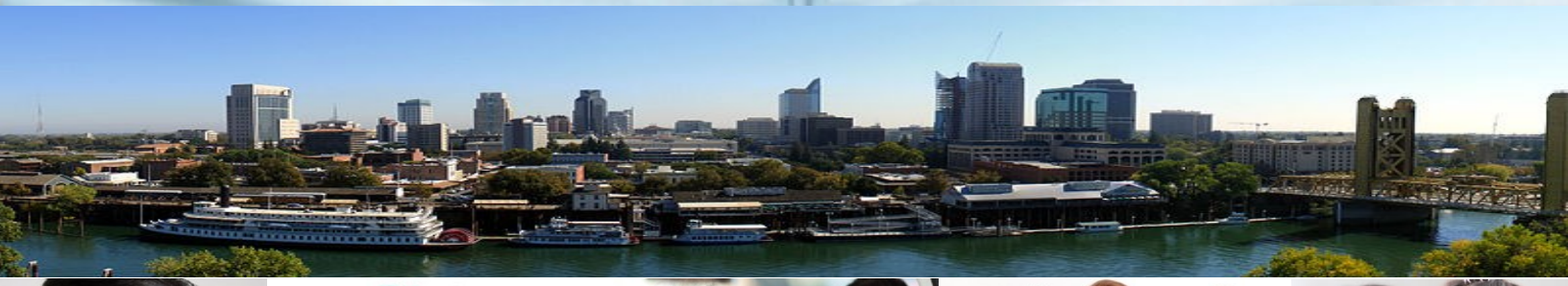
Indian Health Service| California Area Office



DEPARTMENT OF HEALTH & HUMAN SERVICES
FY 2015 Annual Report

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 12 Title V compacts, funded through 12 Funding Agreements, totaling $107 million. These compacts represent 49 Tribes, which is 47% of all the federally recognized Tribes in California. There are also 21 programs contracted under Title I serving 51 Tribes.
- **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
- 90,932 American Indians and Alaska Natives residing on or near reservations
- 8,539 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: 654,256
- Dental visits: 242,651

Appropriations:

- FY 2013 Area Office budget appropriation: $201,409,376
- FY 2014 Area Office budget appropriation: $235,564,236

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	21	4	17	2	2	0	0	10	5
Civil service	80	43	37	1	2	1	0	8	2
Total	**101**	**47**	**54**	**3**	**4**	**1**	**0**	**18**	**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		52		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

	2015	2014	2013
Clinical Services			
Hospital & Clinics	$73,090,665	$71,508,920	$71,447,365
Dental	2,062,599	1,938,346	1,940,436
Mental Health	2,218,468	2,040,930	2,039,695
Alcohol	11,949,968	10,842,497	10,832,337
Third Party Reimbursements		12,804	
Total Clinical Services:	89,321,700	86,343,497	86,259,833
Preventive Health			
Public Health Nursing	1,044,623	928,798	929,600
Health Education	381,327	302,155	302,185
Community Health Representatives	2,005,937	2,005,123	2,007,334
Total Preventive Health:	3,431,887	3,236,076	3,239,119
Urban Health Projects	7,299,753	6,778,168	6,674,127
Direct Operations	2,195,926	2,433,806	2,475,474
Contract Support Costs	58,908,280	57,453,659	43,737,231
Tribal Self-Governance	8,164		65,150
Indian Health Professions			12,660
Purchased/Referral Care (Contract Health Care)	49,978,380	47,834,104	42,837,066
Catastrophic Health Emergency Fund	32,004	40,101	89,718
Section 105 Extern Program	84,500		
Domestic Violence Prevention Initiative		223,000	223,000
Alcohol & Substance Abuse/Methamphetamine Prevention		889,000	889,000

Indian Health Service - California Area Office Funding Continued

Funding Summary
$ millions, unless otherwise stated

	2015	2014	2013
Special Diabetes Program for Indians—Direct	310,000	160,000	160,000
Special Diabetes Program for Indians—Reimbursement		200,000	200,000
Facilities & Environmental Health Support			
Environmental Health Support	3,870,350	3,561,070	3,582,075
Health Facilities Support	1,726,813	1,388,313	1,179,793
OEHE Support	20,750	17,156	19,211
Reimbursements			
Total Facilities & Environmental Health Support:	5,617,913	4,966,539	4,781,079
Indian Health Facilities			
Desert Sage Youth Wellness Center		15,500,000	
Equipment	859,840	866,546	781,879
Maintenance and Improvement	3,022,878	3,028,040	2,850,048
Total Indian Health Facilities:	3,882,718	19,394,586	3,631,927
Sanitation Facilities			
Housing	1,740,000	1,550,000	1,454,000
Regular	3,626,000	2,033,000	1,904,000
Total Sanitation Facilities	5,366,000	3,583,000	3,358,000
Inter-Agency Funds			
EPA CWA IAG Contributions			2,775,992
Other Contributions	5,178,140	2,028,700	
Total Contributions Facilities		2,028,700	2,775,992
Area Grand Total	**$231,615,365**	**$235,564,236**	**$201,409,376**


INDIAN HEALTH SERVICE
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Robert McSwain, M.P.A
Principal Deputy Director
Indian Health Service

Beverly Miller, M.H.A, MBA
Director
Indian Health Service/California Area Office

FOUR PRIORITIES OF THE INDIAN HEALTH SERVICE

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

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Letter from the Area Director

Dear Tribal Officials and Indian Healthcare Partners:

This is the first annual report letter that I write as the Director, California Area Indian Health Service. As the new Area Director, I feel it's important to share with you the principal that I follow which pertains to our relationship. My attitude is about partnerships. I believe that by capitalizing on each other's strengths, common goals can be better achieved by working together rather than separately. I also believe that the greater unity we show in any subject area means higher productivity, creativity, and results will occur. My long-term goal is to raise the health of American Indians and Alaska Natives (AI/AN) to the highest possible level.

As you review this report, you will see the enormous effort put forth to make progress toward improving the health of the AI/AN. I am incredibly fortunate to be a part of this team of outstanding and talented individuals who value the AI/AN communities as much as I do, and they demonstrate that everyday with their hard work.

Warm Regards,

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

Service Highlights

Public Health

- During the week of May 4, 2015 the Indian Health Service, California Area Office (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 11, 2015, 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

Service Highlights cont'd

Division of Environmental Health Services

Throughout 2015, many facility assessments have been completed, including plan reviews for 2 facilities, 21 pre-opening inspections, 360 routine and 1 rapid assessment, and 25 follow-up surveys.

In alignment with the DHHS "Healthy People 2020" initiative, which identifies reducing transmission of "Vibrio" through food as one of its key objectives for food safety, the DEHS staff conducted the following: Vibrio and other shellfish toxins can lead to severe illness and death. In California, from 2001 to 2013 there have been 1,420 reported cases of Vibrio, an average of approximately 110 cases per year. DEHS staff conducted risk factor surveys at all tribal food service programs, to identify and calculate the level of risk at each facility. Working with tribal food service operators, DEHS staff provided training on use of the "Interstate Shellfish Shippers List" to ensure shellfish were received from an approved supplier and identified how use of "shell stock tags" reduces the incidence of Vibrio outbreaks.

FACILITY ASSESSMENTS (FY2015)	
FACILITY TYPE	# COMPLETED
FOOD ESTABLISHMENTS	332
COMPLEX INSTITUTIONS (HEALTH STATIONS, SCHOOLS, DAYCARE, SENIOR CTR, LODGING)	46
RECREATIONAL FACILITIES (SALON,POOL, SPA, RV PARK, PLAYGROUND)	26
WATER, WASTEWATER, SOLID WASTE	3
TOTAL	407

The DEHS staff hosted 4 meetings in Sacramento with tribal, state and federal partners, related to child care. These meetings created a forum for information sharing and development of partnerships between the CA Department of Education, CA Department of Social Services, the Federal Office of Head Start, and 33 Tribal Child Care Development Fund program administrators who represent 77 tribal communities in California. The group identified barriers to funding for education centers, staff training, resources, and health/safety needs and each of the participants contributed to the development of a model tribal health and safety ordinance for child care centers.

The Escondido District Environmental Health Officer and two DEHS interns, through the U.S. Army Veterinarians Program, provide rabies vaccinations to 175 animals which represented a cost savings of approximately $3,500 to the community. 60 animals were neutered/spayed which helped prevent unwanted animals, at a cost savings of approximately $4,500.

One employee from California Rural Indian Health Board (CRIHB) and one from Tule River Tribal Health graduated from the 2015 IHS Injury Prevention Fellowship. This year-long fellowship consisted of monthly online classes, 2 weeks of in -person training, 1 week of field work, and a community-based injury prevention project. DEHS staff served as mentors for both projects, which included development of an updated "Child Passenger Safety Seat Video" and development/ presentation of a tribal occupant restraint ordinance.

Service Highlights cont'd

DEHS staff provided technical assistance and support to the injury prevention programs funded by the IHS Tribal Injury Prevention Cooperative Agreement. Two programs, Indian Health Council and CRIHB, submitted successful "Part II" grant applications and will receive $300,000 over 5 years, through 2020.

HEALTH FACILITIES ENGINEERING (HFE)

The projects listed below, which represent only a small portion of the total workload performed by the HFE program, were selected to illustrate typical cooperative efforts undertaken by IHS, the tribes, and tribal healthcare programs.

Lake County Tribal Health Consortium - The Lake County Tribal Health Consortium completed the renovation of a 4,600 square foot facility in Lakeport, CA and will offer expanded pediatric and obstetric services to patients local tribal communities.

Northern Valley Tribal Health - The Northern Valley Indian Health, Inc. (NVIH) completed planning and design of a new 44,000 square foot facility in Chico, CA and will offer expanded dental, behavioral health, and pediatric care for tribal patients. NVIH has also completed planning and design and is in phase three construction of a six-phase major remodel of their health clinic in Willows, CA.

Riverside-San Bernardino Indian Health, Inc. - The Riverside-San Bernardino County Indian Health, Inc. completed remodel of a newly purchased 33,000 square foot facility located in Grand Terrance, CA, which will include remodeling of the of the dental area. The new property replaced the existing San Manuel Indian Health Clinic and serves as the new administrative home for the program. The exterior of the facility is being remodeled also.

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

Youth Regional Treatment Centers - The IHS/California Area Office (IHS/CAO) continues to make significant progress toward opening two IHS-operated Youth Regional Treatment Centers (YRTCs) in California. The Sacred Oaks Healing Center will be located in northern California near the community of Davis.

Service Highlights cont'd

- **Desert Sage Youth Wellness Center -** Construction started in the fall of 2014 and scheduled for completion in early 2016. Previously referred to as the Southern YRTC, the name change to the Desert Sage Youth Wellness Center was officially made in March of 2015 in consultation with the CA Area Tribal Advisory Committee. 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 and cultural rooms.

- **Sacred Oaks Healing Center -** Funding in the FY 2015 President's Budget approved for both design and construction of Sacred Oaks Healing Center in the amount of $17.161M. Current activities include completing an Environmental Assessment (EA) to support finalizing the required Site Selection and Evaluation Report Phase II (SSER PH II) and Program of Requirements (POR) and prior to solicitation for design and construction. The EA is estimated for completion in the fall of 2015 to be shortly followed by completed SSER PHII and POR.

Division of Sanitation Facilities Construction

The SFC Program employs a cooperative approach for providing sanitation facilities to Indian communities. During FY 2015, the SFC Program administered $13,292,360 in construction funds. Many tribes participated by contributing labor, materials and administrative support to the construction projects. In FY 2015, the SFC Program provided sanitation facilities to a total of 2,814 homes (refer to following table).

In 2015, California entered the fourth year of a severe drought and the past four years have been the driest since record keeping began in the late 1800s. California was under a drought emergency declaration and 9 tribes declared a drought emergency in 2015. In response to the drought emergency declaration, the California Area Office (CAO) is monitoring 148 tribal water systems and has assisted 22 tribal water systems with a drought emergency project and assisted 165 scattered homes without water due to the drought. Currently 12 tribal water systems are identified at high risk level of being out of water if the drought continues into 2016 and 16 tribal water systems are at moderate risk level.

CMO Perspectives

I am very pleased to have had an opportunity to share another wonderful year with you. The pace at which change is taking place in the healthcare environment seems to be increasing with each passing year, and this past year has clearly maintained this pattern. Based upon what I have observed, all of our clinics are doing everything they possibly can to keep up and ensure that our patients continue to get the easiest possible access to high quality care.

Though these numerous changes create some difficulties for us, as we moved into 2015 there was also reason for optimism in some arenas. For example, we were able to note on the horizon a promising development that would enable us to cure an infection with Hepatitis C in more than 99% of infected individuals with few if any side effects, even if disease is already manifest. Some consider this a revolutionary opportunity in healthcare, the likes of which rarely cross our path. Many of you have really stepped up to the plate this past year to ensure that we can take full advantage of this opportunity. Given these tremendous efforts, we will be ready to implement this program in earnest early next year. This will involve rendering support in the following areas: 1) Establishing the basic capabilities of a Hep C Program; 2) EMR and data management activities; 3) Specialty consultation. Thanks to all who have spearheaded this effort and shared lessons learned with others.

We have also made good progress this year in establishing MOU's with the Veterans Administration (VA). In addition, I have also noted that a few of you have started receiving substantial reimbursements from the VA as well. After attending a session for veterans at the recent National Congress of American Indians meeting, and participating in a panel with VA personnel, I learned firsthand from veterans serving from the Korean War to current conflicts that they highly value having an opportunity to get care at their own clinic. In most instances it is more convenient and, perhaps most importantly, it is also more comfortable to receive care in a familiar setting. Many thanks for all of the great work you have done this past year in making this possible. I look forward to working with you in 2016 to make even further progress in this arena.

I was also very pleased this past year with the fantastic Medical Directors Meeting lead providers at each you had this past May. The robust agenda and the productive discussions that ensued following the superb presentations you arranged were quite impressive. It was also exciting to see that we had at least one representative at the meeting from about 90% of our clinics in the CA Area. This was a great start for the Medical Directors meeting. I have enjoyed and look forward to continued discussions about the important issues you have raised. Of course, I also am very excited to see what you have planned for the meeting in May, 2016. It is a great pleasure to have an opportunity to work with such a wonderful, talented group.

