendar where programs can look at the schedule for U.C. Davis Medical Center specialty care service. The calendar is updated monthly by the Area Telemedicine Coordinator. Clinic telemedicine program coordinators can then schedule patients into visit slots in real time.

Videoconferencing
The IHS/CAO deployed tele-video conferencing endpoints to tribal and urban healthcare program medical providers, allowing the IHS/CAO to:

- Virtually meet with administrators, clinical staff, and tribal governments
- Virtually provide training and mentorship to medical providers on various projects
- Virtually increase attendance at IHS-sponsored meetings through the use of video conferencing

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. Tele-video conferencing meetings are becoming more common and the IHS/CAO has been experimenting with new calls as needs arise. The IHS/CAO have outfitted six of the engineering field offices with tele-video conferencing equipment and they are now able to attend monthly staff meetings virtually as well as meeting with each other.

During 2013-2014 I HS/CAO has seen video conferencing used for various purposes. The Office of Engineering has brought together three of our programs, Karuk Tribal Health (Happy Camp), United Indian Health Service (Arcata) and K'ima:w medical center (Hoopa) and the California State Office of Emergency Services. Video conferencing has allowed these endpoints to meet on a regular basis regard drought issues. We plan to streamline this process in mid-2015. In addition, during our 2014 Tribal leaders meeting at Reno Nevada Yvette Roubideaux the Director of Indian Health Service was able to attend via video conferencing so that Tribal leaders could listen to her speech and ask question in a live real time format.

VistA Imaging

History

The IHS/CAO VistA Imaging program began during FY 2010 in collaboration with five partner clinics:

- Feather River Tribal Health
- Lake County Tribal Health
- Riverside/San Bernardino County Indian Health
- Santa Ynez Tribal Health Program
- Southern Indian Health Council

Hardware was purchased, delivered, and installed; a VistA Imaging coordinator was employed; software set-up was completed; training was delivered; and, most of the programs began using the software during the first half of 2010. Since that time all eligible (using RPMS EHR) California area programs have implemented VistA Imaging. This required software installation and training for each of the twenty-two clinics.

The following three clinics implemented VistA Imaging during FY 2014:

- Anav Tribal Health
- Chapa-de Indian Health Program
- Karuk Tribal Health
- Pit River Health Service

Current Status

VistA Imaging is now in use at the following twenty-two California health clinics:

1. American Indian Health and Services Corporation (Santa Barbara)
2. Anav Tribal Health* (Fort Bidwell)
3. Chapa-de Indian Health Program* (Auburn)
4. Consolidated Tribal Health Project, Inc. (Redwood Valley)
5. Feather River Tribal Health, Inc. (Oroville)
6. Karuk Tribal Health* (Happy Camp)
7. K'ima:w Medical Center (Hoopa)
8. Lake County Tribal Health Consortium, Inc. (Lakeport)
9. Lassen Indian Health Center (Susanville)
10. Northern Valley Indian Health, Inc. (Willows)
11. Pit River Health Service (Burney)*
12. Riverside/San Bernardino County Indian Health (Grand Terrace)
13. Round Valley Indian Health Center, Inc. (Covelo)
14. Sacramento Native American Health Center
15. San Diego American Indian Health Center
16. Santa Ynez Tribal Health Program
17. Shingle Springs Tribal Health Program (Placerville)
18. Sonoma County Indian Health Project (Santa Rosa)
19. Southern Indian Health Council, Inc. (Alpine,)
20. Toiyabe Indian Health Project, Inc. (Bishop)
21. Tuolumne Me-Wuk Indian Health Center
22. United American Indian Involvement, Inc. (Los Angeles)

Meaningful Use

VistA Imaging is integral for meeting Stage 2 MU requirements for storage of Transition of Care (TOC) Documents. The Imaging Viewer functionality added to the 2014 Certified RPMS EHR allows viewing of scanned documents from EHR without an additional sign-on.

Program Support

The IHS/CAO provides ongoing support to all VistA Imaging sites through remove and on-site meetings. The area Vista Imaging Coordinator visits sites that are actively using VistA Imaging to evaluate software use, suggest needed adjustments, and provide additional training as needed.

Additional on-going support is provided through monthly calls with Area clinic staff offering demonstration of software functionality as well as reporting of needs and successes. Software issues are addressed by the Area VistA Imaging Coordinator and through the CAO Help Desk. Purchase of a second Plasmon Archive Appliance in FY 2012 has insured that the IHS/CAO can provide long term storage for all eligible clinics.

Premium Costs

The cost for California clinics to use VistA Imaging has decreased during all but one of the five fiscal years of operation. This is remarkable in light of unbudgeted costs during FY 2011 and FY 2012 as a result of unexpected hardware and maintenance costs. The initial cost of $4054 per medical FTE during FY 2010 has been reduced dramatically to $1400 per medical FTE in FY 2014. This cost reduction is a result of two main factors:

- Increase in number of participating medical FTEs
- Reallocation of VI Coordinator costs as a result of additional duties

Summary

The CAO and its five partners demonstrated vision when beginning the California VistA Imaging program. Now that all clinics are live on VistA Imaging, next steps include examining the feasibility of moving VistA Imaging servers to clinics that currently host their own RPMS EHR server and consideration of alternative long-term storage options for all California clinics.

Meaningful Use
The term "Meaningful Use" (MU) is frequently used in relation to the Medicare and Medicaid EHR Financial Incentive programs. These programs began in 2011 following passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act.

The programs vary slightly however both are broken into three stages. Participation requirements increase with each stage. Stage one requirements addressed data capture and sharing. Stage two requirements attempt to improve patient care through better clinical decision support, care coordination, and patient engagement. The stage 3 MU requirements will target improved outcomes.

FY 2014 was a year of significant change for the MU programs. The initial requirement for eligible providers to meet Stage 2 MU requirements for a full 365 days was reduced to 90 days in August 2014 under the Flexibility Rule. This rule also allowed eligible providers to attest to MU for calendar year 2014 using either 2011 or 2014 Certified Electronic Health Record Technology (CEHRT) or a combination of the two. The change required modification of the California State Level Registry for providers wishing to use 2011 CEHRT to attest for Meaningful Use.

Turnover at California area clinics meant that, while many California area providers had completed Stage 1, Year 2 MU requirements, other providers were still completing adopt/implement/upgrade and/or Stage 1, Year 1 requirements. Delayed release and installation of the Certified 2014 RPMS EHR meant that eligible providers needed to use 2011 CEHRT to attest for Meaningful Use. Meanwhile, the State of California announced that attestations under the Flexibility Rule could not occur until March 2015.

As a sub-recipient of the National Indian Health Board REC, the California Rural Indian Health Board (CRIHB) continued to provide REC services during FY 2014 to eligible providers attempting to attest for Stage 1 Meaningful Use. Ongoing MU support has now fallen to the IHS/CAO in concert with IHS OIT.

Health Information Technology
IHS/CAO support staff use a multi-pronged approach to improve quality of and access to care through timely, accurate, and accessible patient health information. All California health care clinics have adopted an electronic health record (EHR). Twenty-two California clinics use the Resource and Patient Management System (RPMS) EHR and the remainder use commercial off-the-shelf software including NextGen and eClinical Works. The IHS/CAO provides technical support to all California clinics regardless of which EHR is used.

Weekly RPMS office hours have been quite successful. The meeting agenda varies from week to week and sometimes feature special presentations on topics that are of interest to clinic staff. These meetings are open to all interested individuals and include training announcements, discussions of EHR challenges and resolutions, and demonstrations of software functionality and/or workflow redesign.

Site managers are also made aware of current information and changes through regular site manager's messages that are sent by email. These messages include announcements of training, new information, and best practices identified by clinic and/or Area office staff.

Clinic staff are notified of health information management (HIM) training opportunities provided nationally and/or locally through the IHS as well as those offered through other organizations. Topics have included *Health Insurance Portability and Accountability Act (*HIPAA) privacy requirements and documentation improvement.

The IHS/CAO has built a multi-disciplinary EHR team that includes nursing, HIM, IT, coding, and MU expertise. This team routinely meets with California clinics. Some meetings occur remotely while others are held on-site. The team conducts a visit workflow and also interviews EHR users to identify challenges and problems with use of the EHR. Problematic process workflows are identified. The team assists clinic staff with diagramming and improving clinic workflows.

ICD-10
IHS/CAO has worked cooperatively with the IHS ICD-10 team to provide ICD-10 training and support to California clinics. Several OPH staff routinely participate in the ICD-10 stakeholder's calls and stay current on ICD-10 implementation developments. This office has maintained visibility of ICD-10 implementation in a variety of ways and venues including Program Directors' Meetings, Medical Best Practices Conferences, and RPMS EHR office hours. This has continued despite the delay of ICD-10 implementation until October 1, 2015. Additional ICD-10 trainings will be offered to staff from California clinics during FY2015.

Diabetes

The California Area has 37 tribal and urban Indian diabetes programs. These programs are funded in part by the Special Diabetes Program for Indians (SDPI). SDPI includes the Community-Directed, Healthy Heart, and Diabetes Prevention grants. Currently, there are 35 Community-Directed, 7 Diabetes Prevention, and 5 Healthy Heart diabetes grants in California. The source of this money is based on funding that Congress appropriates annually. SDPI has been funded for two years through FY2017. Since the inception of the SDPI in 1998, diabetes has been affected in a positive manner. The devoted work of the staff in every California program has not only improved the quality of life for American Indian/Alaska Natives battling this disease, but has also prevented diabetes from occurring in people at high risk. The significant and most notable return is the 43% reduction in End-Stage Renal Disease in AI/AN, a greater decline than any other racial or ethnic group across the nation.

The Area Diabetes Coordinator, Helen Maldonado, and two contractors are involved in multiple aspects of diabetes care and prevention in the California Area. Their overall mission is to support all California tribal and urban Indian healthcare programs in their efforts to provide excellent diabetes treatment and education, as well as the best interventions to prevent diabetes in Indian communities.

Diabetes care and prevention in Indian country is based on the strength of the relationships developed with tribal communities. Focusing on the IHS Model for Understanding each community's priorities is essential to improving the health status of Indian people. The challenge for medical providers is to listen, understand, and advice based on what the community wants. In an effort to address this challenge, the theme of the diabetes webinar series in FY 2012 was 'Quality Improvement'. In addition, the Area diabetes contractors visited 37 tribal and urban Indian healthcare programs to provide on-site evaluation and guidance. Plus, the IHS/CAO hosted Diabetes Day on May 23 in conjunction with the Providers' Best Practices & GPRA Measures Continuing Medical Education.

California tribal and urban Indian healthcare programs receiving SDPI Community-Directed grant funding create a diabetes care improvement plan each year based on what is needed in their clinic and community. These plans are called 'Best Practices' as they are based on procedures and interventions known to be effective in diabetes care and in Indian country. The role of the Area Diabetes Coordinator and her staff is to provide guidance on the development and implementation of these Best Practices, ensuring that results that benefit communities are achievable and sustainable. Outcomes include both non-clinical measures, such as the number of health promotion policies adopted by a tribal organization, and clinical data reported in the annual IHS Diabetes Audit.

IHS Diabetes Audit

The IHS Diabetes Audit report is an assessment of clinical care and education and must be submitted annually by programs receiving SDPI Community-Directed funds. The report is based on the IHS Diabetes Standards of Care. Statistics and data are used as a guide to steer the direction of decisions made by health care teams. The following health care outcomes have been specifically targeted for improvement by CAO. These data measures reflect the health status of all active patients with diabetes in the California Area (most recent data is from calendar year 2013):

For five of the six data measures in the table, California outcomes exceeded all-IHS data.

TARGETED MEASURES	2010 AUDIT REPORT RESULT	2015 AUDIT REPORT RESULT (FOR CY 2014)	COMPARE TO ALL-IHS 2015 AUDIT RESULTS
Number audited	5538	6068	116,739
Blood sugar control at goal(A1c<8)	42%	58%	53%
Blood Pressure at goal (<140/<90)	37%	69%	65%
Eye exams	56%	54%	55%
Nutrition education	69%	73%	72%
Exercise education	64%	68%	54%
Depression screening	69%	84%	80%

Trainings

The IHS/CAO provided webinar trainings on the following topics based on the theme of 'Quality Healthcare Improvement':

- *"Updates with SDPI"* presented by Helen Maldonado, PA-C; Jamie Sweet, MSN
- *"Effective Communication to Improve Health Care Quality"* presented by Helen Maldonado, PA-C, CDE, IA
- *"SCIHP Systems for ABCs of Diabetes Bundled Measures"* presented by Dan Santiago, MD; Arlyn Pitler, FNP, RD, CDE – Sonoma County Indian Health Project, Inc.
- *"Diabetes Annual Audit"* presented by Monica Giotta, MS, RD, CDE
- *"Diabetes Case Management"* presented by Monica Giotta, MS, RD, CDE
- *"Diabetes Day Planning"* presented by Helen Maldonado, Monica Giotta, Jamie Sweet.

This past year, the Area Diabetes Coordinator and contractors began development of content for the IHS/CAO Diabetes Portal. This is a secure website where diabetes programs will be able to view recorded trainings, download diabetes information, view data, and network with other California programs.

One of California's Diabetes contractors is now working for a tribal program and a new Grants Specialist contractor started in September 2013. Site visits to California programs will continue. A member of the CAO Diabetes Team continues to be available daily to answer diabetes-related questions from California sites.

