



INDIAN HEALTH SERVICE

BEMIDJI AREA OFFICE



2012

ANNUAL REPORT

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BEMIDJI AREA INDIAN HEALTH SERVICE

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www.ihs.gov/Bemidji

Our Mission... to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

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

Our Foundation... 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 Tribes

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MESSAGE FROM THE AREA DIRECTOR

Boozhoo!

We are delighted to present the 2012 Bemidji Area Office Annual Report. As we approached year end, it was the perfect time to reflect on the many tasks completed and services delivered by the Bemidji Area Office (BAO) Indian Health Service (IHS). As you review this report, we hope you will be as pleased as we are with the accomplishments.

It is an honor to work with the staff who are dedicated and committed to the mission of IHS and those we serve within the Bemidji Area. This first BAO Annual Report will introduce staff who provided high level quality services to you. During 2012, we continued to make progress to meet stated goals and objectives that determine how Federal, Tribal and Urban programs collaboratively work with Area Office programs. We value relationships with our partners in the provision of healthcare.

The mission of the Bemidji Area Indian Health Service is to partner with Area Tribes and Urban Programs (I/T/U) in raising the health status of Indian people through consultation, support and advocacy. Our values are:

Integrity/Honesty:

- We do what we say we will do.
- We admit our mistakes and work hard to correct them.
- We only promise what we can deliver.
- We are honest with our stakeholders and staff.

Communication:

- When you call or email you receive a response in a timely manner.
- Individuals attempt to put you in contact with someone that can address your issue.
- When out of the office we check our voice and email and respond to inquiries as soon as possible.

Competency:

- We exhibit the qualities and skills needed to get the job done.
- We have qualified people with the authority to manage the programs.
- We exhibit the knowledge and skill to direct inquiries to the individual or organization with the solution.

Quality Service:

- Strive to provide the best healthcare available.
- Work to meet or exceed the respective national standards for your discipline.
- Meet or exceed the quality of care seen in the private sector.
- It is not about how many or how much we produce or provide, but we produce or provide the best possible.

We believe this report shows our commitment to the mission and values and to you our customers. We hope you will find the 2012 Bemidji Area Office Annual Report both informative and useful. On behalf of all of the staff of the Bemidji Area Indian Health Service, I would like to thank you for your support of our programs, and truly look forward to working with you in future years. I am optimistic that the Bemidji Area will continue to prosper and provide excellent customer service and expert technical assistance to our partners.

Be Healthy,

Jenny Jenkins
Area Director (Acting)
Bemidji Area Indian Health Service

OFFICE OF THE AREA DIRECTOR



Carol White, Jenny Jenkins, Deanna Dick, Hershel Gorham



Linda Bedeau

In the Office of the Area Director, we have prioritized our work to meet the Indian Health Service (IHS) priorities and will use that format to report Office of Area Director work and accomplishments.

TO RENEW AND STRENGTHEN OUR PARTNERSHIP WITH TRIBES

CONSULTATION

BAO continued the tradition of hosting two consultation meetings with direct impact on FY2012; the Indian Health Service/Tribal/Urban (I/T/U) and the Pre-negotiations meetings. While these meetings focused on BAO specific matters, BAO also participated and supported other consultation events including Department of Health and Human Services (DHHS) Region V consultation, the IHS Director's Listening Session at the Midwest Alliance of Sovereign Tribes (MAST) Impact week, the IHS Tribal Consultation Summit, and various IHS Tribal consultation workgroups/committees.

BAO hosted the I/T/U meeting in December 2011 and the FY'13 Pre-Negotiation meeting in May 2011 in Bloomington, MN.

The I/T/U meeting included Tribal consultation for FY2014 Budget Formulation from which Area partners identified Indian Health Care Improvement Funds, Contract Support Costs, Contract Health Services, Behavioral Health, Urban funding, Improving Patient Care (IPC) dissemination, Information Technology, and Facilities Maintenance & Improvement funding as the top priorities. Tribes and Urban programs were key contributors to the creation of a 'living' Area Strategic Plan. Area partners identified common concerns and created action steps to address them. The plan has been revised at each Area hosted meeting to ensure it is updated to track the needs and accomplishments. Focus areas were aligned with the Agency Priorities and included:

TO RENEW AND STRENGTHEN OUR PARTNERSHIP WITH TRIBES	TO REFORM THE IHS	TO IMPROVE QUALITY OF AND ACCESS TO CARE	TO MAKE OUR WORK TRANSPARENT, FAIR, ACCOUNTABLE, AND IN-CLUSIVE
<ul style="list-style-type: none">• Conferring /Consultation• Federal/Tribal/State Relationships• Urban Health• Agency and Tribal Funding	<ul style="list-style-type: none">• Health Care Reform• Systems Infrastructure/ Training• Facility Construction• Staffing	<ul style="list-style-type: none">• Behavioral Health• Prevention Programs• Disease Treatment and Prevention• IPC/Quality Improvement• ICD-10 Implementation	<ul style="list-style-type: none">• Communication

BAO was able to make great strides related to Area Strategic Plan and continued to support the Agency consultation issues identified from the IHS Director's Listening Session at MAST. During the Listening Session, Area Tribal leaders questioned Dr. Roubideaux, IHS Director, and requested assistance on various matters including Facilities Construction funding methodology, Prescription Drug Abuse/Misuse/Diversion, Methamphetamine Abuse, and Traditional Medicine. BAO Office, based on the Region V consultation meeting in February, responded to the request for assistance regarding Prescription Drug Abuse/Misuse/Diversion by partnering in a DHHS multi-Agency summit in June. BAO has identified this particular issue as an opportunity to advance the Agency's Priority to 'Improve Quality of and Access to Care'. Dr. Roubideaux's response to the concerns expressed by Area Tribal Leaders at the Listening Session was to include the topics as break-out sessions during the August IHS Tribal Consultation Summit. Supplementing this, the Agency formally opened Tribal consultation and requested comments in 2012 on Facilities Construction funding and the incorporation of Traditional Medicine.

AREA BUYBACK SERVICES

At the FY2012 Pre-negotiations meeting held in May 2011, BAO staff presented buyback service options to the Tribes to address the growing need and demand for technical assistance. The buyback services were Area Dental Officer, Health Information Management, and Vista Imaging. These functions were introduced and vetted with BAO Tribal Advisory Board and Tribal Leaders/Representatives as they are not part of BAO Office's scope of expertise/function which is a Tribally-negotiated, stream-lined level of service. With the advancement and digitization of healthcare delivery systems, Tribes supported BAO's buyback service proposals by leaving funding with BAO. This funding enabled BAO to complete the required infrastructure work related to the Electronic Health Records to accommodate Tribal participation and to respond to technical assistance requests related to establishment of Dental programs and Health Information Management.

REVITALIZATION OF THE TRIBAL ADVISORY BOARD (TAB)

Over the past two years changes in TAB membership gave way to vacancies and therefore a lack of a quorum at teleconferences. BAO sought the input of Tribal and Urban partners about the TAB's continuance: Should the TAB be maintained and revitalized as written? Should the TAB be disbanded? Should the TAB be maintained but the purpose or make-up be revised? These questions were asked in light of the TAB's limited/sporadic participation as well as the Agency's Tribal consultation related to the compliance of the Federal Advisory Committee Act (FACA). The matter was addressed at the FY2013 Pre-negotiation meeting held in May 2012 at which time, Tribes indicated a desire for the TAB to continue with modifications made to the membership that would accommodate FACA compliance. BAO updated the TAB by-laws to allow for the expansion of participation and continues to seek Tribal input on their revision and finalization.

PARTNERING WITH THE GREAT LAKES INTER-TRIBAL EPIDEMIOLOGY CENTER (GLITEC)

Though BAO Office and GLITEC have worked together it was agreed we could do so in a more structured and planned way. On October, the first annual partnership meeting was held in Bemidji. Each program gave updates and developed opportunities for partnering. These included: publications, communications, Tribal Leader Orientation, Training, IPC, Diabetes program, Environmental Health, options with colleges/universities, data quality and community assessment tools, Epi projects, work with external agencies, technology. BAO and GLITEC hold a quarterly conference call to share updates.

MEETINGS ATTENDED BY AREA DIRECTORS OFFICE STAFF

National – Two IHS Consultation Summits, four Self Governance Meetings, one National Combined Council, two Area Director, CPLO/ALN and Urban meetings.

Area – Health Director meetings (includes meetings with States), MAST, BIA Midwest Region Partners in Action Conference, Wisconsin Consultation Session, VISN 11 and 12 Partnership meeting, National Indian Health Outreach and Education, Six Governing Board meetings for Service Units, Prescription Drug Summit, Bemidji IT Conference. BAO was represented at all Tribal Health Director Meetings held in FY'12.

TO REFORM THE IHS

ORIENTATION OF NEW IHS STAFF, TRIBAL LEADERS AND HEALTH DIRECTORS

BAO implemented changes to the way that new staff and new Tribal Leaders/Health Directors are introduced to the IHS. With a customer service focus, BAO new employee orientation was revamped completely with the first day spent at the Area Office. Every pay period, new employees receive information on Federal employee benefits, attend an orientation to IHS, participate in a BAO tour, and complete annual mandatory trainings required within the first 30 days of employment. This change was implemented to give new staff the opportunity to spend time with BAO staff and ask questions before beginning work responsibilities. BAO Executive Leadership Team (ELT) created a new employee orientation presentation to provide new staff with basic information about IHS, Area, Tribes served, priorities, and Area values and expectations. The ELT has made a commitment to BAO and new staff to provide this portion of the orientation directly to demonstrate our commitment to and underscore the importance of customer service and accessibility.

BAO also revised and created consistency for the Tribal Leader/Health Director orientation. Beginning in 2011, the Tribal orientation was restructured to provide an overview of DHHS, IHS, and BAO. It is now also an opportunity to educate and inform Tribal leaders about the current consultations and address their issues specifically. The orientation is scheduled so that participants can all receive general information in the morning but are also given the opportunity to identify topics of interest for the afternoon session. Therefore, every session is customized to the Tribal participants needs. To create consistency, BAO has made a commitment to offering the Tribal orientation on a quarterly basis at a minimum. Tribes are also still able to receive an orientation at their scheduling convenience. BAO has made every effort available to maximize participation by also conducting the orientation via video conference. Whether face-to-face or via video conferencing, BAO's focus is on customer service. In 2012, BAO provided this service to over 10 different Tribes and organizations and over 20 individuals.

AFFORDABLE CARE ACT IMPLEMENTATION

In collaboration with the ITU, BAO developed a plan which included ACA objectives and action items.

Strategic Initiative/Objective	Action Item	Actions Taken
<ul style="list-style-type: none">Educate ITU staff on ACA	<ul style="list-style-type: none">Finding the resources to pay for the trainingConducting the trainingEvaluating the training objectivesEach State Health Director group is working with States – with BAO support	<ul style="list-style-type: none">Provision of ACA PPT to all programsListing Tribal ACA information on Bemidji Area web siteACA power-point presentation to all Federal staff.1 day ACA overview at ITUParticipated in Minnesota Health Exchange workgroup meetings. Tribal representatives to work-groups advanced AI/AN needs for implementation in the state planParticipated in Michigan Health Director meetings with State representatives on Healthcare Exchanges.Supported efforts of Tribal Health Directors/Leaders to engage the State in ACA discussions.

The State of Minnesota formed a Health Exchange Task Force made of groups of providers, Tribal, business, and consumer groups. Analyzing the various components to implement the exchange has been a top priority. Tribes contributed by advocating for all aspects of the ACA pertinent to AI/AN consumers. The State believes that a cooperative community of quality health care providers, insurers, and consumer groups has played a huge role in the legacy of being on the cutting edge of healthcare innovation, resources and knowledge. MN has elected to manage a State Health Exchange, as it believes it is the best option for lowering health costs.

There is expectation the reform law will benefit AI/AN programs through:

- Ability to utilize IHS funding to ensure more/better choices for insurance, with insurance protections.
- State Exchanges, Medicaid expansion, Medicare improvements, Federal Employee Health Benefit (FEHB) coverage means more resources for the Indian health system.
- Reduced number of young adults, ages 19-26, without healthcare coverage
- Increased revenue for Federal/Tribal health facilities

Opportunities for ACA Trainings were provided throughout the year:

- National Indian Health Outreach and Education Tribal Health Reform Training in April of 2012
 1. Area staff participate in monthly NIHOE conference calls
- One day ACA overview training at the ITU meeting in December 2011
- Half day training/discussion at the FY2013 Pre-negotiation meeting
- Plans to continue education efforts in FY2013

BAO provided a page for Tribes to post updates regarding ACA.

CUSTOMER SERVICE TRAINING FOR IHS STAFF

Supporting Dr. Roubideaux's customer service initiative and BAO's Strategic Plan, BAO Director asked all Area staff to commit to improve customer service to our external customers as well as to co-workers. The Customer Service Training campus, open in June 2012, was comprised of a 10-module online customer service training. The modules focused on and included: Attitude, Non-verbal communication, Listening, Positive language, Sustaining Positive Energy, Telephone Courtesy, and Co-workers. One of the primary themes for BAO's customer service improvement movement is "Choose Your Best." By choosing our best we'll be stronger as individuals and be more effective as a team.

TO IMPROVE QUALITY OF AND ACCESS TO CARE

PRESCRIPTION DRUG ABUSE

ITU's reported increases in overdoses, crime and death related to prescription drug abuse. Tribes reported pharmacy break-ins/thefts, drugs being procured through multiple sources, lack of Prescription Monitoring Programs in all States, counseling services and funding to treat addiction is limited and sometimes limited to use of other medications, i.e. Methadone or Suboxone; services to treat underlying causes of addiction are limited, disposal of medications is difficult. Tribes were looking for assistance to combat these problems.

Region V Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA), Centers for Medicare and Medicaid Services (CMS), Office of Minority Health (OMH) and BAO formed a team to discuss what each agency does relative to this issue, what resources are available and began preparing information for discussion and engagement of Tribes and States in a Plan of Action. The group used the White House Prescription Drug Abuse Prevention plan as a basis for action, i.e. Education, Monitoring, Proper Disposal, and Enforcement and planned a Summit for June of 2012. SAMHSA sponsored the Summit where presenters focused on the basis for action topics followed by work sessions for attendees to begin to formulate action plans. Since the June Summit monthly discussion calls have been sponsored by SAMHSA where Tribes have begun to present local practices to combat this multi-faceted problem including joint work with law enforcement, courts, health practitioners, and community members. SAMHSA and IHS have resource lists and Tribal presentation materials available on their respective websites.

VETERANS HEALTH ADMINISTRATION

BAO partnered with Veteran's Health Administration (VHA) VISN 11 and 12 Outreach Staff to develop a meeting about Veterans Administration (VA) Services held in Bark River, MI on October 12, 2011. Tribal Leaders Health Directors were invited to this informational meeting. Following this meeting some service agreements were forged between Tribes and the VA. A second annual meeting is planned at Sault Ste. Marie on October 9, 2012.

In 2012, Peter Vicaire joined Veterans Affairs Office of Tribal Government Relations (OTGR) Central Region. He has arranged consultation sessions in the central region, including one in Shakopee, as well as regular newsletters for Tribes.

BAO also supported Cass Lake Pharmacy staff work on Medication reconciliation with Minnesota and North Dakota VA facilities to improve coordination of care.

TO MAKE OUR WORK TRANSPARENT, FAIR, ACCOUNTABLE, AND INCLUSIVE

QUARTERLY COMMUNICATIONS TO TRIBES AND STAFF

To advance this priority, the BAO Director sent quarterly communications to Tribal Leaders and Health Directors to update on-going activities, share highlights and provide follow-up information. Beginning in March 2012 the Tribal communications may also be found on BAO web page under the consultation tab.

Quarterly communications to all Area Federal employees are sent by email and these may also be found on the Area employee Sharepoint site.

