

**ANNUAL REPORT OF ACTIVITIES
OF
FEATHER RIVER TRIBAL HEALTH, INC.
FOR CORPORATE YEAR
OCTOBER 1, 2014 – SEPTEMBER 30, 2015**

For purposes of this report, up-to-date information has been provided as much as possible, even though this report is for the corporate year October 1, 2014 through September 30, 2015.

CORPORATION STATUS

The corporation continues to operate as a non-profit agency in good standing. No amendments have been made to the bylaws during the corporate year.

The current officers of the corporation are:

Chairperson:	Barbara Bird, Mooretown Rancheria
Vice Chairperson:	Glenda Nelson, Enterprise Rancheria, Tribal Chair
Secretary:	Cindy Smith, Enterprise Rancheria
Treasurer:	Leatha Chase, Berry Creek Rancheria

Other Board Members of the corporation are:

Berry Creek Rancheria:	James Edwards, Tribal Chair Jessie Griffin Patricia Reece, Alternate
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Mooretown Rancheria:	Gary Archuleta, Tribal Chair Guy Taylor Crystal DeBoer, Alternate
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Enterprise Rancheria:	Donna Dominguez Armida Rosalez, Alternate
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The following corporation standing committees are:

Executive Committee:

Chair:	Barbara Bird
Vice Chair:	Glenda Nelson
Secretary:	Cindy Smith
Treasurer:	Leatha Chase

Bylaws & Policy Committee:

Chair:	Barbara Bird
Berry Creek Rancheria	James Edwards
Mooretown Rancheria	Gary Archuleta
Enterprise Rancheria	Glenda Nelson

Personnel & Grievance Committee:

Chair	Barbara Bird
Berry Creek Rancheria	James Edwards
Mooretown Rancheria	Gary Archuleta
Enterprise Rancheria	Glenda Nelson

Finance Committee:

Chair	Barbara Bird
Berry Creek Rancheria	Leatha Chase
Mooretown Rancheria	Guy Taylor
Enterprise Rancheria	Glenda Nelson

Audit Committee:

Pursuant to the Non-Profit Integrity Act of 2004, the Board of Directors has established an Audit Committee comprised of:

Berry Creek Rancheria:	Jessie Griffin
Mooretown Rancheria:	Guy Taylor
Enterprise Rancheria:	Donna Dominguez

California Indian Manpower Consortium (CIMC)

Delegate:	Barbara Bird, Mooretown Rancheria
Alternate:	Jessie Griffin

California Rural Indian Health Board (CRIHB)

Delegate:	Patricia Reece
Delegate:	Guy Taylor
Alternate:	Barbara Bird

FINANCIAL STATUS

A report of the financial status of the organization for the period ending September 30, 2015 is attached to this document for reference. There were no recommendations or findings for audit year 2014-2015 by the auditors. Copies of the audit are sent out annually, as required by law, to all federal and state agencies.

Approximately 61% of the agency's \$13.3 million budget comes from IHS and grant funding; 39% comes from third party billing, interest income, and miscellaneous reimbursement.

SERVICES

FIRTH operates two (2) facilities. The main facility is located in Oroville. A satellite facility is operated in Yuba City. Tele-conferencing is used between the Oroville and Yuba City facilities, which allow the two facilities to be connected via video conferencing.

Current services offered by FIRTH include:

Medical services providing primary care and family practice with sub-specialties including:

- Pediatrics
- Women's Health
- Gastro-Intestinal disorders
- Pain Management
- Pulmonology
- Internal Medicine
- Neurology
- Acupuncture
- Dermatology
- Diabetic Health Education
- Nutrition Education
- Childhood immunizations
- Podiatry
- Bone Density Screening
- Massage Therapy
- Physical Therapy
- Endocrinology
- Tele-Psychiatry

Pharmacy

FIRTH has an in-house pharmacy to serve PRC patients in an effort to control the rising costs of PRC and medications. In September 2013, the agency expanded services to all Native patients with or without an insurance resource. A contracted pharmacist service is used to ensure coverage and access to services.