Contract Health Service Name Changed to Purchased/Referred Care

The Consolidated Appropriation Act of 2014 that was signed by the President in January included approval of a new name for IHS' Contract Health Service (CHS) Program, which funds referrals for care in the private sector when those services cannot be provided in the IHS facility. Congress requested that IHS propose a new name for the program since it was often confused for other budget items, and the FY 2014 President's Budget proposed that the name be changed to Purchased/Referred Care (PRC). The name change was official with passage of the FY 2014 appropriation, and IHS will transition the name from CHS to PRC during the next year. The transition will take time, since in addition to getting used to the new name, multiple policy and administrative documents must be updated.

The new name better describes the purpose of the program funding, which is for both purchased care and referral care outside of IHS. The name change will not otherwise change the program, and all current policies, practices, and improvements will continue. This year's appropriation also included a $77 million increase for CHS/PRC, which means there is more funding available to pay for the referrals our patients need. Thank you for your cooperation and understanding as we transition to the new name.

The PRC program is for medical/dental care provided away from a tribal healthcare facility. PRC is not an entitlement program and an IHS referral does not imply the care will be paid. If IHS is requested to pay, then a patient must meet the residency requirements, notification requirements, medical priorities, and use of alternate resources.

IHS/CAO encourages all tribal healthcare programs to fully document PRC unmet need. Denied/deferred services reports document medical services that are either denied or deferred and therefore not payable by IHS. The information from the denied/deferred services reports provides Congress and OMB a way to determine unfunded PRC services to be used to justify increases in the CHS budget provided by Congress. The data is extracted from the Resources and Patient Management System (RPMS) CHS application or manual logs.

To improve quality of and access to care, the IHS/CAO PRC Officer provides general consultation for CHS regulations (42 CFR 136) and technical guidance on PRC operating guidelines as well as policies and procedures to tribal staff and outside agencies. The PRC Officer also reviews and processes all Area Catastrophic Health Emergency Fund (CHEF) cases. PRC education and training opportunities include, but are not limited to PRC 101, Medicare-Like Rate overview and calculations, health board presentations, and CHS claims processing.

Web-based PRC training curriculum is now available on the IHS website. The training curriculum was developed by a group of experts who work in IHS/tribal PRC programs and provides a strong foundation of what PRC technicians need to know and do to run a successful PRC program.

CA AREA NURSE CONSULTANT REPORT:

ACTIVITIES, ACCOMPLISHMENTS, AND IMPROVEMENT PROJECTS

The IHS/CAO strives to elevate the quality of healthcare provided for American Indian/Alaska Native (AI/AN) people through efforts that promote excellence in the delivery of evidenced-based, culturally considerate healthcare services. Nurses across the California Area play major roles in the delivery of these services as they consult, administer, and/or provide direct patient care through clinic-based, public health, and referral organizations. Area nurses work in a variety of settings and in various practice roles. The Area Nurse Consultant works to ensure that these nurses have available the knowledge, skills, and educational resources needed to practice at the top of their licensure as contributing members of interprofessional health care teams. Area focus is on ensuring that nurses working within the California Area are equipped with the clinical practice and leadership skills necessary for offering team-based, patient-centered care that is accessible and of the highest possible quality in the face of challenges brought about in this era of health care reform.

NURSING LEADERSHIP, CONTINUING EDUCATION, AND COLLABORATION

The IHS/CAO Nurse Consultant coordinated the following sessions for participants of a Pre-Conference Nursing Continuing Education Day held on May 19 in conjunction with the 2014 California Providers' Best Practices & GPRA Measures Continuing Medical Education:

- Maternal, Infant and Early Childhood Home Visitation Models – Panel which featured representatives from the American Indian Infant Health Initiative, Nurse Family Partnership, and the Family Spirit Program
- Immunization Coverage Updates and Best Practices for Improvement - IHS Immunization Program Manager
- Team Building – Overcoming Burnout and Compassion Fatigue (Interprofessional Session)
- Leading the Way in Healthcare Improvement (Interprofessional Session)

In recognition of the value of both internal and external agency expertise, presenters were selected from IHS, tribal, and state-based healthcare organizations for their subject matter expertise and interest in partnering to improve health outcomes for AI/AN people. The IHS/CAO partnered with the IHS Clinical Support Center, an accredited provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation, to offer up to 28 hours each for nurses attending these events. Forty-two nurses earned a total of 885.5 continuing education hours for their attendance.

The Area Nurse Consultant represented California Area IHS, tribal and urban nurses through her contributions as a member of the IHS National Nurse Leadership Council. As a member of the NNLC, the Area Nurse Consultant actively participated as follows: Member of the NNLC's Annual Nurses Leaders in Native Care Conference Planning Committee, actively participated on monthly NNLC conference calls, and was a member of NNLC's Shared Governance and Bylaws revision workgroup (Revised NNLC Bylaws which were approved during the NCC meeting on 6/25/14 in Phoenix)

The 2014 Nurse Leaders in Native Care Conference (NLiNC), sponsored by HIS/HQ Division of Nursing, was held as a virtual event June 17-19. The IHS/CAO Nurse Consultant represented the California Area on the planning committee and participated as a moderator for one day of the three day conference. Based on the post-conference evaluation, the 2014 NLiNC Conference was a big success. Upwards of 280 nurses, 14 of whom were from California tribal (6), Urban (2), and IHS Area Office (1) facilities, attended over the course of the three day event. Actual attendance may have been greater that these numbers since some participants attended as a group under one phone line connection. This conference included sessions on the following topics that are relevant to nursing professionals working within the IHS System:

- Nursing Quality & Safety
- Tuberculosis Update 2014: Epidemiology, Diagnosis and Treatment
- Tackling Recidivism and Readmissions: Empower and Engage Your Organization
- IHS Success Stories within Nursing: Phoenix Area Nurse Preceptor Competency Program
- Gallup Indian Medical Center's IHS Trauma/Capstone Prep Project
- South Dakota PHN Billing Model
- Hospital Quality and Safety-Emergency Severity Index (ESI)
- Nursing Recruitment & Retention
- Shared Governance and Nursing

Thanks to the efforts of the IHS Clinical Support Center, nurse attendees earned up to 6.25 contact hours of continuing education each based on their individual attendance.

INTERAGENCY MEETINGS

- Nurse Consultant participated in Interagency Nurse Consultant Meetings on September 10, 2013 (Hosted by California Department of Health Care Services Nurse Consultants) , February 7, 2014 (Hosted by CA Area Nurse Consultant), and August 5, 2014 (Hosted by California Department of Health Care Services Nurse Consultants)
- Nurse Consultant attended Department of Health Care Services Medi-Cal Tribal and Indian Health Program Designee Annual Meeting

PROGRAM REVIEW PARTICIPATION

- Area Nurse Consultant participated on Tribal and Urban Indian Health Program Reviews of the following dates:

  December 2-4, 2013

  June 10-11, 2014 (As Project Officer)

  January 22-23, 2014

AREA IMMUNIZATION PROGRAM COORDINATION

The IHS/CAO, in support of Agency recommendations informed by Centers for Disease control and C recommends comprehensive immunization coverage for all age groups. The IHS/CAO offers training and technical assistance to tribal and urban Indian healthcare immunization staff to ensure comprehensive immunization coverage, data collection, and reporting. The following are some of the activities performed by the Area Nurse Consultant/Immunization Coordinator in 2014:

- Monitored Area immunization reporting to ensure comprehensive, timely, and accurate data reporting for IHS quarterly reports
- Attended quarterly IHS Immunization Program Manager led meetings
- Represented Area immunization interests at quarterly Immunization Coordination Meetings facilitated by California Department of Public Health Immunization Branch
- Provided technical assistance and improvement resources related to adult and childhood immunization GPRA measure improvement
- Initiated and coordinated efforts for electronic immunization data exchange projects between tribal healthcare programs and the California Automated Immunization Registry (CAIR)

STATEWIDE COLLABORATION

On May 4-5, the IHS/CAO Nurse Consultant attended the 2014 California Immunization Coalition Summit entitled "Harnessing the Power of Community" and pre-conference workshop on "Vaccine Safety". The "Summit" was held in Sacramento, California and was attended by 100 plus individuals from across the state. The following sessions were among those attended by the Nurse Consultant: "Vaccine Safety Workshop", "The importance of Community Engagement in Disease Prevention", "Turning Our Vaccine Challenges into Opportunities", "Our Virtual Community", "Immunization Registry: Data Exchange and Reminder Methods for Increasing Vaccination Coverage", "Strategies for Increasing Adult Vaccination Awareness and Immunization Rates", and "ACIP Update and Summary of Current Disease Outbreaks", and "Community Advocacy: Non Legislative Approaches to Policy Change". This annual event, sponsored by the California Immunization Coalition, promotes best practices in immunization. The California Immunization Coalition is a non-profit, public-private partnership dedicated to achieving and maintaining full immunization protection for all Californians to promote health and prevent serious illness. The Coalition provides networking and partnership opportunities for organizations and offers access to greater expertise by calling on a wide range of organizations and individuals. The Coalition has the ability to leverage resources and can advocate for change at the state, regional, and local levels.

NATIONAL COLLABORATION

Nurse Consultant attended CDC National Immunization Conference in Atlanta, GA September 29 – 30, 2014

RPMS-BASED TRAININGS

IHS/CAO facilitated an i**mmunization-eLearning session** that was held on August 11, 2014. On May 1, IHS/CAO hosted one-day RPMS Immunization 101 Training that was attended by a total of 11 nurses and/or other health care staff from the following California tribal healthcare programs in addition to two immunization staff from the IHS/CAO:

- Sonoma County Indian Health Project (1)
- Round Valley Indian Health. (1)
- Northern Valley Indian Health (5)
- Consolidated Tribal Health (1)
- Sacramento Native American Health (1)
- Tuolumne Me-Wuk Indian Health Clinic (1)
- Lassen Indian Health (1)

Based on the post-training survey responses, this course met the intended purpose of improving competencies related to use of the RPMS Immunization Package for Immunization practice, data management, and reporting.

Nurse Consultant/Immunization Coordinator presented an update on the status of Immunization Data Exchange with California Immunization Registry at the October 22, 2014 IHS/CAO-hosted Program Directors Meeting.

COMMUNITY HEALTH REPRESENTATIVE (CHR) PROGRAM COORDINATION

Area Nurse Consultant as CHR Program Coordinator:

- Attended monthly IHS/ HQ hosted CHR conference calls
- Provided technical assistance and training support for Area CHR Program staff
- Initiated a request to host a FY 2015 "Family Spirit Training" for CHRs and their Public Health Nurse Supervisors in the CA Area, as one of three IHS funded "Family Spirit" training locations.
- Facilitated roll out of new on-line CHR training modules
- Nurse Consultant, as Area Office CHR Program Coordinator, presented an update on the status of IHS CHR program training opportunities at the October 22, 2014 IHS/CAO-hosted Program Directors Meeting.

2013 IHS DIRECTORS Award Ceremony
L to R: John Jeng, Michelle Blackowl, Beverly Miller, Jeanne Smith, Marilyn Freeman

Office of Environmental Health & Engineering

The services provided by the Office of Environmental Health & Engineering (OEH&E) are categorized into four organizational components:

- Environmental Health Services (EHS)
- Injury Prevention Program (IPP)
- Sanitation Facilities Construction (SFC)
- Health Facilities Engineering (HFE)

Traditionally, each component offers specific health services but in California, the OEH&E is structured so that each organizational component and staff work together to ensure comprehensive, high-quality service to Indian people.

DIVISION of ENVIRONMENTAL HEALTH SERVICES

The Division of Environmental Health Services provides a broad range of technical services consistent with its mission "to reduce environmentally related disease and injury among American Indians through preventive measures." DEHS services provided to tribal communities include surveys, investigations, technical assistance, training and sampling. Program emphasis includes food safety, institutional environmental health, and injury prevention.

The DEHS is currently staffed with six environmental health officers. EHOs are located in Redding, Ukiah, Sacramento (3), and Escondido.

General Environmental Health:

Environmental Health Surveys

In FY 2014, EHS staff conducted 451 surveys, to identify environmental health risks and hazards in community facilities and make recommendations for their resolution. Environmental health surveys were conducted at the following tribal facilities:

- Food service facilities (306)
- Swimming Pools (25)
- Healthcare programs (16)
- Head Start program (16)
- Convenience stores (15)
- Food Warehouse (13)
- Senior Centers (13)
- Other facilities (47)

Training

The EHS staff sponsored or coordinated 27 training courses in tribal communities throughout California to build tribal capacity in environmental health related areas. Training was provided in food protection, infection control, communicable disease control, motor vehicle safety, playground safety, and hazardous materials/waste. More than 270 participants from tribal communities benefitted from these environmental and preventive health courses.

Rabies Vaccination Clinics for Dogs & Cats

The EHS staff assisted the U.S. Army's Veterinarian Program to provide a rabies vaccination clinic serving multiple tribes in southern California. More than 100 dogs and cats were vaccinated for rabies at no cost to tribal members.

Injury Prevention Program:

Projects

The IPP provided $37,005 in mini-grant funding for child safety seats, smoke detectors, and bicycle helmets to 17 tribal and urban Indian healthcare programs. These evidence-based projects are intended to reduce the health risks often associated with unintentional injuries.

Training

The Injury Prevention Program collaborated with the California Rural Indian Health Board, Inc. (CRIHB) to conduct one "Child Passenger Safety Technician Certification" course in Rohnert Park, California. This course provided advanced instruction to approximately 15 attendees on the proper use of child safety seats, so they can serve as child passenger safety experts in their respective communities and assure the safety, well-being, and healthy development of American Indian children riding in motor vehicles.