Finally, I would like to relay a few thoughts about preparedness. That is, what we should be doing in our clinics to be ready for events like fires. Recently two of our clinic organizations faced major fire events. Others experienced similar circumstances earlier in the year. In my estimation, all personnel involved in the response from affected clinics performed admirably. However, it may have been easier to respond if more attention had been placed on establishing appropriate procedures and additional time allowed for training. In addition, it is critical that time is allotted for developing key relationships with various parts of the community, such as county health departments. This can be helpful even when the tribes involved have the independent ability to render all or most of the response capabilities. It is also essential to understand what resources are available from state emergency response organizations. I hope we have an opportunity to address these issues in the near future.

Many thanks to everyone for all of the great work you are doing. I look forward to continuing our work.

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 accomplishments 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

CMO Perspectives Continued.

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.

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:

1. Improved health of elders
2. New activities for children to enhance their learning experiences
3. A service that ensures the presence of a known health care provider, if desired, when a tribal member requires care at a distant location
4. 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 alterna tive/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.

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.
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.

Meeting with the Diabetic Team at Southern Indian Health Council (SIHC)

2015 Annual Tribal Consultation

This year's theme was "Creating Communities for Healthy Youth". The event was hosted by the California Area Indian Health Service and United Auburn Indian Community.

Right: Beverly Miller, IHS/CAO Acting Director, provided opening remarks

Mr. Mikela Jones provided the keynote address

Tribal Leaders Diabetes Committee Representatives Ms. Rosemary Nelson and Ms. Dominica Valencia with Ms. Dawn Phillips

DHHS Secretary's Tribal Advisory Committee Representative Ms. Elaine Finke

L to R: Silver Galleto (Cloverdale), Glenda Nelson (Enterprise), Debra Ramirez (Redwood Valley), Michael Garcia (Ewiiaapaayp)

Listening Session with Mr. McSwain, IHS Acting Director

Above: Mr. McSwain with California Tribal Leaders
Below: Mr. McSwain with Urban Indian Healthcare Program Directors

22 Office Reports

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 2015, 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 2015 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 2015 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 2015, the IHS and Dental Support Center established three 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 with a focus on the oral health of young children:

- Five programs met the goal of improving (2% or more) the number of pregnant women getting a dental visit
- Six programs met the goal of improving (2% or more) the dental access measure for 0-5 year olds
- Seven programs met the goal of improving (2% or more) the number of patients (all age groups) having a dental visit

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 13 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

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 Tuolumne Me-Wuk Indian Health Center, Inc. (TMWIHC) Sexual Assault Forensic Exam Program. TMWIHC partnered with Tribal Social Services, County District Attorney, sheriff and police departments, the local community hospital, and victim's

advocates groups to provide sexual assault forensic exams within this rural community. Ms. Anna Wells, MS, APRN, PHN, was the catalyst and champion for the sexual assault forensic exam team for American Indian women and other women of all races within Tuolumne County. In addition, the DVPI funding made it possible for training and secure equipment and supplies needed for these specialized exams. Without DVPI funding, the sexual assault forensic exam kit would not have been purchased.

Behavioral Health Work Shops
The IHS/CAO sponsored the 7th Annual Government Performance Results Act (GPRA) Best Practices Conference in May. More than 322 professional and para-professional health care providers attended this years' event. On the pre-conference day, the IHS/CAO offered a 4-hour training to approximately 70 practitioners on Screening, Brief Intervention, & Referral to Treatment (SBIRT) for alcohol use. In addition to SBIRT, the IHS/CAO offered trainings on the following behavioral health topics:

- Adverse Childhood Experiences
- Traumatic Stress and Self-Care
- Improving Behavioral Health Screening in the Primary Care
- Setting
- Sexual Assault Response Training
- Suicide Prevention in the Primary Care Setting
- Emotional Freedom Technique

The evaluations from this year's conference requested more behavioral health sessions. As a result, the IHS/CAO will consider offering two days of trainings for behavioral health professionals in the future.

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. In 2015, counselors requested trainings on Ethics & Law, Native-Based Treatment Modalities, and Overview of Dual Diagnoses. Since September 2014, 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.

Youth Regional Treatment Centers
Since August 2014, more than 27 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. Of the 23 admissions, 12 were male with an average age of 16 years old. More than 65% of youths have dual-diagnoses and 3 youth had suicidal ideation or attempted suicide. The number one drug of choice is alcohol. The MSPI funds have improved access to residential treatment and youths, on average, stay 150 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 six weeks.

The following three IHS YRTCs are now Medi-Cal providers:

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

As Medi-Cal providers, these facilities can bill California directly for youths enrolled in Medi-Cal.

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. Since February 2015, the largest tribal healthcare program in California has been using a kiosk that allows patients to respond to behavioral health screening questions in the patient waiting room. As a result, behavioral health screening rates at this program have increased to at or above 95%. More importantly, one 16 year old adolescent screened positive for suicide ideation, and the mental health expert was able to see this youth at that same medical visit. A smaller, isolated clinic in Covelo will be the second tribal healthcare clinic to

implement the Front Desk Kiosk Demonstration project.

Nursing
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 4 in conjunction with the 2015 California Providers' Best Practices & GPRA Measures Continuing Medical Education:

- Screening, Brief Intervention, and Referral to Treatment Training - Carol Dawson Rose, PhD, RN, FAAN (UCSF)
- Adverse Childhood Experiences (ACES) - Tom Jordan (First 5 Lake)
- Engaging Your Tribal Communities: Using Partnerships to Strengthen Immunization Efforts – Amy Groom, MPH (CDC Assignee to IHS)/Catherine Flores-Martin (California Immunization Coalition)/Tammy Pilisuk, MPH & Jane Pezua (CDPH)

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 CE opportunities for the 48 nurses attending these events.

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, monthly NNLC conference calls, and as a member of NNLC's Shared Governance and Bylaws revision workgroup actively participated in early planning and development of NNLC's newly adopted model of shared governance.

The 2015 Nurse Leaders in Native Care Conference (NLiNC), sponsored by HIS/HQ Division of Nursing, was held as a virtual event. The IHS/CAO Nurse Consultant represented the California Area on the planning committee.

Area Immunization Program Coordination
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 among the activities of the Area Nurse Consultant/Immunization Coordinator in 2015:

- Monitored Area immunization reporting to ensure comprehensive, timely, and accurate data reporting for IHS quarterly reports
- Represented Area immunization interests at quarterly Immunization Coordination Meetings facilitated by California Department of Public Health Immunization Branch and the CA Immunization Action Coalition
- Provided technical assistance and improvement resources related to adult and childhood immunization GPRA measure improvement and ensured agenda sessions appropriate to Immunization Practice during the CAO-hosted Annual Provider and GPRA Best Practices Conference
- Collaborated to facilitate bi-directional data exchange with State Immunization Registries, a CMS MU Stage 3 requirement for provider reimbursement. IHS/CAO has partnered with IHS/HQ Division of Epidemiology, California tribal and urban Indian healthcare programs, California Department of Public Health Immunization Branch (CDPH), California Rural Indian Health Board, California Immunization Registry (CAIR) and San Diego County Immunization Registry (SDIR) to offer vendor technical support, assistance with registering for electronic data exchange and to facilitate stakeholder engagement with immunization data transport process. SDIR's long-term data exchange capability with one San Diego County-based Tribal Program remains active; one additional San Diego County based health program is registered and prepared to

begin testing for electronic data exchange once given the go-ahead by SDIR staff

- Co-facilitated collaborative GPRA webinar on Childhood Immunizations held on Thursday, November 13, 2014
- Initiated/facilitated the development of a Draft Area Influenza Plan (Made available in draft form October 2015)
- Purchased and distributed scientific, evidence-based "Vaccine Handbooks" to each CA Area-based Tribal and urban Indian healthcare program for use as immunization practice guidance.

IHS National and Statewide Collaboration

On April 26 and 27 of 2015, the IHS/CAO Nurse Consultant attended the 2015 California Immunization Coalition Summit entitled "Ready, Set, Vaccinate" and the pre-conference workshop on "Vaccine Communication Strategies". The "Summit" was held in Sacramento, California and was attended by more than 100 individuals from across the state. The following sessions were among those attended by the Nurse Consultant: "Addressing Parents' Concerns Regarding Personal Belief Exemption", "Addressing vaccine efficacy, the role of the pharmacist", "Immunization Policies In California: Challenges and Possibilities", and "Registries, Where Are We and Where are We Going". 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. All CA Area healthcare staff have the opportunity to take advantage of the many resources made widely available through the California Immunization Coalition.

Web-Based Trainings

IHS/CAO facilitated **immunization-eLearning sessions offered through IHS/HQ**. In addition pre-recorded RPMS package immunization sessions are available on the IHS Division of Epidemiology Website. 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.

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
- IHS/CAO Nurse Consultant, in partnership with IHS/HQ Division of Nursing, Public Health Nurses from Northern Valley Indian Health, and JHU FS Trainers facilitated an IHS/HQ CHR Program-funded, Johns Hopkins University evidence-based "Family Spirit" training opportunity for 8 Community Health Representatives (CHRs) and their respective supervisors from 4 Tribal Health Programs. This Training was held in Willows, CA during the week of April 13-17, 2015.
- Participated in development and introduction of IHS, HQ funded on-line CHR training modules that are offered to expand opportunity for CHR Training and offered as a replacement for IHS-funded annual face-to-face training.
- Presented an update on the status of IHS CHR program training opportunities at the October 22, 2014 IHS/CAO-hosted Program Directors Meeting.
- Ensured CHR specific content during the Nursing CE Pre-conference session held in conjunction with the CAO-hosted 2015 CA Healthcare Provider and GPRA Best Practices Conference held in May

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. 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 2015 was 'Quality Diabetes Care'. 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 7 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

TARGETED MEASURES	2010 AUDIT REPORT RE-SULT	2015 AUDIT REPORT RESULT (FOR CY 2014)	IMPROVEMENT or CHANGE
Number of diabetes clients audited	5538	6392	Serving 854 more clients
Blood sugar control at goal (A1c<8)	42%	56%	+ 14 percentage points
Blood Pressure at goal (<140/<90)	37%	66%	+ 29 percentage points
Exams to screen for Eye Disease	56%	55%	- 1 percentage point
Physical Activity Education	64%	67%	+ 3 percentage points
Depression screening	69%	86%	+ 17 percentage points
Kidney Disease Screening	n/a	66%	New item in 2012

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 2014)

Trainings

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

- *"Diabetes Audit" presented by Monica Giotta, MS, RD, CDE*
- *"Diabetes Case Management" presented by Monica Giotta, MS, RD, CDE*
- *SDPI Success Stories in California" presented by Candie Stewart, RN(Round Valley); Rick Frey, PhD (Toiyabe Indian Health); Gemali DeLeon, PhD (Lake County Tribal Health*
- *"California Area SDPI Tribal Consultation" presented by Helen Maldonado, PA-C, CDE*
- *"Getting Ready for SDPI Competitive Application Process Linking to Quality Improvement" presented by Jamie Sweet, MSN, RN*

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.

Improving Patient Care

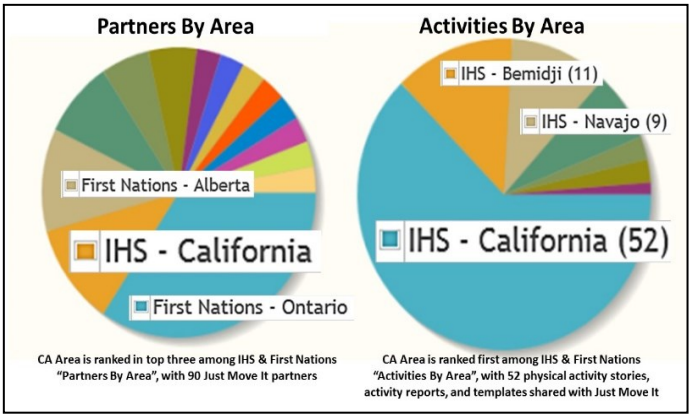
The Aim of the IPC program is to transform the Indian health care system by developing high-performing, innovative health care teams to improve the quality of and access to care. New standards for health care delivery will result in improved health and wellness of the American Indian and Alaska Native people by utilizing a patient-centered medical home model. This will strengthen the positive relationships among the health care system, care team, individual, family, community, and Tribe.

California Area Improvement Support Team

The core IHS/CAO Improvement Support Team (IST) consists of a registered nurse, certified physician assistant, and two public health analysts. The IST has had recent trainings to include the theories of improvement science, healthcare improvement methodologies, and coaching for quality improvement. The core team is also mastering their skills of participatory group facilitation methods by working in the greater Sacramento community. CAO IST members have provided vital input into the IPCMS (Improving Patient Care Made-Simple) curriculum. The IPCMS curriculum is designed for IHS/tribal/urban health programs who have not participated in the IPC program and is an abbreviated 9-month collaboration which is designed to guide and coach health programs on the basics of quality health care improvement. Members of the CAO IST currently serve as faculty on the National IPC Team and volunteered to host the IPCMS IST training for all IHS Areas in the California Area Office. In addition, the California Area IST regularly participates in all national IPC trainings and virtual webinars.

California Area IPC Initiative Successes

There are several programs who have displayed interest in the IPC program and many more who are interested in becoming PCMH recognized by using the techniques and methodologies of the IPC program. Other programs in California are participating in the Million Hearts Initiative (a branch of the IPC program).



Two urban programs are NCQA (National Committee for Quality Assurance) PCMH Level III recognized.

In FY 2016, the CAO IST plans to work directly with health programs that show interest in transforming their system of care. The California Area houses experts in the local health programs and in the CAO Office. These stellar health programs and the CAO IST will 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

Objective 1: Promote Tobacco Prevention:
Enhancing availability of tobacco prevention and cessation resources was achieved with the revised CAO HPDP webpage. In support of national tobacco prevention efforts California program partners attended and presented at the national Indian Health Service Tobacco Institute (July). In collaborated with the California Rural Indian Health assisted in expanding tribal capacity in the tobacco cessation capacity. The sharing of information, trainings and resources on tobacco misuse/ prevention continued in HPDP Updates (e-letters) collaboration with American Cancer Society CA Division, Northern CA Indian Development Council, CA Department of Public Health Tobacco Prevention Program and California Rural Indian Health Board Tobacco Prevention Project.