IMPROVEMENT AND UPDATE OF AREA OFFICE WEBSITE

As a commitment to improve and deliver high quality services with customer satisfaction, we focused on updating the Bemidji Area website during 2012. The rationale is to have one place where our customers, who work with Indian healthcare, locate resources that are essential to the operation of a successful health program. Once you have access to the homepage, you will notice it is customized in an order formatted to allow for easy navigation.

The first task was to identify needed content to ensure the website reflected the most current information. Information collection occurred through collaboration with Federal and Tribal staff. Efforts were made to improve user friendliness and the website now offers Menu options of: About BAO, BAO Services, ITU Healthcare Facilities, Tribal Information, Tribal Consultation, Resources, Events, Employee names and contact information, and Recruitment. We plan to add a Frequently Asked Question section in the near future.

Building a useful website is a good way to organize information for easy retrieval. We will continue to update the Bemidji Area website content throughout the next year. We hope you will visit the Bemidji Area webpage (<http://www.ihs.gov/Bemidji/>) and provide feedback. BAO welcomes any suggestions to improve this service.

REPORTS OF SERVICE

Buyback services in the Area are true partnerships with Tribes. In recognition of this partnership, BAO wanted to demonstrate accountability and value for these services by initiating a new activity: site visit and annual reports of service. Implementing a report of service annually not only informs the Tribes of the assistance they receive but ensures that there is a feedback loop for the Area's responsiveness and fiscal responsibility. The reports of service were first provided in a limited scope at the FY2013 Pre-negotiation meeting held in May 2012. This activity will continue in the future for buyback services and other special activities/accomplishments of Area Departments.

OFFICE OF ADMINISTRATIVE SUPPORT (Executive Officer)

The Executive Officer provides leadership, direction, supervision and oversight to the following entities: 3 Federal Service Units, Area Recruitment & Scholarship Coordinator, Finance, Commercial Acquisitions and Tribal Contracts, Management Information Systems, and Office Services divisions at the Area Office. In addition, the Executive Officer is the principal liaison for Public Affairs, Human Resources, Equal Employment Opportunities, Personnel Security and is the Bemidji liaison to Northern Plains Human Resources.



Thomas Humphrey and Bryce Redgrave

PERSONNEL SECURITY PROGRAM

To comply with the Homeland Security Program Directive (HSPD) 12, BAO completes background checks of all prospective Federal employees, contractors, students, and volunteers. To better understand the personnel security program, process maps were developed identifying required steps to enroll, sponsor, adjudicate and issue Personal Identity Verification (PIV) cards. This improvement initiative resulted in a single security checklist to create a sole documentation tracking sheet capturing all necessary intake information and identifying a clearer process to track actions.

The Department of Health and Human Services (DHHS) is migrating to a single sign-on electronic environment supported by the PIV credentials.



Heather Dow, Nathan Anderson and Dawn Wilkie

HUMAN RESOURCES PROGRAM

The Human Resources division went through several significant changes during the FY2012 year including renovation of existing space to support the BAO's assumption of Human Resources functions, reducing the number of contracted positions in the Bemidji Area and deployment and execution of the 5 tier Personnel Management Appraisal Program (PMAP). Federal employees were hired to staff Federal Service Units, BAO and OEH&E Field Offices, 55 staff left employment in the Area including 12 retirees.

STAFF TRAINING — Multiple training opportunities were provided for BAO employees. Though much of this training is recurring and part of a normal cycle in Government BAO also sponsored targeted employee training:

RECURRING

- Supervisory Training I and II sessions
- HHS 101 Supervisor Training
- Performance Management Appraisal Program (PMAP) Training
- Position Description Questionnaire Training
- Simplified Acquisitions
- Permanent Change of Station Training
- Sunflower (Property Management) Training
- GovTrip Travel Training
- Records Management Training

TARGETED

- Hospital Conditions of Participation Training
- Reasonable Accommodation Training
- Pre-retirement and Mid-Career Retirement Training

BUDGET/FINANCIAL MANAGEMENT

Financial Management staff consists of a seven member team, five budget and finance staff, one Contract Health Service (CHS) Officer and a Business Office Coordinator (BOC) providing services to Tribes, Federal Service Units and Urban programs. The Aberdeen Area Office continues to provide Accounting services for the Area through a shared service agreement.

BAO successfully completed end-of-year closeout for Fiscal Year (FY) 2012 and obligated 100% of funds, processed 401 purchase orders for Tribal and Urban sites along with routing 41,174 Funds Certifications.

Figure 1 shows the distribution percentages of the \$241,955,420 recurring allowances to the Bemidji Area.

Fig. 1

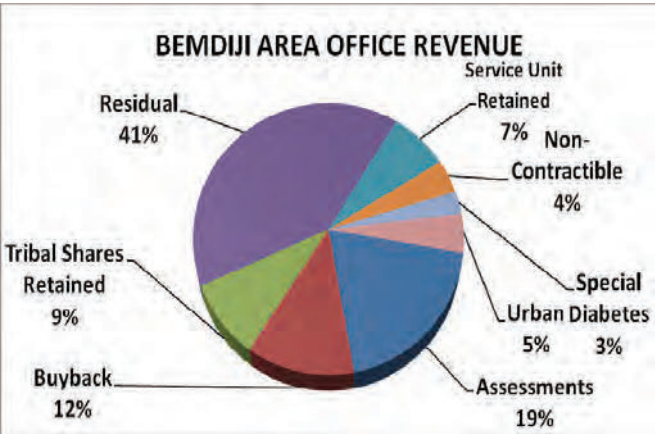
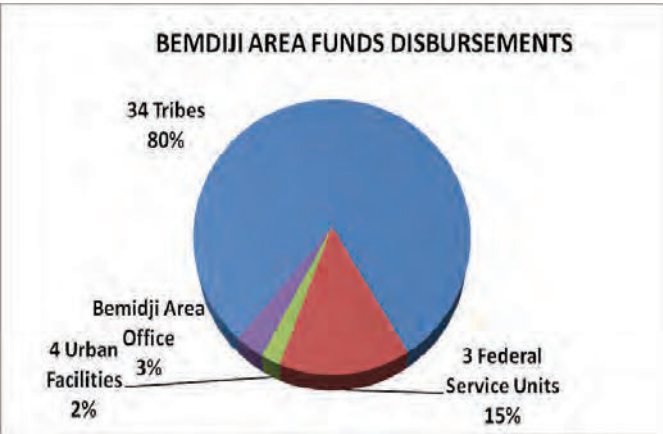


Fig. 2

The FY'12 BAO budget was \$7,228,627, Figure 2 shows revenue sources.

44 staff at BAO provided program support and services to our ITU customers. The FY2012 BAO budget of \$7,228,627 was expended by the breakdown shown in figure 3.

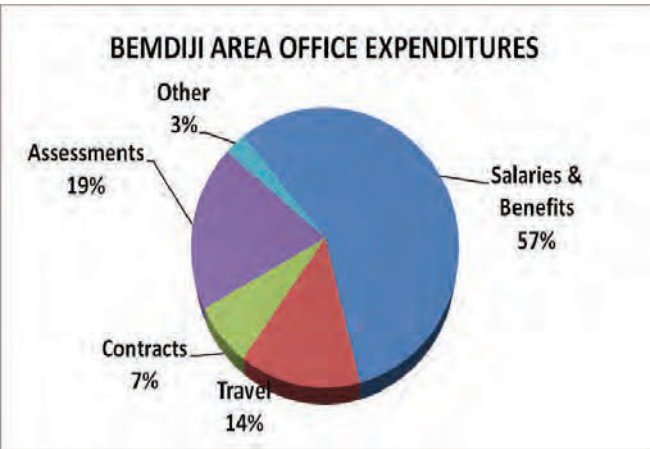


Fig. 3

Executive Order 13589 – Promoting Efficient Spending prompted Federal agencies to limit travel and relocation as well as other costs. BAO and Federal service unit target was \$1,108,600, a decrease from FY’10 spending of \$1,438,116 (23%). BAO leadership continually stressed the importance of not decreasing travel for Tribal, Urban or Federal Service Units and finding alternatives for staff training, convention and meeting travel to attain the necessary reductions. Figure 4 shows the breakdown of the \$710,330 portion allocated for BAO travel and relocation. Savings from Efficient Spending are utilized to fund services or staff within the Area.

The Bemidji Area worked very diligently to avoid unnecessary travel expenses by bringing training to our Area Office at a reduced rate, using video conferencing technology to connect people from remote sites and using virtual working sessions to conduct Agency business. Several of these forums helped the Bemidji Area to continue with training and reduce travel costs without diminishing the quality or content of the event. As we move forward into the FY’13 training arena these virtual forums will become the standard for Area employees.

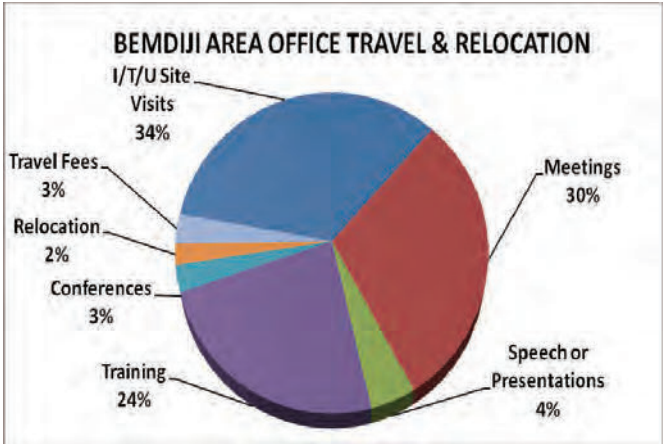


Fig. 4

On September 14, 2011, the Office of Management and Budget (OMB) issued Memorandum M-11-32, “Accelerating Payments to Small Business for Goods and Services”. The OMB memorandum reduced timeframes for payments to small businesses to 15 days or less, instead of the customary 30 days. BAO was able to pay 99% of the 26,140 invoices processed through the department in FY’12 on time.



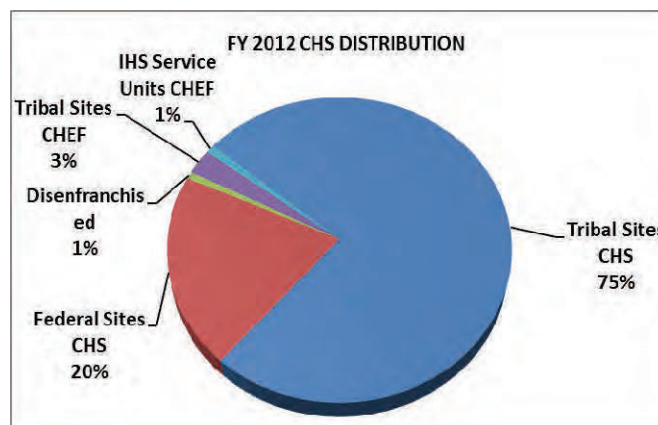
Laura DeGroat, Leslie Reece, Rochelle Atkinson, Jeff Bingham
Stephanie Wallace, Dawn Branchaud, Josie Begay

HEALTH RESOURCE MANAGEMENT – CONTRACT HEALTH SERVICE

The CHS Officer manages the Catastrophic Health Emergency Fund (CHEF) Case Management, Unmet Need Services Coordination, CHS Appeals/Denials, CHS Liaison, CHS Program Management.

CHS funding was provided to 31 Tribal and three Federal CHS programs in the Area as follows:

Tribal Sites:	\$44,524,767
IHS Service Units	\$12,120,233
Disenfranchised	\$438,842
Tribal Sites CHEF:	\$1,580,769
IHS Service Units CHEF:	\$525,999



CHS HIGHLIGHTS FISCAL YEAR 12

- Implementation and training of the CHS 52-Week Spending Plan with the three Federal service units
- Federal CHS Self-Assessments completed along with site reviews of each program
- Medicare-Like Rate Training was provided to Tribal CHS programs, Bloomington, MN. 25 participants from 11 Tribes. A saved outcome of \$25K to \$230K for Tribes due to this training. Total MLR Savings reported \$1,058,615.20 for the 11 Tribes combined.
- 13 CHS Tribal programs attended the BAO Information Management Conference, Grand Rapids, MI. A very special thank you to Ms. Patty Denny, Oneida CHS Supervisor, for presenting best practice of the CHEF Case Management process. Oneida was reimbursed \$ 1.3 million in CHEF funds through submission of 46 CHEF cases during FY11. A very special thank you to Ms. Kelly Wesaw, Gun Lake CHS Supervisor for presenting the CHS Training Curriculum she developed for Match-E-Be-Nash-She-Wish Pottawatomi, Gun Lake, MI.
- Ms. Kelly Wesaw is a Tribal representative to the CHS National Curriculum Workgroup where her professional contributions significantly impacted the development of the IHS CHS Curriculum.
- Provided site review at Ho-Chunk
- Provided guidance, resolution of CHS IT issues, problems, questions, trainings of new options within RPMS for CHS MIS, RCIS packages
- On-going communication with CHS programs through conference calls, e-mails
- Provided guidance of CHEF policy and procedure and process all CHEF cases
- Managed four CHS Disenfranchised Tribal programs

HEALTH RESOURCE MANAGEMENT – BUSINESS OFFICE (BO)

This office provides interpretation of BO regulations, program functions and daily operations, Area/local policy formulation, responding to inquiries on BO concerns, addressing beneficiary access issues, providing data collection/quality assurance, and responsibility for RPMS packages supporting BO functions and associated revenue enhancement activities.

PATIENT REGISTRATION: Assisted 2 Federal, 17 Tribal, and 2 Urban facilities to establish processes to enhance RPMS data quality.

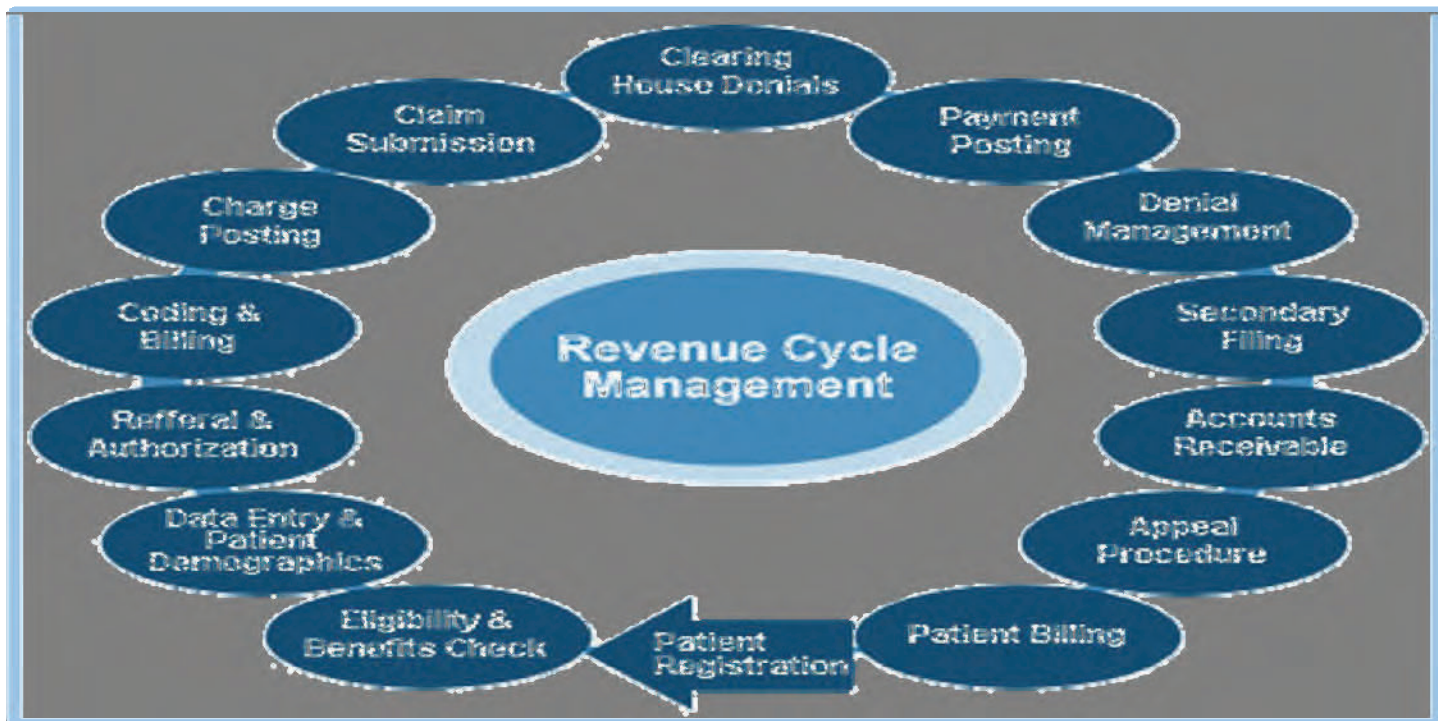
THIRD PARTY BILLING: Assisted 2 Federal, 2 Urban, and 7 Tribal sites in establishing streamlined, efficient processes enhancing revenue generation to effectively bill all third party entities. This included initial training and review of processes from visit to the creation of a bill. Clearinghouse connection assistance provided to 1 Urban site. Assisted with troubleshooting processes, to identify system flaws and worked with a team to solve the problems.