Dental services focus on a comprehensive public health-oriented dental program serving adults and children in the community. Services include:

- Emergency services
- Diagnostic services including examination & treatment planning; radiographs, oral cancer screening; consultations and referrals
- Periodontal services
- Oral dental services including simple extractions and referrals for complicated procedures
- Preventative services including dental health education, oral hygiene instruction, self-applied fluorides and sealant program
- Restorative services including routine fillings and crown build-ups
- Endodontic services (root canals)
- Prosthetics including full dentures, removable partial dentures, stayplates, and fixed crown and bridges
- Oral conscious sedation for patients that qualify

Outreach services promoting health and wellness through health screening activities and health education and assisting clients with unmet health and social needs. These programs include:

- Community Health Representatives who perform home visits
- Car Safety and Booster Seat Program
- In-Home Safety assessment
- Senior Nutrition Program
- Fire prevention activities
- Injury prevention program
- Bicycle helmet program
- Parenting Classes
- Public Health Nurse/Case Management
- Immunization Program
- Community Disaster Preparedness program
- Hospital Discharge Planning liaison
- Youth activities

Patient Services and Purchased/Referred Care (previously Contract Health Service) focuses on the needs of our patients in accessing services offered by FRTH as well as in our community including:

- Patient Registration/Indian Verification
- Assisting patients in identifying resources and access to services
- Patient assistance with completing forms and signing up for resources
- CHS/PRC
- Participation in Inter-Tribal Task Force meetings between numerous local community agencies and groups
- Referrals for medical, dental and behavioral services
- Access to legal services program for Native Americans

Behavioral Health Services focus on the numerous needs of the community including:

- Psychiatric services for assessment, therapy and drug management
- Drug and alcohol counseling for adults and children, including preventative activities and aftercare
- Men's Recovery Group for men with alcohol and substance abuse issues
- Treatment for children who are emotionally, physically and sexually abused, or come from homes where domestic violence has occurred
- Adults molested as children groups for adult survivors of molestation
- Individual, family and group counseling – adults, children and adolescents
- Play therapy for young children
- Co-ed recovery group for individuals with alcohol and substance abuse issues
- Assistance with placement into residential drug and alcohol treatment programs – children and adult
- Anger management classes for men and women (not those who are court-mandated)

- Case management including referrals to other agencies/providers, home visits, court advocacy and school advocacy
- Therapeutic cultural groups for children
- Family advocacy
- Parent-Child Interactive Therapy (PCIT)
- Domestic Violence victim services
- Smoking cessation counseling services

FUNDING SOURCES

The agency has continued to work to retain the funding for current grants. Focus continues to be on ensuring that services provided are paid for through grants or fee-for-service.

Grants currently awarded to the agency include:

Indian Health Service – This federal grant awarded by the Department of Health and Human Services provides approximately 61% of funding for FRTH. It provides health care services to Native Americans residing in the designated service area of Butte, Yuba and Sutter counties (excluding the cities of Chico and Durham).

FOCIS – This grant represents about 1% of the funding for FRTH and is funded through Cal OES. This grant is applied for on an annual basis. The grant provides services to women at risk of domestic violence in the Native American community.

Diabetic Grant – This is a federal grant provided by the Department of Health and Human Services through Indian Health Service and provides about 3% of the funding for FRTH. The purpose of this grant is to assist in the treatment, control and/or monitoring of diabetic services of Native American patients receiving treatment at FRTH facilities. FRTH applied for the competitive grant and have just been notified in December 2015 that our grant has been extended through 9/30/20.

Blue Shield of California Foundation (BSCF)

In 2014/15, FRTH was awarded \$10,000 from the BSCF. These funds were used to update the FRTH strategic plan, help to create an IT strategic plan, and continue the restructure of the organization for cost efficiency.

Department of Social Services (DSS)

This program offers a grant through the State of CA to provide direct counseling services to Native American families that are eligible for Temporary Aid to Needy Families (TANF).

THIRD PARTY BILLING

Many of the previous health insurance programs have been eliminated due to the transition to Medi-Cal managed care. We are providers for the managed care providers – Anthem Blue Cross and California Health & Wellness as well as Medicare and other

3rd party insurances. Billing these resources help to provide the agency with additional revenue sources.

ACTIVITIES FOR 2014/2015

Compacting

On 9/30/11, FRTH became the 101st health care organization in the nation to compact with Indian Health Service. Under compacting, Indian Tribes administer and manage programs, activities, functions and services previously managed by Indian Health Service through a contract. It allows for flexibility and redesign of programs and services to meet the needs of the community. Compacting for fiscal year 2015/16 was completed in September 2015.

PRC (formerly Contract Health Service - CHS)

Purchased/Referred Care (PRC) (formerly Contract Health Service) workshops are held annually to review the spending limits and policies. The most recent workshop was held in August 2015. The goal for the PRC program is to insure consistency and easy access to care, timely payment of invoices and statements, and patient education on the use of benefits and resources. The Board has had to address major funding issues of the PRC program in the past. Information about changes to PRC is available upon request.

Accreditation/Quality Improvement/Risk Management

FRTH holds a three (3) year national accreditation through the Accreditation Association for Ambulatory Health Care (AAAHC). FRTH has been accredited with AAAHC since 2003. FRTH's most recent survey with AAAHC was in March 2015. FRTH received a full 3 year accreditation. Current accreditation with AAAHC is now through 4/14/2018.