Objective 2: Promote Physical Activity
IHS CAO partnered with the *Just Move It* (JMI) campaign for the 10th year to promote physical activity and support California tribal and urban efforts. The Tribal Leaders Consultation meeting physical activity sessions helped to kick-off promoting the benefits of physical activity in disease prevention and management (March). California partners e-newsletters included links to recorded Share What Works interviews, which highlighted program successes. Technical support continued, including the creation of a Just Move It toolkit to assist California partners in posting their physical activity stories on the Just Move It website. In collaboration with Just Move It, a physical activity challenge provided tribal and urban programs as a resource Physical Activity Kits (PAK). The CAO Physical Activity Virtual Training webpage continued to serve as resource to assist in becoming familiar with the Physical Activity Kit, Just Move It, the Physical Activity Guidelines and track reported physical activity as part of patient centered care efforts.

Objective 3: Promote employee wellness to encourage workforce engagement in health lifestyles. Employee wellness was promoted with health and wellness resources on Healthy Eating, Physical Activity, Tobacco Misuse/Cessation, Food Safety, and Stress Reduction on the CAO Employee Resource Portal.

Objective 4: Promote and encourage the IHS operated facilities to routinely assess, document and encourage all patients 6 years or older to make physical activity a part of their daily life.
All healthcare services are delivered by contracts and compacts, with no IHS operated facilities in California. All tribal and urban programs using the IHS EHR were encouraged to enter and track reported physical activity as part of patient centered care efforts.

2015 Overarching Health Promotion Disease Prevention Goals:
Build and Support Community Wellness Capacity and Health Communications:
Increased partnership efforts with the Division of Chronic Disease California Department of Public Health (CDPH) included attending two the CA4Health Learning Community planning meeting (March and June), An orientation to the California Wellness Plan was provided by CDPH at the annual CA Provider's Best Practices & GPRA Measures Conference (May). A presentation to IHS available nutrition and health promotion resources was given to Food Distribution Program on Indian Reservations during the USDA Food and Nutrition Service Western Region 2015 Nutrition Education Symposium (March).

Community-based events included the Community Wellness Forum (April) and national Healthy Native Communities Partnership Gathering (October). Both events supported tribal and urban staff and their community members in developing skills and capacity promote locally identified wellness activities. Several digital storytelling workshops further supported community-wellness efforts, as a tool to assist tribal and urban communities in realizing their own vision of wellness. Tribal and urban registered dietitians were supported with trainings and networking opportunities. This included the Nutrition Learning Basket during the Best Practice Providers conference (May), an online 5 session learning opportunity to introduce nutritionally relevant person centered counseling methods (October – November) and CAO's Nutrition/ Dietitian portal.

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.

Government Performance and Results Act/Government Performance and Results Act 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 95 budget measures in FY 2015. 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 clinical GPRAMA measures. Results from each clinic are aggregated and a national rate is reported to Congress.

In FY 2015, California Area tribal healthcare programs, on average, improved on 18 of 22 measures compared to FY 2014. California met the national targets for 6 of 22 GPRA performance measures. These five measures had the largest improvements:

- Nephropathy Assessed
- Breastfeeding Rates
- CVD Comprehensive Assessment (GPRAMA Measure
- Depression Screening (GPRAMA Measure
- Mammography Screening

California Area tribal healthcare programs met the target for 1 of 4 clinical GPRAMA measures in FY 2015:

- Good Glycemic Control

In FY 2015, California Area urban Indian healthcare programs improved on 6 of 16 measures reported by urban programs compared to FY 2014. These four measures had the largest improvements:

- Breastfeeding Rates
- Prenatal HIV Screening
- Nephropathy Assessed
- Controlled Blood Pressure

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 supports 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. The team creates and distributes dashboards that graphically display national, area, and clinic level performance data 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 2015

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 often experience frequent staff turnover, they need regular training on GPRA measure logic and targets.

To assist California tribal and urban Indian healthcare programs in achieving FY 2015 GPRA targets, the IHS/CAO:

- Hosted six national GPRA improvement webinar training sessions on specific GPRA measures and general GPRA and CRS training. All California Area tribal and urban program staff were invited and encouraged to attend to improve their individual GPRA performance and the quality of clinical care
- Hosted eight improvement webinar sessions specifically for California tribal and urban Indian healthcare program staff. These sessions included quarterly updates on California's tribal and urban GPRA performance, tips for improving performance on specific GPRA measures, and best practices and GPRA initiatives from high-performing California sites

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 three 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 2014 GPRA Report, 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 tribal and urban 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 programs

- Hosted the California Annual Medical Providers' Best Practices & GPRA Measures Continuing Education May 4-7, 2015, 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
- Created an Adobe Connect link so that the California Area health programs can listen to and download previously recorded National GPRA/GPRAMA webinar trainings

Annual California Area GPRA Report

While California tribal programs only met 6 of 22 measures on average in FY 2015, at the individual clinic level, performance varied widely. Some clinics did very well, with the best performing clinic meeting 19 of 22 measure targets. Some did more poorly, with the lowest performing clinic meeting only 4 measure targets. Urban program performance also varied widely; the highest performing clinic met 13 of 16 measure targets, while the lowest did not meet any measure 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 for the last eight years. This report is prepared each March. The most current version is for FY 2014 and is available on the California Area website or upon request. California urban program results are also included in the report.

FY 2016 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 2016 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.

2015 Final National Dashboard (IHS/Tribal)

Diabetes	2014 Target	2014 Final	2015 Target	**2015 Final**	2015 Final Results
Good Glycemic Control	48.3%	48.6%	47.7%	47.4%	Not Met
Controlled BP <140/90	64.6%	63.8%	63.8%	62.5%	Not Met
LDL (Cholesterol) Assessed	73.9%	73.4%	71.8%	73.3%	Met
Nephropathy Assessed[a]	Baseline	60.0%	60.0%	62.0%	Met
Retinopathy Exam	58.6%	59.9%	60.1%	61.3%	Met
Dental					
Dental: General Access	29.2%	28.8%	27.9%	29.2%	Met
Sealants	13.9%	14.6%	14.1%	16.3%	Met
Topical Fluoride	26.7%	27.9%	26.4%	29.4%	Met
Immunizations					
Influenza 65+	69.1%	68.1%	67.2%	65.4%	Not Met
Pneumococcal Vaccination 65+[a]	Baseline	85.7%	85.7%	84.9%	Not Met
Childhood IZ	74.8%	75.4%	73.9%	73.3%	Not Met
Prevention					
(Cervical) Pap Screening[a]	Baseline	54.6%	54.6%	54.9%	Met
Mammography Screening	54.7%	54.2%	54.8%	54.5%	Not Met
Colorectal Cancer Screening	35.0%	37.5%	35.2%	38.6%	Met
Tobacco Cessation	45.7%	48.2%	46.3%	52.1%	Met
Alcohol Screening (FAS Prevention)	65.9%	66.0%	66.7%	66.6%	Not Met
DV/IPV Screening	64.1%	63.5%	61.6%	63.6%	Met
Depression Screening	66.9%	66.0%	64.3%	67.4%	Met
CVD- Comprehensive Assessment	51.0%	52.3%	47.3%	55.0%	Met
Prenatal HIV Screening	89.1%	88.0%	86.6%	86.6%	Met
Childhood Weight Control[b]	N/A	22.8%	N/A	21.8%	N/A
Breastfeeding Rates	29.0%	35.1%	29.0%	35.7%	Met
Controlling High Blood Pressure (MH)[c]	Baseline	59.5%	59.5%	58.5%	Not Met
Public Health Nursing Encounters	425,679	386,307	425,679	Pending	N/A
Suicide Surveillance[d] (forms completed)	1,668	1,766	1,419	Pending	N/A

[a]Measure logic changes in FY 2014

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

[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

Measures Met: 14

Measures Not Met: 8

2015 Final California Dashboard

Diabetes	California 2015 Final	California 2014 Final	National 2015 Final	National 2015 Target	2015 Final Results
Diabetes Dx Ever	11.1%	10.9%	14.4%	N/A	N/A
Documented A1c	86.0%	84.3%	84.7%	N/A	N/A
Good Glycemic Control	50.3%	48.8%	47.4%	47.7%	Met
Controlled BP <140/90	63.0%	62.9%	62.5%	63.8%	Not Met
LDL Assessed	72.6%	70.6%	73.3%	71.8%	Met
Nephropathy Assessed[a]	58.4%	49.8%	62.0%	60.0%	Not Met
Retinopathy Exam	48.0%	51.2%	61.3%	60.1%	Not Met
Dental					
Dental Access	41.5%	40.5%	29.2%	27.9%	Met
Sealants	18.3%	16.9%	16.3%	14.1%	Met
Topical Fluoride	31.1%	30.8%	29.4%	26.4%	Met
Immunizations					
Influenza 65+	52.5%	55.7%	65.4%	67.2%	Not Met
Pneumococcal Vaccination 65+[a]	76.8%	77.4%	84.9%	85.7%	Not Met
Childhood IZ	59.2%	58.3%	73.3%	73.9%	Not Met
Prevention					
Pap Screening[a]	46.4%	45.4%	54.9%	54.6%	Not Met
Mammography Screening	46.0%	42.9%	54.5%	54.8%	Not Met
Colorectal Cancer Screening	31.2%	30.7%	38.6%	35.2%	Not Met
Tobacco Cessation	41.5%	38.9%	52.1%	46.3%	Not Met
Alcohol Screening (FAS Prevention)	57.2%	54.8%	66.6%	66.7%	Not Met
DV/IPV Screening	58.6%	55.7%	63.6%	61.6%	Not Met
Depression Screening	61.3%	57.5%	67.4%	64.3%	Not Met
CVD-Comprehensive Assessment	47.0%	41.9%	55.0%	47.3%	Not Met
Prenatal HIV Screening	72.3%	71.4%	86.6%	86.6%	Not Met
Childhood Weight Control[b]	21.7%	22.6%	21.8%	N/A	N/A
Breastfeeding Rates	60.8%	55.6%	35.7%	29.0%	Met
Controlling High Blood Pressure (MH)[c]	55.6%	57.2%	58.5%	59.5%	Not Met

[a]Measure logic changes in FY 2014

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

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

Measures in red are GPRAMA measures

Measures Met: 6

Measures Not Met: 16

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 were completed by July 2015. Additional releases have been installed as well to comply with ICD-10 requirements.

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 was completed by September 1st 2015. The RPMS Certified EHR has been configured to change over to ICD-10 from ICD-9 coding. Patching for this was completed and training for the conversion has been ongoing throughout 2014-2015.

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. Direct messaging is in place at each RPMS/EHR clinic and the portal is being populated during the month of October 2015.

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 2015-2016, 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 5 programs with pharmacies on-site.

Bi-directional Lab Interfaces
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 November of 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.

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 participating 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 2014-2015 I HS/CAO has seen video conferencing used for various purposes. This year we noticed that 9 Indian health clinics provided mental health services from "Native American Mental Health Services". This agency provides mental health services via video conferencing. This is an example of programs having flexibility in choosing the specialty care that best serves their patients once they have video conferencing capability in place.

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 five partner 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.

With the addition of Chapa-de Indian Health Program to the VistA Imaging program during FY 2015, there are now 22 California clinics that use Vista Imaging.

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 Meaningful Use requirements including storage of Transition of Care (TOC) Documents. The addition of Imaging Viewer functionality with the 2014 Certified RPMS EHR allows providers to view scanned documents from EHR without a separate log-in to VistA Imaging.

Program Support
The IHS/CAO provides ongoing support to all VistA Imaging sites through remote 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 requested.

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. Additional servers were purchased and put into use during FY2015 to replace the original VistA Imaging servers. The two Plasmon Archive Appliances continue to be used.

Premium Costs
The cost for California clinics to use VistA Imaging has decreased during all but one year of operation. This is remarkable in light of unbudgeted costs during FY 2011, FY 2012, and FY 2015 as a result of unexpected hardware and maintenance costs. The initial cost of $4,054 per medical FTE during FY 2010 has decreased dramatically to $1,400 per medical FTE in FY 2015. 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 RPMS EHR clinics are live on VistA Imaging, future steps should include beginning to move VistA Imaging servers off-site for clinics that currently host their own RPMS EHR server as well as consideration of alternative long-term storage options for all California clinics.

Meaningful Use
The term "Meaningful Use" (MU) is often used in reference 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, which was part of ARRA (American Recovery and Reinvestment Act).

The Medicare and Medicaid programs vary slightly however each is broken into three stages. Participation requirements increase with each stage. Stage 1 requirements addressed data capture and sharing. Stage 2 requirements attempt to improve patient care through better clinical decision support, care coordination, and patient engagement. The Stage 3 MU focuses on objectives which support advanced use of EHR technology and quality improvement.

Many California area clinics have eligible providers at varying stages of Meaningful Use. Differing requirements and multiple revisions for meaningful use stages combined with staff attrition and turnover serve to complicate the MU attestation process in the clinics. As a result of CMS modifications to the MU attestation requirements, our eligible providers were unable to attest to MU on the California Site Level Registry (SLR) until mid-year 2015.

Meaningful Use resources available to California Area clinics have continued to shrink with the shift to MU Stage 2 MU. The CRIHB Regional Extension Center is no longer in operation and IHS has made drastic reductions of staff on the National MU team. The IHS/CAO Meaningful Use team carries primary responsibility for supporting California clinic MU efforts.

While the MU program has provided financial resources to California clinics in the first few years of the program, it is becoming much more difficult for eligible providers to demonstrate MU as time goes on.

The RPMS PHR and DIRECT Messaging are a requirement for successful attestation to Meaningful Use during 2015. Unfortunately, a number of factors have delayed clinic onboarding. As a result, most eligible providers at California clinics will not qualify for Meaningful Use during FY 2015. We continue to hope that PHR and DIRECT Messaging will become available soon enabling eligible providers to successfully attest for meaningful use and receive reimbursement during remaining years of the Meaningful Use program.

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.

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

Overview
The Division of Environmental Health Services (DEHS) provides assistance to 104 tribes and 48 tribal health programs throughout California, with environmental health officers located in Redding, Ukiah, Sacramento, and Escondido.

Below is an outline of the DEHS mission, services, program areas, the IHS/CAO DEHS team, and their 2015 highlights in areas of general and institutional environmental health and injury prevention.

Mission
To reduce environmentally related disease and injury among American Indians and Alaska Natives through preventive measures.