ACCOUNTS RECEIVABLE: Assisted 9 Tribal sites and 1 Federal facility to investigate and establish processes to enhance and streamline efficient posting activities and accounts receivable programs. 2 Urban sites were trained and are currently operational.

PHARMACY POINT OF SALE: Assistance to 2 Tribal sites to setup for transferring to the D.O. version, established routines and processes to enhance and streamline execution and report flow.

BEHAVIORAL HEALTH: Provided consultation and technical assistance in establishing processes to bill while meeting regulations and privacy requirements. This is a new activity, but within the next year there will be many additional Tribal sites that will begin billing BH services.

The BO Helpdesk receives 30-40 requests per week for assistance with 3rd Party Billing, claims processing, Accounts Receivable, Patient Registration, POS, or BH questions. These requests for assistance are handled through on site, webinar sessions, telephone calls, e-mails and, if needed, escalation to OIT helpdesk for final resolution.



CONTRACTING/ACQUISITIONS

The Contracting/Acquisition Management office represents BAO in administration of all contracts utilizing understanding of the agencies policies, procedures, laws and rules governing contracting. With the authority to enter in to, change or terminate contracts on behalf of the agency, a Contracting Officer greatly affects the business position of the agency. To support the Area Office and Federal Service Units, contracting staff issues contracts or purchase orders through simplified acquisition procedures (SAP) and the procedures that are required for large contracts that are above the simplified acquisition threshold (SAT).

CONTRACT SPECIALIST FUNCTIONS:

- Prepares, negotiates, awards, reviews, and provides local administration of P.L. 93-638 Title I, Title V Urban, Alcohol/Chemical Dependency contracts and Area wide Commercial contracts.
 1. Renew and monitor 24 Tribal Title I Contracts and Annual Funding Agreements (AFA)
 2. Modify Tribal Title I Contracts as increases in funding occurs
 3. Prepare annual Area Detail Sheets which reflect recurring annual Tribal funding
 4. Prepare and monitor Title I Sanitation Facilities Contracts
 5. Award and administer commercial contracts above the SAP on behalf of the 3 Federal service Units
 6. Administer Commercial Construction Contracts for:
 - Bemidji Area Federal Service Units
 - Bemidji Area Office Programs
 - P.L. 93-638 Title I Tribal Construction
- Conduct on-site administrative reviews of Contractors; reviewed all Urban and 3 Tribal Contractors
- Provided on-going training and technical assistance for successful operation of health programs
- Resolution of A-133 required single financial audits of Tribal and Urban organizations collaboratively with the Federal Audit Clearinghouse and HHS/OIG/National External Audit Review Center (NEAR)

PURCHASING AGENT FUNCTIONS:

- Purchasing on behalf of the Federal Service Units via Simplified Acquisitions procedures to support operations
- Excellent communication and negotiation skills, which ultimately benefit eligible patients.
- Delivery orders issued against the contracts for supplies and services

CONTRACTING PROGRAM SERVICE HIGHLIGHTS:

BAO recently partnered with the Veterans Administration to combine buying power for food service and housekeeping products. This realized a 25% saving for the overall food service purchases for one Federal Service Unit. This savings is available for direct patient care or to purchase other products.

One of our Sr. Contract Specialist designed a user-friendly power point presentation (PPT) to explain the Title I Self Determination Data Base (SDDB) process. The PPT gave step by step instructions to be used for insertion of annual Tribal recurring/non-recurring funds into the SDDB. She facilitated the SDDB training session in three incremental webinar sessions for a national audience at the request of IHS Headquarters.

The SDDB is used as a repository for payment information and expedites processing and delivery of Title I Contract payments to Tribal Contractors through data provided to the Finance Division. Other information contained in the system includes: contract award, contract modifications, any administrative corrections and informational file attachments. Entries in SDDB record all negotiated Program, Area and Headquarters Tribal shares funding, and are reported through electronic links on a weekly basis to the Tracking Accountability in Government Grants System (TAGGS). To fulfill IHS's obligation under the Federal Funding Accountability and Transparency Act (FFATA), this same data is forwarded to the Federal Assistance Award Data System (FAADA). The database allows access to all negotiated funding and provides for easy year end reconciliation for close-out actions.

A tutorial was presented to Tribal Contractors at the annual Pre-negotiation meeting including how they could access and use the SDDB system to track contract payments. To date, one third of the Tribes that contract through BAO have requested and received access to the system.

CONTRACTS AND AWARDS FY'12

Type of Contract Awarded	Number of Awards	Dollar Value Awarded
Title I Tribal Healthcare Contracts	24	\$87.6 M
Urban Indian Healthcare and Alcohol/Chemical Dependency Programs	8	\$5.4 M
P.L. 93-638 Title I Tribal Construction Contracts	24	\$393,000 to bring all active ongoing contract values to \$3.4 M
Commercial Contracts for Service Units	1150+	\$18.4 M
Commercial Contracts for BAO (services and supplies)	1000+	\$2.8 M



Beverly Bailey, Mary Chandler, William Fisher, Cathy Bird
Leah Azure, Merri Barrett, Karen McDonald, Rose Cournoyer
Not pictured: Christopher Millard

RECRUITMENT & SCHOLARSHIP

RECRUITMENT

The Recruitment Branch assisted 21 Tribal Programs leaving recruitment shares at BAO and the 4 Urban programs. Recruitment efforts are for all health and allied health professions. Job postings on the IHS job board include all medical, dental, pharmacy and allied health professions. In FY12, 22 Federal, 51 Tribal, and 16 Urban positions were posted.

In 2012, Physician vacancy rates varied from 18-23% overall which is a slight decrease from 2011. Pharmacy is at a 0% vacancy rate with no known openings at ITUs. Dental vacancies also decreased with 7 current vacancies in the Area. Nursing vacancies remain low.



Tony Buckanaga

The Recruiter assisted the 21 Tribal and Urban programs with National Practitioner Data Bank queries for background checks, license verification and other credentialing searches. In 2012, 55 queries were submitted to the National Practitioner Data Bank for background checks.

The Recruiter attended primarily local and a few national recruitment events to promote ITU career opportunities, IHS Loan Repayment Program and 437 Scholarship Program. Events attended were: North Dakota State University Native Lunch and Learn, Leech Lake Career Fair, Red Lake High School Career Fair, American Student Dental Association Career Fair, United States Academy of Family Physicians, St. Scholastica Nurse Practitioner Career Fair, Minnesota Osteopathic (Family Medicine) Annual Meeting, Grand Portage Health & Career Fair, Red Lake Community Health & Career Fair, National Medical Association, North Dakota State University Pharmacy & Allied Health Fair, Mille Lacs Community Event, University of Minnesota Duluth Pharmacy Fair, Minnesota Nurse Practitioner Career Fair, University of Minnesota Dental Fair and the St. Croix Tribal Health & Career Fair.

IHS LOAN REPAYMENT

In FY'12, the IHS Loan Repayment Program funded 46 Tribal and 18 Federal health professionals who work in the Bemidji Area. This includes 10 Behavioral Health professionals, 13 Dentists, 10 Nurses, 4 Family Nurse Practitioners, 2 Physician Assistants, 18 Pharmacists, 1 Podiatrist, and 6 Allied Health Professionals.

NATIONAL HEALTH SERVICE CORPS (NHSC)

All ITU sites are eligible for consideration for NHSC Loan Repayment Program or for NHSC Scholars to complete their placement/service obligation. The recruiter is available to assist ITU sites to assure the HPSA score is high enough for consideration as requested. Area Federal sites currently have 8 health professionals either receiving National Health Service Corps loan repayment or fulfilling service obligation as an NHSC Scholar (3 Dentists, 3 Nurse Practitioners, 1 Clinical Psychologist and 1 Family & Marriage Therapist).

IHS SCHOLARSHIP PROGRAM

For the 2012-2013 academic years, 31 of 51 Bemidji Area students who applied received awards. The IHS Scholarship online application is usually available in January with a deadline of March 28th of each year.

The recruiter is available for technical questions about the scholarship program and to answer questions for any ITU program regardless if recruitment shares were left at BAO.

EXTERN/JR COSTEP PROGRAM

14 extern/JR Costep positions were funded in the Area in FY'12. 7 were places at the Federal sites and 6 were placed at the Tribal sites; included, 10 Pharmacy, 2 nursing, 1 Environmental Health, and 1 Premedical student.

MANAGEMENT OF INFORMATION SYSTEM TEAM

The Management of Information System (MIS) team is near completion, a Chief Information Officer, a Health Information Management Consultant, an Information Security System Officer, and an Information Technology Specialist were hired to fill vacant positions. Our team consists of various knowledgeable and skilled individuals to target the needs of the Federal, Tribal, and Urban sites in the Bemidji Area. The MIS team work collaboratively to resolve multiple issues at one time for sites to avoid interruption to patient care.

The Office of Information Technology (OIT) *Mission* - Provide a highly reliable and efficient health information system to support the delivery of healthcare to the American Indian and Alaska Native People whom the Indian Health Service (IHS) serves.

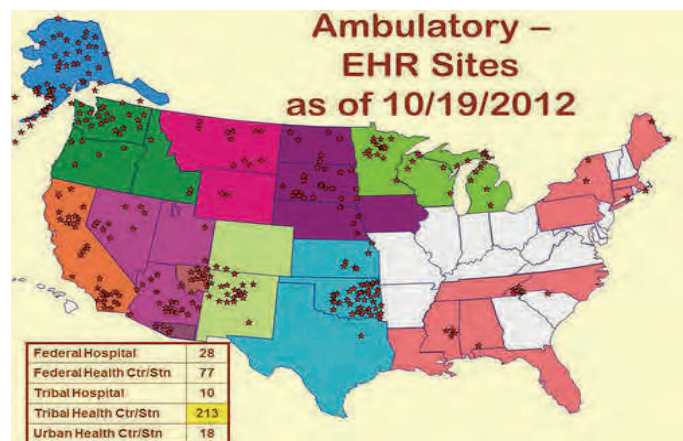
Vision Statement - Meet customer needs by providing excellent, reliable, and interoperable health information services that protect privacy while connecting patients, providers, and payers, enabling improved patient outcomes and controlled costs in support of the IHS Mission.



William Bird, Fabian Wind, Jason Douglas, William Daniels
Teresa Chasteen, Phillip Talamasy, Robina Henry, and Jessie Martell
Not pictured: Alberta Kodaseet-Jones and Alice Martell

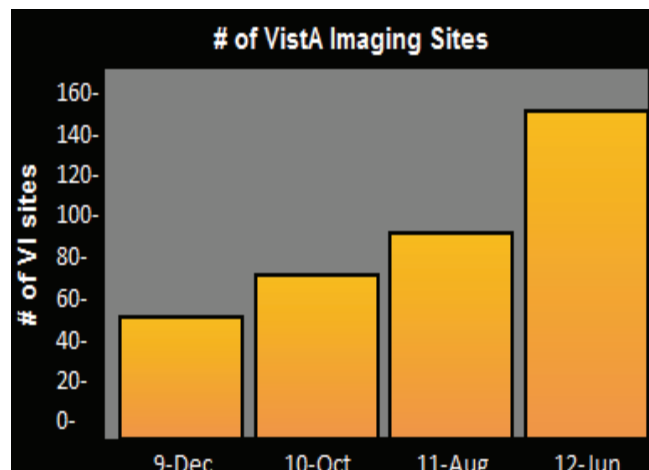
RPMS Electronic Health Record

Two Urban sites, American Indian Health & Family Services of Southeast Michigan and Gerald L. Ignace Indian Health Center have implemented RPMS EHR. The Area Clinical Applications Coordinator (CAC) continues to work with the sites to plan, implement, and manage RPMS EHR. As of 2012, 3 Federal sites, 15 Tribal sites, and 2 Urban sites are using RPMS EHR.



VISTA IMAGING

After experiencing delays with ISAs, with Tribal sites and local telecommunications delays in circuit upgrades, VistA Imaging overcomes the challenges. VistA Imaging has been recently deployed to 3 Federal sites; Cass Lake Hospital, Red Lake Hospital, and White Earth Health care. VistA imaging was also implemented at 2 Tribal sites; Red Cliff Band of Lake Superior Chippewa Indians of Wisconsin and Sault Ste. Marie Tribe of Chippewa Indians of Michigan. The MIS team will continue to work with facilities to plan and implement VistA Imaging.



(The Photo is a graph of VistA Imaging Service increasing every Year)

E-PRESCRIBING

Electronic prescribing or e-prescribing is an improved way physicians enter patient medication through electronic transmission. Electronic prescribing also provides alerts and notification of patient medication allergies as well as improves physician access to completed patient medication lists. 2 Tribal facilities, Bay Mills Indian Health Programs and Gerald L. Ignace Indian Health Center have implemented e-prescribing. Several facilities are in the queue for e-Prescribing deployment.



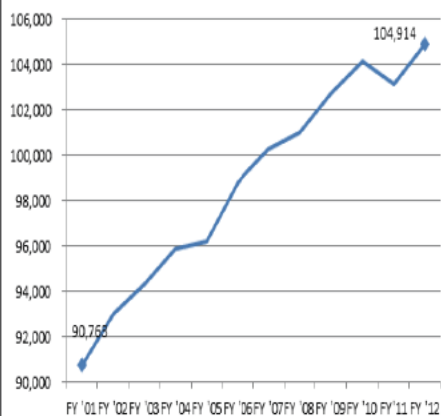
RPMS TRAINING

BAO include various RPMS package training, 10 sessions provided by OIT with the BAO MIS Team providing training at BAO and the I/T/U sites. The CAC provided and proctored (either through trainings at Area Office or through webinars) 15 to 20 trainings throughout the year to assist with planning, implementation of various packages and updates for Federal, Tribal, and Urban sites. In addition the CAC and RPMS manager provided 5 to 10 trainings at the local sites. The training sessions prepare sites for current and future package and patching installations done throughout the year.

ANNUAL INFORMATION MANAGEMENT CONFERENCE

Bemidji Area hosted the annual IT conference in June of 2012 in Grand Rapids, MI with 80 plus attendees. The agenda Included updates on: OIT-HQ , Meaningful Use, Area IT, and HIM. The next IT conference will be in Minneapolis, MN in summer 2013. The IT Conference is open to Federal, Tribal, and Urban sites to attend to gain additional inside of upcoming technology in Indian Health Service.