Tribal Injury Prevention Cooperative Agreement Programs

The Injury Prevention Program provided technical assistance and support to the Tribal Injury Prevention Programs funded by the Indian Health Service Tribal Injury Prevention Cooperative Agreement Program. These projects were established to hire and injury prevention coordinator to conduct "best practices" that address unintentional motor vehicle injuries and elder falls. Project participants were the California Rural Indian Health Board, Indian Health Council, and Tule River Indian Health Center. The total funding amount for these projects was approximately $230,000 in FY 2014. These projects were funded for continuation in FY 2015.

HEALTH FACILITIES ENGINEERING (HFE)

The Health Facilities Engineering (HFE) Department consists of five IHS staff. HFE services include planning and engineering for site selection, design, plan review, and construction inspection for maintenance and improvement (M&I) projects of existing facilities. HFE services also include planning, engineering and construction management of newly constructed tribal healthcare facilities. HFE manages contracted services such as engineering for site selection, design, plan review for new construction of tribal healthcare facilities in California.

Highlighted HFE Projects

Three HFE projects, which represent only a small portion of the total workload performed by the HFE program, illustrates typical cooperative efforts undertaken by IHS, the tribes, and tribal healthcare programs, to ensure a safe and pleasant environment for California Indians and communities. Following are three representative projects in which the HFE staff have been engaged.

Northern Valley Tribal Health

The Northern Valley Indian Health, Inc. completed planning and started design of a new 44,000 square foot facility in Chico, CA. The new South Chico Primary Clinic will be an extension of tribal health services currently offered within the City of Chico, providing dental, behavioral health, and pediatric care services for tribal members and eligible patients. NVIH has also completed planning and design and initiated construction on a six-phase remodel of their health clinic in Willows, CA.

Chapa-De Indian Health Program, Inc.

The Chapa-De Indian Health Program completed major renovations and interior remodeling projects of two buildings, totaling 37,700 square feet in Auburn, CA. The scope of work included building envelope renovations, converting office and conference space to dental services, and remodeling clinic space to incorporate the Patient Centered Medical Home model.

Riverside-San Bernardino Indian Health, Inc.

The Riverside-San Bernardino Indian Health (RSBCIHI) completed planning and design and initiated remodeling activities of a newly purchased 33,000 square foot facility in Grand Terrance, CA. The new property will replace the existing San Manuel Indian Health Clinic.

Drought Support Activities

Water well assessments were completed for three tribal health facilities with individual water wells. These water well assessments will be used as a base line in monitoring the impact of the California drought conditions and assisting in the development of contingency plans in the event of diminished or depleted potable water supplies.

Youth Regional Treatment Centers

The IHS/California Area Office (IHS/CAO) has made significant progress toward opening two IHS-operated Youth Regional Treatment Centers (YRTCs) in California. One facility will be constructed in the south near Hemet and the other in the north near Davis.

Southern YRTC

The solicitation for construction of Southern California Youth Regional Treatment Center construction was advertised in the summer of 2014 with construction completion estimated in late 2015 or early 2016. The 35,000 square foot facility will treat youth between the ages of 12 to 17 years of age and will contain 32 beds, an indoor gymnasium, education space, computer laboratory, art room, cafeteria, fitness facilities, cultural building, dormitories, family suites, and healthcare facilities.

Northern YRTC

The IHS acquired twelve acres through a GSA land transfer from DQ University in Yolo County near Davis, CA. The northern facility will utilize the same basic building design as the YRTC in southern California, for cost and time saving measures. Design and construction funds were received in the FY 2015 budget. Current activities include completing a geotechnical evaluation and an environmental assessment.

TABLE 1
Sanitation Facilities Construction Program Statistics for FY 2014

SFC Program Budget:	
IHS/CAO SFC Appropriation	$3,583,000
EPA Contribution	$1,957,000
Total Funding in FY 2014	**$5,540,000**
Total IHS/CAO SFC Appropriation since 1963	$221,486,499

SFC Projects:	
Number of Projects Undertaken in 2014	**27**
Total Number of Projects Undertaken since 1963	1163

Homes Provided Sanitation Facilities in FY 2014:	
Number of New and Like-New Homes Served	
BIA sponsored homes	7
Tribal and other homes	54
Subtotal	61
Number of Existing Homes Served	841
Total Number of homes served in 2014	**902**

Homes Provided Sanitation Facilities since 1963:	
Number of New and Like-New Homes	
BIA-sponsored homes	739
CDBG-sponsored homes	942
Tribal and other homes	2,848
Subtotal	4,529
Number of First Service Existing Homes	13,492
Total Number of Homes Served	53,216

Sanitation Deficiency System (SDS) Information:	
Total number cost of sanitation deficiencies	$281.720.655
Total estimated cost of feasible projects	$185,553,358
Total number of projects/phases identified	438
Number of feasible projects identified	380
Estimated total number of existing homes without potable water	4,150
Estimated total number of homes that lack either a safe supply or sewage disposal system or both (Deficiency Level 4 and 5)	5,845

Sanitation Facilities Construction

CALIFORNIA DROUGHT UPDATE

California is in the fourth year of extreme drought conditions and on January 17, 2014, the Governor of the State of California declared a Drought State of Emergency. In response, Indian Health Service, California Area Office (IHS/CAO):

- Developed and managed initial and follow-up assessments of 148 tribal drinking water systems
- Determined the severity, impact, and vulnerability of the drought on Indian communities
- Developed a "Drought Contingency Plan" template and assisted tribes in the development of drought contingency plans. 65% of tribes in California have drought contingency plans
- Developed drought summary maps, distributed to and used by multiple federal/state agencies
- Identified 46 tribal water systems at moderate and high risk and established a website to disseminate drought information to tribes
- As part of ongoing monitoring, an emergency response/action level was established for each system, based on flow/pumping levels and/or amount of water used/person/per day, rather than waiting until the community is completely out of water
- Disbursed $385,650 for emergency drinking water projects for construction of water main extensions, locating alternative water sources, and installing water hauling tanks
- Will fund eight drought projects in 2015 for $3,048,905
- Reprogramed remaining balances of 10 existing SFC projects to support 17 drought projects for additional water supplies, storage, or to correct major leaks
- Identified 62 drought-related projects with a total cost of $34 million if extreme drought conditions continue beyond 2015

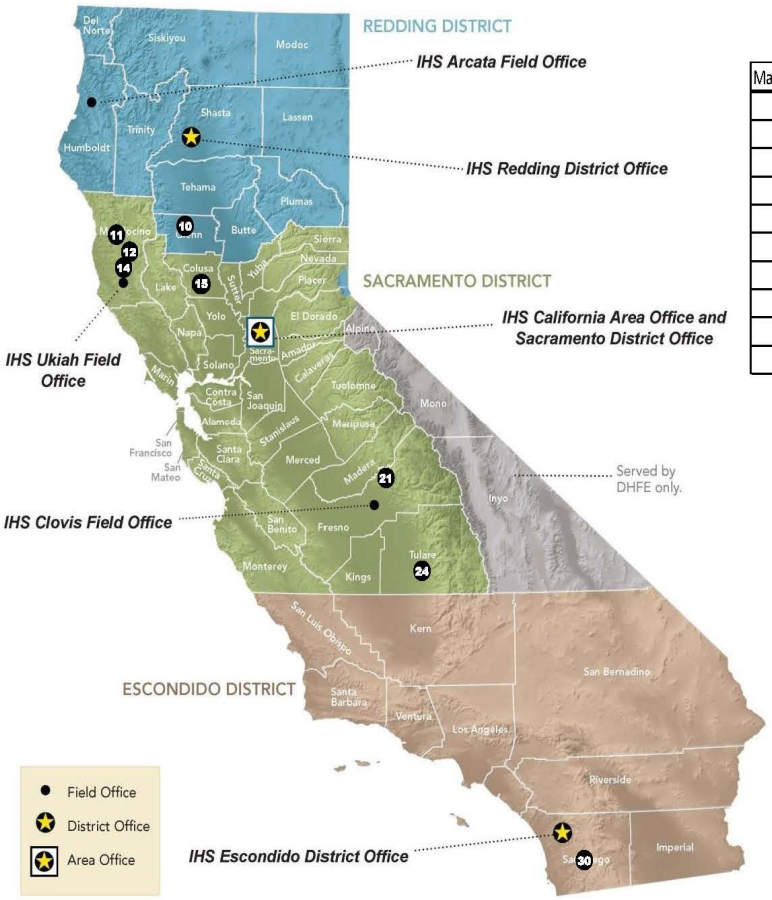
The IHS/CAO, Sanitation Facilities Construction (SFC) program has established itself as a lead agency, among all state and federal agencies in California, to monitor and address the drought impacts on Indian lands. The SFC program has established relationships with other primary stakeholders such as the tribes, Governor's Office of Tribal Affairs, California Office of Emergency Services, U.S. Environmental Protection Agency, and all other federal agencies under the Region IX DHHS.

The IHS/CAO participates in monthly drought tasks force meetings with the Governor's Office, bi-weekly drought meetings with Governor's Office of Emergency Services, bi-monthly federal drought calls, and Regional Tribal Drought Task Force meetings.

California Tribal Drought Map

Tribal water systems at high risk due to drought conditions:

***Updated May 07, 2015**– Updates will be made as conditions change and information becomes available.*



Map #	Tribe	System Name	# of Indian Homes
11	Sherwood Valley	Original Sherwood Valley Rancheria	16
12	Redwood Valley Rancheria	Redwood Valley County Water District	31
14	Coyote Valley	n/a	33
24	Tule River	Main	282
24	Tule River	Cow Mountain	9
10	Grindstone Rancheria	n/a	51
15	Cortina	n/a	6
24	Tule River	Apple Valley	9
21	Big Sandy	n/a	46
30	Santa Ysabel	Main	65

Total Systems to Date = 8

Source: Indian Health Service California Area Office of Environmental Health and Engineering. Based on vulnerability and risk assessment scores.

Tribal water systems at moderate risk due to drought conditions:

Updated May 07, 2015*– Updates will be made as conditions change and information becomes available.*

Map #	Tribe	System Name	# of Indian Homes
5	Yurok	Owl Creek/Tulley Creek	8
5	Yurok	Kepel	17
5	Yurok	Wautec (aka Johnson's Village)	14
10	Fort Bidwell	Fort Bidwell community water system	48
6	Hoopa Valley Tribe	n/a	746
7	Pit River	Montgomery Creek	10
17	Kashia Band of Pomo Indians	n/a	15
7	Pit River	XL	18
13	Enterprise Rancheria	Eagle Crest Estates	13
26	Santa Rosa Reservation	Santa Rosa Water System	36
11	Sherwood Valley	City of Willits	35
4	Karuk Tribe	Somes Bar	2
31	La Posta	Upper System	8
27	Pauma	Pauma	60
11	Sherwood Valley	Mitomkai (Eastside Ranch-Lockhart)	15
5	Yurok	Klamath	45
31	La Posta	Lower System	8
30	Santa Ysabel	Ortega System	5
5	Yurok	Weitchpec	27
22	Cold Springs	Coyote Drive System	7
20	Tuolumne	n/a	76
22	Cold Springs	Main	37

Total Systems to Date = 14

Source: Indian Health Service California Area Office of Environmental Health and Engineering. Based on vulnerability and risk assessment scores.

Indian Health Service/California Area Office
Sanitation Facilities Construction
2014 Project Engineer of the Year
Ms. Dara Zimmerman

Ms. Dara Zimmerman was selected as the 2014 Sanitation Facilities Construction (SFC) Project Engineer of the Year, for her exceptional achievements in providing technical assistance to the Yurok and Hoopa tribes in managing tribal water systems affected by extreme drought conditions in California.

Ms. Zimmerman currently serves as a Field Engineer for the Arcata Field Office in the Redding District. She graduated in December 2013 with an undergraduate degree in Environmental Resources Engineering from Humboldt State University and joined the Indian Health Service in January 2014.

2014 was the fourth driest years in the state's recorded history, exceeded only by 1977, 1931 and 1924. As a result of the extreme drought conditions, the IHS/CAO assessed the severity of the drought and impact to tribal drinking water systems. Ms. Zimmerman worked closely with the Hoopa and Yurok tribes to assess and provide emergency water to 3,500 homes.

Ms. Zimmerman has improved relationships with the Hoopa and Yurok tribes and was the frontrunner of providing emergency drinking water and played a lead role in identifying water quality vulnerabilities associated with severe drought conditions.

Dara Zimmerman accomplished the following in 2014:

- Advocated for and led, rather than followed, regulatory agency responses and the need for investigatory and precautionary actions regarding drinking water quality degradation from algal toxins, salt water intrusion, and fertilizers/pesticides. These efforts have stimulated trust in the Indian Health Service through a renewed understanding by the tribal organizations.

- Example - Monitored and tested for blue green algae in the Trinity River (Hoopa's water source). Identified a microcystin cyanobacteria outbreak in the river and generated verifiable data to convince the Bureau of Reclamation to release additional water from the Lewiston Dam to flush cyanotoxins from the river, thus protecting public health and surface drinking water supplies.

- Example - Assisted with marijuana eradication, where potable water supplies were diverted from tribal watershed areas. She mapped and monitored creek intake systems for fertilizers and pesticides for federal and state law officers.