Services
☐ Investigations
☐ Facility Audits/Surveys
☐ Technical Training
☐ Plan Review
☐ Program Development
Technical Assistance
Rabies Vaccination Clinics
Disease Surveillance
Policy Development

Program Areas
☐ Water Quality
☐ Air Quality
☐ Injury Prevention
☐ Infection Control
Waste Management
Food Safety
Epidemiology
Vector-borne/Zoonotic Diseases

The California Area Team
Since this time last year, new staff have joined the DEHS team of environmental health officers. The IHS/CAO welcomes **Carolyn Garcia** to Sacramento as the new Director, Division of Environmental Health Services. **LCDR Molly Madson** transferred from Santa Fe, New Mexico to Redding to serve as the District Environmental Health Officer. **LCDR Aaron McNeil** reported from Oklahoma to serve as a Field Environmental Health Officer in Sacramento along with **LCDR Sarah Snyder**, the Sacramento District Environmental Health Officer. **LT Timothy Shelhamer** serves as the field environmental health officer in the Ukiah Field Office and **CAPT Brian Lewelling** serves as the District Environmental Health Officer for southern California in Escondido. **Ms. Kianoosh Behdinian** served as a student intern in the Sacramento District Office for 5 months.

General Environmental Health
Throughout the year, many facility assessments have been completed including plan reviews for 2 facilities, 21 pre-opening inspections, 360 routine and 1 rapid assessment, and 25 follow-up surveys.

Food Protection Highlights
For the first time, the DEHS program enrolled in the Food and Drug Administration (FDA) "Voluntary National Retail Food Regulatory Program Standards" initiative and completed a self-audit of the DEHS retail food assessment program. The Sacramento staff, with oversight from the FDA, became Certified Inspectors/Training Officers, to improve competencies and standardization in retail food auditing and reporting, based on the updated 2013 FDA Food Code. Beginning January 1, 2016, the DEHS will use the 2013 FDA Food Code as the primary reference for all tribal food related facilities.

Contributing to public health on a National Level, the DEHS aligned with the Department of Health and Human Services "Healthy People 2020" initiative, which identifies reducing transmission of Vibrio through food as one of its key objectives for food safety. Vibrio and other shellfish toxins can lead to severe illness and death. In California, from 2001 to 2013 there have been 1,420 reported cases of Vibrio, an average of approximately 110 cases per year.

DEHS staff conducted risk factor surveys at all tribal food service programs, to identify and calculate the level of risk at each facility. The survey helped determine whether a facility might sell a contaminated seafood product and what protective factors were/should be in place. Over 20 '"at risk" facilities

FACILITY ASSESSMENTS (FY2015)	
FACILITY TYPE	# COMPLETED
FOOD ESTABLISHMENTS	332
COMPLEX INSTITUTIONS	46
(HEALTH STATIONS, SCHOOLS, DAYCARE, SENIOR CTR, LODGING)	
RECREATIONAL FACILITIES	26
(SALON,POOL, SPA, RV PARK, PLAYGROUND)	
WATER, WASTEWATER, SOLID WASTE	3
TOTAL	407

were identified through these surveys, with some having a risk score as high as 27 of 54 (a score of 1 being the safest). Working with food service operators, DEHS provided training on use of the "Interstate Shellfish Shippers List" to ensure shellfish were received from an approved supplier and identified how use of "shell stock tags" reduces the incidence of Vibrio outbreaks. Due to the level of risk identified at several facilities, this project will continue into 2016.

Children's Environment Highlights
The DEHS staff hosted 4 meetings in Sacramento with tribal, state and federal partners, related to child care. These meetings created a forum for information sharing and development of partnerships between the CA Department of Education, CA Department of Social Services, the Federal Office of Head Start, and 33 Tribal Child Care Development Fund program administrators who represent 77 tribal communities in California. The group identified barriers to funding for education centers, staff training, resources, and health/safety needs. Through this workgroup, the DEHS staff assisted in development of a model tribal health and safety ordinance for child care centers.

DEHS staff conducted plan reviews for the Pinoleville and Big Sandy childcare programs, which are planning to expand and/or renovate their facilities. Staff participated in the Redding Indian Rancheria Head Start Advisory Committee Meetings. Technical assistance was provided to multiple child care centers in areas of emergency preparedness, active shooter, and exclusion policies for children diagnosed with "Hand-foot-and-mouth disease" or "Scabies".

Vector Control & Rabies Control
Escondido District Environmental Health Officer, Brian Lewelling and DEHS interns John Fluette and Kianoosh Behdinian, through the U.S. Army Veterinarians Program, provide rabies vaccinations to 175 animals which represented a cost savings of approximately $3500 to the community. 60 animals were neutered/spayed which helped prevent unwanted animals, at a cost savings of approximately $4,500.

Emergency Response
In 2015, the prolonged drought in California created additional challenges for many tribal communities. In August, wildfires burned in the Karuk and Hoopa areas and in September, impacted the Middletown Indian Rancheria area. Public health concerns arose within these communities regarding adverse health effects to tribal community members exposed to smoke and ash.

DEHS staff helped assess respiratory protection needs in the Karuk and Hoopa areas, to prevent adverse health effects associated with smoke and ash inhalation. They developed and distributed strategies to tribal health programs, to help reduce exposure to smoke and defined conditions where respiratory protection is advised or required. The Ukiah environmental health officer worked with local tribal health programs to develop and implement air quality assessment tools so that public advisories and protective measures could be implemented. DEHS staff and tribal health staff in Ukiah developed outreach material for at-risk populations and jointly monitored press releases from the region's air quality management district as the situation developed.

Additional services provided by DEHS during the wildfires in Northern California included the distribution of 1200 N95 respirators to tribal health programs and conducted food sanitation and shelter surveys of tribal facilities designated as emergency shelters. DEHS staff collaborated with state, federal, and tribal behavioral health staff to ensure support services were provided to impacted residents.

Injury Prevention
To maintain and advance partnerships, DEHS provided two injury prevention short courses for members of California's tribal communities. An "Intermediate Injury Prevention" course and a child passenger safety technician course were held in fiscal year 2015. Approximately 30 tribal injury prevention

advocates attended these courses, which will help increase tribal capacity within local communities.

The Injury Prevention Program provided $40,000 in mini-grant funding for child safety seats, smoke detectors, and bicycle helmets to 18 tribal healthcare programs. These evidence-based projects are designed to reduce the health risks associated with unintentional injuries, which are a leading cause of death in tribal communities, nationally and within the state of California.

One employee from California Rural Indian Health Board (CRIHB) and one from Tule River Tribal Health graduated from the 2015 IHS Injury Prevention Fellowship. This year-long fellowship consisted of monthly online classes, 2 weeks of in-person training, 1 week of field work, and a community-based injury prevention project. DEHS staff served as mentors for both projects, which included development of an updated "Child Passenger Safety Seat Video" and development/presentation of a tribal occupant restraint ordinance.

DEHS staff provided technical assistance and support to the injury prevention programs funded by the IHS Tribal Injury Prevention Cooperative Agreement. Fiscal year 2015 represented the last year of funding for three injury prevention community demonstration projects in California, all of which were successful. These community demonstration projects were established to hire an injury prevention coordinator to conduct "best practices" that address unintentional motor vehicle injuries and elder falls. Two of the programs, Indian Health Council and CRIHB, submitted successful "Part II" grant applications and will receive $300,000 over 5 years, through 2020.

HEALTH FACILITIES ENGINEERING (HFE)

The Health Facilities Engineering (HFE) Department consists of four permanent professional positions with engineering and architectural expertise. 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 and construction for new construction of tribal healthcare facilities in California.

Highlighted HFE Projects
Four HFE projects, which represent only a small portion of the total workload performed by the HFE program, were selected to illustrate typical cooperative efforts undertaken by IHS, the tribes, and tribal healthcare programs, to ensure a safe and pleasant environment for California Indian individuals and communities. Following are three representative projects in which the HFE staff has been engaged.

Lake County Tribal Health Consortium
The Lake County Tribal Health Consortium completed the renovation of a 4,600 square foot facility in Lakeport, CA. The new Lakeport Clinic is an extension of tribal health services currently offered within the City of Lakeport, providing pediatric and obstetric services to local tribal communities.

Lake County Tribal Health Consortium
Lakeport OB & Peds Clinic remodel

Northern Valley Tribal Health
The Northern Valley Indian Health, Inc. completed planning and 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 affiliated patients. NVIH has also completed planning and design and in phase three constructions on a six-phase major remodel of their health clinic in Willows, CA.

Riverside-San Bernardino Indian Health, Inc.
The Riverside-San Bernardino Indian Health completed remodeling of a newly purchased 33,000 square foot facility located in Grand Terrance, CA. The new property replaced the existing San Manuel Indian Health Clinic and is the new administrative home for the program.

Riverside-San Bernardino Indian Health
San Manual Indian Health Clinic remodeling work in Dental Area

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

Quartz Valley Indian Reservation
Anav Tribal Health Clinic Expansion

Youth Regional Treatment Centers
The IHS/California Area Office (IHS/CAO) continues to make significant progress toward opening two IHS-operated Youth Regional Treatment Centers (YRTCs) in California. The Desert Sage Youth Wellness Center is located the southern California near the community of Hemet. The Sacred Oaks Healing Center will be located in northern California near the community of Davis.

Desert Sage Youth Wellness Center
Construction started in the fall of 2014 and scheduled for completion in early 2016. Previously referred to as the Southern YRTC, the name change to the Desert Sage Youth Wellness Center was officially made in March of 2015 in consultation with the CA Area Tribal Advisory Committee. 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 and cultural rooms.

Sacred Oaks Healing Center
Funding in the FY 2015 President's Budget approved for both design and construction of Sacred Oaks Healing Center in the amount of $17.161M. Current activities include completing an Environmental Assessment (EA) to support finalizing the required Site Selection and Evaluation Report Phase II (SSER PH II) and Program of Requirements (POR) and prior to solicitation for design and construction. The EA is estimated for completion in the fall of 2015 to be shortly followed by completed SSER PHII and POR.

Drought Support Activities
Water well base line assessments were completed and ongoing monitoring continues for three tribal health facilities whose sole source of potable water are individual water wells. These water well assessments are used to monitoring the impact of the California drought conditions as well as assisting in the development of contingency plans in the event of diminished or depleted potable water supplies. To support water conservation measures in severe statewide drought conditions, the Riverside-San Bernardino Indian Health program started construction of two separate xeriscaping projects at the San Manuel Indian Health Clinic and Soboba Health Clinic. These two projects are estimated to save an estimated 276,000 gallons of water and $12,000 per month.

Desert Sage Youth Wellness Center
Structural steel construction

Desert Sage Youth Wellness Center - Courtyard view east of
Cultural Rotunda - Admin

Desert Sage Youth Wellness Center
Courtyard view west of Dining - Education

Desert Sage Youth Wellness Center
Entry viewed from southeast

Desert Sage Youth Wellness Center Construction

DIVISION OF SANITATION FACILITIES CONSTRUCTION

The Sanitation Facilities Construction (SFC) Program continues to provide assistance to California Indian people in eliminating sanitation facilities deficiencies in Indian homes and communities. The SFC Program supports the IHS's mission by providing engineering, technical and financial assistance to Indian tribes for cooperative development and continued operation of safe water and wastewater disposal systems.

The SFC Program employs a cooperative approach for providing sanitation facilities to Indian communities. During FY 2015, the SFC Program administered $13,292,360 in construction funds. Many tribes participated by contributing labor, materials and administrative support to the construction projects.

In FY 2015, the SFC Program provided sanitation facilities to a total of 2,814 homes. These statistics are summarized in Table 1 below.

In 2015, California entered the fourth year of a severe drought and the past four years have been the driest since record keeping began in the late 1800s. California was under a drought emergency declaration and 9 tribes declared a drought emergency in 2015. In response to the drought emergency declaration, the California Area Office (CAO) is monitoring 148 tribal water systems and has assisted 22 tribal water systems with a drought emergency project and assisted 165 scattered homes without water due to the drought. Currently 12 tribal water systems are identified at high risk level of being out of water if the drought continues into 2016 and 16 tribal water systems are at moderate risk level. The following activities were conducted in FY 2015:

Developing a drought summary map and listing used by multiple federal/state agencies:

- CAO generates, updates and distributes an "at risk drought map" of tribal water system based on drought conditions and vulnerability assessments. The "at risk drought map" identifies the drought response stage level and the outlook of adequate water being provided for health and safety needs.

Setting priorities and allocation of resources by the CAO:

- In 2015, CAO has fund eight drought projects for $3,048,905 based on tribal water assessments and monitoring tribal water systems.
- As of January 2015, IHS has disbursed $485,650 for emergency drinking water projects.

Communicating 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:

- CAO participates in monthly drought tasks force meetings with the Governor's Office.
- CAO participates in bi-weekly drought meetings with Governor's Office of Emergency Services.
- CAO participates in bi-monthly federal drought calls.
- CAO attends Regional Tribal Drought Task meetings.

Identifying tribes needing a drought contingency plan; and

- 70% of tribal water systems have drought contingency plans.
- CAO developed a "Drought Contingency Plan" template for tribal use and a website to disseminate drought information to the tribes.

Providing supporting information for funding to address the gaps:

- USDA has funded 6 emergency drinking water projects in September 2015 for $1.4 million based on Engineering Reports prepared by CAO.
- IHS has also identified 62 drought-related projects with a total cost need of $34 million if extreme drought conditions continue in 2016.

Created and published a Drought Emergency Planning Handbook for California Indian Tribes:

- The intent of the Handbook was to create a framework for coordination and response assistance among state and federal agency stakeholders involved in providing resources for emergency drinking water supply to Tribes.
- The scope of this Handbook is for emergency drinking water supply, and primarily applies to public water systems; however, it may also be applicable to small and individual water systems depending on the mandate of the specific agency and its program.
- This Handbook identifies state and federal agency programs and resources available to assist with providing emergency drinking water supply to Tribes.

TABLE 1
Sanitation Facilities Construction Program Statistics for FY 2015

SFC Program Budget:	
IHS/CAO SFC Appropriation	$4,849,000
EPA Contribution	$5,330,840
USDA AND HUD Drought Contribution	$2,458,420
IHS and CA State Drought Emergency Contribution	$654,100
Total Funding in FY 2015	**$13,292,360**
Total IHS/CAO SFC Appropriation since 1963	$234,778,859
SFC Projects:	
Number of Projects Undertaken in 2015	**43**
Total Number of Projects Undertaken since 1963	1,206
Homes Provided Sanitation Facilities in FY 2015:	
Number of New and Like-New Homes Served	
BIA sponsored homes	26
Tribal and other homes	72
Subtotal	98
Number of Existing Homes Served	2,716
Total Number of homes served in 2015	**2,814**

Homes Provided Sanitation Facilities since 1963:	
Number of New and Like-New Homes	
BIA-sponsored homes	765
CDBG-sponsored homes	942
Tribal and other homes	2,920
Subtotal	4,627
Number of First Service Existing Homes	13,569
Total Number of Homes Served	56,030
Sanitation Deficiency System (SDS) Information:	
Total number cost of sanitation deficiencies	$195,951,456
Total estimated cost of feasible projects	$129,038,534
Total number of projects/phases identified	361
Number of feasible projects identified	263
Estimated total number of existing homes without potable water	517
Estimated total number of homes that lack either a safe supply or sewage disposal system or both (Deficiency Level 4 and 5)	743

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.