USER POPULATION DATA

Throughout the year many RPMS and IT updates are proved to the MIS team, which is a critical element. User Population continues to increase. Area User Population increased by 1.7% between FYs 2011 and 2012; 103,170 to 104,914 active users per Headquarters, respectively. This rate of increase is a slight improvement over the Area's historic growth of 1.5% between 2000 and 2010. This increase in user population is reflected in (or perhaps caused by) improvements in workload transmission between 2011 and 2012. For example, there was an increase of 196,584 ambulatory encounters between 2011 and 2012 (751,114 and 947,698 encounters, respectively), an improvement of 26.2%. Just as impressive, the Bemidji Area saw an increase of 4.3% or 40,949 Primary Care Provider Visits between 2011 and 2012 (279,467 and 320,416, respectively).

PATCHING

Approximately 84 RPMS patches were installed, an ongoing process for RPMS and EHR. Patches enhance/improve and secure the applications used to manage patient information. The patches also include updates for Lab, Pharmacy, Behavioral Health, iCare, Patient Components, and Registration/Scheduling through GUI interfaces in EHR.

BAO deployed patches at Federal, Tribal, and Urban sites in order to stay in compliance with Meaningful Use requirements. Critical patches are deployed to sites to avoid any issues with applications used for patient information. MIS staff continue to apply updates to RPMS and EHR for the sites.



INFORMATION TECHNOLOGY UPDATES

The Bemidji Area ISSO work with OIT to monitor and ensure the network equipment, servers, and computers are updated on a regular basis to eliminate vulnerability on the networks in our Federal sites. The Tribal and urban RPMS servers are continuously monitored and updated with patches.

The data collected from the system used to monitor vulnerability and mitigation is sent out monthly. Data is collected from 20 sites including BAO; 70% - 75% of the sites are in the A+ range.



INFORMATION SECURITY SYSTEM AWARENESS (ISSA)

ISSA is key to knowing what can cause threats to the system. Training is provided to new employees and annually to Federal employees, this year 99% of users have completed the training.

RULES OF BEHAVIOR (ROB)

Rules of Behavior (RoB) is a document signed by new Federal employees at orientation and annually to ensure continued awareness of the importance of security to electronic systems. To date 89% of users have completed the form.



COMMUNICATION

VOICE OVER INTERNET PROTOCOL (VOIP)

BAO and 2 Federal sites (Cass Lake and White Earth) updated their phone systems from analog lines to VoIP.

The upgrade has eliminated the need for long distance calls between sites and improved accessibility through four-digit dialing and dialing by name.

Red Lake hospital (Federal site) will be upgraded January 2013.



EMERGENCY NOTIFICATION SYSTEM

BAO MIS Team successfully tested the Emergency Notification System. They will conduct training and prepare for deployment of the system in 2013, to the internal and external clients to utilize text messaging for communicating facility closures and weather conditions.

Thanks to staff from the Oklahoma City Area Office for assisting with the setup, testing and addition of the Bemidji Area sites to the system.

BLACKBERRY CELL PHONES

MIS ensured all blackberries were updated and in compliance with security standards at all Federal sites.



MEANINGFUL USE

With great enthusiasm, we like to report that for meeting the Meaningful Use requirements, we have increased in both physician and I/T/U reimbursements for a 2nd year. MIS team continues to work with IT staff in the I/T/U to ensure that facilities continue to fulfill Meaningful Use requirements. In 2012, the MIS teams are working closely with I/T/U sites to ensure support throughout 2012. The MU Coordinator and Consultant alone had approximately 90 meetings with I/T/Us on topics ranging from general information for MU teams to on-on-one assistance registering eligible professionals for incentive payments. The MU team also held 11 state-specific MU meetings to address attestation issues specific to each of the states in our area. Eligible professionals and hospitals in the area have received, or will have received (by the end of the current attestation cycle), nearly \$4.5 million in incentive payments.



Health Information Management

ICD-10

In October 2012, ICD-10 trainings were offered nationally by OIT. BAO piloted training in May, co-hosted a training in October with future plans to co-host “Have No Fear ICD-10 Is Here” training. These trainings are cornerstones in reaching implementation of ICD-10 by Oct 1st 2014. ICD -10 is expected to be an organizational challenge and transformation which requires extensive training and collaboration within each facility.

CODE SET VERSION (CSV)

Code Set Versioning planning and installation require the MIS Team and local IT staff to work closely together to complete the task as a stepping stone for ICD-10 preparation. Code Set Versioning was successfully installed on the three Federal sites; Cass Lake, Red Lake, White Earth and the following Tribal sites, Bad River Health Services, Bay Mills (Ellen Marshal Memorial Center), Bois Forte Band, Forest County Potawatomi Health & Wellness, Grand Traverse Band of Ottawa/Chippewa, Hannahville Health Center, Huron Potawatomi, Keweenaw Bay Indian Community, Lac Courte Oreilles Health Center, Lac Vieux Desert Band, Little River Band of Ottawa Indians, Little Traverse Bay Band of Odawa, Lower Sioux Community Council, Mille Lacs Ne-la-Shing Health Center, Nimkee Memorial Wellness Center, Pokagon Potawatomi health Services, Prairie Island Family Health Clinic, Prior Lake Shakopee Mdewakanton, Red Cliff Health Services, Sault Saint Marie Health & Human Services, Sokaogon Chippewa Indian Community, St. Croix Health Services, Stockbridge-Munsee Tribal Health Center, Upper Sioux Community and the 4 Urban sites, American Health Services of Chicago, American Indian Health & Family, Gerald L. Ignace Indian Health, and Minneapolis Indian Health Board.



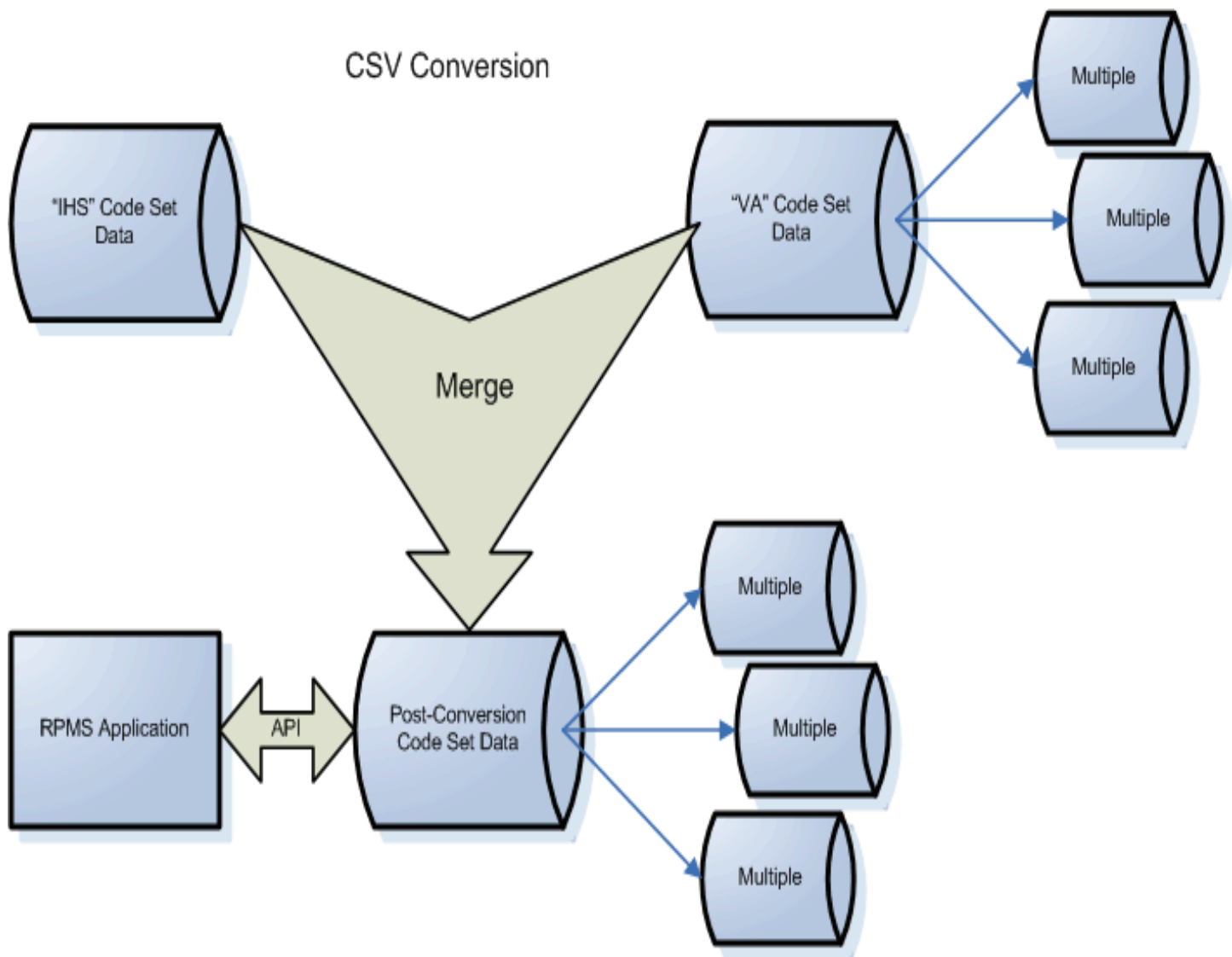
SOME BACKGROUND INFORMATION ON CODE SET VERSIONING.....

Currently, in the IHS system the International Classification for Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Current Procedural Terminology (CPT), CPT modifiers, and Healthcare Common Procedural Coding System (HCPCS) files only store the latest information on these code sets.

In order to be compliant with the Health Insurance Portability and Accountability Act (HIPAA), Resource and Patient Management System (RPMS) will need to be enhanced to maintain a history of these codes. In addition to being HIPAA compliant, there are other RPMS applications (Pharmacy, Lab, Electronic Health Record [EHR]) in need of enhancements that cannot be installed until the CSV is completed. Some of these programs will no longer be supported by the Veterans Administration (VA) or the Centers for Medicare and Medicaid Services (CMS) in their current format.

This conversion will allow RPMS to store and retrieve historical information on any of the code sets. The CSV conversion will take the data dictionary from Veterans Health Information Systems Technical Architecture (Vista) and merge it with the current RPMS data dictionary. This will result in numerous enhancements to the IHS file formats, as well as the data. The RPMS applications that point to these code set files will also be enhanced to utilize the new structure and data. A “cross-reference table” is created to indicate which codes should be merged together. This cross-reference is populated automatically by the conversion program.

The manual mapping process allows you to add, change, or delete items from the cross reference.



- Phase I:** Conversion program will run to AutoMap the current IHS code sets to the new code sets and create a cross-reference table.
- Phase II:** Manual process to add to the cross- reference table any codes that could not be mapped automatically.
- Phase III:** Restructure the RPMS data dictionary tables and data based on the cross-reference created in Steps 1 and 2.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The BAO Health Information Management Specialist is striving to improve knowledge of Federal, Tribal, and Urban staff that interact with patients and manage patient information to ensure compliance with HIPAA. Training documents such as power point presentations and HIPAA trainings as well as policies and procedures to align with the HITECH Act are in development. The HITECH Act has dramatically increased the enforcement of the HIPAA. The MIS team provided additional trainings to the facilities to reinforce the importance of HIPAA trainings.

OFFICE SERVICES

Office Services administer a diverse array of support services to BAO, Federal service units, OEHE, and field offices. Functions and services include but not limited to:

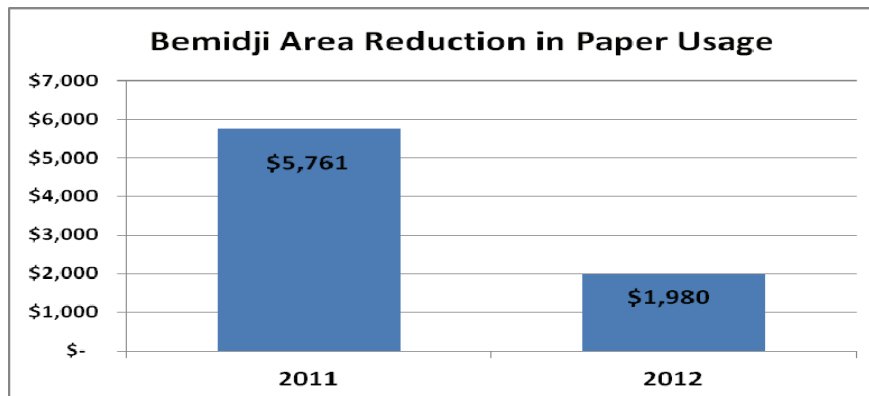
- Management of records and supplies
- GSA vehicle maintenance and scheduling
- Management of Area policies
- Management of mail services
- Consultation activities to Federal services units
- Area Lead Federal Agency Travel Administrator (FATA) – travel management via and associated regulations.



Lenora Bedeau, Bernice Belgarde

In 2012 our efforts to focus on the Paperwork Reduction Act, we observed a substantial decrease of paper use by printing two-sided documents, use of electronic media, scanning and emailing documents, and by recycled paper.

BAO utilization of Federal Strategic Sourcing Initiative (FSSI) suppliers resulted in a savings of \$3,780 or a decrease by 190% from 2011. <http://www.gsa.gov/portal/content/112561>



The FSSI Print Management Program allows Federal agencies to achieve cost savings and reduce their environmental impact through a holistic acquisition approach and careful printing practices. This solution has helped agencies identify the makeup of printer and copier fleets and analyze performance to gain increased insight into the true costs of printing through:

- Reducing total cost of ownership
- Streamlining the acquisition process
- Developing best practices in print management
- Addressing socioeconomic goals

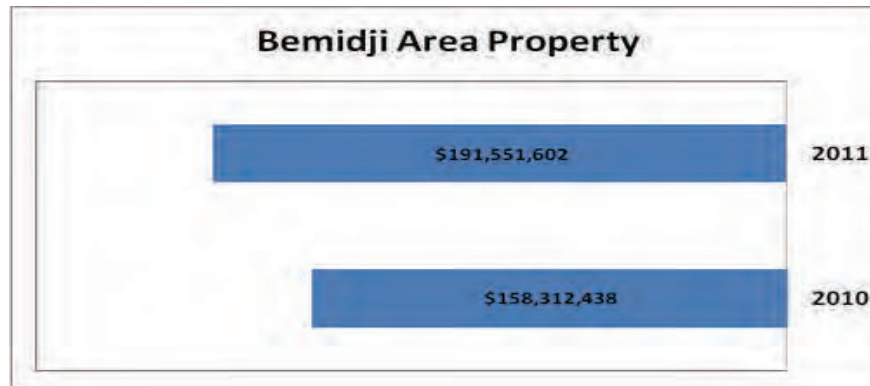
Other ways to reduce spending through the utilization of staff and other agencies for ideas and simplified implementation steps to reduce cost including ordering supplies per the needs of each department and eliminating personal printer/copiers resulting in savings attributed to reduction of overall toner costs.

PROPERTY MANAGEMENT (PM)

Property management is the safeguarding of equipment such as laptops, desktops, Blackberries, medical equipment and sensitive equipment that holds personal information. It is PM's responsibility to tag all equipment and keep the inventory registered in Property Management Information System (PMIS).

In 2012:

Tagging equipment 20% increase



Training was provided for inventory clerks at each facility, which include; 3 for Bemidji Area Office, 2 for Cass Lake Hospital, 2 at Minnesota District Office, 2 at Red Lake Hospital, 2 at Rhinelander District Office and 3 at the White Earth Health Center.

The BAO began administering Sunflower; Property Management Information System (PMIS) in 2011. The following table shows a substantial increase for assets, value of the assets and amount of users. This was previously a service provided under the BAO/AAO Shared Services Agreement.