- Ms. Zimmerman rehabilitated an existing spring-fed creek intake to reduce water loss and outages to the Kepel-Notchko community water system serving 30 homes, a tribal community center and two tribal schools on the upriver Yurok Reservation. The intake pool was lined with shotcrete and the dam grouted to seal the intake pond from leakage and percolation. A canal gate was replaced to make cleaning the pool easier and increase intake capacity. A self-cleaning Coanda intake screen was installed to reduce outages due to leaf blockage and air lock. The intake pipe was reinstalled underground from the creek bed for storm and tree protection, and replaced with HDPE to reduce tubercle development. The project was completed in November 2014.

- Ms. Zimmerman obtained a State of California grant to install emergency water dispensing machines at the Weitchpec and Kepel tribal community centers on the upriver Yurok Reservation in November 2014. The project will provide treated water to residents affected by drought, contamination and those without access to safe drinking water. The water dispensing machines can serve all 811 community residents with emergency water.

- Ms. Zimmerman provided 15 Yurok tribal members with alternative water supplies by connecting homes to new surface water systems or to existing community systems after upstream marijuana farms diverted tribal water supplies.

Ms. Zimmerman worked on the aforementioned drought projects for long hours in order to develop solutions that provided safe drinking water during extreme drought conditions. These efforts were in addition to her normal SFC workload. She is most deserving of this special recognition for her foresight, dedication, and hard work to assure that the tribal water supplies are safe.

Office of Management Support (OMS)

The California Area OMS provides advice to the Area Director and functional area managers on administrative and management policy and procedures requirements. A key area of work is setting up administrative systems to support the future Youth Regional Treatment Centers in California. This office provides support in the areas of:

- Acquisition Management
- Financial Management
- General Administrative Services

ACQUISITION MANAGEMENT

The Contracting Office is responsible for award and administration of all contracts issued by the IHS/CAO. This includes P.L. 93-638 contracts and Title V urban contracts, commercial contracts, and construction contracts in support of the Sanitation Facilities Construction program. This office issues purchase orders and delivery orders using simplified and formal acquisition procedures to support IHS/CAO operations as well as support the tribal and urban Indian healthcare programs. These include services such as diabetes review, alcohol counselor certification and activities in support of the information technology function.
The Chief Contracting Officer (CCO) serves as technical acquisitions advisor to the Area Director and Executive Staff. The CCO maintains active liaison with Area Management, HIS Headquarters Acquisition staff, other government agencies, vendors, and others with whom the Area has a contractual relationship.

FINANCIAL MANAGEMENT

The Finance Office is responsible for administering and directing the California Area IHS Financial Management Program including the coordination of budgeting, accounting, and financial management and program development, budget control and management-financial reporting, property management, and for developing, coordinating, advising on, and executing Area associated policies, procedures, and plans.

The Financial Management Officer (FMO) serves as technical financial advisor to the Area Director and Executive Staff. The FMO maintains active liaison with Area Management, IHS Headquarters Administrative and Financial Management staff, other government agencies, private companies, vendors, and others with whom the Area has a financial relationship.

GENERAL ADMINISTRATIVE SERVICES

The General Administrative services group is responsible for key functions in the California Area such as executive administration, records management and, correspondence control, reception, mail and files, and administrative support.

Western Region Human Resources Office (WRHRO)

The WRHRO is a part of the IHS Office of Human Resources with staff duty located in Alaska, California and Oregon. In California, the Human Resources (HR) office is responsible for all HR disciplines such as recruitment, employee relations, pay setting, position management, personnel security/suitability, performance management, scholarship program, and ethics. The Senior HR Specialist serves on the Executive Team and is a technical advisor to the Area Director on all HR matters. The WRHRO is working intensely on designing and executing the staffing plan of the future Youth Regional Treatment Centers. The HR office continues to send direct care job seekers to the Tribal Health programs for possible employment. Many of these job seekers secure a Tribal position or provide services as a Commissioned Corps Officer under a memorandum of agreement.

(L to R): Contracting - Rick Verdenburg, Marilyn Duran, Cordell Bailey, **Not Pictured**: Travis Coleman, Rachel Rosas, Ronda English

(L to R): HR/Admin - Jeanne Smith, Angela Peshlakai, Trisha Sutherland

Above (L to R): Finance - Jeffrey Turner, Natalya Blatova, Marie Lowden, Kurt Nelson, Dan Redeagle, Caroline Martinez, Julie Morrow, **Not Pictured**: Angie Singh, Ana Alvarez-Chavez

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Financial Report FY 2014

Remembering - Linda J. Wilson

In Loving Memory...

Born September 13, 1951 in Talihina, Oklahoma. Survived by Brother Calvin Coolidge (Chiefy) and Wife Barbara Wilson, Brother Anthony Ray (Tony) and Wife Melvis Wilson. Aunt to eight Nieces and three Nephews. Great aunt to ten Nephews and four Nieces. She has one Uncle Benny Ray, his Wife Quannie Austin, Aunt Betty Austin and many cousins.

Her love and generosity for family and friends had no limit. She would help you with her last dollar. She loved her Choctaw Nation Heritage and all other native Inter-tribal cultures. She enjoyed her Western movies and programs and lets not forget "Elvis".

Ms. Linda Wilson began her federal career with the General Services Administration in September 1968, while living in San Francisco Bay Area. In 1973, she came to work for the Department of Health & Human Services (then called the Department of Health, Education, and Welfare). She also worked for the San Francisco Post Office in 1973.

In 1984, she transferred to Indian Health Service in Oklahoma City, OK. In December 1987, she transferred back to California and became a Secretary at the California Area Indian Health Service in Sacramento, CA.

Linda J. Wilson
Budget Analyst
California Area Office

Within a year, she joined the Finance staff as a Budget Analyst. She worked her way up to Grade 12 and was the Senior Budget Analyst on staff. Linda will be greatly MISSED!!
Rest in Peace.

Linda's laughter, friendship and warm presence will be missed by all. Forever in our Hearts!!

Final Financial Report—Summary

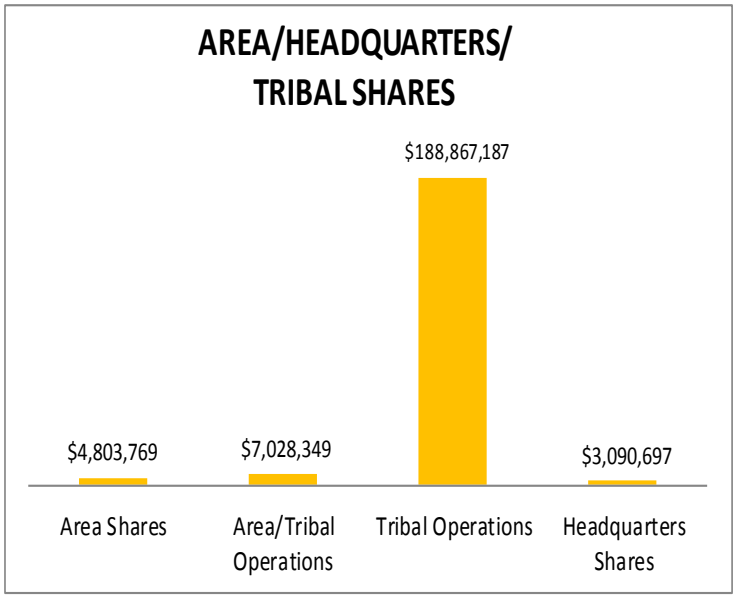
$ dollars, unless otherwise stated

	ALLOWANCE	OBLIGATION	BALANCE
Clinical Services			
Hospital & Clinics	$71,508,920	$71,498,920	$10,000
Dental	1,938,346	1,938,346	0
Mental Health	2,040,930	2,036,546	4,384
Alcohol	10,842,497	10,839,210	3,287
Reimbursements	12,804	12,804	0
Total Clinical Services:	86,343,497	86,325,826	17,671
Preventive Health			
Public Health Nursing	928,798	928,386	412
Health Education	302,155	302,155	0
Community Health Representative	2,005,123	2,005,123	0
Total Preventive Health:	3,236,076	3,235,664	412
Urban Health Projects	6,778,168	6,776,885	1,283
Direct Operations	2,433,806	2,432,000	1,806
Contract Support Costs	57,453,659	57,453,659	0
Contract Health Care	47,834,104	47,834,104	0
Catastrophic Fund	40,101	40,101	0
Domestic Violence Prevention Initiative	223,000	223,000	0
Alcohol & Substance Abuse/Meth Prevention	889,000	813,099	75,901
Special Diabetes Program for Indians—Direct	160,000	0	160,000
Special Diabetes Program for Indians—Reimbursement	200,000	0	200,000
Facilities & Environmental Health Support			
Environmental Health Support	3,561,070	3,076,231	484,839
Facilities Health Support	1,388,313	1,168,626	219,687
OEHE Support	17,156	15,807	1,349
Total Facilities & Environmental Health Support:	4,966,539	4,260,665	705,874

$ millions, unless otherwise stated

	ALLOWANCE	OBLIGATION	BALANCE
Indian Health Facilities			
South: Desert Sage Youth Wellness Center	15,500,000	12,849,000	2,651,000
Equipment	866,546	866,546	0
Maintenance and Improvement	3,028,040	2,159,782	868,258
Total Indian Health Facilities:	19,394,586	15,875,328	3,519,258
Sanitation Facilities			
Housing	1,550,000	1,550,000	0
Regular	2,033,000	2,033,000	0
Total Sanitation Facilities	3,583,000	3,583,000	0
Inter-Agency Funds			
Contributions	2,028,700	2,028,700	0
Total Contributions Facilities	2,028,700	2,028,700	0
Area Grand Total	**$235,564,236**	**$230,882,031**	**$4,682,205**

Area/Headquarters/Tribal Shares
$ Dollars



Clinical Services
Hospital & Clinics

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	65,575
California Rural Indian Health Board, Inc.	7,223,527
Central Valley Indian Health, Inc.	4,373,572
Cold Springs Tribal Council	164,317
Colusa Indian Health Community Council	200,933
Coyote Valley Tribal Council	193,608
Greenville Rancheria	1,076,166
Guidiville Indian Rancheria	125,502
Hopland Band of Pomo Indians	153,153
Lake County Tribal Health Consortium	3,869,208
M.A.C.T. Health Board, INC	1,214,363
Paskenta Band of Nomlaki Indians	19,180
Pinoleville Band of Pomo Indians	40,386
Pit River Health Services, Inc.	1,021,260
Quartz Valley Indian Reservation	191,997
Round Valley Indian Health Center, Inc.	827,671
Santa Ynez Band of Mission Indians	933,086
Scotts Valley Band of Pomo Indians	175,880
Sherwood Valley Band of Pomo Indians	152,610
Shingle Springs Rancheria	903,095
Southern Indian Health Council, Inc.	2,835,460
Strong Family Health Center	316,060
Sycuan Band of Mission Indians	183,697

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Table Mountain Rancheria	$92,282
Toiyabe Indian Health Project, Inc.	2,180,255
Tule River Indian Health Center, Inc.	2,079,618
Tuolumne Me-Wuk Indian Health Center, Inc.	398,101
American Indian Health & Services Corporation	4,000
Bakersfield American Indian Health Project	1,000
Fresno American Indian Health Project	6,000
Indian Health Center of Santa Clara Valley, Inc.	1,000
Native American Health Center, Inc.	14,269
Native Directions, Inc.	1,000
Sacramento Native American Health Center, Inc.	1,000
San Diego American Indian Health Center, Inc.	6,000
United American Indian Involvement, Inc.	71,000
Chapa-De Indian Health Program, Inc.	3,286,414
Consolidated Tribal Health Project	1,673,609
Feather River Tribal Health, Inc.	2,767,378
Hoopa Valley Tribe	2,077,393
Indian Health Council	3,889,314
Karuk Tribe of California	1,189,736
Northern Valley Indian Health	1,997,750
Redding Rancheria	3,154,573
Riverside-San Bernardino Indian Health	9,751,674
Susanville Indian Rancheria	790,960
Total Tribal Operations	***$61,694,632***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$970
California Rural Indian Health Board, Inc.	791,520
Central Valley Indian Health, Inc.	232,200
Greenville Rancheria	21,000
M.A.C.T. Health Board, INC	81,110
Paskenta Band of Nomlaki Indians	630
Pit River Health Services, Inc.	38,200
Santa Ynez Band of Mission Indians	5,475
Shingle Springs Rancheria	38,300
Southern Indian Health Council, Inc.	174,100
Strong Family Health Center	12,800

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Toiyabe Indian Health Project, Inc.	$155,000
Chapa-De Indian Health Program, Inc.	150,000
Consolidated Tribal Health Project	124,701
Feather River Tribal Health, Inc.	145,400
Hoopa Valley Tribe	162,000
Indian Health Council	252,600
Karuk Tribe of California	97,700
Northern Valley Indian Health	79,400
Redding Rancheria	248,200
Riverside-San Bernardino Indian Health	542,100
Susanville Indian Rancheria	44,500
Total Tribal Operations- Area Shares	***$3,397,906***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$1,357
California Rural Indian Health Board, Inc.	330,918
Central Valley Indian Health, Inc.	57,716
Greenville Rancheria	46,005
M.A.C.T Health Board, Inc.	40,761
Pit River Health Services, Inc.	28,206
Santa Ynez Band of Mission Indians	13,542
Shingle Springs Rancheria	8,062
Southern Indian Health Council, Inc.	72,762
Strong Family Health Center	8,829
Toiyabe Indian Health Project, Inc.	43,498