Each of the departments is responsible to participate in quality improvement activities. The Quality Improvement Committee meets at least monthly and addresses a variety of concerns related to the provision of health care, safety, corporate compliance, and policies and procedures of the agency. They are also responsible for the oversight of accreditation preparation. The group also oversees risk management of the agency.

Payment Methods

Patients that must pay for services have a variety of means available to pay. FRTH has the ability to accept debit and credit cards as a means of payment as well as accepting cash and checks for services. Non-Native patients are required to have a payment source in order to be eligible for services.

Policies & Procedures

On an annual basis, the Board reviews the policies and procedures of each department to ensure that they are up-to-date and accurate. The most recent annual review occurred in December 2015.

Diabetes Accreditation

In January 2006, the diabetes program at FRTH was accredited through the Integrated Diabetes Education Recognition Program (IDERP). FRTH became the first California Indian program to receive such accreditation. The accreditation body recently changed

to the American Association of Diabetes Educators. FRTH currently has accreditation through December 2016.

GPRA/HEDIS

The **Government Performance Results Act** (GPRA) performance numbers posted for 2014/15 **are attached**. Additionally, with the implementation of managed care for Medi-Cal, FRTH must now also report on measurements set by the managed care organizations through a program called HEDIS. Meeting HEDIS measurements can result in additional payment by managed care to FRTH.

Restructure/Succession Planning

FRTH has undertaken several steps to realign operations of the agency in an effort to ensure economic stability and cost efficiency. Changes include relocation of the Billing and Outreach departments; consistent pairing of providers with nursing staff; realignment of the check-in process for better patient services has also been done. Planning for the eventual retirement of key personnel is also being addressed. We have sent two staff for coding training in preparation for ICD10, which went into effective 10/2015. Five staff has obtained certification as navigators for the Affordable Care Act. EHR 2014, a new Indian Health Service electronic health record system, which is supposed to be compliant with ICD10 and meets meaningful use requirements that must be in place by 2017 was completed in April 2015.

ANNUAL ACTIVITIES

Patient Satisfaction Survey

FRTH performs a patient satisfaction survey in April of each year. **A copy of the results is attached to this report.**

Health Fairs

The annual health fair was held in October 2015. The event serves as an opportunity for our program to interact with and provide services to the community served by Feather River Tribal Health. This year's focus was on signing patients up for the patient portal. This allowed patients access to log in to their health information electronically.

Training

Throughout the fiscal year, the Board of Directors and staff have received training on a variety of topics from a variety of resources including: Indian Health Service, State of California, National Indian Health Board, Butte County, Tribal Net, Tribal Self Governance, California Rural Indian Health Board, and AAAHC.

Community Access to Meeting Space

FRTH provides free meeting space to community programs, agencies, and support groups.

Strategic Plan/Facilities Master Plan

In 2006, Indian Health Service required that each Native American health care program in California submit a facilities master plan through 2015. The purpose of this plan is to establish the need for space and staffing funded by Indian Health Service through 2015. It also helps to identify the types of services that programs may want to plan for in the

future. The plan was used as a beginning point for the agency's strategic plan. The most recent 5 year strategic plan was updated and reviewed in June 2015 and runs through 2020. The Board of Directors reviews the Facilities Master Plan and Strategic Plan annually to monitor progress.

Areas reviewed and discussed included:

- Expansion of adult and pediatric primary care
- Expansion specialty services – both in-house and contracted
- Adult and children – dental care
- Medi-Cal services – continue to adjust to managed care
- Case Management
- Mental health accessibility
- Being an FQHC vs. IHS MOA
- Sequestration
- Contract Support Cost
- IT Strategic Plan
- Development of a wellness center
- Succession planning

Many of the items are ongoing.

Medicare Part D

FRTH continues to work with patients on the renewal and/or review of Medicare Part D plans, which was implemented in January 2006 to ensure that impacted patients have access to medications. Open enrollment usually runs mid November through mid December of each year.

ACTIVITIES FOR 2014/2015

Specialty Services

FRTH continues to provide specialty on-site services through contracts with specialists for neurology, endocrinology, podiatry, acupuncture, women's health, psychiatry, rheumatology, pain management, and physical therapy.

The Yuba City clinic was able to expand services to include pediatrics, psychiatry, podiatry, women's health, and counseling services.

Replacement of Medical/BHS Billing System

In 2011, FRTH learned that the current billing system being used by FRTH – FSI – would no longer be supported at the end of 2012. In addition, the system must be compliant with ICD-10 coding, which was originally scheduled for implementation in 2013. Implementation took place in October 2015. FRTH invested in a new billing package that is ICD-10 compliant and interfaces with the electronic health records used by FRTH. FRTH continues to assess the billing system in order to adapt to ICD-10 and managed care billing practices.