BEMIDJI AREA			
PMIS SUMMARY			
EFFECTIVE	ASSETS	VALUE	USERS
DEC 31, 2010	653	1,865,739.80	127
DEC 31, 2012	1893	4,900,875.30	257

Assets: 1.90% increase 2010 to 2012 (653 for 2010; 1893 for 2012)

Value: 1.63% increase 2010 to 2012 (\$1,865,740 for 2010; \$4,990,875 for 2012)

Users: 1.02% increase 2010 to 2012 (127 for 2010; 257 for 2012)

OFFICE OF CLINICAL SUPPORT

BAO Office of Clinical Support (OCS) includes the Chief Medical Officer, Behavioral Health, Dental (1/4 FTE), Diabetes, and Health Promotion/Disease Prevention consultants who provide clinical expertise and technical assistance (TA).

CHIEF MEDICAL OFFICER / DEPUTY DIRECTOR OF CLINICAL AND HEALTH SERVICES (CMO)

In FY'12, efforts were directed toward safe medication use/prevention of prescription drug abuse and diversion, risk management/medical-legal issues, Improving Patient Care (IPC), promoting HHS initiatives (i.e. Million Hearts Campaign), Affordable Care Act training, VA collaboration, engaged in strategic planning, and preparing and delivering 6 professional presentations at national and regional conferences, amongst other work.

- CMO responded to ITU program requests on a wide variety of topics, i.e. FTCA, malpractice gap and tail coverage, subpoenas, credentialing/privileging, professional staff competency and adverse actions, health program accreditation, needle exchange programs, contract health medical priorities, conducted a Tribal program clinical focused review; and participate in CDC and States Health Alert Networks, monitor and disseminating critical advisories (i.e. Pertusis outbreak, fungal contaminated steroid injections), etc.
- Served as a subject matter expert to other Areas and IHS-HQ and as Chair of the National Council of Chief Medical Officers, bringing the concerns of Bemidji Area ITU programs forward to the national level.
- Actively served on the planning committee for 2 national IHS conferences in 2012.
- Federal supervisory responsibility for ~20 officers in the field who serve under Tribal MOAs in direct patient care roles and emergency response coordination. Officers were deployed to national emergencies and CMO dealt with the aftermath of a Category 1 Thunderstorm (straight-line tornado) that hit Bemidji and surrounding communities in MN.

SAFE MEDICATION USE/PREVENTION OF PRESCRIPTION DRUG ABUSE AND DIVERSION

The CMO assumed a regional and national role on this serious issue by:

- Active participation in the Region V DHHS Prescription Drug Abuse Partnership.
- Presenting and facilitating a prescription drug abuse session at the August 2012 IHS Tribal Consultation Summit.
- Development of the Bemidji Area IHS Chronic Non-Cancer Pain Management Policy for use at Federal facilities and sharing resources to support clinical best practices.

QUALITY IMPROVEMENT: IPC AND GPRA

A focus at BAO has been continuous quality improvement. 10 Bemidji Area ITU programs are participating in the IHS Improving Patient Care (IPC) Initiative to improve the continuity of care, create a medical home for patients, nurture active patient engagement and self- management, and support a culture of quality and improvement.

CMO worked with IHS-HQ to continue the spread of this initiative, facilitated applications from new ITU sites and selection of 2 Tribal sites for the IPC 4 collaborative cycle, bringing Area total IPC sites to 10. 8 ITU sites have completed their IPC phase and entered into the Quality and Innovation Learning Network (QILN). The Area-wide Improvement Support Team (IST), comprised of key leads from all IPC sites, Great Lakes Epi-center, and BAO, provides support and technical assistance throughout IPC learning phases. IPC updates are included in various venues. The IPC concept was utilized to demonstrate its usefulness for administrative processes by implementing a successful "Plan, Do, Study, Act" (PDSA) cycle for Health Professional Credential/Privileging, and created a new clinical director's orientation PowerPoint.

The Government Performance Results Act (GPRA) is about clinical quality and improving patient care measures in the realms of prevention, diabetes comprehensive care, health risk assessment, access and continuity of care, etc. The Area Health Planner and OCS staff provides TA on meeting GPRA measures. Overall, the Bemidji Area met most measures in GY 2012.

2012 Final National and Bemidji Area Dashboard (IHS/Tribal)

DIABETES	2012 IHS	2012 Bemidji Area All Sites	2012 Federal Service Units Only	2012 Tribal Sites Only	2012 Target	2013 Target
Poor Glycemic Control	19.8%	15.3%	22.2%	8.5%	18.6%	eliminated
Ideal Glycemic Control	33.2%	33.9%	29.1%	38.6%	32.7%	31.3%
Controlled BP <130/80	38.9%	34.1%	34.2%	33.8%	38.7%	37.0%
LDL (Cholesterol) Assessed	71.0%	70.1%	79.0%	60.4%	70.3%	67.3%
Nephropathy Assessed	66.7%	55.0%	77.6%	33.3%	57.8%	55.3%
Retinopathy Exam	55.7%	42.2%	54.2%	36.9%	54.8%	55.8%
DENTAL						
Dental: General Access	28.8%	31.7%	34.5%	31.0%	26.9%	25.0%
Sealants	295,734	17,557	13,744	3,813	276,893	new baseline
Topical Fluoride - Patients	169,083	8,334	5,457	2,877	161,461	new baseline
IMMUNIZATIONS						
Influenza 65+	65.0%	65.4%	71.5%	61.8%	63.4%	60.7%
Pneumovax 65+	88.5%	81.6%	91.4%	75.2%	87.5%	83.7%
Childhood Iz	76.8%	70.8%	80.3%	52.9%	77.8%	new baseline
PREVENTION						
(Cervical) Pap Screening	57.1%	53.1%	57.9%	49.2%	59.5%	new baseline
Mammography Screening	51.9%	54.5%	56.7%	56.0%	51.7%	59.5%
Colorectal Cancer Screening	46.1%	40.6%	56.2%	28.9%	43.2%	41.3%
Tobacco Cessation	35.2%	41.1%	53.9%	26.9%	30.0%	new baseline
Alcohol Screening (FAS Prevention)	63.8%	64.9%	71.1%	59.7%	58.7%	56.6%
DV/IPV Screening	61.5%	51.9%	68.6%	35.1%	55.3%	52.1%
Depression Screening	61.9%	58.0%	73.0%	44.5%	56.5%	53.2%
CVD-Comprehensive Assessment	45.4%	54.2%	70.1%	39.6%	40.6%	32.3%
Prenatal HIV Screening	85.8%	73.0%	88.9%	13.2%	81.8%	78.3%
Childhood Weight Control	24.0%	29.1%	34.1%	22.7%	N/A	24.0%

10 Tribal sites participated in year-end GPRA reporting in 2012. (8 from Michigan, 2 from Wisconsin and 0 from Minnesota)

Note that rates for Tribal sites may be artificially low. The CRS program factors submission from sites for all measures, regardless of whether services related to that measure are provided (dental services, for example).

BEHAVIORAL HEALTH

Cleo Monette, Behavioral Health Consultant (BHC), began employment with the BAO in early March 2012. Accomplishments in 2012 include:

- Served on the planning committee for the 2012 IHS National BH Conference held in Bloomington, MN, in June 2012. The BHC was a co-presenter at two sessions regarding behavioral health options for and needs of AI/AN Veterans.
- Assisted with a focus group held by the IHS/VA MOU workgroup on Suicide Prevention. The group hopes to adapt the VA's SAVE suicide prevention program by making it more culturally responsive to the Native community. Focus groups will be held in various areas throughout the country.
- Member of the IHS/VA MOU Suicide Prevention workgroup.
- Co-presenter on IHS/VA Suicide Prevention activities at NIHB in Denver. Attend other presentations and events as well.
- Member of the Post Traumatic Stress Disorder (PTSD) workgroup.
- Continues to assist in connecting IHS (and Tribal groups) with the VA to address MOU issues.
- Completed two on-site Tribal program reviews to assist with data collection, assessment and recommendations regarding issues affecting those particular behavioral health programs. Information was provided to the programs in the form of written reports to assist in their decision making processes.
- Member of Urban annual program review team. Initial information was presented to staff and board members at the conclusion of the onsite review; information was finalized and documented upon return to Bemidji.
- Attended and participated in many meetings to become familiar with and knowledgeable about the issues confronting Area programs, including: Wisconsin (WI) Tribal Behavioral Health Directors, Bemidji Area Pre-negotiations meeting, SAMHSA Region V Prescription Drug Abuse Summit, Michigan (MI) Tribal Health Directors meeting, and the 2nd Annual Bemidji Area IHS/VA joint meeting.
- Assisted in planning, development and implementation of the BAO Annual Chronic Disease Conference. The focus was integration of healthcare needs for patients with diabetes. The BHC gave presentations on Depression & Diabetes and on the Suicide Reporting Form and PHQ-9 (Depression Screening tool).
- Administering and monitored PL 99-570 Adolescent Treatment funds for BAO. The BHC has begun the process for locating additional culturally responsive substance abuse treatment programs to address the needs of our eligible adolescents throughout BAO.
- Coordinated training for Substance Abuse Counselors. Dr. Greg Blevins presented "Abuse of Oxycontin, Methamphetamines and Marijuana" worth 15 continuing education units (CEUs) over a period of 2.5 days. Additional training is being planned that would allow more providers the opportunity to participate.
- Completing required Contract Officer training to monitor IHS contracts with alcohol programs in the service area. The BHC visited two of the four contracted programs and met with program staff.
- Provided presentations regarding the Bemidji Area IHS response to the issue of Prescription Drug Abuse. The BHC provided information at a Wisconsin Tribal Health Clinic and BH Clinic.
- Developing expertise with the IHS RPMS and EHR systems to offer greater assistance to programs.
- Forwards current BH issues and opportunities to I/T/U via email.
- Monthly conference call for Bemidji Area BH Directors has been initiated. Currently, calls are set to occur on the first Friday of each month. Through these calls we hope to create a network of "experts" who can share successes and helpful information that may address issues others face in providing BH care in Tribal communities.

ADOLESCENT TREATMENT FUND:

Total Paid/Obligated FY 2012 funds - \$792,665.95 for 90 clients

HEALTH PROMOTION/DISEASE PREVENTION PROGRAM (HPDP)

BAO Health Promotion/Disease Prevention Program (HPDP) and Area Diabetes Program (DM) inter-related having shared responsibility to develop, implement and evaluate appropriate diabetes prevention and treatment programs.

GOAL: To create healthier American Indian and Alaska Native (AI/AN) communities by developing, coordinating, implementing, and disseminating effective health promotion and chronic disease prevention programs through collaboration with key stakeholders and by building on individual, family, and community strengths and assets.

Program goals and objectives include a prevention plan that aligns with IHS Agency priorities and national initiatives consisting of efforts to increase local community capacity through training and establishing networks, to increase *access to online tools, to expand prevention programs to increase physical activity, and to enhance clinical/community interface to improve the health status of AI/AN.*

VISION: *American Indian/Alaska Native communities are the healthiest in the world.*

PRIORITIES

Communicate Wellness

Move for Wellness

Partner with Communities and Clinics

Share What's Happening and What's Working

WEAVING HEALTHY COMMUNITIES OF PRACTICE AND BEMIDJI AREA HEALTH COACHES COLLABORATIVE

The HPDP Program is the lead on the pilot project *Weaving Healthy Communities of Practice* sponsored by the National HPDP Program to explore the intersection of how a learning community environment (digital habitat) supports the identification and development of 25 Health Coaches comprised from various disciplines across ITU's with new learning. *Weaving Healthy Communities of Practice* is in partnership with the *Bemidji Area Health Coaches Collaborative* (funded and supported from BAO DM Program), as a joint venture seeking to provide health and wellness providers with training and skills to effect improved patient care in various health systems and communities. Health Coaching facilitates behavior change supporting AI/AN taking charge of their challenges in personally tailored ways ultimately leading them towards happier, healthier, and more productive lives. The HPDP program believes that lifestyle behavior change is elicited through insight, inquiry and personal discovery using collaborative solutions and strategies working with the whole person.

Through the implementation of both programs throughout BAO, it is anticipated that:

- Individuals will receive care customized to meet their needs thereby facilitating the adoption and maintenance of healthier lifestyle choices.
- Health and wellness providers will see greater improvements in individual health and patient morale.
- The role of the local HPDP and DM Program will be strengthened to better meet goals of
 1. Increasing the utilization of effective community-based public health strategies for wellness,
 2. Increasing the use of effective health communications strategies to support individual and community change for wellness (i.e. Digital Storytelling), and
 3. Increasing the level of individual and collective self-efficacy for change, social cohesion and cultural connectedness.



PROGRAM EFFORTS:

- 25 Bemidji Area (ITU) Participants learning to become Health & Wellness Coaches
- Participating Area HPDP Consultants include: Albuquerque, Bemidji, Billings, Phoenix, Tucson and Nashville as learning community team facilitators. Program timeframe: May 2012 – March 2013

DIGITAL STORYTELLING WORKSHOPS: 'HEALTH AS STORY'

A series of workshops was held using digital technology and storytelling as a way of assisting health care providers and partners to learn how personal stories play a key role in health care training, health service provision, and community-based public health efforts.

PROGRAM EFFORTS:

BEMIDJI AREA DM/HPDP WELLNESS CONFERENCE

This year's conference theme *Health is a Verb: Educate, Prevent and Restore* proved successful for the 49 Bemidji Area ITU participants. The approach centered on a macro perspective based on 2011 evaluation summary data in addressing: professional knowledge focusing on health care integration with knowledge sharing among programs and health care sites; diabetes clinical care (nutrition, dental, maternal child health); preventive screening measures (depression and physical activity); grants data and management training; behavioral health and mental health understanding the impact of depression with diabetes; protective factors related to cultural connections with physical activity and fitness; diabetes best practice tools; usage of complex adaptive systems and adaptive evaluation methods for program development and evaluation; and lastly, the implications of social, economic and environmental conditions with health.

National HPDP Facebook

BAO HP/DP program plays a key role in supporting the use of social media (Facebook) across all IHS health and wellness programs. The site <http://www.facebook.com/IHSHDPDP> was established to create a collaborative network and learning communities, transformative exchanges for health education, promotion of physical activity, and the dialogue and transference of best/promising practices for positive lifestyle change.

PROGRAM EFFORTS: HPDP Facebook page 307 likes.

The HPDP Program is working across systems to improve the health and well-being of native families and communities specifically related to decreasing sedentary lifestyles and increasing physical activity to turn the tide with Obesity, and its associated risk factors and conditions. Obesity is a significant health issue requiring interventions on individual, interpersonal, community, organizational, and policy levels.

PHYSICAL ACTIVITY KIT (PAK)

The PAK is based on best and promising practices to increase physical activity. The Goal of the PAK is to increase the time American Indians and Alaskan Natives spend in medium to high physical activity for all ages across the lifespan.

The Physical Activity Kit (PAK) Workshop conducted at Shooting Star Casino Event Center in Mahanomen, MN, on October 9-10, 2012 included 10 participants. The audience for this workshop consisted of physical education educators, head start educators, Boys & Girls Club leads, and Elderly Outreach coordinators.

Participants learned new ways to implement physical activity into a wide array of lifestyles and across all age groups. The group demonstrated a strong ability to implement and sustain the PAK curriculum into their respective fields.

DOCUMENTING AND SCREENING FOR PHYSICAL ACTIVITY (DSPA)

DSPA is two-fold, primarily aimed at encouraging our patients to engage in regular physical activity through the active involvement of clinic and hospital staff to routinely assess and document physical activity for all children

and adult patients 6 years of age and older. Physical assessment/documentation and setting physical activity behavioral goals are identified and found under the health factor tab in EHR.

PROGRAM EFFORTS: Promotion and workshop training on DSPA at the DM/HPDP Wellness Conference.