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$36,180
Consolidated Tribal Health Project	32,289
Feather River Tribal Health, Inc.	70,558
Hoopa Valley Tribe	37,993
Indian Health Council	214,979
Karuk Tribe of California	25,120
Northern Valley Indian Health	21,857
Redding Rancheria	139,616
Riverside-San Bernardino Indian Health	359,945
Susanville Indian Rancheria	14,323
Total Tribal Operations- Headquarters Shares	***$1,604,516***

MOA OPERATION EXPENDITURES	FUNDED AMOUNT
Personnel Services	$621,259
Total MOA Operation Expenditures	***$621,259***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$2,131,453
Travel	33,997
Transportation	281
Rent, Comm., Util.	974,684
Printing	4
Contractual Services	647,443
Training	19,744
Supplies	22,427
Equipment	42,337
Total Area & Tribal Operation Expenditures	***$3,872,370***

TOTAL OBLIGATIONS—HOSPITAL & CLINICS	**$71,190,683**

Clinical Services
Dental Services

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$19,380	Tuolumne Me-Wuk Indian Health Center, Inc.	$1,690
Central Valley Indian Health, Inc.	4,690	American Indian Health & Services Corporation	1,690
Colusa Indian Health Community Council	1,690	Indian Health Center of Santa Clara Valley	1,690
Greenville Rancheria	30,883	Native American Health Center, Inc.	4,690
Lake County Tribal Health Consortium	251,439	Sacramento Native American Health Center, Inc.	1,000
M.A.C.T. Health Board, INC	1,690	San Diego American Indian Health Center, Inc.	9,880
Paskenta Band of Nomlaki Indians	5,285	Chapa-De Indian Health Program, Inc.	58,627
Pit River Health Services, Inc.	1,690	Consolidated Tribal Health Project	1,690
Quartz Valley Indian Reservation	1,690	Feather River Tribal Health, Inc.	118,567
Round Valley Indian Health Center, Inc.	11,690	Hoopa Valley Tribe	2,690
Santa Ynez Band of Mission Indians	1,690	Indian Health Council	1,690
Shingle Springs Rancheria	1,690	Karuk Tribe of California	3,690
Southern Indian Health Council, Inc.	125,012	Northern Valley Indian Health	64,895
Sycuan Medical Dental Center	1,690	Redding Rancheria	1,690
Table Mountain Rancheria	1,690	Riverside-San Bernardino Indian Health	763,044
Toiyabe Indian Health Project, Inc.	4,690	Susanville Indian Rancheria	1,690
Tule River Indian Health Center, Inc.	1,690	***Total Tribal Operations***	***$1,507,192***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$30,000
Central Valley Indian Health, Inc.	3,200
Greenville Rancheria	300
M.A.C.T. Health Board, INC	2,980
Paskenta Band of Nomlaki Indians	30
Pit River Health Services, Inc.	600
Santa Ynez Band of Mission Indians	81
Shingle Springs Rancheria	1,600
Southern Indian Health Council, Inc.	7,200
Strong Family Health Center	600
Toiyabe Indian Health Project, Inc.	6,600

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$6,000
Consolidated Tribal Health Project	5,300
Feather River Tribal Health, Inc.	5,900
Hoopa Valley Tribe	7,100
Indian Health Council	9,300
Karuk Tribe of California	4,000
Northern Valley Indian Health	3,400
Redding Rancheria	9,100
Riverside-San Bernardino Indian Health	21,500
Susanville Indian Rancheria	1,900
Total Tribal Operations- Area Shares	***$126,691***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$33
California Rural Indian Health Board, Inc.	5,208
Central Valley Indian Health, Inc.	2,139
Greenville Rancheria	968
M.A.C.T. Health Board, INC	517
Pit River Health Services, Inc.	519
Santa Ynez Band of Mission Indians	954
Shingle Springs Rancheria	245
Southern Indian Health Council, Inc.	4,340
Strong Family Health Center	268
Toiyabe Indian Health Project, Inc.	1,515

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$1,261
Consolidated Tribal Health Project	1,792
Feather River Tribal Health, Inc.	4,207
Hoopa Valley Tribe	2,896
Indian Health Council	6,395
Karuk Tribe of California	1,766
Northern Valley Indian Health	742
Redding Rancheria	3,559
Riverside-San Bernardino Indian Health	4,419
Susanville Indian Rancheria	854
Total Tribal Operations- Headquarters Shares	***$44,597***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$169,003
Travel	28,661
Transportation	13
Contractual Services	6,668
Supplies	4,398
Equipment	51,120
Total Area & Tribal Operation Expenditures	***$259,865***

TOTAL OBLIGATIONS—DENTAL	$1,938,345

Clinical Services
Mental Health

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$143,408
Central Valley Indian Health, Inc.	81,893
Greenville Rancheria	10,131
Lake County Tribal Health Consortium	504,639
M.A.C.T. Health Board, INC	39,372
Paskenta Band of Nomlaki Indians	208
Pit River Health Services, Inc.	48,765
Round Valley Indian Health Center, Inc.	50,147
Santa Ynez Tribal Health Clinic	13,659
Shingle Springs Rancheria	19,481
Southern Indian Health Council, Inc.	68,021
Strong Family Health Center	7,573
Table Mountain Rancheria	1,465
Toiyabe Indian Health Project, Inc.	59,073

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Tule River Indian Health Center, Inc.	$71,389
Tuolumne Me-Wuk Indian Health Center, Inc.	13,570
United American Indian Involvement, Inc.	1,000
Chapa-De Indian Health Program, Inc.	50,185
Consolidated Tribal Health Project	60,484
Feather River Tribal Health, Inc.	40,441
Hoopa Valley Tribe	56,086
Indian Health Council	85,293
Karuk Tribe of California	55,193
Northern Valley Indian Health	27,603
Redding Rancheria	71,935
Riverside-San Bernardino Indian Health	185,254
Susanville Indian Rancheria	49,453
Total Tribal Operations	***$1,815,721***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$3,800
Central Valley Indian Health, Inc.	1,300
Greenville Rancheria	100
M.A.C.T. Health Board, INC	380
Pit River Health Services, Inc.	200
Santa Ynez Tribal Health Clinic	33
Shingle Springs Rancheria	200
Southern Indian Health Council, Inc.	900
Toiyabe Indian Health Project, Inc.	800
Chapa-De Indian Health Program, Inc.-PFSA	800

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Consolidated Tribal Health Project	$600
Feather River Tribal Health, Inc.	800
Hoopa Valley Tribe	900
Indian Health Council	1,200
Karuk Tribe of California	500
Northern Valley Indian Health	400
Redding Rancheria	1,100
Riverside-San Bernardino Indian Health	2,700
Susanville Indian Rancheria	200
Total Tribal Operations- Area Shares	***$16,913***

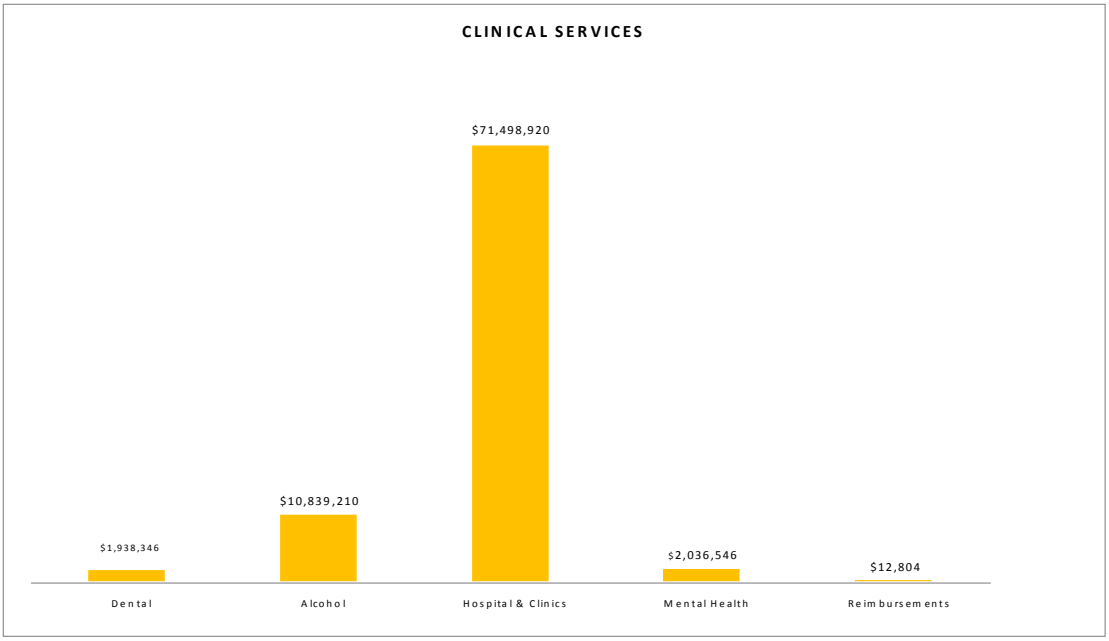
TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$58
California Rural Indian Health Board, Inc.	19,311
Central Valley Indian Health, Inc.	7,935
Greenville Rancheria	2,159
M.A.C.T. Health Board, Inc.	1,916
Pit River Health Services, Inc.	1,923
Santa Ynez Band of Mission Indians	1,657
Shingle Springs Rancheria	908
Southern Indian Health Council, Inc.	7,544
Strong Family Health Center	994
Toiyabe Indian Health Project, Inc.	5,622

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$4,676
Consolidated Tribal Health Project	3,996
Feather River Tribal Health, Inc.	7,315
Hoopa Valley Tribe	5,036
Indian Health Council	11,118
Karuk Tribe of California	3,073
Northern Valley Indian Health	2,750
Redding Rancheria	6,187
Riverside-San Bernardino Indian Health	17,651
Susanville Indian Rancheria	1,485
Total Tribal Operations- Headquarters Shares	***$113,314***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$90,598
Total Area & Tribal Operation Expenditures	***$90,598***

TOTAL OBLIGATIONS—MENTAL HEALTH	**$2,036,546**

Clinical Services
$ Dollars



Clinical Services
Alcohol

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$695,000
Central Valley Indian Health, Inc.	615,626
Greenville Rancheria	27,874
Guidiville Indian Rancheria	41,318
Lake County Tribal Health Consortium	177,409
M.A.C.T. Health Board, INC	94,983
Paskenta Band of Nomlaki Indians	508
Pit River Health Services, Inc.	76,723
Round Valley Indian Health Center, Inc.	332,752
Santa Ynez Band of Mission Indians	96,932
Scotts Valley Band of Pomo Indians	41,665
Shingle Springs Rancheria	55,959
Southern Indian Health Council, Inc.	178,553
Strong Family Health Center	72,320
Sycuan Band of Mission Indians	282
Table Mountain Rancheria	4,107
Toiyabe Indian Health Project, Inc.	366,039
Tule River Indian Health Center, Inc.	94,987
Tule River Tribal Council	509,081
Tuolumne Me-Wuk Indian Health Center, Inc	300,641
American Indian Health & Services Corporation	18,546

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Bakersfield American Indian Health Project	$4,000
Fresno American Indian Health Project	4,000
Friendship House Association	775,400
Indian Health Center of Santa Clara Valley, Inc.	18,546
Ke Ola Mao	189,645
Native American Health Center, Inc.	18,546
Native Directions, Inc.	364,671
Sacramento Native American Health Center, Inc.	60,104
San Diego American Indian Health Center, Inc.	18,546
Sierra Tribal Consortium	649,314
United American Indian Involvement, Inc.	833,586
Chapa-De Indian Health Program, Inc.	133,920
Consolidated Tribal Health Project	164,972
Feather River Tribal Health, Inc.	109,252
Hoopa Valley Tribe	457,039
Indian Health Council	376,457
Karuk Tribe of California	153,041
Northern Valley Indian Health	117,876
Redding Rancheria	128,389
Riverside-San Bernardino Indian Health	704,245
Susanville Indian Rancheria	85,943
Total Tribal Operations	***$9,168,797***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$190
California Rural Indian Health Board, Inc.	156,300
Central Valley Indian Health, Inc.	54,300
Greenville Rancheria	4,300
M.A.C.T. Health Board, Inc.	15,530
Paskenta Band of Nomlaki Indians	120
Pit River Health Services, Inc.	8,900
Santa Ynez Tribal Health Clinic	1,331
Shingle Springs Rancheria	8,500
Southern Indian Health Council, Inc.	37,300
Strong Family Health Center	2,800

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Toiyabe Indian Health Project, Inc.	$34,400
Chapa-De Indian Health Program, Inc.	$31,600
Consolidated Tribal Health Project	27,600
Feather River Tribal Health, Inc.	31,300
Hoopa Valley Tribe	36,700
Indian Health Council	48,700
Karuk Tribe of California	21,500
Northern Valley Indian Health	17,600
Redding Rancheria	47,000
Riverside-San Bernardino Indian Health	112,800
Susanville Indian Rancheria	9,800
Total Tribal Operations- Area Shares	***$708,571***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$123
California Rural Indian Health Board, Inc.	20,151
Central Valley Indian Health, Inc.	8,277
Greenville Rancheria	3,663
M.A.C.T Health Board, Inc.	1,999
Pit River Health Services, Inc.	2,007
Santa Ynez Band of Mission Indians	3,513
Shingle Springs Rancheria	947
Southern Indian Health Council, Inc.	15,993
Strong Family Health Center	1,036
Toiyabe Indian Health Project, Inc.	5,865