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

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.

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

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 has been acting Human Resources Division Director since April 2014 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): HR/Admin - Jeanne Smith, Angela Peshlakai, Trisha Sutherland

Financial Information Index

Financial Report FY 2015

Indian Health Service/California Area Office Final Financial Report—Summary

$ dollars, unless otherwise stated

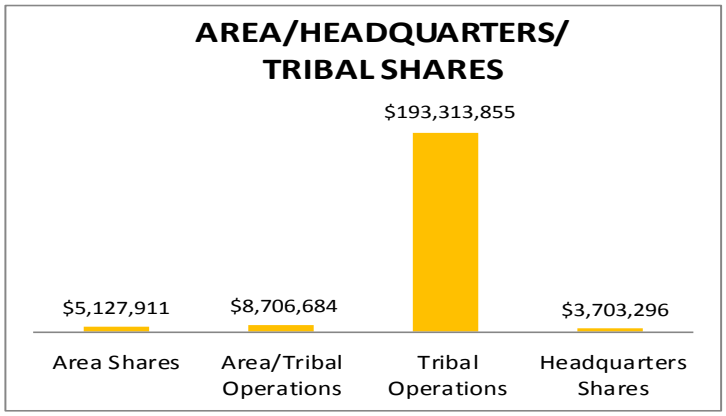
	ALLOWANCE	OBLIGATION	BALANCE
Clinical Services			
Hospital & Clinics	$73,090,665	$73,090,665	$0
Dental	2,062,599	2,062,599	0
Mental Health	2,218,468	2,218,468	0
Alcohol	11,949,968	11,949,968	0
Total Clinical Services:	89,321,700	89,321,700	0
Preventive Health			
Public Health Nursing	1,044,623	1,044,623	0
Health Education	381,327	381,327	0
Community Health Representative	2,005,937	2,005,937	0
Total Preventive Health:	3,431,887	3,431,887	0
Urban Health Projects	7,299,753	7,299,753	0
Direct Operations	2,195,926	2,195,926	0
Contract Support Costs	58,908,280	58,908,280	0
Purchased/Referred Care (PRC)	49,978,380	49,978,380	0
Catastrophic Fund	32,004	32,004	0
Self-Governance	8,164	8,164	0
Section 105 Extern Program	84,500	46,013	38,487
Special Diabetes Program for Indians—Direct	310,000	0	310,000
Special Diabetes Program for Indians—Reimbursement	0	0	0
Facilities & Environmental Health Support			
Environmental Health Support	3,870,350	3,468,951	401,399
Facilities Health Support	1,726,813	1,387,266	339,547
OEHE Support	20,750	16,914	3,836
Total Facilities & Environmental Health Support:	5,617,913	4,873,132	744,781

Indian Health Service/California Area Office
Final Financial Report—Summary

$ millions, unless otherwise stated

	ALLOWANCE	OBLIGATION	BALANCE
Indian Health Facilities			
Equipment	859,840	856,930	2,910
Maintenance and Improvement	3,022,878	2,116,421	906,457
Total Indian Health Facilities:	3,882,718	2,973,351	909,367
Sanitation Facilities			
Housing	1,740,000	1,740,000	0
Regular	3,626,000	3,626,000	0
Total Sanitation Facilities	5,366,000	5,366,000	0
Inter-Agency Funds			
Contributions	5,178,140	5,178,140	0
Total Contributions Facilities	5,178,140	5,178,140	0
Area Grand Total	**$231,615,365**	**$229,612,727**	**$2,002,638**

Area/Headquarters/Tribal Shares
$ Dollars



The graph above represents total Tribal, Area and Headquarter Shares

Clinical Services
Hospital & Clinics

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$65,787
California Rural Indian Health Board, Inc.	7,932,248
Central Valley Indian Health, Inc.	4,372,553
Cold Springs Tribal Council	164,220
Colusa Indian Health Community Council	205,213
Coyote Valley Tribal Council	193,940
Greenville Rancheria	1,091,715
Guidiville Indian Rancheria	125,717
Hopland Band of Pomo Indians	153,416
Koi Nation	64,600
Lake County Tribal Health Consortium	3,881,321
M.A.C.T. Health Board, Inc.	1,132,418
Pinoleville Pomo Nation	40,455
Pit River Health Services, Inc.	253,108
Quartz Valley Indian Reservation	168,364
Rolling Hills Clinic	23,223
Round Valley Indian Health Center, Inc.	838,259
Scotts Valley Band of Pomo Indians	176,181
Sherwood Valley Band of Pomo Indians	152,872
Shingle Springs Rancheria	878,093
Strong Family Health Center	259,896
Sycuan Band of Mission Indians	186,142
Table Mountain Rancheria	93,029
Tejon Indian Tribe	337,300
Toiyabe Indian Health Project, Inc.	2,186,102
Tule River Indian Health Center, Inc.	$1,578,075
Tuolumne Me-Wuk Indian Health Center, Inc.	395,540
Wilton Rancheria	601,500
American Indian Health & Services Corporation	7,550
Bakersfield American Indian Health Project	1,000
Fresno American Indian Health Project	1,000
Indian Health Center of Santa Clara Valley, Inc.	4,932
Native American Health Center, Inc.	7,251
Native Directions, Inc.	2,431
Sacramento Native American Health Center, Inc.	5,281
San Diego American Indian Health Center, Inc.	16,348
United American Indian Involvement, Inc.	71,000
Chapa-De Indian Health Program, Inc.	3,282,116
Consolidated Tribal Health Project	1,644,969
Feather River Tribal Health, Inc.	2,315,809
Hoopa Valley Tribe	2,082,840
Indian Health Council	3,912,281
Karuk Tribe of California	1,140,601
Northern Valley Indian Health	1,952,292
Redding Rancheria	3,170,330
Riverside-San Bernardino Indian Health	9,743,125
Santa Ynez Band of Mission Indians	779,815
Southern Indian Health Council, Inc.	2,829,053
Susanville Indian Rancheria	782,725
Total Tribal Operations	***$61,304,036***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$973
California Rural Indian Health Board, Inc.	808,600
Central Valley Indian Health, Inc.	285,600
Greenville Rancheria	21,000
Koi Nation	6,000
M.A.C.T. Health Board, Inc.	74,700
Rolling Hills Clinic	624
Shingle Springs Rancheria	38,300
Strong Family Health Center	12,800
Tejon Indian Tribe	29,100
Toiyabe Indian Health Project, Inc.	155,000
Wilton Rancheria	51,300

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$150,000
Consolidated Tribal Health Project	124,700
Feather River Tribal Health, Inc.	145,400
Hoopa Valley Tribe	173,800
Indian Health Council	252,600
Karuk Tribe of California	97,700
Northern Valley Indian Health	79,000
Redding Rancheria	248,200
Riverside-San Bernardino Indian Health	542,100
Santa Ynez Band of Mission Indians	36,078
Southern Indian Health Council, Inc.	174,100
Susanville Indian Rancheria	44,500
Total Tribal Operations- Area Shares	***$3,552,175***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$1,357
California Rural Indian Health Board, Inc.	697,156
Central Valley Indian Health, Inc.	107,769
Greenville Rancheria	42,825
Koi Nation	3,000
M.A.C.T Health Board, Inc.	40,761
Rolling Hills Clinic	415
Shingle Springs Rancheria	8,062
Strong Family Health Center	8,829
Tejon Indian Tribe	17,000
Toiyabe Indian Health Project, Inc.	43,498
Wilton Rancheria	30,000

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$36,182
Consolidated Tribal Health Project	32,290
Feather River Tribal Health, Inc.	70,881
Hoopa Valley Tribe	37,993
Indian Health Council	214,982
Karuk Tribe of California	25,121
Northern Valley Indian Health	21,853
Redding Rancheria	139,616
Riverside-San Bernardino Indian Health	359,946
Santa Ynez Band of Mission Indians	13,660
Southern Indian Health Council, Inc.	72,763
Susanville Indian Rancheria	14,324
Total Tribal Operations- Headquarters Shares	***$2,040,283***

MOA OPERATION EXPENDITURES	FUNDED AMOUNT
Personnel Services	$685,947
Contractual Services	125
Total MOA Operation Expenditures	***$686,072***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$2,468,311
Travel	113,786
Transportation	5,168
Rent, Comm., Util.	1,361,244
Printing	6,032
Contractual Services	771,075
Training	126,898
Equipment	285,224
Total Area & Tribal Operation Expenditures	***$5,137,737***

TOTAL OBLIGATIONS—HOSPITAL & CLINICS	**$72,720,303**

Clinical Services
Dental Services

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$39,750	Indian Health Center of Santa Clara Valley	$1,000
Central Valley Indian Health, Inc.	4,000	Native American Health Center, Inc.	8,620
Colusa Indian Health Community Council	1,000	Sacramento Native American Health Center, Inc.	1,000
Greenville Rancheria	30,193	San Diego American Indian Health Center, Inc.	15,168
Koi Nation	5,000	Chapa-De Indian Health Program, Inc.	58,937
Lake County Tribal Health Consortium	250,749	Consolidated Tribal Health Project	1,000
M.A.C.T. Health Board, INC	1,000	Feather River Tribal Health, Inc.	122,287
Quartz Valley Indian Reservation	6,000	Hoopa Valley Tribe	8,000
Rolling Hills Clinic	3,595	Indian Health Council	1,000
Round Valley Indian Health Center, Inc.	1,000	Karuk Tribe of California	1,000
Shingle Springs Rancheria	1,000	Northern Valley Indian Health	65,205
Tejon Indian Tribe	29,000	Redding Rancheria	1,000
Toiyabe Indian Health Project, Inc.	1,000	Riverside-San Bernardino Indian Health	763,354
Tule River Indian Health Center, Inc.	11,000	Santa Ynez Band of Mission Indians	1,000
Tuolumne Me-Wuk Indian Health Center, Inc.	1,000	Southern Indian Health Council, Inc.	125,322
Wilton Rancheria	52,000	Susanville Indian Rancheria	1,000
American Indian Health Center, Inc.	19,000	***Total Tribal Operations***	***$1,631,180***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$32
California Rural Indian Health Board, Inc.	31,700
Central Valley Indian Health, Inc.	10,400
Greenville Rancheria	300
Koi Nation	1,000
M.A.C.T. Health Board, INC	2,900
Rolling Hills Clinic	23
Shingle Springs Rancheria	1,600
Strong Family Health Center	600
Tejon Indian Tribe	3,000
Toiyabe Indian Health Project, Inc.	6,600
Wilton Rancheria	5,000
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
Santa Ynez Band of Mission Indians	1,072
Southern Indian Health Council, Inc.	7,200
Susanville Indian Rancheria	1,900
Total Tribal Operations- Area Shares	***$144,927***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$33
California Rural Indian Health Board, Inc.	10,939
Central Valley Indian Health, Inc.	2,140
Greenville Rancheria	968
M.A.C.T. Health Board, INC	517
Rolling Hills Clinic	15
Shingle Springs Rancheria	245
Strong Family Health Center	268
Tejon Indian Tribe	1,000
Toiyabe Indian Health Project, Inc.	1,516
Wilton Rancheria	3,000
Chapa-De Indian Health Program, Inc.	1,261
Consolidated Tribal Health Project	$1,793
Feather River Tribal Health, Inc.	4,209
Hoopa Valley Tribe	2,897
Indian Health Council	6,397
Karuk Tribe of California	1,767
Northern Valley Indian Health	742
Redding Rancheria	3,560
Riverside-San Bernardino Indian Health	4,420
Santa Ynez Band of Mission Indians	900
Southern Indian Health Council, Inc.	4,341
Susanville Indian Rancheria	854
Total Tribal Operations- Headquarters Shares	***$53,782***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$177,138
Travel	4,679
Contractual Services	19,500
Supplies	275
Equipment	31,118
Total Area & Tribal Operation Expenditures:	***$232,710***

TOTAL OBLIGATIONS—DENTAL	$2,062,599

Clinical Services
Mental Health

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$179,982
Central Valley Indian Health, Inc.	81,893
Greenville Rancheria	10,131
Koi Nation	10,000
Lake County Tribal Health Consortium	504,639
M.A.C.T. Health Board, INC	39,372
Pit River Health Services, Inc.	12,191
Rolling Hills Clinic	208
Round Valley Indian Health Center, Inc.	50,147
Shingle Springs Rancheria	19,481
Strong Family Health Center	7,573
Table Mountain Rancheria	1,465
Tejon Indian Tribe	52,000
Toiyabe Indian Health Project, Inc.	59,073
Tule River Indian Health Center, Inc.	53,786

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Tuolumne Me-Wuk Indian Health Center, Inc.	$13,570
Wilton Rancheria	93,000
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	184,254
Santa Ynez Band of Mission Indians	11,382
Southern Indian Health Council, Inc.	68,021
Susanville Indian Rancheria	49,453
Total Tribal Operations:	***$1,948,841***