WORKSITE WELLNESS (PALA+ CHALLENGE)

Participation in the Department of Health and Human Services Presidential Active Lifestyle Award Program supports continued efforts as a way of helping people achieve and maintain a healthy weight. The PALA+ Challenge is an 8 week challenge to log physical activity and eating habits. Adults are recommended to exercise for 30 minutes, 5 days a week. If participants meet the goal for 6 out of the 8 weeks of the challenge, they earn an award.

BAO held a PALA+ challenge from August 6 – September 28, 2012. 11 participants collectively logged 7,920 minutes of exercise for the duration of the challenge.

ONLINE SEARCH, CONSULTATION, AND REPORTING (OSCAR) SYSTEM

IHS HPDP has created an inventory of Best (i.e., Evidence-Based) Practice, Promising Practice, Local Effort (BP/PP/LE), Resources, and Policies occurring among AI/AN communities, schools, work sites, health centers/clinics, and hospitals. The purpose of this inventory is to:

- Assist our AI/AN communities with getting the information and health services they need;
- Form an IHS database of Best Practices, Promising Practices, Local Efforts, Resources, and Policies that can be easily accessed on the IHS website;
- Improve informed consultation with Tribal and Urban programs by facilitating transparency in IHS and IHS supported activities; and,
- Highlight the great work that occurs in the field.

PROGRAM EFFORTS: (2) OSCAR workshops conducted at the DM/HPDP Wellness Training and 4 new OSCAR stories submitted in 2012.

The DM/HPDP Wellness Training provided an opportunity for BAO HPDP Program to introduce and provide TA for ITU programs to utilize the OSCAR system. Participants took Part (A), which explained the OSCAR database and the classification system for Best Practices, Promising Practices, Local Efforts, Resources and Policies. Part (B) consisted of the technical explanation and assistance for ITU programs for submitting their program overviews into the OSCAR database. The BAO HPDP Program had 1 OSCAR submittal as a result of the workshop, with more pending. <http://www.ihs.gov/hpdp/>



Andrea Littlewolf, Paula Jourdain, Dr. Dawn Wyllie, Cleo Monette, Deb Smith, and Michelle Archuleta

DENTAL OFFICER



The Bemidji Area Dental Officer (ADO) serves to provide administrative support to the 3 Federal IHS dental programs and 9 Tribal dental programs that bought-back services in the Bemidji Area. The goal of the Bemidji Area Dental Officer is to assist programs with increasing their efficiency, effectiveness, quality, and outcomes related to decreasing the prevalence of dental disease.

SERVICES PROVIDED IN 2012

- Consultation for a feasibility study for a dental program expansion from 10 chairs to 20 chairs. This program will house a dental assistant training program and will serve as an outreach training site for dental hygiene students and dental students.
- Comprehensive dental program review and indirect quality reviews (chart reviews) for Tribal programs. The comprehensive program review included:
 1. review of quality
 2. credentialing & privileging
 3. patient safety
 4. hazard communications protocols
 5. infection control
 6. emergency preparedness
 7. policies & procedures
 8. quality improvement & assurance
 9. productivity, efficiency, & effectiveness
 10. HP/DP activities
 11. Employee development & staffing
- Dentist recruitment activities at the U. of MN and for American Student Dental Association Meeting
- IHS Oral Health Program Guide review & revisions. The goals of this manual, last updated in 2007, are:
 1. To provide both evidence based and experience based recommendations for Oral Health Program management
 2. To give professional guidance in providing dental care in an efficient and effective manner appropriate to IHS goals
 3. To make available an easily updated reference guide that can be used to attain the first two objectives
- Creation of Bemidji Area Dental Program Contact list to keep all 38 dental clinic staff in the loop on national and area dental issues

- **Electronic Dental Record Support, including creation & sharing of:**
 1. Quick Note Templates
 2. Auto Note Templates
 3. Multicode Examples
 4. Dentrrix Report Cheat Sheets
 5. Quick Letter Examples
 6. Dentrrix Billing Reports Cheat Sheets
 7. Dental Encounter Codes Reference
 8. Information about participation with IHS's EDR implementation program
 9. Protocols for dental billing directly out of Dentrrix
- **Mentoring of dentists and dental hygienists in the field**
- **Recruitment of a pediatric dentist that is being shared between the 3 Federal dental programs**
- **Support of the Bemidji Area dental programs participating with the Virtual Learning Community Program (VLCP)**
- **Program assistance to dental clinics implementing Early Childhood Caries (ECC) Initiative projects.**
- **Assistance in developing Area-wide Nitrous Oxide policy.**
- **Overall dental program management support on a variety of issues, including policies & procedures, staffing, expanded function services, outreach program implementation, legal issues, documentation requirements, Federal Torts coverage issues, etc.**
- **Development and revision of national consent forms for nitrous oxide, extractions, root canals, and protective stabilization.**
- **Development of a new national dental health history questionnaire.**

OFFICE OF ENVIRONMENTAL HEALTH AND ENGINEERING

The BAO Office of Environmental Health and Engineering (OEHE) is comprised of three divisions – the Division of Sanitation Facilities Construction (DSFC), the Division of Environmental Health Service (DEHS), and the Division of Facilities Management (DFM). This report includes descriptions of activities from each division and is a summary of the full FY-2012 OEHE Annual Report (available in digital format).

MISSION: *The mission of the Office of Environmental Health and Engineering (OEHE) is to support that goal by:*

- Providing optimum availability of functional, well maintained health care facilities and staff housing;
- Providing technical and financial assistance to Indian Tribes and Alaska Native communities (Tribes) to promote a healthy environment through the cooperative development and continuing operation of safe water, wastewater, and solid waste systems and related support facilities; and
- Assisting each American Indian Tribe and Alaska Native community to achieve its unique goals for obtaining health care facilities and establishing and maintaining a healthy environment.



Kyle Parisien , Todd Scofield, Robert Allard, Scott Snell, Louis Erdrich
Timothy Duffy, Pete Hartmann, Craig Morin, Diana Kuklinski and Cece Donnell

The activities of BAO OEHE include programs within each of the three divisions. Direct Federal services are delivered through the following locations: Bemidji Area Office (BAO), Minnesota District Office (MDO), Rhinelander District Office (RDO), Ashland Field Office (AFO), Sault St. Marie Field Office, and the Traverse City TUC Office.

TRIBAL SHARES: The FY-2012 Available Tribal Shares for Facilities Appropriations were finalized in February of 2012 based of the Federal Budget for FY-2012. The final FY- 2012 Tribal Shares tables are provided annually with the PFSA Manual and also available in the FY-2012 OEHE Annual Report.

PROGRAM BUDGET: The table below details FY-2012 program expenditures, Facilities Appropriations expenditures, the Environmental Health Support Account (EHSA), the Facilities Support Account (FSA), Maintenance and Improvement (M&I), Medical Equipment (EQP), Biomed (H&C), and Project Technical Support Accounts (PTSA). It does not include amounts for Sanitation Facilities Construction projects (other than PTSA). Those expenditures are detailed in separate project related budgets within the division's report.

Table 1. FY-2012 OEH&E Program Expenditures

Object Class	Description	EHSA	FSA	H&C	M&I	PTSA	Grand Totals
11000	Salary	2,315,177	350,290	300,250		933,354	\$3,899,072
12000	Benefits	817,912	118,344	95,919		282,798	\$1,314,974
21000	Travel	220,405	15,515	41,399		6,707	\$284,026
22000	Transportation	221,052	7,642	24,877		4,712	\$258,283
23000	Utilities, Comm.	73,947	195	974		580	\$75,697
25000	Services, Tuition, Fees	92,033	22,275	7,773	41,989	2,045	\$166,115
26000	Supplies	108,591	3,991	8,939			\$121,522
31000	Equipment	66,300	8,564	2,515		11,275	\$88,654
41000	AFAs	568,311	81,657		2,778,059		\$3,428,027
	Grand Totals:	\$4,483,728	\$608,474	\$482,646	\$2,820,048	\$1,241,473	\$9,636,369

OEH&E DIRECTORS OFFICE: Provides oversight and administrative support for the three divisions of OEH&E. BAO OEHE acknowledges the work of the respective Division Directors and, most importantly, the work of the entire staff of OEHE who have been instrumental in providing the actual program results for which the annual report is based. An overview of each Division's important program aspects during FY-2012 follows:

THE DIVISION OF FACILITIES MANAGEMENT (DFM) SERVICES: *includes activities that support the operation of Tribal and Federal healthcare facilities to accomplish the ultimate goal -delivery of healthcare. This Division is involved in the maintenance, repair, and improvement of:*

- Physical Plant (buildings)
- Utility Systems (exterior and interior)
- Clinical Equipment (medical and often non-medical)
- Grounds, Roads, and Parking Lots
- Building Service Equipment Systems that provide the physical environment for patient care

These engineering related services include assessing the structure, utilities, and equipment, designing modifications, preparing engineering drawings and specifications for repairs and improvements, troubleshooting major components or system failures and facilities environmental programs.

The IHS BAO OEHE Clinical Engineering (CE) program is comprised of three field regions and three SU.

Clinical Engineering provides comprehensive medical equipment services to our Tribal Communities with a standard of service and integrity unsurpassed by the private sector. Managed within a team framework CE provides Tribal communities with a Biomedical task force with over 70 years of experience and a mission of delivering the best services in a timely manner.

REGIONS:

Bemidji
 Rhinelander
 Sault Sainte Marie

SERVICE UNITS

Cass Lake Hospital
 Red Lake Hospital
 White Earth Health Center

COVERAGE:

24 American Indian communities participating

41 Health Care facilities serviced.

Five Field Biomedical Medical Equipment Technicians (BMET) 4 SU BMETS and one program manager.

DFM HIGHLIGHTS - Some of the program accomplishments for the Division of Facilities Management accomplished during FY 2012:



- Assisting the Red Cliff Tribe with planning and design of a new health center. The design is ongoing and the anticipated construction is May 2013
- Assisting Menominee Tribe with master planning and design of a 10,000 square foot expansion (8 additional dental chairs, new administrative space, etc.) to the health center with an estimated cost of \$5.4 M project; anticipated construction will be initiated in spring 2013
- Provided initial assistance to the Mille Lacs Tribe with planning and design for an expansion to the Onamia health center.
- Assisting Pokagon Tribe with the planning for new health care facilities. The Pokagon Tribe hired an A&E firm to complete schematic design.
- Assisting Little River Tribe with the planning for new health care facilities. The Little River Band has hired an A&E firm to design a new tribal complex including a new 9,265 square foot clinic. Total budget is \$2.8M.

Figure 1 - Expansion of to the Red Lake Hospital (2012)

- Assisting Gun Lake Tribe with the planning for new health care facilities. The Gun Lake Tribe is planning to hire an A&E firm to provide schematic design for a new clinic.
- Assisting Lac Vieux Dessert Tribe with the planning for new health care facilities. The Lac Vieux Dessert Tribe has a complete schematic design and is attempting to secure design/construction funds.
- Assisting the Lac Courte Oreilles (LCO) Tribe with the planning for new health care facilities. The LCO Tribe hired an A&E to re-do previous schematic design for a new health center.
- The Saginaw Chippewa roof project, partially funded (\$89,000) by IHS, was completed in July 2012.
- Assisted the Little Traverse Bay Tribe with submission of a 2013 M&I roof replacement pool project. In 2011 IHS completed an engineering report regarding the Little Traverse Bay health center roof. The 2013 project submission was based on the previous report and will likely be partially funded in 2013.
- Assisted the Menominee Tribe with submission of a 2013 M&I fire sprinkler system for health center. The fire sprinkler system project will likely be funded in 2013. Tribe will incorporate work into the health center expansion project.
- Assisted the Red Lake SU with project development for the pharmacy renovation (phase II). The pharmacy construction was awarded in May 2012 and completed in August 2012.
- Assisting the Red Lake SU with project development for the hospital basement renovation (phase III). The design is on-going and construction is planned for winter 2012/2013.

DFM HIGHLIGHTS continue

- Assisting the Cass Lake SU regarding the design for expansion of the hospital. Our office hired an A&E contractor through a 638 contract with the Tribe. Our office participated in the selection of the A&E firm as well as the planning and design process for the expansion of the Cass Lake hospital. We are overseeing the contract. We also are in the process of adding commissioning to the contract. The Area will assist with the completion of the PJD and POR for the expansion project.
- Assisting the Cass Lake SU and Leech Lake Tribe regarding the planning for a new health facility on the reservation. It is anticipated that discussions and meetings will take place later this year regarding constructing a large ambulatory care facility on the Leech Lake Reservation.
- We met with the White Earth SU in July 2012 and discussed space utilization and hiring of an A&E firm to facilitate space planning. A SOW was developed by the SU but it was too broad. The SU is in the process of modifying SOW and we will assist throughout the process with Engineering Services Dallas Office.
- Assisted the Lac du Flambeau Tribe with planning, design, and construction of a new dental facility. We made one visit per week during construction. We also utilized our FM consultant to complete multiple inspections as well. The consultant identified multiple issues that if not corrected would have potentially cost the Tribe thousands to correct after the fact. Projected construction completion date is December 2012.
- Assisting the Lac du Flambeau Tribe with space planning at the health center for additional programs such as physical therapy, behavioral health, community health, etc. This included preparing HSP projections for year 2020. Design has not been initiated for the expansions at this time.
- Assisting the Lac du Flambeau Tribe with the re-design of the health center parking lot ensuring surface water drains appropriately.
- Assisted the Bois Forte Tribe with the hiring an A&E firm to complete schematic design for a new health center at Vermillion. The schematic design is complete. The Tribe is now in process of completing final design for the project.
- Continued to oversee the ARRA M&I projects. Approximately \$5.0 M M&I funds were disbursed. Only one ARRA projects remain to be finalized.
- Assisted with the design review of the Grand Traverse Health Facility ARRA renovation project. Discussions and on-site meetings took place throughout 2012. In May 2012 the dental clinic opened.
- Assisted the Little River Tribe with planning, design, and construction of ARRA improvements (pharmacy, dental, etc.) to the health center. The construction is complete but final payments need to be made.
- Assisted the Bois Forte Tribe with planning, design, and construction of ARRA improvements to the Vermillion facility. The project was completed in June 2012.
- Assisted the Lac Courte Oreilles Tribe with the final design and installation of an ARRA funded generator plant for health center. Manufacturer delays prevented the generator project from being completed in 2011. The generator was operational in January 2012 but site work was not completed until June 2012. Tribe received bids for fencing generator area.
- Assisted the Menominee Tribe with the final design and installation of an ARRA funded generator plant for health center. Manufacturer delays prevented the generator project from being completed in 2011. The generator was operational in January 2012 and site work was completed in June 2012.
- We hired a contractor to complete condition surveys of all the Federal service units (Red Lake, Ponemah, White Earth, Naytahwaush, Pine Point, and Cass Lake). Field work was completed in May/June 2012.
- Also facility condition survey work was awarded in August 2012 for Lac Courte Oreilles, Lac Vieux Dessert, Lac du Flambeau, Menominee including Maehnowesekiyah, and Sault Ste. Marie. The field work was completed for the Tribal sites in September 2012 and the report is expected by November 1, 2012. The building condition assessment process was presented to the Sault Ste. Marie health center leadership. Based on that information SSM requested to be included in the 2012 Tribal condition assessments. SSM provided M&I funds to pay their share of the condition assessment costs.
- We completed the Minnesota District Office Environmental Audits during the summer of 2012. This was the last remaining Environmental Audit needed for the Bemidji Area. The Audits have been provided to HQ.