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$4,878
Consolidated Tribal Health Project, Inc.	6,734
Feather River Tribal Health, Inc.	15,508
Hoopa Valley Tribe	10,212
Indian Health Council	23,564
Karuk Tribe of California	6,512
Northern Valley Indian Health	2,870
Redding Rancheria	13,115
Riverside-San Bernardino Indian Health	37,417
Susanville Indian Rancheria	3,146
Total Tribal Operations- Headquarters Shares	***$187,530***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$182,950
Travel	34,195
Transportation	5,041
Rent, Comm., Util.	9,706
Printing	4,213
Contractual Services	421,420
Supplies	100,492
Equipment	16,296
Total Area & Tribal Operation Expenditures	***$774,312***

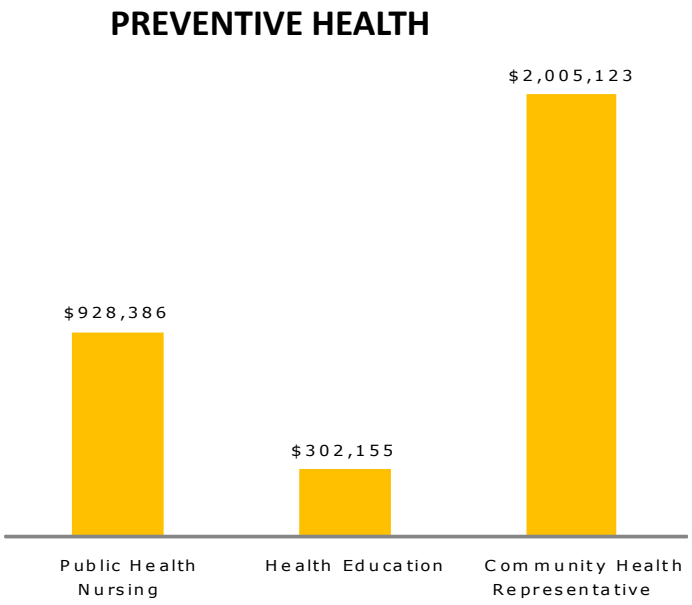
TOTAL OBLIGATIONS—ALCOHOL	**$10,839,210**

Clinical Services
Reimbursements

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Travel	12,804
Total Area & Tribal Operation Expenditures	***$12,804***

TOTAL OBLIGATIONS—REIMBURSEMENTS	**$12,804**

Preventive Health
$ Dollars



Preventive Health
Public Health Nursing

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$60,569
Central Valley Indian Health, Inc.	45,701
Lake County Tribal Health Consortium	355,811
Pit River Health Services, Inc.	47,653
Table Mountain Rancheria	576
Tule River Indian Health Center, Inc.	48,223

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Consolidated Tribal Health Project	$58,706
Hoopa Valley Tribe	24,205
Indian Health Council	85,138
Riverside-San Bernardino Indian Health	149,397
Susanville Indian Rancheria	12,607
Total Tribal Operations	***$888,586***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$22
California Rural Indian Health Board, Inc.	8,181
Central Valley Indian Health, Inc.	3,362
Greenville Rancheria	886
Shingle Springs Rancheria	384
Southern Indian Health Council, Inc.	3,027
Strong Family Health Center	421
Toiyabe Indian Health Project, Inc.	2,382
Chapa-De Indian Health Program, Inc.	1,981

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Consolidated Tribal Health Project	$1,640
Feather River Tribal Health, Inc.	2,935
Hoopa Valley Tribe	2,020
Karuk Tribe of California	1,233
Northern Valley Indian Health	1,166
Redding Rancheria	2,482
Riverside-San Bernardino Indian Health	7,082
Susanville Indian Rancheria	596
Total Tribal Operations- Headquarters Shares	***$39,800***

TOTAL OBLIGATIONS—PUBLIC HEALTH NURSING	**$928,386**

Preventive Health
Health Education

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Quartz Valley Indian Reservation	2,500
Total Tribal Operations	***$2,500***

Preventive Health
Health Education

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$50
California Rural Indian Health Board, Inc.	44,500
Central Valley Indian Health, Inc	15,500
Greenville Rancheria	1,200
M.A.C.T. Health Board, INC	4,430
Paskenta Band of Nomlaki Indians	40
Pit River Health Services, Inc.	2,500
Santa Ynez Band of Mission Indians	381
Shingle Springs Rancheria	2,400
Southern Indian Health Council, Inc.	10,700
Strong Family Health Center	800

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Toiyabe Indian Health Project, Inc.	$9,800
Chapa-De Indian Health Program, Inc.	9,000
Consolidated Tribal Health Project	7,900
Feather River Tribal Health, Inc.	8,900
Hoopa Valley Tribe	10,400
Indian Health Council	13,800
Karuk Tribe of California	6,200
Northern Valley Indian Health	5,100
Redding Rancheria	13,400
Riverside-San Bernardino Indian Health	32,100
Susanville Indian Rancheria	2,900
Total Tribal Operations– Area Shares	***$202,001***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$28
California Rural Indian Health Board, Inc.	10,014
Central Valley Indian Health, Inc.	4,113
Greenville Rancheria	1,102
M.A.C.T Health Board, Inc.	995
Pit River Health Services, Inc.	997
Santa Ynez Band of Mission Indians	836
Shingle Springs Rancheria	470
Southern Indian Health Council, Inc.	3,807
Strong Family Health Center	515
Toiyabe Indian Health Project, Inc.	2,914

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$2,424
Consolidated Tribal Health Project	2,039
Feather River Tribal Health, Inc.	3,692
Hoopa Valley Tribe	2,541
Indian Health Council	5,609
Karuk Tribe of California	1,551
Northern Valley Indian Health	1,426
Redding Rancheria	3,123
Riverside-San Bernardino Indian Health	8,905
Susanville Indian Rancheria	749
Total Tribal Operations- Headquarters Shares	***$57,850***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Travel	$6,887
Contractual Services	31,906
Supplies	1,011
Total Area & Tribal Operation Expenditures	***$39,804***

TOTAL OBLIGATIONS—HEALTH EDUCATION	$302,155

Preventive Health
Community Health Representative

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$246,891
Central Valley Indian Health, Inc.	97,301
Cold Springs Tribal Council	33,529
Coyote Valley Tribal Council	29,057
Greenville Rancheria	8,000
Hopland Band of Pomo Indians	29,028
Lake County Tribal Health Consortium	37,264
M.A.C.T. Health Board, Inc.	31,655
Paskenta Band of Nomlaki Indians	161
Pinoleville Band of Pomo Indians	28,418
Pit River Health Services, Inc.	30,893
Quartz Valley Indian Reservation	9,251
Round Valley Indian Health Center, Inc.	42,362
Santa Ynez Tribal Health Clinic	30,831
Sherwood Valley Band of Pomo Indians	29,754
Shingle Springs Rancheria	15,212

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Southern Indian Health Council, Inc.	$68,204
Strong Family Health Center	54,607
Table Mountain Rancheria	1,880
Toiyabe Indian Health Project, Inc.	159,595
Tule River Indian Health Center, Inc.	49,699
Tuolumne Me-Wuk Indian Health Center, Inc.	10,350
Chapa-De Indian Health Program, Inc.	38,631
Consolidated Tribal Health Project	38,647
Feather River Tribal Health, Inc.	31,062
Hoopa Valley Tribe	87,768
Indian Health Council	112,877
Karuk Tribe of California	87,733
Northern Valley Indian Health	21,326
Redding Rancheria	55,684
Riverside-San Bernardino Indian Health	294,876
Susanville Indian Rancheria	33,795
Total Tribal Operations	***$1,846,341***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$20
California Rural Indian Health Board, Inc.	13,180
Central Valley Indian Health, Inc.	4,800
Greenville Rancheria	400
M.A.C.T. Health Board, INC	1,370
Paskenta Band of Nomlaki Indians	10
Pinoleville Band of Pomo Indians	100
Pit River Health Services, Inc.	800
Santa Ynez Band of Mission Indians	119
Shingle Springs Rancheria	800
Southern Indian Health Council, Inc.	3,300
Strong Family Health Center	300

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Toiyabe Indian Health Project, Inc.	$3,000
Chapa-De Indian Health Program, Inc.	2,800
Consolidated Tribal Health Project	2,400
Feather River Tribal Health, Inc.	2,800
Hoopa Valley Tribe	3,300
Indian Health Council	4,300
Karuk Tribe of California	1,900
Northern Valley Indian Health	1,600
Redding Rancheria	4,200
Riverside-San Bernardino Indian Health	9,900
Susanville Indian Rancheria	900
Total Tribal Operations- Area Shares	***$62,299***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$58
California Rural Indian Health Board, Inc.	20,969
Central Valley Indian Health, Inc.	7,952
M.A.C.T. Health Board, Inc.	2,083
Pinoleville Band of Pomo Indians	421
Shingle Springs Rancheria	985
Southern Indian Health Council, Inc.	7,864
Strong Family Health Center	1,079

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$5,076
Feather River Tribal Health, Inc.	7,627
Hoopa Valley Tribe	2,724
Indian Health Council	11,590
Karuk Tribe of California	3,204
Redding Rancheria	6,451
Riverside-San Bernardino Indian Health	18,400
Total Tribal Operations- Headquarters Shares	***$96,483***

TOTAL OBLIGATIONS—CHR	**$2,005,123**

Urban Health Projects

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
American Indian Health & Services Corporation	$490,854
Bakersfield American Indian Health Project	415,989
Fresno American Indian Health Project	494,172
Friendship House Association	555,605
Indian Health Center of Santa Clara Valley, Inc.	555,444

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Native American Health Center, Inc.	1,038,493
Sacramento Native American Health Center, Inc.-Hlth	879,891
San Diego American Indian Health Center, Inc.	$694,001
United *American Indian Involvement, Inc. -Pub Hlth*	1,369,404
Total Tribal Operations	***$6,493,853***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$100,930
Travel	28,942
Rent, Comm., Util.	24,944
Contractual Services	86,795
Supplies	5,321
Equipment	36,100
Total Area & Tribal Operation Expenditures	***$283,032***

TOTAL OBLIGATIONS—URBAN HEALTH PROJECTS	$6,776,885

Direct Operations

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$419
California Rural Indian Health Board, Inc.	121,849
Central Valley Indian Health, Inc.	50,052
Greenville Rancheria	15,376
M.A.C.T Health Board, Inc.	13,894
Pit River Health Services, Inc.	12,905
Santa Ynez Band of Mission Indians	10,175
Shingle Springs Rancheria	5,748
Southern Indian Health Council	46,332
Strong Family Health Center	6,268
Toiyabe Indian Health Project, Inc.	35,465

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$29,499
Consolidated Tribal Health Project	24,815
Feather River Tribal Health, Inc.	44,924
Hoopa Valley Tribe	30,923
Indian Health Council	77,435
Karuk Tribe of California	18,864
Northern Valley Indian Health	17,354
Redding Rancheria	43,631
Riverside-San Bernardino Indian Health	121,390
Susanville Indian Rancheria	9,119
Total Tribal Operations Headquarters Shares	***$736,437***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$1,690,264
Travel	2,295
Contractual Services	1,804
Equipment	1,200
Total Area & Tribal Operation Expenditures	***$1,695,563***

TOTAL OBLIGATIONS—DIRECT OPERATIONS	**$2,432,000**

Contract Support Cost

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$51,719	Sierra Tribal Consortium	$405,183
California Rural Indian Health Board, Inc.	10,193,247	Southern Indian Health Council, Inc.	2,782,458
Central Valley Indian Health, Inc.	3,402,633	Strong Family Health Center	1,050,638
Cold Springs Rancheria	45,467	Sycuan Band of Mission Indians	67,272
Colusa Indian Health Community Council	23,469	Table Mountain Rancheria	29,650
Coyote Valley Tribal Council	77,922	Toiyabe Indian Health Project, Inc.	1,163,765
Greenville Rancheria	238,739	Tule River Indian Health Center, Inc.	1,244,824
Guidiville Indian Rancheria	210,238	Tule River Tribal Council	127,160
Hopland Band of Pomo Indians	42,135	Tuolumne Me-Wuk Indian Health Center, Inc.	207,983
Lake County Tribal Health Consortium	3,744,728	Chapa-De Indian Health Program, Inc.	3,761,878
M.A.C.T. Health Board, INC	1,345,496	Consolidated Tribal Health Project	1,703,546
Paskenta Band of Nomlaki Indians	661	Feather River Tribal Health, Inc.	1,266,398
Pinoleville Band of Pomo Indians	18,396	Hoopa Valley Tribe	2,534,138
Pit River Health Services, Inc.	710,505	Indian Health Council	3,514,507
Quartz Valley Indian Reservation	131,121	Karuk Tribe of California	1,291,841
Round Valley Indian Health Center, Inc.	698,380	Northern Valley Indian Health	1,212,447
Santa Ynez Band of Mission Indians	783,402	Redding Rancheria	3,761,272
Scotts Valley Band of Pomo Indians	113,525	Riverside-San Bernardino Indian Health	8,180,740
Sherwood Valley Band of Pomo Indians	85,829	Susanville Indian Rancheria	887,675
Shingle Springs Rancheria	342,672	***Total Tribal Operations***	***$57,453,659***