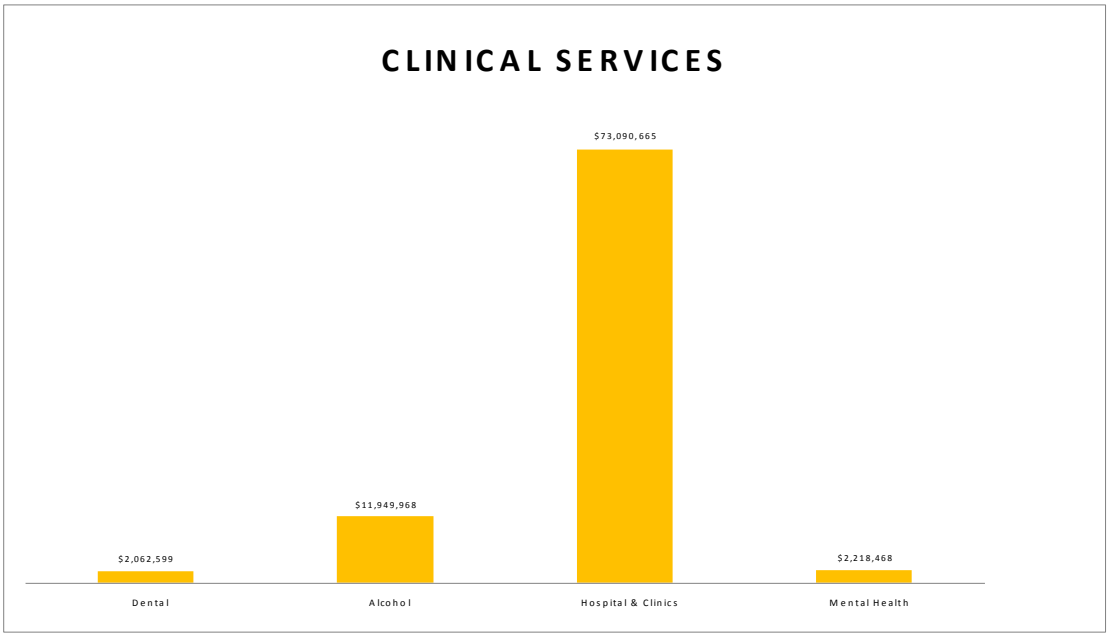
TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$2
California Rural Indian Health Board, Inc.	4,000
Central Valley Indian Health, Inc.	1,300
Greenville Rancheria	100
Koi Nation	1,000
M.A.C.T. Health Board, INC	400
Rolling Hills Clinic	2
Shingle Springs Rancheria	200
Tejon Indian Tribe	5,000
Toiyabe Indian Health Project, Inc.	800
Wilton Rancheria	9,000
Chapa-De Indian Health Program, Inc.	800
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
Santa Ynez Band of Mission Indians	264
Southern Indian Health Council, Inc.	900
Susanville Indian Rancheria	200
Total Tribal Operations- Area Shares	***$32,168***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$58
California Rural Indian Health Board, Inc.	40,563
Central Valley Indian Health, Inc.	7,937
Greenville Rancheria	2,159
M.A.C.T. Health Board, Inc.	1,917
Rolling Hills Clinic	54
Shingle Springs Rancheria	908
Strong Family Health Center	995
Tejon Indian Tribe	3,000
Toiyabe Indian Health Project, Inc.	5,624
Wilton Rancheria	5,000
Chapa-De Indian Health Program, Inc.	4,678
Consolidated Tribal Health Project	$3,998
Feather River Tribal Health, Inc.	7,317
Hoopa Valley Tribe	5,038
Indian Health Council	11,121
Karuk Tribe of California	3,074
Northern Valley Indian Health	2,749
Redding Rancheria	6,189
Riverside-San Bernardino Indian Health	17,657
Santa Ynez Band of Mission Indians	1,565
Southern Indian Health Council, Inc.	7,546
Susanville Indian Rancheria	1,485
Total Tribal Operations- Headquarters Shares	***$140,632***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$91,170
Travel	5,657
Total Area & Tribal Operation Expenditures	***$96,827***

TOTAL OBLIGATIONS—MENTAL HEALTH	**$2,218,468**

Clinical Services
$ Dollars



The graph above represents total Tribal, Area and Headquarter Shares

Clinical Services
Alcohol

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$852,032
Central Valley Indian Health, Inc.	356,374
Greenville Rancheria	35,273
Guidiville Indian Rancheria	41,318
Koi Nation	6,000
Lake County Tribal Health Consortium	151,491
M.A.C.T. Health Board, INC	106,556
Pit River Health Services, Inc.	18,666
Rolling Hills Clinic	508
Round Valley Indian Health Center, Inc.	397,475
Scotts Valley Band of Pomo Indians	41,665
Shingle Springs Rancheria	62,869
Strong Family Health Center	58,354
Sycuan Band of Mission Indians	880
Table Mountain Rancheria	6,723
Tejon Indian Tribe	34,000
Toiyabe Indian Health Project, Inc.	384,342
Tule River Indian Health Center, Inc.	92,478
Tule River Tribal Council	537,157
Tuolumne Me-Wuk Indian Health Center, Inc.	192,899
Wilton Rancheria	62,000
American Indian Health & Services Corporation	6,000

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Bakersfield American Indian Health Project	$3,500
Friendship House Association	797,400
Indian Health Center of Santa Clara Valley, Inc.	6,000
Ke Ola Mao	187,668
Native American Health Center, Inc.	6,000
Native Directions, Inc.	413,243
Sacramento Native American Health Center, Inc.	47,558
San Diego American Indian Health Center, Inc.	6,000
Sierra Tribal Consortium	708,110
United American Indian Involvement, Inc.	799,055
Chapa-De Indian Health Program, Inc.	175,905
Consolidated Tribal Health Project	180,928
Feather River Tribal Health, Inc.	183,560
Hoopa Valley Tribe	407,753
Indian Health Council	492,434
Karuk Tribe of California	163,814
Northern Valley Indian Health	136,435
Redding Rancheria	150,953
Riverside-San Bernardino Indian Health	874,367
Santa Ynez Band of Mission Indians	86,852
Southern Indian Health Council, Inc.	172,433
Susanville Indian Rancheria	91,112
Total Tribal Operations	***$9,536,140***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$187
California Rural Indian Health Board, Inc.	165,400
Central Valley Indian Health, Inc.	54,300
Greenville Rancheria	4,300
Koi Nation	1,000
M.A.C.T. Health Board, Inc.	15,500
Rolling Hills Clinic	133
Shingle Springs Rancheria	8,500
Strong Family Health Center	2,800
Tejon Indian Tribe	3,000
Toiyabe Indian Health Project, Inc.	34,400
Wilton Rancheria	6,000
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
Santa Ynez Band of Mission Indians	8,282
Southern Indian Health Council, Inc.	37,300
Susanville Indian Rancheria	9,800
Total Tribal Operations- Area Shares	***$725,702***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$123
California Rural Indian Health Board, Inc.	42,309
Central Valley Indian Health, Inc.	8,277
Greenville Rancheria	3,663
M.A.C.T Health Board, Inc.	1,999
Rolling Hills Clinic	57
Shingle Springs Rancheria	947
Strong Family Health Center	1,036
Tejon Indian Tribe	2,000
Toiyabe Indian Health Project, Inc.	5,864
Wilton Rancheria	3,000
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	2,868
Redding Rancheria	13,115
Riverside-San Bernardino Indian Health	37,417
Santa Ynez Band of Mission Indians	3,317
Southern Indian Health Council, Inc.	15,994
Susanville Indian Rancheria	3,146
Total Tribal Operations- Headquarters Shares	***$212,540***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$344,560
Travel	17,789
Transportation	17
Rent, Comm., Util.	500
Contractual Services	719,748
Supplies	2,441
Equipment	390,531
Total Area & Tribal Operation Expenditures	***$1,475,586***

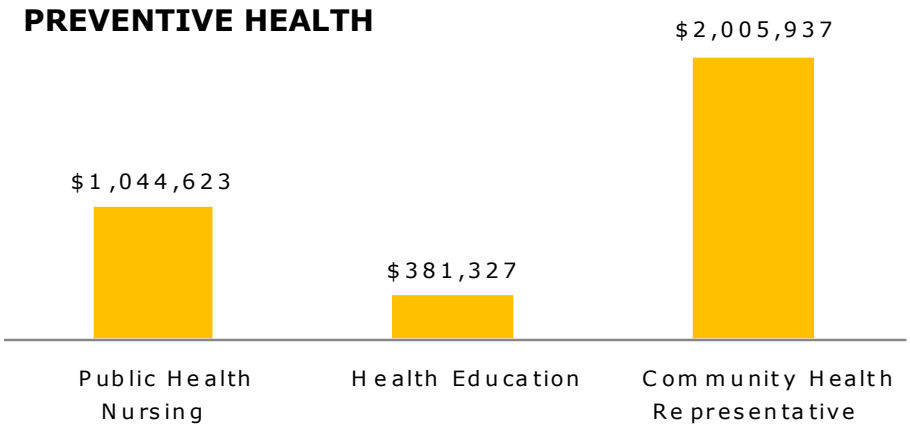
TOTAL OBLIGATIONS—ALCOHOL	**$11,949,968**

Preventive Health
Public Health Nursing

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Koi Nation	$1,000
Tejon Indian Tribe	3,000
Wilton Rancheria	6,000
Total Tribal Operations- Area Shares	***$10,000***

TOTAL OBLIGATIONS—PUBLIC HEALTH NURSING	$ 1,044,623

Preventive Health
$ Dollars



The graph above represents total Tribal, Area and Headquarter Shares

Preventive Health
Public Health Nursing

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$96,309	Wilton Rancheria	$62,000
Central Valley Indian Health, Inc.	45,701	Consolidated Tribal Health Project	58,706
Koi Nation	6,000	Feather River Tribal Health, Inc.	678
Lake County Tribal Health Consortium	355,811	Hoopa Valley Tribe	24,205
Pit River Health Services, Inc.	11,913	Indian Health Council	85,138
Table Mountain Rancheria	576	Riverside-San Bernardino Indian Health	149,397
Tejon Indian Tribe	34,000	Susanville Indian Rancheria	12,607
Tule River Indian Health Center, Inc.	36,332	***Total Tribal Operations***	***$979,373***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$22	Consolidated Tribal Health Project	$1,640
California Rural Indian Health Board, Inc.	17,177	Feather River Tribal Health, Inc.	2,935
Central Valley Indian Health, Inc.	3,362	Hoopa Valley Tribe	2,020
Greenville Rancheria	886	Karuk Tribe of California	1,233
Rolling Hills Clinic	23	Northern Valley Indian Health	1,968
Shingle Springs Rancheria	385	Redding Rancheria	2,482
Strong Family Health Center	421	Riverside-San Bernardino Indian Health	7,082
Tejon Indian Tribe	2,000	Santa Ynez Band of Mission Indians	628
Toiyabe Indian Health Project, Inc.	2,382	Southern Indian Health Council, Inc.	3,027
Wilton Rancheria	3,000	Susanville Indian Rancheria	596
Chapa-De Indian Health Program, Inc.	1,981	***Total Tribal Operations- Headquarters Shares***	***$55,250***

Preventive Health
Health Education

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Koi Nation	$4,000	Wilton Rancheria	$41,000
Tejon Indian Tribe	24,000	***Total Tribal Operations***	***$69,000***

Preventive Health
Health Education

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$53
California Rural Indian Health Board, Inc.	47,000
Central Valley Indian Health, Inc	15,500
Greenville Rancheria	1,200
Koi Nation	1,000
M.A.C.T. Health Board, INC	4,400
Rolling Hills Clinic	39
Shingle Springs Rancheria	2,400
Strong Family Health Center	800
Tejon Indian Tribe	2,000
Toiyabe Indian Health Project, Inc.	9,800
Wilton Rancheria	4,000

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$9,000
Consolidated Tribal Health Project	7,900
Feather River Tribal Health, Inc.	8,579
Hoopa Valley Tribe	10,400
Indian Health Council	13,800
Karuk Tribe of California	6,200
Northern Valley Indian Health	4,900
Redding Rancheria	13,400
Riverside-San Bernardino Indian Health	32,100
Santa Ynez Band of Mission Indians	2,379
Southern Indian Health Council, Inc.	10,700
Susanville Indian Rancheria	2,900
Total Tribal Operations– Area Shares	***$210,450***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$28
California Rural Indian Health Board, Inc.	21,028
Central Valley Indian Health, Inc.	4,113
Greenville Rancheria	1,102
M.A.C.T Health Board, Inc.	995
Rolling Hills Clinic	28
Shingle Springs Rancheria	470
Strong Family Health Center	515
Tejon Indian Tribe	1,000
Toiyabe Indian Health Project, Inc.	2,914
Wilton Rancheria	2,000
Chapa-De Indian Health Program, Inc.	2,424

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
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	622
Redding Rancheria	3,123
Riverside-San Bernardino Indian Health	8,906
Santa Ynez Band of Mission Indians	789
Southern Indian Health Council, Inc.	3,808
Susanville Indian Rancheria	750
Total Tribal Operations- Headquarters Shares	***$70,047***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	31,830
Total Area & Tribal Operation Expenditures	***$31,830***

TOTAL OBLIGATIONS—HEALTH EDUCATION	$381,327

Preventive Health
Community Health Representative

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$270,061
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
Pinoleville Pomo Nation	28,418
Pit River Health Services, Inc.	7,723
Quartz Valley Indian Reservation	9,251
Rolling Hills Clinic	161
Round Valley Indian Health Center, Inc.	42,362
Sherwood Valley Band of Pomo Indians	29,754
Shingle Springs Rancheria	15,212
Strong Family Health Center	54,607

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Table Mountain Rancheria	$1,880
Toiyabe Indian Health Project, Inc.	159,595
Tule River Indian Health Center, Inc.	37,444
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.	24,974
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
Santa Ynez Band of Mission Indians	25,691
Southern Indian Health Council, Inc.	68,204
Susanville Indian Rancheria	33,795
Total Tribal Operations	***$1,822,858***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$20
California Rural Indian Health Board, Inc.	14,600
Central Valley Indian Health, Inc.	4,800
Greenville Rancheria	400
M.A.C.T. Health Board, INC	1,400
Pinoleville Pomo Nation	100
Rolling Hills Clinic	10
Shingle Springs Rancheria	800
Strong Family Health Center	300
Toiyabe Indian Health Project, Inc.	3,000
Chapa-De Indian Health Program, Inc.	2,800

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
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	1,500
Redding Rancheria	4,200
Riverside-San Bernardino Indian Health	9,900
Santa Ynez Band of Mission Indians	768
Southern Indian Health Council, Inc.	3,300
Susanville Indian Rancheria	900
Total Tribal Operations- Area Shares	***$63,498***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$58
California Rural Indian Health Board, Inc.	44,018
Central Valley Indian Health, Inc.	7,951
M.A.C.T. Health Board, Inc.	2,082
Pinoleville Pomo Nation	421
Rolling Hills Clinic	59
Shingle Springs Rancheria	985
Strong Family Health Center	1,078