DFM HIGHLIGHTS continue

- A Sustainability/Energy Audit contractor hired by HQ IHS utilizing a different scoring mechanism completed four of six Bemidji Area Federal sites in 2012. The Cass Lake and White Earth facilities will be completed in 2013. Results – The Red Lake Hospital with minor modifications could be the first IHS large facility to meet the Guiding Principles for an existing health care facility.
- The OEHE MDO staff moved out of Federal Building in January 2012.
- The IHS Federal Building space lease expired in November 2011. We continued to follow up with GSA. GSA prepared a new occupancy agreement (OA). We reviewed the OA and provided comments to GSA. The new OA was completed in April 2012.
- IHS DFM hired a space planner to review the IHS Federal building space and make recommendations how to best utilize space including modular furniture and meet the current space standard of 170 sf/person.
- DFM is working closely with GSA to plan for future Occupancy Agreements (OAs) beyond the current lease. The current lease expires in 2016 and changes are anticipated.
- The DFM program was asked to assist the BAO ELT in designing and renovating Human Resources (HR) and first floor break room space into offices. DFM completed a scope of work for renovating existing space and provided it GSA. A reimbursable work authorization (RWA) was approved by GSA. The work was initiated and completed in October 2012.
- The IHS Ashland Building space lease expired in January 2012. We continued to follow up with GSA. GSA prepared a new occupancy agreement (OA). We reviewed the OA and provided comments to GSA. The OA was extended for 3 years until January 2015.
- IHS OEHE, based on customer service to Tribes, decided to centrally locate an EHS employee in our Ashland office. We developed a plan to modify Ashland space to include an office for the new EHS employee. We provided plan to GSA. Also based on the new office configuration DFM completed a space request (SF81, 81a, GSA specifications, letters, etc.) requesting 150 square feet of cold storage space (the owner is constructing a storage builder for all lease holders). GSA approved the Ashland office improvement request including RWA approval. The cold storage space request was approved as well. GSA now needs to work through there process to complete work. GSA indicated that work and storage space will be available in 2013.
- In April 2012 DFM hired an engineer consultant to assist with healthcare design in WI, MN, and MI. The contract includes 4 option years.
- In August 2012 a senior Biomedical Equipment Support Specialist in Rhinelander, WI retired after 25 years with IHS. A recruitment request action to backfill the position was submitted to HR in August 2012 (announcement pending).
- Assisted the CLSU with the hiring of a Facility Engineer. This included completing the position description and assessments as well as participating in the interviews and selection. Area DFM also provided funding for new hire to attend an important Life Safety training course. We will continue to assist with the development of new hire.
- The Area Intern General engineer (Vice - Robert Allard) was advertised during 2012 without any success. Recently the position was re-advertised (September 2012 - panel pending).
- Developed annual training plan and IDP's for the DFM program staff.
- Presented the DFM program to new Health Directors at the Area Orientation as well as to specific Tribes in an effort to ensure a thorough understanding of program.
- Presented the DFM program to Health Directors at the MI Health Directors meeting in January 2012. Plan to present DFM program to Health Directors once a year at the Health Director's meetings.
- Provided the various Tribes an overview of the Bemidji Area Clinical Engineering program. The result is all sites plus one additional site requested to be part of the 2013 Clinical Engineering Program.
- The HFDS space and energy data was updated before required deadline. The real property report was completed and submitted on time. The 2013 annual FEPP was submitted to HQ before required deadline.

DFM HIGHLIGHTS continue

- The White Earth real property actions were re-submitted for the three destroyed buildings. A Level I Environmental Assessment (EA) was completed for the two existing White Earth Buildings (302 and 311). A contractor was hired to address the minimal EA findings (painting of exterior trim around doors and removal of a 4x4inch piece of asbestos paper left behind during previous cleanup). Once documentation is received from contractor, real property documents will be submitted for transfer of buildings and property to the Tribe.
- All energy and water use at the service units was reviewed and entered as necessary into HFDS. There were significant water and energy use reductions for the Bemidji Area. The Bemidji Area was pro-active in addressing energy and water use. The result is the Bemidji Area is one of only two areas meeting the energy reduction executive order mandates.
- The required retro-commissioning for the Red Lake Hospital was completed in 2011. The Service Unit is identifying funding sources to address deficiencies. We plan to retro-commission the White Earth Health Center and Cass Lake Hospital in 2013.
- There has been no activity by GSA regarding upgrading current key card system to PIV cards at Federal Building. The Service Units have gathered cost information to meet HSPD12 compliance. SU's have been informed that they cannot use M&I funds to install PIV card equipment. SU's are in process of identifying resources to use for installing the new equipment.
- The annual area OEHE personal property inventory was completed. The inventory system (Sunflower) was reviewed & updated. Some property that was aged and had zero value was disposed of in accordance with policy. Property hand receipts were completed for all employees.
- The DFM Director continues to Chair the national Strategic Planning subcommittee – Creating World Class Employees. This committee is tasked with the challenge of developing Facility Engineers including core competencies, training, certifications, etc. The draft facility manager core competencies have been edited and developed to meet the Federal Buildings Personnel Training Act requirements. Next an implementation plan needs to be developed for the draft competencies as this will require all IHS Areas to spend additional funds to meet the Federal Buildings Personnel Training Act requirements.
- DFM is working with EHSC to host a Level II COR re-certification training in December 2012 in Fargo, ND.
- Quarterly CE and Facility Management meetings were held to discuss and improve the program. The meetings are an opportunity to develop and foster ideas/concepts, and improve communication between all of the staff.

CHALLENGES:

Among challenges facing DFM is the static funding available in the M&I appropriation. As funding is level, inflation occurs and health care space increases, the net effect is a diminishment of actual funding available for M&I purposes.

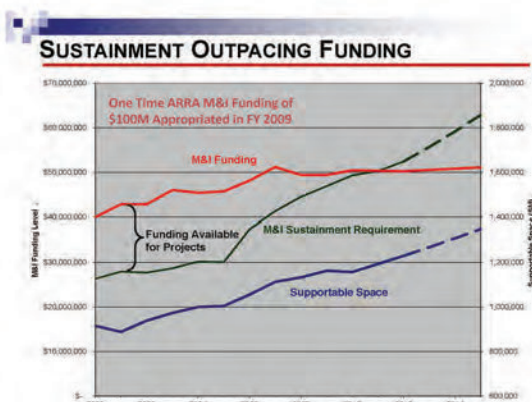


Figure 2 Graph showing Flat M&I Appropriations

DIVISION OF SANITATION FACILITIES CONSTRUCTION (DSFC) SERVICES

In partnership with the Tribes, BAO DSFC Programs provides the following services:

- Develops and maintains an inventory of sanitation deficiencies in Bemidji Area Indian use by IHS and the Congress
- Provides environmental engineering assistance with utility master planning and sanitary surveys
- Develops multi-agency funded sanitation projects; accomplishes interagency coordination, assistance with grant applications, and leveraging of IHS funds
- Provides funding for water supply and waste disposal facilities
- Provides professional engineering design and/or construction services for water supply and waste disposal facilities
- Provides technical consultation and training to improve the operation and maintenance of Tribally owned water supply and waste disposal systems
- Advocates for Tribes during the development of policies, regulations, and programs
- Assists Tribes with sanitation facility emergencies

Services are delivered by Environmental Engineers, Engineering Technicians, and Support Staff. DSFC provides Direct Service to all 34 Tribes in the Bemidji Area of the Indian Health Service. Services include those provided on behalf of the Environmental Protection Agency (EPA) through an interagency agreement.

Significant accomplishments and highlights for the DSFC Program during FY 2012:

- SFC funds are allocated based on a project concept, for which workload and accomplishments can be measured. The Resources Requirement Methodology (RRM) is used to distribute program funds after the project funds are distributed. The Bemidji Area SFC Program had an overall FY-2012 RRM of 107.14 Staff-Years (see attachment 1 for further information). This is a 17.4 % increase from FY 2011 & a 31.63% increase from FY 2010. BAO DSFC currently has 42 positions or 39.2% of FY 2012 RRM levels.
- The FY 2012 Exhibit 12 was completed and submitted to Headquarters OEH&E, DSFC (The complete document is available in the OEH&E Annual Report).
- 49 DSFC Construction Projects were successfully brought to the construction-complete stage totaling an estimated \$25,051,975.00. The average project duration of those 49 projects was 2.81 years (under the OMB National Target of 4.0 years). Note: Not all project funds from construction complete projects were expended in FY 2012.
- \$5,870,976 in project fund contributions received from external (Non-IHS) sources. Contributions used to supplement \$4,266,115 in IHS Appropriations. Contribution amounts represented 58% of FY 2012 project funding.
- IHS entered into 72 Cooperative Agreements with Area Tribes in the amount of \$10,137,091.00 in FY 2012. (IHS Appropriations & Contributions).
- Enhanced focus on Project Closeout: 81 Final Reports published in FY 2011
- Total funds distributed during FY 2012 to Indian Tribes and firms: \$7,776,866
- The Bemidji Area DSFC submitted to all 34 Tribes in the Bemidji Area a request for both Sanitation Deficiency System and Housing Priority System input. DSFC staff met with Tribal representatives to gather the required data necessary for the Housing and SDS requests. Housing requests in the amount of \$14.5 million were forwarded to DSFC Headquarters and the FY 2012 SDS requests identified 190 feasible projects totaling \$77.8 million. The feasible projects listed in the Sanitation Deficiency System increased from \$52.1 million to 77.8 million, a 49.3% increase from FY 2011.
- Inter-Agency Partnerships: DSFC, on request from the associated Tribal entity, entered into 24 cooperative agreements with EPA totaling \$2,975,904 to provide sanitary services.

Significant accomplishments and highlights for the DSFC Program during FY 2012:

- 2012 marked a year of improved staffing for the Bemidji Area O&M Support Program. The Minnesota Tribal Utility Consultant position, which was essentially vacant for all of 2011, was backfilled in February 2012. The Michigan Tribal Utility Consultant, which was also vacant for most of 2011, was also backfilled in February, 2012. As a result of the increased staffing levels, the Wisconsin TUC was able to resume his regular O&M duties and responsibilities serving the Tribes in the State of Wisconsin. After a year of significant challenges, 2012 marked a year of renewed capability in the O&M program to promote and assist Area Tribes in developing the financial, technical, and administrative capability to operate and maintain their sanitation facilities infrastructure in a sustainable manner that protects both public health and the investment of Federal and non-Federal funds.
- The Bemidji Area O&M program continued its emphasis in sponsoring and supporting area utility operator training needs. IHS sponsored several onsite training events including the IHS Pumps and Pumping Systems course held in Acme, MI. There were 12 tribal operators that attended this 3 day course in mid July 2012. The O&M program also sponsored the IHS Lift Station Operations course in Mt. Pleasant, MI. There were 12 tribal operators that attended this 3 day course in mid-September 2012. Both courses were offered through the Environmental Health Support Center and received very favorable reviews from the students that attended. The O&M program also coordinated and funded five onsite 10 hour OSHA construction safety trainings on the Fond du Lac, Leech Lake, Mille Lacs, Red Lake, and White Earth Reservations. All total there were approximately 109 students who participated in these important safety training courses. In addition, the O&M program supported approximately 62 individual requests from operators to attend various 3rd party training opportunities. There were approximately 195 operator training contacts during 2012 that were financially supported or sponsored by the Bemidji Area O&M program representing \$29,000 in disbursements. These important efforts improve the knowledge, skills, and abilities of the operators responsible for operating and maintaining the 148 public water and wastewater systems and estimated 23,000 tribal customers in the Bemidji Area.



Figure 3 – Tribal Utility Consultant (Craig Larson) surveys water tower in White Earth

- The Bemidji Area O&M program entered its second year using the nationally developed utility capability assessment methodology (UCAM) rating tools, also referred to as the O&M score sheets. Comprehensive utility assessments were completed for 26 of the Area Tribes as of November 1, 2012. Use of the more rigorous UCAM scoring methodology is creating opportunities for improving tribal operations by highlighting previously unnoticed areas for improvement.

Significant accomplishments and highlights for the DSFC Program during FY 2012 continue:

- Another element of the O&M program that received continued attention was the integration of O&M considerations into the planning and design aspects of SFC project development and implementation. Since many problems that occur in the day to day operation of sanitation facilities can be traced to decisions made during the design and construction of a project, it is believed that closer coordination between the O&M and design components of the SFC program will result in better overall service to our customers. The Bemidji Area TUC's participated in project kickoff meetings, planning meetings, and provided review comments for as many as 29 sanitation facility documents.
- Another key component of the Bemidji Area O&M program is the provision of onsite technical assistance to Tribal operators who often face difficult challenges in the day to day operation and maintenance of their water and wastewater systems. The responsibility for protecting the public health of the Areas estimated 23,000 tribal public utility customers is an important responsibility that often goes unrecognized or under appreciated. The Bemidji Area O&M program provided more than 98 documented site visits during 2012 to assist tribal operators with a broad range of concerns from day to day planning, compliance assistance, trouble shooting, to long term planning just to name a few. The staff of the Bemidji Area O&M program provided tremendous outreach to tribal operations staff to meet their ongoing technical assistance needs.
- Continued diligent quarterly reporting for EPA funded projects through PDS module in wSTARS. Interagency agreements were processed for 18 new FY 2012 EPA projects. As a result of the quarterly reporting process, 10 additional EPA funded projects were completed & closed out. Finances were reconciled for these projects and EPA final closeout reports submitted. Currently there are 52 EPA for which quarterly progress is reported to EPA. Only 1 project is older than 4 years and closeout of this project is imminent.

DIVISION OF ENVIRONMENTAL HEALTH SERVICES (DEHS)

The DEHS Goal, through shared, decision making, is to enhance the health and quality of life of all American Indians and Alaskan Natives to the highest possible level by eliminating environmentally related disease and injury through sound public health measures.

- General Environmental Health
- Institutional Environmental Health
- Community Injury Prevention

Services are delivered by Environmental Health Specialists, Environmental Health Technicians, Safety Officers, and Institutional Environmental Health Officers. Environmental health consultation is provided to all the Bemidji Area Tribes with direct Federal service levels dependent on the level of Tribal self determination.



Figure 4 - Tim Taylor demonstrating use of a respirator during a housekeeper's training course

The BAO program provides environmental health (EH) services (i.e., training, investigations, surveys) to improve food safety; solid and liquid waste management; water quality; hazard communication; epidemiology; vector control; recreation/celebration sanitation; indoor/outdoor air quality; home sanitation and safety; Head Start, daycare, and school issues; and training. The BAO DEHS is also responsible for specialized services in community injury prevention, environmental sustainability, and institutional environmental health. The injury prevention program strives to reduce the incidence and severity of injury among American Indians by partnering with Tribes to identify local injury problems and developing and implementing evidence based interventions. The Institutional EH Program provides services to assist healthcare

and other institutional facilities in providing a safe environment for patients, visitors, and staff. Staff strives to integrate environmental sustainability into the fabric of the Program's processes and operations as well as partnering with Tribes in accessing resources and implementing best practices.

DEHS PROGRAM COMPONENTS:

General Environmental Health: Food Safety Animal Control Pools/spas/water parks Recreational Trailer & RV parks Solid waste & wastewater management Vector & disease control Summer youth camps Pow wows Industrial/manufacturing Community buildings	Environmental Sustainability: Reducing resource depletion and pollution through source reduction, reuse, and recycling Partnering with Tribes in building community resilience through localizing food and energy systems	Institutional Environmental Health: Healthcare facilities, schools, jails, residential care facilities Radiation protection Dosimetry Industrial hygiene Occupational safety & health Indoor air quality – residential and institutional	Injury Prevention: Partnering with Tribal communities to address local injury problems. Data collection & analysis; determination of risk factors and effective intervention strategies, evaluation
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We have tried to capture this in our vision statement “Through shared decision-making, we will champion the systems change necessary to create vital, healthy Tribal communities by preventing environmentally related diseases and injury through a holistic practice of environmental public health”.