TOTAL OBLIGATIONS—CONTRACT SUPPORT COST	**$57,453,659**

Contract Health Care

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$8,733
California Rural Indian Health Board, Inc.	7,384,276
Central Valley Indian Health, Inc.	3,564,892
Colusa Indian Health Community Council	73,067
Coyote Valley Tribal Council	97,632
Greenville Rancheria	731,439
Guidiville Indian Rancheria	10,005
Lake County Tribal Health Consortium	1,121,078
M.A.C.T. Health Board, INC	1,093,058
Paskenta Band of Nomlaki Indians	11,000
Pinoleville Band of Pomo Indians	13,379
Pit River Health Services, Inc.	632,389
Quartz Valley Indian Reservation	67,768
Round Valley Indian Health Center, Inc.	799,041
Santa Ynez Band of Mission Indians	560,655
Scotts Valley Band of Pomo Indians	15,642
Sherwood Valley Band of Pomo Indians	52,696
Shingle Springs Rancheria	618,997

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Southern Indian Health Council, Inc	$1,461,454
Strong Family Health Center	205,521
Sycuan Band of Mission Indians	86,374
Table Mountain Rancheria	26,661
Toiyabe Indian Health Project, Inc.	1,748,329
Tule River Indian Health Center, Inc.	2,226,999
Tuolumne Me-Wuk Indian Health Center, Inc.	251,126
Chapa-De Indian Health Program, Inc.	2,382,863
Consolidated Tribal Health Project	1,623,739
Feather River Tribal Health, Inc.	2,227,030
Hoopa Valley Tribe	2,026,465
Indian Health Council	2,884,836
Karuk Tribe of California	1,254,410
Northern Valley Indian Health	1,631,771
Redding Rancheria	2,444,925
Riverside-San Bernardino Indian Health	7,434,303
Susanville Indian Rancheria	561,993
Total Tribal Operations	***$47,334,546***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$84
California Rural Indian Health Board, Inc.	63,833
Central Valley Indian Health, Inc.	22,118
Greenville Rancheria	1,680
M.A.C.T. Health Board, INC	6,327
Paskenta Band of Nomlaki Indians	42
Pit River Health Services, Inc.	3,639
Santa Ynez Band of Mission Indians	543
Shingle Springs Rancheria	3,500
Southern Indian Health Council, Inc.	15,398
Strong Family Health Center	1,260
Toiyabe Indian Health Project, Inc.	14,139

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$13,019
Consolidated Tribal Health Project	11,198
Feather River Tribal Health, Inc.	12,879
Hoopa Valley Tribe	14,978
Indian Health Council	19,503
Karuk Tribe of California	8,678
Northern Valley Indian Health	7,279
Redding Rancheria	19,318
Riverside-San Bernardino Indian Health	46,055
Susanville Indian Rancheria	3,918
Total Tribal Operations- Area Shares	***$289,388***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$72
California Rural Indian Health Board, Inc.	62,854
Central Valley Indian Health, Inc.	10,347
Greenville Rancheria	2,899
M.A.C.T. Health Board, INC	25,585
Pit River Health Services, Inc.	2,509
Santa Ynez Band of Mission Indians	2,098
Shingle Springs Rancheria	1,183
Southern Indian Health Council, Inc.	9,578
Strong Family Health Center	1,296
Toiyabe Indian Health Project, Inc.	7,330

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$6,382
Consolidated Tribal Health Project	5,370
Feather River Tribal Health, Inc.	9,719
Hoopa Valley Tribe	6,690
Indian Health Council	14,769
Karuk Tribe of California	4,083
Northern Valley Indian Health	3,759
Redding Rancheria	8,221
Riverside-San Bernardino Indian Health	23,452
Susanville Indian Rancheria	1,974
Total Tribal Operations- Headquarters Shares	***$210,170***

TOTAL OBLIGATIONS—CONTRACT HEALTH CARE	**$47,834,104**

Domestic Violence Prevention Initiative

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$77,000
Hopland Band of Pomo Indians	34,500
Indian Health Council	77,000
Northern Valley Indian Health	34,500
Total Tribal Operations	***$223,000***

TOTAL OBLIGATIONS—DOMESTIC VIOLENCE PREVENTION INITIATIVE	**$223,000**

Alcohol & Substance Abuse/Meth Prev.

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$130,060
Central Valley Indian Health, Inc.	26,369
Round Valley Indian Health Center, Inc.	21,364
San Manuel Tribal Administration	156,930
Toiyabe Indian Health Project, Inc.	107,500
Hoopa Valley Tribe	209,900
Indian Health Council	129,394
Riverside-San Bernardino Indian Health	31,582
Total Tribal Operations	***$813,099***

TOTAL OBLIGATIONS—ALCOHOL & SUBSTANCE ABUSE/METH PREV.	**$813,099**

Catastrophic Fund

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Toiyabe Indian Health Project	$40,101
Total Tribal Operations	***$40,101***

TOTAL OBLIGATIONS—CATASTROPHIC HEALTH EMERG. FUND	**$40,101**

Environmental Health Support

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$13,365
Greenville Rancheria	6,661
Lake County Tribal Health Consortium	6,663
Paskenta Band of Nomlaki Indians	74
Chapa-De Indian Health Program, Inc.	5,628

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Feather River Tribal Health, Inc.	$11,102
Hoopa Valley Tribe	4,156
Indian Health Council	5,465
Northern Valley Indian Health	9,195
Total Tribal Operations	***$62,309***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$1,615
Southern Indian Health Council, Inc.	6,969
Feather River Tribal Health, Inc.	6,053
Hoopa Valley Tribe	77,696
Riverside-San Bernardino Indian Health	86,553
Total Tribal Operations- Area Shares	***$178,886***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$119
Southern Indian Health Council, Inc.	377
Total Tribal Operations- Headquarters Shares	***$496***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$2,495,081
Travel	93,785
Transportation	87,154
Rent, Comm., Util.	24,225
Printing	(2,263)
Contractual Services	97,126
Supplies	26,686
Equipment	12,746
Total Area & Tribal Operation Expenditures	***$2,834,540***

TOTAL OBLIGATIONS—ENVIRONMENTAL HEALTH SUPPORT	$3,076,231

Facilities Health Support

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Lake County Tribal Health Consortium	$630,094
Total Tribal Operations	***$630,094***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$58,600
Indian Health Council	21,287
Total Tribal Operations- Area Shares	***$79,887***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Greenville Rancheria	$487
M.A.C.T. Health Board, Inc.	509
Total Tribal Operations– Headquarters Shares	***$996***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$409,214
Travel	26,710
Transportation	6,659
Rent, Comm., Util.	180
Contractual Services	12,208
Supplies	2,678
Total Area & Tribal Operation Expenditures	***$457,649***

TOTAL OBLIGATIONS—FACILITIES HEALTH SUPPORT	**$1,168,626**

OEHE Support

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$587
Total Tribal Operations- Area Shares	***$587***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$605
Consolidated Tribal Health Project	498
Feather River Tribal Health, Inc.	796
Hoopa Valley Tribe	3,176
Indian Health Council	1,691
Karuk Tribe of California	435

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Northern Valley Indian Health	$558
Redding Rancheria	1,312
Riverside-San Bernardino Indian Health	5,952
Susanville Indian Rancheria	197
Total Tribal Operations Headquarters Shares	***$15,220***

TOTAL OBLIGATIONS—OEHE SUPPORT	**$15,807**

YRTC SOUTH

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	$12,849,000
Total Area & Tribal Operation Expenditures	***$12,849,000***

TOTAL OBLIGATIONS—YRTC SOUTH	**$12,849,000**

Equipment

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$126,039
Central Valley Indian Health, Inc.	30,975
Colusa Indian Health Community Council	1,949
Greenville Rancheria	28,454
Lake County Tribal Health Consortium	28,250
M.AC.T. Health Board, Inc.	28,245
Paskenta Band of Nomlaki Indians	1,542
Pit River Health Services, Inc.	11,294
Quartz Valley Indian Reservation	5,760
Round Valley Indian Health Center, Inc.	17,268
Santa Ynez Tribal Health Clinic	12,342
Shingle Springs Rancheria	20,992
Sierra Tribal Consortium	5,059
Southern Indian Health Council, Inc.	38,884

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Strong Family Health Center	$3,419
Sycuan Band of Mission Indians	4,796
Toiyabe Indian Health Project, Inc.	46,072
Tuolumne Me-Wuk Indian Health Center, Inc.	17,006
Chapa-De Indian Health Program, Inc.	66,590
Consolidated Tribal Health Project	20,022
Feather River Tribal Health, Inc.	51,978
Hoopa Valley Tribe	32,296
Indian Health Council	44,019
Karuk Tribe of California	30,222
Northern Valley Indian Health	46,171
Redding Rancheria	31,148
Riverside-San Bernardino Indian Health	103,762
Susanville Indian Rancheria	11,992
Total Tribal Operations	***$866,546***

TOTAL OBLIGATIONS—INDIAN HEALTH FACILITIES—EQUIPMENT	**$866,546**

Maintenance and Improvement

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$500,832	Strong Family Health Center	$3,876
Central Valley Indian Health, Inc.	67,351	Sycuan Band of Mission Indians	3,368
Colusa Indian Health Community Council	5,471	Toiyabe Indian Health Project, Inc.	65,658
Greenville Rancheria	55,288	Tuolumne Me-Wuk Indian Health Center, Inc.	40,748
Lake County Tribal Health Consortium	62,290	Chapa-De Indian Health Program, Inc.	68,745
M.AC.T. Health Board, Inc	57,860	Consolidated Tribal Health Project	56,577
Paskenta Band of Nomlaki Indians	29,906	Feather River Tribal Health, Inc.	97,395
Pit River Health Services, Inc.	45,395	Hoopa Valley Tribe	46,664
Quartz Valley Indian Reservation	42,653	Indian Health Council	157,559
Round Valley Indian Health Center, Inc.	19,748	Karuk Tribe of California	67,988
Santa Ynez Band of Mission Indians	20,498	Northern Valley Indian Health	63,421
Shingle Springs Rancheria	16,435	Redding Rancheria	149,111
Sierra Tribal Consortium	25,782	Riverside-San Bernardino Indian Health	144,239
Southern Indian Health Council, Inc.	125,791	Susanville Indian Rancheria	119,133
		Total Tribal Operations	***$2,159,782***

TOTAL OBLIGATIONS—INDIAN HEALTH FACILITIES—M&I	**$2,159,782**

SFC Housing

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	$1,550,000
Total Area & Tribal Operation Expenditures	***$1,550,000***

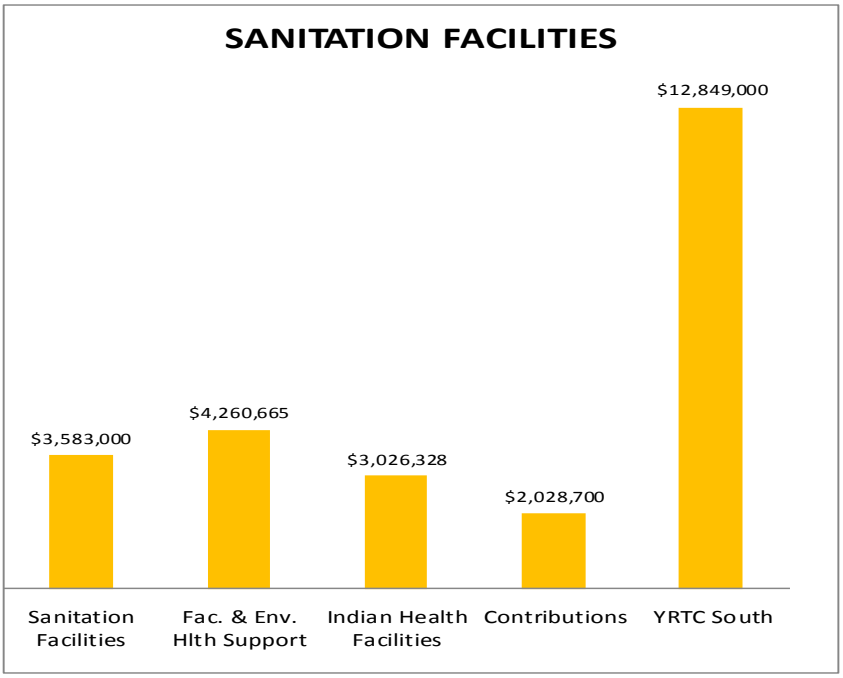
TOTAL OBLIGATIONS—SFC HOUSING	**$1,550,000**

SFC Regular

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	$2,033,000
Total Area & Tribal Operation Expenditures	***$2,033,000***

TOTAL OBLIGATIONS—SFC REGULAR	**$2,033,000**

Sanitation Facilities
$ Dollars

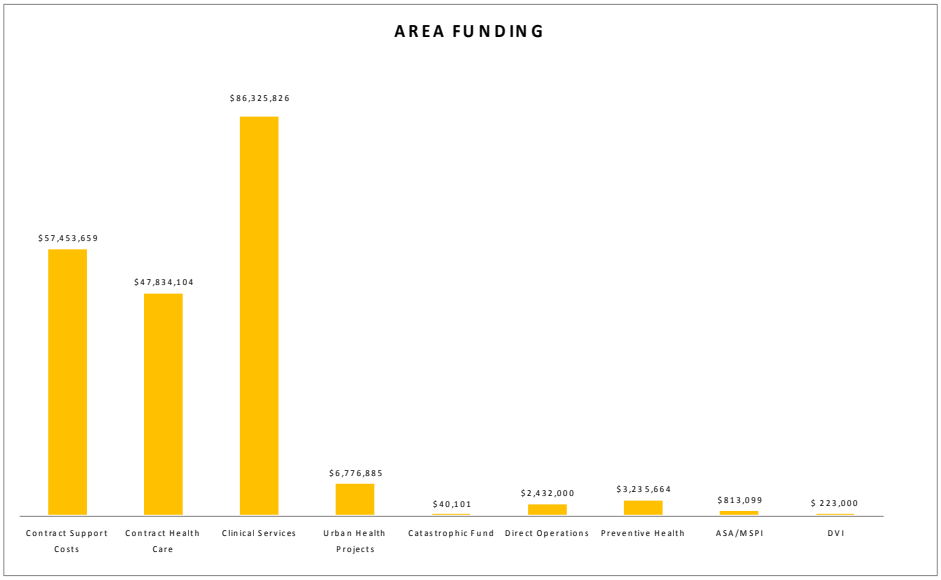


Contributions

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	$2,028,700
Total Area & Tribal Operation Expenditures	***$2,028,700***