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$5,075
Feather River Tribal Health, Inc.	7,626
Hoopa Valley Tribe	2,724
Indian Health Council	11,588
Karuk Tribe of California	3,203
Redding Rancheria	6,450
Riverside-San Bernardino Indian Health	18,400
Southern Indian Health Council, Inc.	7,863
Total Tribal Operations- Headquarters Shares	***$119,581***

TOTAL OBLIGATIONS—CHR	**$2,005,937**

Urban Health Projects

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
American Indian Health & Services Corporation	$562,705
Bakersfield American Indian Health Project	490,125
Fresno American Indian Health Project	537,314
Friendship House Association	614,705
Indian Health Center of Santa Clara Valley, Inc.	646,376
Native American Health Center, Inc.	$1,080,445
Sacramento Native American Health Center, Inc.	935,729
San Diego American Indian Health Center, Inc.	719,276
United American Indian Involvement, Inc.	1,417,670
Total Tribal Operations	***$7,004,345***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$277,447
Travel	12,955
Rent, Comm., Util.	5,006
Total Area & Tribal Operation Expenditures	***$295,408***

TOTAL OBLIGATIONS—URBAN HEALTH PROJECTS	$7,299,753

Direct Operations

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$419
California Rural Indian Health Board, Inc.	255,836
Greenville Rancheria	13,508
M.A.C.T Health Board, Inc.	13,894
Rolling Hills Clinic	340
Shingle Springs Rancheria	5,724
Strong Family Health Center	6,268
Toiyabe Indian Health Project, Inc.	35,465
Chapa-De Indian Health Program, Inc.	29,499
Consolidated Tribal Health Project	24,816

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Feather River Tribal Health, Inc.	$44,924
Hoopa Valley Tribe	30,924
Indian Health Council	77,436
Karuk Tribe of California	18,864
Northern Valley Indian Health	17,354
Redding Rancheria	43,632
Riverside-San Bernardino Indian Health	121,391
Santa Ynez Band of Mission Indians	9,609
Southern Indian Health Council, Inc.	46,332
Susanville Indian Rancheria	9,119
Total Tribal Operations Headquarters Shares	***$805,354***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$1,372,972
Transportation	13,125
Contractual Services	4,475
Total Area & Tribal Operation Expenditures	***$1,390,572***

TOTAL OBLIGATIONS—DIRECT OPERATIONS	**$2,195,926**

Contract Support Cost

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$43,241	Strong Family Health Center	514,393
California Rural Indian Health Board, Inc.	10,951,120	Sycuan Band of Mission Indians	69,303
Central Valley Indian Health, Inc.	3,767,687	Table Mountain Rancheria	29,763
Cold Springs Rancheria	45,498	Toiyabe Indian Health Project, Inc.	1,132,686
Colusa Indian Health Community Council	23,499	Tule River Indian Health Center, Inc.	939,536
Coyote Valley Tribal Council	65,195	Tule River Tribal Council	132,355
Elem Indian Colony	58,884	Tuolumne Me-Wuk Indian Health Center, Inc.	238,651
Greenville Rancheria	250,843	Wilton Rancheria	135,005
Guidiville Indian Rancheria	210,948	Chapa-De Indian Health Program, Inc.	3,764,387
Hopland Band of Pomo Indians	58,629	Consolidated Tribal Health Project	1,580,334
Lake County Tribal Health Consortium	3,416,736	Feather River Tribal Health, Inc.	1,875,357
M.A.C.T. Health Board, INC	1,270,131	Hoopa Valley Tribe	2,537,993
Pinoleville Pomo Nation	17,336	Indian Health Council	3,481,335
Pit River Health Services, Inc.	183,046	Karuk Tribe of California	1,363,551
Quartz Valley Indian Reservation	80,261	Northern Valley Indian Health	1,287,525
Rolling Hills Clinic	673	Redding Rancheria	3,844,162
Round Valley Indian Health Center, Inc.	743,577	Riverside-San Bernardino Indian Health	9,419,897
Scotts Valley Band of Pomo Indians	68,145	Santa Ynez Band of Mission Indians	445,240
Sherwood Valley Band of Pomo Indians	73,588	Sothern Indian Health Council, Inc.	2,918,318
Shingle Springs Rancheria	473,122	Susanville Indian Rancheria	948,956
Sierra Tribal Consortium	447,374	***Total Tribal Operations***	***$58,908,280***

TOTAL OBLIGATIONS—CONTRACT SUPPORT COST	**$58,908,280**

Purchased/Referred Care (PRC)

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$9,066	Sycuan Band of Mission Indians	$89,671
California Rural Indian Health Board, Inc.	8,215,562	Table Mountain Rancheria	27,679
Central Valley Indian Health, Inc.	3,744,183	Tejon Indian Tribe	86,000
Colusa Indian Health Community Council	75,856	Toiyabe Indian Health Project, Inc.	1,795,751
Coyote Valley Tribal Council	101,358	Tule River Indian Health Center, Inc.	1,768,913
Elem Indian Colony	63,517	Tuolumne Me-Wuk Indian Health Center, Inc.	287,710
Greenville Rancheria	786,355	Wilton Rancheria	154,000
Guidiville Indian Rancheria	12,471	Chapa-De Indian Health Program, Inc.	2,473,806
Koi Nation	15,000	Consolidated Tribal Health Project	1,663,221
Lake County Tribal Health Consortium	1,143,583	Feather River Tribal Health, Inc.	2,729,858
M.A.C.T. Health Board, INC	1,134,776	Hoopa Valley Tribe	2,103,806
Pinoleville Pomo Nation	17,002	Indian Health Council	2,994,937
Pit River Health Services, Inc.	164,131	Karuk Tribe of California	1,302,285
Quartz Valley Indian Reservation	113,594	Northern Valley Indian Health	1,674,745
Rolling Hills Clinic	11,420	Redding Rancheria	2,538,237
Round Valley Indian Health Center, Inc.	829,537	Riverside-San Bernardino Indian Health	7,718,037
Scotts Valley Band of Pomo Indians	16,239	Santa Ynez Band of Mission Indians	485,025
Sherwood Valley Band of Pomo Indians	52,696	Southern Indian Health Council, Inc.	1,517,231
Shingle Springs Rancheria	642,621	Susanville Indian Rancheria	618,482
Strong Family Health Center	213,365	***Total Tribal Operations***	***$49,391,726***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$84
California Rural Indian Health Board, Inc.	108,199
Central Valley Indian Health, Inc.	22,700
Greenville Rancheria	1,900
Koi Nation	2,000
M.A.C.T. Health Board, INC	30,564
Rolling Hills Clinic	59
Shingle Springs Rancheria	3,500
Strong Family Health Center	1,200
Tejon Indian Tribe	9,000
Toiyabe Indian Health Project, Inc.	14,4000
Wilton Rancheria	16,000

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$13,300
Consolidated Tribal Health Project	11,500
Feather River Tribal Health, Inc.	13,100
Hoopa Valley Tribe	15,300
Indian Health Council	20,300
Karuk Tribe of California	9,000
Northern Valley Indian Health	7,300
Redding Rancheria	19,700
Riverside-San Bernardino Indian Health	47,100
Santa Ynez Band of Mission Indians	2,985
Southern Indian Health Council, Inc.	15,600
Susanville Indian Rancheria	4,200
Total Tribal Operations- Area Shares	***$388,991***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$78
California Rural Indian Health Board, Inc.	56,642
Central Valley Indian Health, Inc.	11,258
Greenville Rancheria	3,014
Koi Nation	1,000
M.A.C.T. Health Board, INC	2,619
Pit River Health Services, Inc.	74
Rolling Hills Clinic	830
Shingle Springs Rancheria	1,288
Strong Family Health Center	1,410
Tejon Indian Tribe	4,000
Toiyabe Indian Health Project, Inc.	7,977
Wilton Rancheria	8,000

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Chapa-De Indian Health Program, Inc.	$6,635
Consolidated Tribal Health Project	5,583
Feather River Tribal Health, Inc.	10,103
Hoopa Valley Tribe	6,955
Indian Health Council	15,354
Karuk Tribe of California	4,244
Northern Valley Indian Health	3,905
Redding Rancheria	8,547
Riverside-San Bernardino Indian Health	24,381
Santa Ynez Band of Mission Indians	1,293
Southern Indian Health Council, Inc.	10,421
Susanville Indian Rancheria	2,052
Total Tribal Operations- Headquarters Shares	***$197,663***

TOTAL OBLIGATIONS—PURCHASED/REFERRED CARE (PRC)	**$49,978,380**

Self Governance

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Santa Ynez Band of Mission Indians	$8,164
Total Tribal Operations- Headquarters Shares	***$8,164***

TOTAL OBLIGATIONS—SELF GOVERNANCE	**$8,164**

Section 105 Extern Program

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Personnel Services	$46,013
Total Area & Tribal Operation Expenditures	***$46,013***

TOTAL OBLIGATIONS—SECTION 105 EXTERN PROGRAM	**$46,013**

Catastrophic Fund

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Susanville Indian Rancheria	$32,004
Total Tribal Operations	***$32,004***

TOTAL OBLIGATIONS—CATASTROPHIC HEALTH EMERG. FUND	$32,004

Environmental Health Support

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$15,822
Central Valley Indian Health, Inc.	1,050
Greenville Rancheria	6,661
Lake County Tribal Health Consortium	7,363
Rolling Hills Clinic	74
Fresno American Indian Health Project	1,671
Sacramento Native American Health Center, Inc.	6,073
United American Indian Involvement, Inc.	1,829
Chapa-De Indian Health Program, Inc.	5,628
Consolidated Tribal Health Project	2,563

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Feather River Tribal Health, Inc.	$11,102
Hoopa Valley Tribe	4,725
Indian Health Council	3,097
Karuk Tribe of California	1,872
Northern Valley Indian Health	9,195
Redding Rancheria	6,440
Santa Ynez Band of Mission Indians	490
Southern Indian Health Council, Inc.	2,205
Susanville Indian Rancheria	1,295
Total Tribal Operations	***$89,155***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$1,535
Feather River Tribal Health, Inc.	6,053
Hoopa Valley Tribe	32,530
Riverside-San Bernardino Indian Health	83,890
Southern Indian Health Council, Inc.	6,969
Total Tribal Operations- Area Shares	***$130,977***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$2,748,345
Travel	110,218
Transportation	90,975
Rent, Comm., Util.	24,179
Contractual Services	220,607
Supplies	36,706
Equipment	17,791
Total Area & Tribal Operation Expenditures	***$3,248,820***

TOTAL OBLIGATIONS—ENVIRONMENTAL HEALTH SUPPORT	$3,468,951

Facilities Health Support

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
Lake County Tribal Health Consortium	$721,682
Total Tribal Operations	***$721,682***

TRIBAL OPERATIONS—AREA SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$893
California Rural Indian Health Board, Inc.	65,905
Indian Health Council	21,462
Total Tribal Operations- Area Shares	***$88,260***

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Cabazon Band of Mission Indians	$125
California Rural Indian Health Board, Inc.	1,665
Central Valley Indian Health, Inc.	354
M.A.C.T. Health Board, Inc.	509
Santa Ynez Band of Mission Indians	143
Shingle Spring Rancheria	133
Total Tribal Operations– Headquarters Shares	***$2,929***

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Personnel Services	$422,408
Travel	39,951
Transportation	78,744
Contractual Services	23,930
Supplies	866
Equipment	8,497
Total Area & Tribal Operation Expenditures	***$574,395***

TOTAL OBLIGATIONS—FACILITIES HEALTH SUPPORT	$1,387,266

OEHE Support

TRIBAL OPERATIONS—HEADQUARTERS SHARES CONTRACTOR	FUNDED AMOUNT
Strong Family Health Center	$29
Toiyabe Indian Health Project Inc.	181
Chapa-De Indian Health Program, Inc.	660
Consolidated Tribal Health Project	481
Feather River Tribal Health, Inc.	1,183
Hoopa Valley Tribe	2,033
Indian Health Council	1,641
Karuk Tribe of California	$421
Northern Valley Indian Health	708
Redding Rancheria	12
Riverside-San Bernardino Indian Health	7,539
Santa Ynez Band of Mission Indians	368
Southern Indian Health Council, Inc.	1,484
Susanville Indian Rancheria	174
Total Tribal Operations- Headquarters Shares	***$16,914***

TOTAL OBLIGATIONS—OEHE SUPPORT	$16,914

Equipment

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$133,471	Tuolumne Me-Wuk Indian Health Center, Inc.	$12,461
Central Valley Indian Health, Inc.	30,503	Chapa-De Indian Health Program, Inc.	70,081
Colusa Indian Health Community Council	1,820	Consolidated Tribal Health Project	19,044
Greenville Rancheria	30,353	Feather River Tribal Health, Inc.	58,892
Lake County Tribal Health Consortium	28,769	Hoopa Valley Tribe	31,526
M.AC.T. Health Board, Inc.	27,404	Indian Health Council	43,880
Quartz Valley Indian Reservation	6,147	Karuk Tribe of California	27,150
Rolling Hills Clinic	1,304	Northern Valley Indian Health	54,273
Round Valley Indian Health Center, Inc.	17,403	Redding Rancheria	29,262
Shingle Springs Rancheria	20,739	Riverside-San Bernardino Indian Health	97,630
Sierra Tribal Consortium	4,888	Santa Ynez Band of Mission Indians	10,748
Strong Family Health Center	3,263	Southern Indian Health Council, Inc.	37,964
Sycuan Band of Mission Indians	4,604	Susanville Indian Rancheria	11,417
Toiyabe Indian Health Project, Inc.	41,934	***Total Tribal Operations***	***$856,930***

TOTAL OBLIGATIONS—INDIAN HEALTH FACILITIES—EQUIPMENT	**$856,930**

Maintenance and Improvement

TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT	TRIBAL OPERATIONS CONTRACTOR	FUNDED AMOUNT
California Rural Indian Health Board, Inc.	$542,487	Toiyabe Indian Health Project, Inc.	$55,656
Central Valley Indian Health, Inc.	40,666	Tuolumne Me-Wuk Indian Health Center, Inc.	6,360
Colusa Indian Health Community Council	5,315	Chapa-De Indian Health Program, Inc.	75,025
Greenville Rancheria	50,814	Consolidated Tribal Health Project	55,196
Lake County Tribal Health Consortium	59,273	Feather River Tribal Health, Inc.	165,967
M.AC.T. Health Board, Inc	59,076	Hoopa Valley Tribe	41,214
Pit River Health Services, Inc.	104,299	Indian Health Council	154,355
Quartz Valley Indian Reservation	5,366	Karuk Tribe of California	47,834
Rolling Hills Clinic	3,459	Northern Valley Indian Health	80,431
Round Valley Indian Health Center, Inc.	18,435	Redding Rancheria	146,265
Shingle Springs Rancheria	15,301	Riverside-San Bernardino Indian Health	187,742
Sierra Tribal Consortium	22,724	Santa Ynez Band of Mission Indians	20,280
Strong Family Health Center	3,280	Southern Indian Health Council, Inc.	124,407
Sycuan Band of Mission Indians	5,428	Susanville Indian Rancheria	19,766
		Total Tribal Operations	***$2,116,421***