STAFFING: BAO IHS DEHS staffs include six field Environmental Health Specialists (EHSs), two District EHSs, one DEHS Director, and one Area Institutional EHS. Area DEHS staff provide field services to 19 Tribes; Tribal EHSs provide field services to 15 Tribes. The following services are provided:

- Surveys of built environment (homes/facilities)
- Investigations/special studies
- Samples, tests, monitoring
- Technical assistance - consultation
- Training
- Policy development
- Program support
- Project Officers/Contracting Office Representatives

Current IHS DEHS staff, 8/9 (89%) have professional registration as Registered Environmental Health Specialist (REHS) / Registered Sanitarian (RS). One staff without this credential is studying for the registration examination. Current Tribal DEHS staff, 64% (7/11) have their professional registration.

GENERAL ENVIRONMENTAL HEALTH

FACILITY SURVEYS. Tribal shares and workload are determined by the Resource Requirements Methodology (RRM) workload methodology. The RRM is based on the listing of defined facility types for each Tribe and IHS Federal facilities, plus workload factors for injury prevention, institutional EH, and administrative activities. In CY2012 there were over 1400 facilities in BAO DEHS inventory (Tribal and IHS) that were used for determination of Tribal EH shares (Facility Type Number <59). Direct environmental health services were provided by IHS DEHS to 23 Tribes at BAO, District, and Field levels, eight Tribes at the District and Area levels, one Tribe at BAO level alone, and two Tribes were fully compacted. DEHS has prioritized facility surveys based on risk, and strives to maintain a completion rate of over 90%, which is determined at the end of each calendar year.

GENERAL ENVIRONMENTAL HEALTH cont.

DEHS FOOD INDICATORS. Monitoring EH indicators allows DEHS to effectively allocate resources to help ensure Tribal needs are met. DEHS staff continued to track data for food safety indicators. This indicator consists of 5 contributing factors that are linked to the 5 risk factors identified by the FDA for retail food establishments. These are: Certified Food Manager/Certified Food Protection Manager; exclusion policy in place and practiced; hand washing behavior; glove use/no bare hand contact with ready to eat foods; and proper cooling procedures.

HOME ASSESSMENTS. The DEHS staff provide assessment services to homes in the area of sanitation, indoor air quality, water quality and waste disposal. One large project in FY/12 was the investigation and technical support provided to the Lac du Flambeau Tribe to address indoor air quality issues in homes and a 30+ year old apartment complex. The investigation identified multiple issues in the housing units from inferior house wrap, improper drainage of roofs, damaged roofs, improper guttering, and settling cracks in basement/foundation walls. These issues existed in multiple homes and several of the homes were housing stock that was +40-years old. To improve weatherization of these homes, HUD had provided \$300,000; however, the age of the homes and apartment complex reduced the expected effectiveness of these improvements. The Tribe requested support for reallocating \$300,000 in HUD funds to improve the weatherization of newer housing stock and to support developing a replacement plan for the apartment complex. HUD approved the reallocation of funds; the Tribe has developed a plan for the replacement of the apartment complex with single family homes, and has chosen a site where this project will be developed. In addition, the Tribe used some of the funds on a newer housing stock where the winterization efforts were maximized.



Figure 5 – Scott Daly conducting a mold investigation of a home in Sokaogon

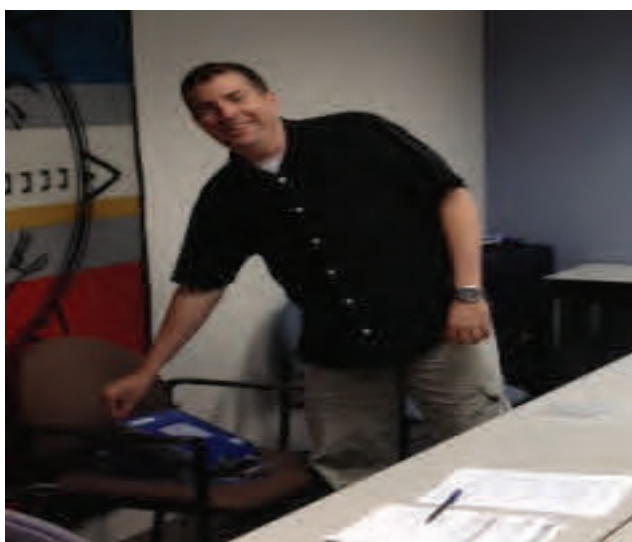


Figure 6: Robert Sprinkle, Jr. COSTEP, conducting Respirometer fit testing.

REVISION OF FOOD HANDLER'S TRAINING COURSE. After identifying a lack of standardized training of food service staff and management, the Rhinelander District Office developed a training program to ensure food handling staff was provided basic food handling and safety training. The basic food-handling course was revised to ensure it delivered the up to date information related to food safety and was designed as an adult learner based training. The manager-training course was revised to ensure the primary focus of this course was management staff instead of all food handlers. The basic food handler training was provided to over 700 Tribal food handlers and the Serv-Safe course was delivered to 190 food service managers with a 94% pass rate.

PARTNERSHIPS WITH OTHER AGENCIES. Three BAO EH staff made a presentation to over 50 attendees of the Minnesota Environmental Health Association Fall Conference conveying basic information and contacts for the IHS DEHS Program. It is anticipated that this will help build partnerships with local and state environmental health practitioners to promote a more holistic practice of environmental health services for Tribes.

Environmental Sustainability

Over the past year Minnesota District Office (MDO) staff has developed partnerships in environmental sustainability. One staff member expanded upon the BAIHS DEHS and Leech Lake composting partnership to include local food production, specifically, increasing access to healthy local foods, working to identify key players in local food production, and connecting Tribal efforts. This included facilitating a meeting that allowed networking between the Leech Lake Green Team and individuals from the Lac Courte Oreilles (LCO) Reservation to discuss what LCO has accomplished in terms of local food production. A meeting was also held to revive the Indigenous Food Coalition on the Leech Lake reservation which strives to re-localize the food shed by focusing on traditional practices such as fishing, hunting, gathering, sugaring, and gardening. This meeting highlighted more areas where the finished compost could be utilized for food production on the reservation.

The Leech Lake Green Team has expanded its network by actively pursuing a partnership with the Cass Lake-Bena Middle and High Schools to begin composting at both sites and assisted the Palace Casino and Bingo with trouble shooting issues concerning the transport of compostable items from their kitchen out to the bin. Through funds from DEHS, the Bug O Nay Ge Shig School successfully built greenhouses where students will be growing food onsite.

MDO staff also worked to build a partnership around local food production with Native Harvest and the White Earth Boys' and Girls' Clubs. Native Harvest has many years of experience regarding local food and the Boys' and Girls' Clubs are looking at getting involved by creating gardening space at one site. Both entities have expressed interest in using Permaculture design principles in their future gardening projects.

The use of the Bemidji Area DEHS "green filter" during an annual survey of the Prairie's Edge Casino and Resort resulted in the identification of a number of environmental sustainability initiatives ongoing at the Upper Sioux reservation. The green filter has opened another opportunity for the DEHS to partner with the Upper Sioux community and assist them with obtaining funding through IHS for a community-wide environmental sustainability initiative.

Beginning in 2012, the toxin use reduction project focusing on the identification of developmental neurotoxin, endocrine disruptors and volatile organic compounds (VOC) in the cleaning products used in environments frequented by children and young women was pilot tested. These substances are common in commercial and consumer cleaning products and pose a significant hazard to small children and young women as they have been found to have adverse health effects at subclinical exposure levels. Current 'green' labeling generally does not screen these products for many developmental neurotoxins and VOCs, in fact some common VOCs, such as limonene and thymol, are specifically encouraged by some 'green' labels. No 'green' label screens for endocrine disruptors aside from triclosan, an antibacterial agent.

The project was pilot tested at the Fond du Lac Head Start and Early Head Start programs. A review of the cleaning chemicals used in these facilities found that 81% of the products contained at least one of the target chemicals. Of the products found to contain a target chemical, 35% of them contained more than 1 target chemical and 47% contained at least one high risk target chemicals. To be considered a high risk target chemical, the substance was either an endocrine disruptor or a substance that was known to cause an adverse effect at subclinical doses via inhalation or dermal exposure routes.

After providing the review information and associated action plan to the Head Start health and safety coordinator, two trainings on the health concerns around target chemicals in cleaning and consumer products was provided to the staff of the Head Start program. The purpose of the training was to build interest in the issue and to facilitate buy in to the effort of eliminating the use of target toxin containing products from the facility. The information delivered at these trainings was well received and all staff, including the maintenance staff, eagerly embraced the removal and replacement of these products. Also as a result of these trainings, the Min-No-Aya-Win health clinic asked to have their cleaning products reviewed. Following each training a number of staff asked for and received more information about how to make changes in their own cleaning practices at home.

MDO completed a review of the cleaning products used in the Min-No-Aya-Win clinic. The review found that 70% of the products used in the clinic contained at least one target chemical and 30% of the products contained more than one target chemical. Upon further consultation with the maintenance staff, a total of 16 products (59%) were identified for immediate replacement due to the following factors: 1) contains at least one high risk target chemical as previously defined; and 2) widespread and frequent use of the product in the facility.

INSTITUTIONAL ENVIRONMENTAL HEALTH (IEH)

The IEH Consultant led environmental health and safety team surveys at three Tribal health centers and IHS facilities. He provided advisement/technical assistance as an active member of three safety and infection control committees; two hospitals and one community health center. The Staff Sanitarian served as safety officer for White Earth Health Center. Ergonomic assessments and respirator fit X-Radiology unit testing was conducted at various IHS and Tribal healthcare facilities.

A survey completion rate of 89% achieved for 149 pieces of x-ray equipment at IHS and Tribal health centers and estimated patient exposures were identified with recommended adjustments to minimize patient radiation exposures. The IEH Consultant led a multi-disciplinary team (Dental, Biomedical & Environmental Health) to review and update BAO policy on safe nitrous oxide administration in dental operatories.

Nitrous oxide use is being implemented at all of the IHS health care facilities and most of the Tribal health care facilities in our Area. An updated nitrous oxide policy is essential in ensuring exposures do not exceed safe levels that could lead to increases in spontaneous abortions, liver disease, cancer and kidney disease. Indoor air quality investigations were conducted at three healthcare facilities, and exhaust ventilation assessments were conducted for dental operatories at three healthcare facilities where nitrous oxide is administered. These were all at locations that had recently switched to administering nitrous oxide. The IEH Consultant also continued to track indicators in nitrous oxide safety (assessments conducted, exposure monitoring, and facility policies in place).

DEHS was active in working with the White Earth Health Center's environmental sustainability committee in advocating for a green cleaning policy that emphasizes product selection and use to minimize environmental impact.

INJURY PREVENTION

The Injury Prevention (IP) Program is administered by the Director, DEHS, as a collateral duty. Field and District staff provides IP-related technical assistance to Tribes in assisting with capacity development in this area.

DEHS staff served as Project Officers and technical consultants to four IHS Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) Part I sites and one Part II site. TIPCAP Part I cooperative agreements provide funds for Tribes to hire full time injury prevention coordinators, while Part II cooperative agreements are for evidence-based projects to reduce local injury problems.

INTRODUCTION TO INJURY PREVENTION COURSE BAO DEHS taught a 3-day Introduction to Injury Prevention course hosted by the Oneida Nation. Twelve people attended the course, which taught basic principles of community injury prevention, including: injury as a public health problem, using data to identify local injury problems, planning and implementing effective interventions, and evaluating injury prevention efforts.

SCHOOL-BASED BULLYING PREVENTION The goal of this project is to create a safe and caring environment by reducing the incidence of violence within the school youth population. The Creating Caring Communities (CCC) Bully-Proofing Your School (BPYS) Program is a system-wide prevention program that provides a “comprehensive school climate change” in which students can feel safe and secure. BPYS provides three curriculums for elementary, middle, and high schools and uses a team approach that involves all of the school staff and students and includes parents, and the community. The program includes:

- School Climate Survey (students, parents, teachers);
- School core team and general staff training;
- Incorporation of cultural awareness and traditions;
- Family & community involvement (inform family and community via parent teacher conferences, newsletter, meetings, etc);
- Building alliances (between parents, community, facilities and staff).
- Policies, practices, procedures – development, revision, and evaluation

Based on positive results during an initial pilot trial at the Watersmeet School, the CCC BPYS program was expanded through funding by BAO DEHS to eight school districts and six reservations. Each school, and multidisciplinary core team, received CCC BPYS training and BPYS curriculum. The core teams, in turn, trained other school staff. Each year, DEHS hosts approximately 60 school staff to attend a 3-day BPYS refresher retreat in Duluth. In 2011, the DEHS program integrated Positive Behavioral Intervention and Support (PBIS) into the BPYS program. The PBIS supports schools in the design, implementation, and evaluation of processes to improve the school climate and positive behaviors in students. The implementation of the PBIS has reached over 1700 students, their families, and 145 school staff. A current review of School Wide Information System (SWIS) indicates a reduction in disciplinary referrals, increase in grades, and improved attendance. BAO DEHS is working with an external evaluator to analyze the results of these programs and a report will be completed at the end of this school year.

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Michigan	Minnesota	Wisconsin
<p>Bay Mills Indian Community http://www.baymills.org</p> <p>Grand Traverse Band of Ottawa/ Chippewa Indians http://www.gtbindians.org</p> <p>Hannahville Indian Community http://www.hannahville.net</p> <p>Keweenaw Bay Indian Community http://www.kbic-nsn.gov</p> <p>Lac Vieux Desert Band of Chippewa Indians http://lvdtribal.com</p> <p>Little River Band of Ottawa Indians https://www.lrboi-nsn.gov</p> <p>Little Traverse Bay Band of Odawa Indians http://www.ltbbodawa-nsn.gov</p> <p>Match-e-be-nash-she-wish Band of Pottawatomis Indians http://www.mbpai.org</p> <p>Nottawaseppi Huron Band of Potawatomi http://www.nhbpi.com</p> <p>Pokagon Band of Potawatomi Indians http://www.pokagonband-nsn.gov</p> <p>Saginaw Chippewa Indian http://www.sagchip.org</p> <p>Sault Ste. Marie Tribe of Chippewa Indians http://www.saulttribe.com</p>	<p>Bois Forte Band http://www.boisforte.com</p> <p>Fond du Lac Band http://www.fdlrez.com</p> <p>Grand Portage Band http://www.grandportage.com</p> <p>Leech Lake Band http://www.llojibwe.com</p> <p>Lower Sioux Indian Community http://www.lowerSioux.com</p> <p>Mille Lacs Band http://www.millelacsband.com</p> <p>Prairie Island Indian Community http://www.prairieisland.org</p> <p>Red Lake Band of Chippewa Indians Red Lake, MN 56671</p> <p>Shakopee Mdewakanton Sioux Community http://www.shakopeedakota.org</p> <p>Upper Sioux Community http://www.upperSiouxcommunity-nsn.gov</p> <p>White Earth Band http://whiteearth.com</p>	<p>Bad River Band of Chippewa http://www.badriver-nsn.gov</p> <p>Forest County Potawatomi Community http://www.fcPotawatomi.com</p> <p>Ho-Chunk Nation http://www.ho-chunknation.com</p> <p>Lac Courte Oreilles Band of Chippewa Indians http://www.lco-nsn.gov</p> <p>Lac du Flambeau Band of Chippewa Indians http://www.ldftribe.com</p> <p>Menominee Indian Tribe http://www.menominee-nsn.gov</p> <p>Oneida Tribe Nation https://oneida-nsn.gov</p> <p>Red Cliff Band of Chippewa Indians http://redcliff-nsn.gov</p> <p>Sokaogon Chippewa Community http://www.sokaogonchippewa.com</p> <p>St. Croix Chippewa Indians http://www.stcciw.com</p> <p>Stockbridge Munsee Community http://www.mohican.com</p>

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