TOTAL OBLIGATIONS—CONTRIBUTIONS	**$2,028,700**

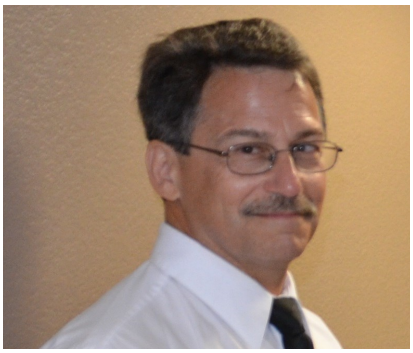
Area Funding
$ Dollars



2014 Annual Tribal Consultation
Pyramid Lake Tribal Health Clinic

Executive Staff

BEVERLY MILLER
Deputy Director
Acting Area Director



DR. STEVE RIGGIO
Associate Director
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DR. CHARLES MAGRUDER
Chief Medical Officer

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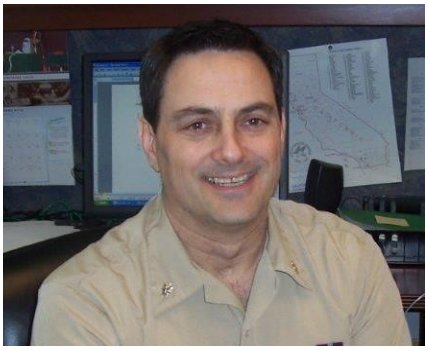
Associate Director
Office of Environmental Health
& Engineering

JEANNE SMITH
Acting Human Resources
Director
Regional Human Resources
Specialist



DR. DAVID SPRENGER
Psychiatric/Behavioral Health
Consultant

Office Directory

OFFICE OF THE AREA DIRECTOR

Beverly Miller, MHA, MBA, Area Deputy Director/Acting Area Director

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Jean Reynolds, Information Receptionist

Office Directory

OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING

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Susan Rey, Secretary

Jeannette Reynolds, Administrative Support Assistant

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Robert Secrest, PE, MBA, General Engineer

Preston Dohi, Civil Engineer

Division of Environmental Health Services (DEHS)

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CAPT Brian Lewelling, MPH, RS, District Sanitarian

Molly Madson, REHS, District Sanitarian

Aaron McNeill, Sanitarian

Tim Shelhamer, REHS, RS, Sanitarian

Division of Sanitation Facilities Construction (DSFC)

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Rickey Wright, Tribal Utilities Prof. Consultant

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Derek Billy, Engineering Technician

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Jenny Holden, Engineering Technician

Pattigail Whitehouse, IT Specialist

Arcata Field Office

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Maureen Harrington, Engineering Technician

Denise O'Gorman, Engineering Technician

Dara Zimmerman, EIT, Environmental Engineer

Valerie Canfield, Office Automation Assistant

“ In honor of Margo Kerrigan’s leadership, the California Area Office staff declared August 22, 2014, “Pink Day”, after Margo’s favorite color.

Organization Information

CORPORATE INFORMATION
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Indian Health Service - Headquarters
801 Thompson Avenue
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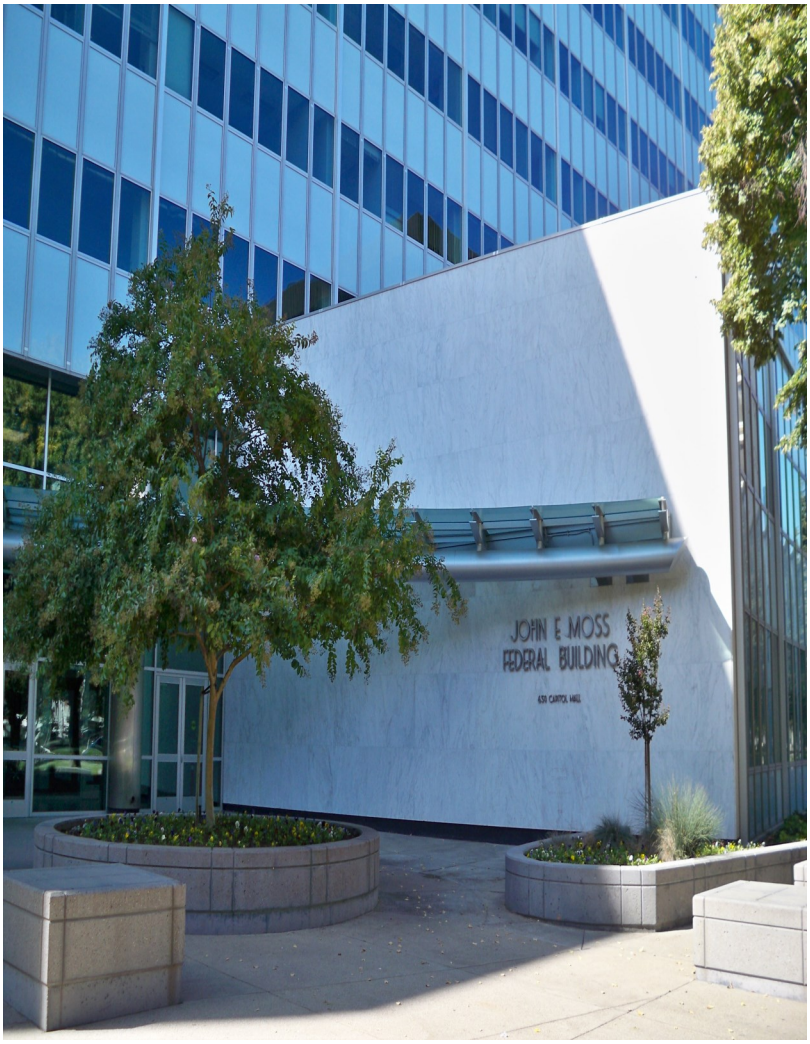
Indian Health Service/California Area Office
650 Capitol Mall, Suite 7-100
Sacramento, CA 95814-4706

INTERNET INFORMATION
Information on IHS/CAO's financial analysis and its products and services is available on the internet at : http://www.ihs.gov/California.

FINANCIAL INFORMATION
The IHS/CAO Financial Annual Report is available electronically at http://www.ihs.gov/california/Universal/PageMain.cfm?p=32

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



ANNUAL MEETING

The California Area Office hosts Tribal Consultation annually. The 2014 meeting was held at John Ascuaga's Nugget Casino Resort in Sparks, Nevada in March. The 2015 meeting will be held at Thunder Valley Casino Resort in Lincoln, CA. Contact CAO for more information about the next Annual Tribal Consultation.

WEST CENTRAL REGION

Big Valley Band of Pomo Indians of the Big Valley Rancheria, California
Cachil DeHe Band of Wintun Indians of the Colusa Indian Community
of the Colusa Rancheria, California
Cahto Tribe of the Laytonville Rancheria
Cloverdale Rancheria of Pomo Indians of California
Cortina Indian Rancheria of Wintun Indians of California
Coyote Valley Band of Pomo Indians of California
Dry Creek Rancheria Band of Pomo Indians, California
Elem Indian Colony of Pomo Indians of the Sulphur Bank Rancheria, California
Federated Indians of Graton Rancheria, California
Grindstone Indian Rancheria of Wintun-Wailaki Indians of California
Guidiville Rancheria of California
Habematolel Pomo of Upper Lake, California
Hopland Band of Pomo Indians, California
Kashia Band of Pomo Indians of the Stewarts Point Rancheria, California
Koi Nation of Northern California
Little River Band of Pomo Indians of the Redwood Valley Rancheria California (*)
Lytton Rancheria of California
Manchester Band of Pomo Indians of the Manchester Rancheria, California
Middletown Rancheria of Pomo Indians of California
Paskenta Band of Nomlaki Indians of California
Pinoleville Pomo Nation, California
Potter Valley Tribe, California
Robinson Rancheria
Round Valley Indian Tribes, Round Valley Reservation, California
Scotts Valley Band of Pomo Indians of California
Sherwood Valley Rancheria of Pomo Indians of California
Yocha Dehe Wintun Nation, California

(*) Redwood Valley or Little River Band of Pomo Indians of the Redwood Valley Rancheria California

SOUTHERN REGION

Agua Caliente Band of Cahuilla Indians of the Agua Caliente Indian Reservation, California
Augustine Band of Cahuilla Indians, California
Barona Band of Mission Indians (**)
Cabazon Band of Mission Indians, California
Cahuilla Band of Mission Indians of the Cahuilla Reservation, California
Campo Band of Diegueno Mission Indians of the Campo Indian Reservation, California
Ewiiaapaayp Band of Kumeyaay Indians, California
Iipay Nation of Santa Ysabel, California
Inaja Band of Diegueno Mission Indians of the Inaja and Cosmit Reservation, California
Jamul Indian Village of California
La Jolla Band of Luiseno Indians, California
La Posta Band of Diegueno Mission Indians of the La Posta Indian Reservation, California
Los Coyotes Band of Cahuilla and Cupeno Indians, California
Manzanita Band of Diegueno Mission Indians of the Manzanita Reservation, California
Mesa Grande Band of Diegueno Mission Indians of the Mesa Grande Reservation, California
Morongo Band of Mission Indians, California
Pala Band of Luiseno Mission Indians of the Pala Reservation, California
Pauma Band of Luiseno Mission Indians of the Pauma & Yuima Reservation, California
Pechanga Band of Luiseno Mission Indians of the Pechanga Reservation, California
Ramona Band of Cahuilla, California
Rincon Band of Luiseno Mission Indians of the Rincon Reservation, California
San Manuel Band of Mission Indians, California
San Pasqual Band of Diegueno Mission Indians of California
Santa Rosa Band of Cahuilla Indians, California
Santa Ynez Band of Chumash Mission Indians of the Santa Ynez Reservation, California
Soboba Band of Luiseno Indians, California
Sycuan Band of Kumeyaay Nation
Torres Martinez Desert Cahuilla Indians, California
Twenty-Nine Palms Band of Mission Indians of California
Viejas Band of Kumeyaay Indians (**)

(**) Capitan Grande Band of Diegueno Mission Indians of California: [Barona Group of Capitan Grande Band of Mission Indians of the Barona Reservation, California; Viejas (Baron Long) Group of Capitan Grande Band of Mission Indians of the Viejas Reservation, California]

NORTHERN REGION

Alturas Indian Rancheria, California
Bear River Band of the Rohnerville Rancheria, California
Big Lagoon Rancheria, California
Blue Lake Rancheria, California
Cedarville Rancheria, California
Cher-Ae Heights Indian Community of the Trinidad Rancheria, California
Elk Valley Rancheria, California
Fort Bidwell Indian Community of the Fort Bidwell Reservation of California
Greenville Rancheria
Hoopa Valley Tribe, California
Karuk Tribe
Pit River Tribe, California
Quartz Valley Indian Community of the Quartz Valley Reservation of California
Redding Rancheria, California
Resighini Rancheria, California
Smith River Rancheria, California
Susanville Indian Rancheria, California
Wiyot Tribe, California
Yurok Tribe of the Yurok Reservation, California

EAST CENTRAL REGION

Berry Creek Rancheria of Maidu Indians of California
Big Pine Paiute Tribe of the Owens Valley
Big Sandy Rancheria of Western Mono Indians of California
Bishop Paiute Tribe
Bridgeport Indian Colony
Buena Vista Rancheria of Me-Wuk Indians of California
California Valley Miwok Tribe, California
Chicken Ranch Rancheria of Me-Wuk Indians of California
Cold Springs Rancheria of Mono Indians of California
Death Valley Timbi-sha Shoshone Tribe
Enterprise Rancheria of Maidu Indians of California
Fort Independence Indian Community of Paiute Indians of the Fort Independence Reservation, California
Ione Band of Miwok Indians of California
Jackson Rancheria of Miwuk Indians of California
Lone Pine Paiute-Shoshone Tribe
Mechoopda Indian Tribe of Chico Rancheria, California
Mooretown Rancheria of Maidu Indians of California
North Fork Rancheria of Mono Indians of California
Picayune Rancheria of Chukchansi Indians of California
Santa Rosa Indian Community of the Santa Rosa Rancheria, California
Shingle Springs Band of Miwok Indians, Shingle Springs Rancheria, California
Table Mountain Rancheria of California
Tejon Indian Tribe
Tule River Indian Tribe of the Tule River Reservation, California
Tuolumne Band of Me-Wuk Indians of the Tuolumne Rancheria of California
United Auburn Indian Community of the Auburn Rancheria of California
Utu Utu Gwaitu Paiute Tribe of the Benton Paiute Reservation, California
Wilton Rancheria, California

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