TOTAL OBLIGATIONS—INDIAN HEALTH FACILITIES—M&I	**$2,116,421**

SFC Housing

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	$1,740,000
Total Area & Tribal Operation Expenditures	***$1,740,000***

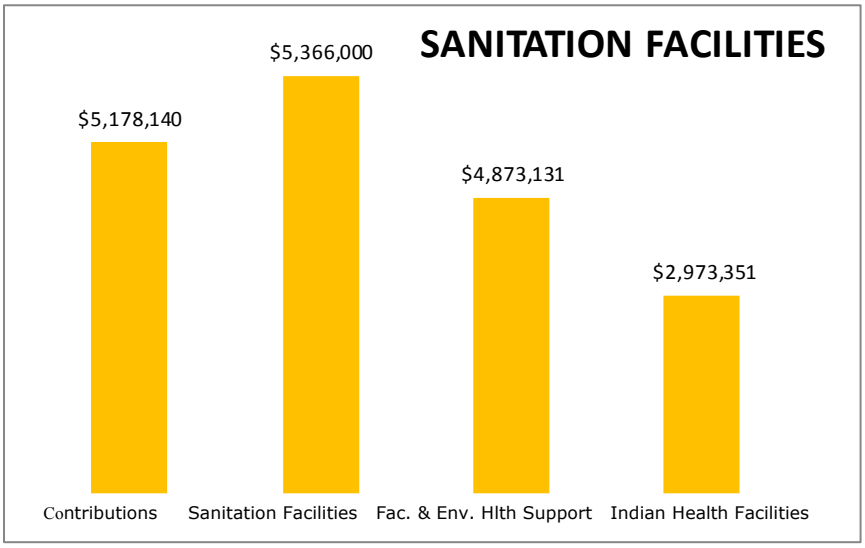
TOTAL OBLIGATIONS—SFC HOUSING	**$1,740,000**

SFC Regular

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	$3,626,000
Total Area & Tribal Operation Expenditures	***$3,626,000***

TOTAL OBLIGATIONS—SFC REGULAR	$3,626,000

Sanitation Facilities
$ Dollars



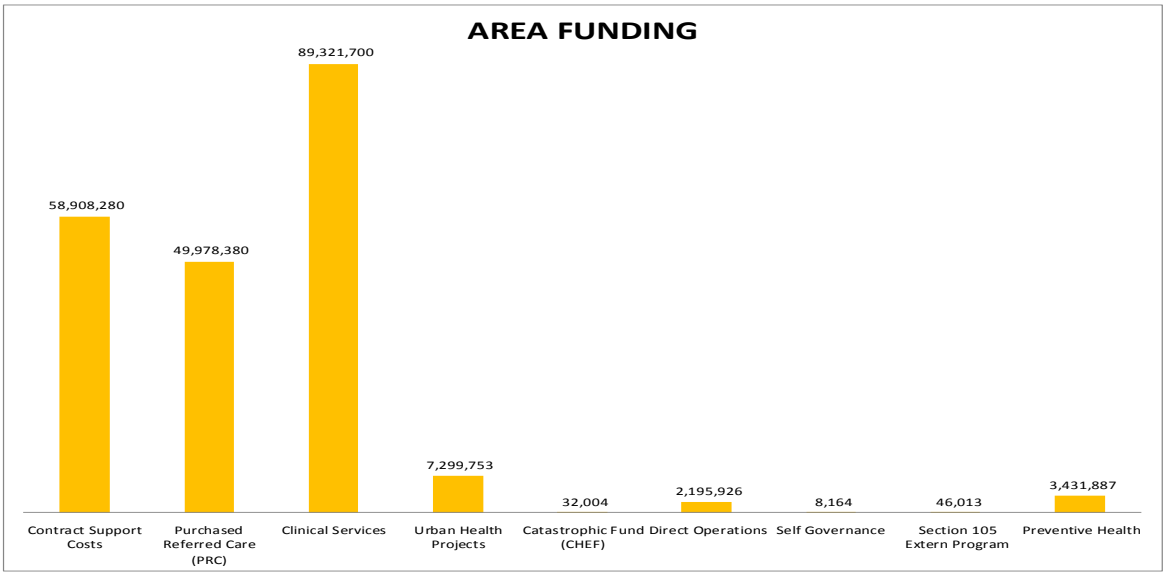
The graph above represents total Tribal, Area and Headquarter Shares

Contributions

INCLUDES ALL OTHER EXPENDITURES (AREA & TRIBAL OPERATIONS)	FUNDED AMOUNT
Contractual Services	$5,178,140
Total Area & Tribal Operation Expenditures	***$5,178,140***

TOTAL OBLIGATIONS—CONTRIBUTIONS	$5,178,140

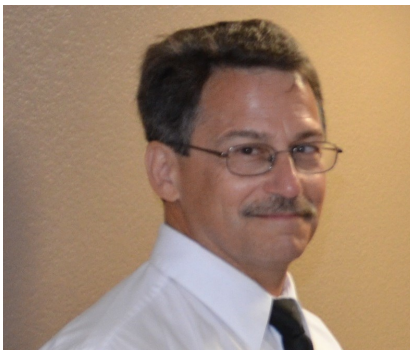
Area Funding
$ Dollars



The graph above represents total Tribal, Area and Headquarter Shares

Executive Staff

BEVERLY MILLER
Area Director



DR. STEVE RIGGIO
Deputy Director/
Associate Director
Office of Public Health

DR. CHARLES MAGRUDER
Chief Medical Officer

EDWIN FLUETTE
Associate Director
Office of Environmental Health
& Engineering

JEANNE SMITH
Associate Director
Office of Management
Support

DR. DAVID SPRENGER
Psychiatric/Behavioral Health
Consultant

Office Directory

OFFICE OF THE AREA DIRECTOR

Beverly Miller, MHA, MBA, Area Director

Steve Riggio, DDS, Area Deputy Director/Associate Director, Office of Public Health

Charles Magruder, MD, Chief Medical Officer

Travis Coleman, Indian Self-Determination Program Manager/ Contract Specialist

OFFICE OF PUBLIC HEALTH

Youth Regional Treatment Center

Mark Espinosa, MHCA, Health Systems Administrator

Meghan Cocchi, Billing Administration

Government Performance and Results Act

Christine Brennan, MPH, Public Health Analyst

CDR Wendy Blocker, RN, MSN, Public Health Analyst

Amy Patterson, PhD, Public Health Analyst

Rachel Harvey, Public Health Analyst

Health Professional Consultants

Beverly Calderon, MS, RD, CDE, Nutrition & HPDP Coordinator

Susan Ducore, RN, MSN, PHN, Nurse Consultant

Helen Maldonado, PA-C, CDE, Diabetes Consultant

Dawn Phillips, MPA, RN, Behavioral Health Consultant

Marilyn Freeman, RHIA, Clinical Applications Coordinator

Steven Viramontes, PHN, Clinical Applications Coordinator

Information Technology Resource Management Office

Robert Gemmell, MS, Area Chief Information Officer

Toni Johnson, IT Specialist

Kelly Stephenson, IT Specialist

Gary Mosier, IT Specialist

Theresa Weber, MBA, IT Specialist

Michelle Martinez, IT Specialist

Marcella Begaye, IT Specialist

Edna Johnson, IT Specialist

Ron Byers, IT Specialist

Steve Thibodeau, IT Specialist

OFFICE OF MANAGEMENT SUPPORT

Finance

Jeffrey Turner, Financial Management Officer

Kurt Nelson, OEH&E Accountant

Ana Chavez-Alvarez, Accountant

Angie Singh, Accountant

Natalya Blatova, MBA, Budget Analyst

Marie Lowden, Accountant

Daniel Redeagle, Accountant

Julie Morrow, Accounting Technician

Contracting

Rick Vredenburg, Supervisory Contract Specialist

Rachel Rosas, Contract Specialist

Cordell Bailey, Contract Specialist

Ronda English, Contract Specialist

Marilyn Duran, Contract Specialist

Human Resources

Jeanne Smith, MPA, Acting Human Resources Director, Regional Human Resources Specialist

Angela Peshlakai, Human Resources Specialist

Trisha Sutherland, Administrative Support Assistant

Truman Stephenson, Intern

Administrative Management

Mona Celli, Management Analyst/Scholarships Coordinator

Myrtle LaRocque, Administrative Support Assistant

Jean Reynolds, Information Receptionist

Office Directory

OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING

Office of the Associate Director

Edwin Fluette, REHS, MPH, Associate Director

Susan Rey, Secretary

Jeannette Reynolds, Administrative Support Assistant

Division of Health Facilities Engineering (DHFE)

CDR Paul Frazier, PE, DHFE Director

Gary Ball, Architect

LT Shane Deckert, PE, MBA, Engineer

Robert Secrest, PE, MBA, Engineer

Preston Dohi, Civil Engineer

Division of Environmental Health Services (DEHS)

LCDR Sarah Snyder, REHS, District Sanitarian

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)

Don Brafford, PE, MSCE, DSFC Director

CAPT Christopher Brady, MS, PE, DSFC Deputy Director

CDR Luke Schulte, PE, MSEE, Senior Environmental Engineer

Nancy Dewees, PE, Tribal Utilities Prof. Consultant

Rickey Wright, Tribal Utilities Prof. Consultant

Joshua Newcom, MS, Technical Writer/Editor

Lolita Brinkley-Nunn, Administrative Support Assistant

Sacramento District Office

CDR David Mazorra, PE, MSEE, District Engineer

Johnnie Douma, Engineering Technician

Bob Johnson, Engineering Technician

Terri O'Shea, Administrative Support Assistant

Clovis Field Office

LT Matt Mergenthaler, PE, MSCE, Environmental Engineer

Steve Poitra, Engineering Technician

Ukiah Field Office

LT Travis Sorum , EIT, MSCE, Environmental Engineer

LT Charles Thompson, Environmental Engineer

Derek Billy, Engineering Technician

Escondido District Office

Sean Bush, PE, MS, District Engineer

LCDR Mark Hench, PE, Environmental Engineer

LT Roger Hargrove, PE, MSCE, Environmental Engineer

Talat Mahmood, Engineering Technician

John Jeng, Engineering Technician

Michelle Blackowl, Administrative Support Assistant

Redding District Office

Andrew Huray, PE, MSCE, District Engineer

Adam Ramos, MS, Environmental Engineer

Scott Brooks, Engineering Technician

Jenny Holden, Engineering Technician

Pattigail Whitehouse, IT Specialist

Arcata Field Office

Barry Jarvis, PE, Environmental Engineer

Maureen Harrington, Engineering Technician

Denise O'Gorman, Engineering Technician

Dara Zimmerman, EIT, Environmental Engineer

Valerie Canfield, Office Automation Assistant

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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Organization Information

CORPORATE INFORMATION
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Indian Health Service/California Area Office
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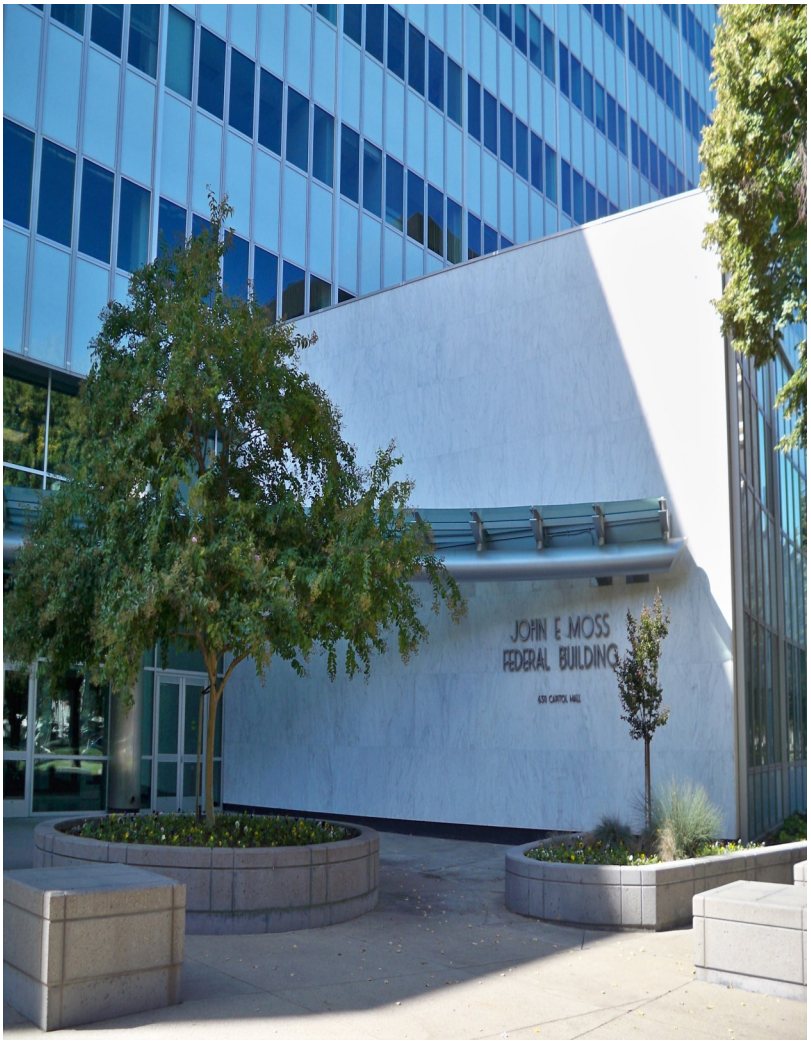
Sacramento, CA 95814-4706

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 2015 meeting was held at Thunder Valley Casino Resort in Lincoln, CA in March. The 2016 meeting will be held at Viejas Casino Alpine, CA in March. Contact CAO for more information about the next Annual Tribal Consultation.

Indian Health Service
California Area Office