Retirements/Departures

Key positions providing direct services that have chosen to retire or move on to other positions included:

- Yvonne Von Darke, Health Information Director
- Phyllis Lee, Nursing Director

New Staff

In 2014-15, the following new providers were hired:

- Tracy Harrison, LCSW
- Ashlee Long, LCSW
- Lorena Monroe, NP
- Sam Balderston, DDS
- Erik Lyon, MFT, new BHS Director – 1/4/16

Tribal Consultation

In 2014 and 2015, the Board of Directors actively participated in meetings with the State of California, IHS, and HHS in order to develop a tribal consultation policy that requires consultation with tribal leaders on a variety of issues. The Board has also been actively working with the State of CA in an effort to unite and take action against steps being taken by the State of California to eliminate services and levels of care to Medi-Cal patients. A resolution was adopted by National Congress of American Indians that was introduced by Mooretown Rancheria, which helped to address the issues and concerns identified by Tribal programs at these meetings. Issues addressed by the Board have included the definition of Indian, contract support costs, sequestration, and rescissions to the federal budget.

Annual Budget

The annual budget workshop is held in August/September annually to develop the budget for the new fiscal year. The budget for 2015/2016 is set at \$13.3 million. The agency did post a profit for 2014/15, which is listed in the annual financial report.

Pay Down on Construction Loan Debt

In 2015, FRTH was able to pay off the loan debt to USDA for construction of the Oroville facility. The payoff will allow for a faster payoff of the two remaining loans.

Emergency Plan

FRTH continues to work on the re-development of the agency's disaster response plan in response to natural disasters. FRTH continues to work on the development of networks of Native American health care facilities to assist each other in case of an emergency.

Youth Regional Treatment Center

Indian Health Service is scheduled to open the new southern CA YRTC in 2016. The northern CA YRTC will be located on property next to DQ University in Davis, CA. It is currently in the design phase. No schedule has yet been provided by IHS for construction.

Merging of Real Property

FIRTH was able to acquire a quarter acre of vacant land next door to the current Oroville facility and merged the property with the larger vacant lot already owned by FIRTH.

Property Development

In 2015, FIRTH explored the possibility of developing the vacant land in Oroville to create a wellness center that would expand in-house patient services. The design and cost for expansion will be reviewed by the Board in fiscal year 15/16.

Newsletters

FIRTH provides monthly updates to the community in an effort to keep the community informed about the activities of FIRTH. The information is posted in each of the sponsoring Tribes newsletters. The monthly Board update report is also posted on the website at www.firth.org. The domestic violence program, FOCUS, also sends out a newsletter on a quarterly basis. It is also available on the website.

Partnerships

Staff continues to serve on collaborative committees. FIRTH has always participated in the Inter-Tribal Task Force. In 2011, FIRTH joined the Butte County Health Collaborative which includes monthly meeting with local hospitals and agencies throughout Butte County working together to coordinate services for the community. FIRTH also participates in the Sac Valley Medshare organization that is developing a health information exchange for Butte County.

Throughout the year, FIRTH works with other Native American healthcare programs to offer training and assistance on a variety of topics.

Other Reports

Also attached to this report are the following reports:

- Action List of the Board of Directors updated as of 12/2015
- Action List – Quality Improvement Committee

GOALS/OBJECTIVES FOR 2015/2016

The Board of Directors and staff have been able to identify and address critical areas and issues of the organization during the development of the facilities master plan and strategic business plan. Issues that the Board will be working to address in the new fiscal year include:

- Productivity of providers, departments and monitor staffing levels
- Continuing to work on the development of PRC services and funding
- Development of tribal consultation policies with state and federal agencies
- Continue to implementation and monitor the 5-year business and technology plans
- Accountability of Board/Staff/FIRTH
- Budget/Fiscal stability

- Continue development of emergency response network with other Native American healthcare programs
- Continue to work on the billing and EHR systems used by FRTH to ensure efficiency and dependability
- Move forward on property development, the replacement of aged HVAC equipment and infrastructure at its Oroville facility, which will impact operations of the service departments
- Continue succession planning in preparing for retirement of long-term staff
- Work with IHS on the resolution and payment of outstanding unpaid contract support cost claims with Indian Health Service
- Continue to monitor and update fee schedules to ensure competitiveness
- Maintain schedule of infrastructure improvements
- Implement an in-house server that will provide efficiency for IT infrastructure
- Implement in-house landscaping services
- Update the Script Pro pharmacy package to expand capacity