

Empowering Native Wellness



2020 ANNUAL REPORT
INDIAN HEALTH COUNCIL, INC.

Tribal organization and a 501(c)(3) nonprofit corporation

MISSION STATEMENT

Continually nurture a balance of physical, mental, emotional and spiritual well-being.

Awarded Accreditation by



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

IHC has been continuously accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) since 2001. In spring 2018, the clinic also received maximum three-year accreditation as a Patient-Centered Home for both its Medical and Dental Departments. During 2020, IHC focused on patient-centered care and continuous quality improvement in preparation for renewal of accreditation in 2021. Accreditation demonstrates IHC's commitment to providing safe, high-quality services to its patients. AAAHC accreditation is recognized by third party payers, medical professional associations, state and federal agencies and the public.

About the Cover

The photo marks the year of 2020 with unprecedented times and the start of the COVID-19 pandemic. IHC rose to the occasion, adjusting operations and staffing as the pandemic unfolded to offer services and resources to the community. Together, we remained vigilant in our efforts to protect staff, community members and our patients while providing education on the virus as the pandemic continued to evolve. We took preventive measures based on the latest information from the CDC (Centers for Disease Control and Prevention) and adopted COVID-19 best practices while communicating with our tribal leaders and partners. Standing united in our fight against the pandemic, we aimed to find ways to reach out and stay connected with each other and those we serve. 2020 was truly a year of resiliency, a year of overcoming challenges and working through problems, a year of service and loss, a year of great compassion and inspiring moments, a year that will never be forgotten.



BOARD MEMBERS (2020)

Executive Board

Robert H. Smith, Chairman, Pala
Carolyn Stalcup, Vice-Chairwoman, Santa Ysabel
Mercedes Astorga, Secretary, Mesa Grande
Leia Arviso, Treasurer, Inaja-Cosmit
Theda Molina, Member-at-Large, La Jolla

Members

Mary Arviso, Inaja Cosmit
Reuben Rodriguez, La Jolla
Andrew Campbell, Los Coyotes
Dorothy Willis, Los Coyotes
Tony Gumataotao, Mesa Grande
LeeAnn Hayes, Pala
Linda Bojorquez, Pauma
Patricia Dixon, Pauma
Alfonso Kolb, Sr., Rincon
John Constantino, Rincon
Patricia Ockert, San Pasqual
Cristina Williams, San Pasqual
Vanessa Christman, Santa Ysabel



A STATEMENT FROM OUR BOARD CHAIRMAN

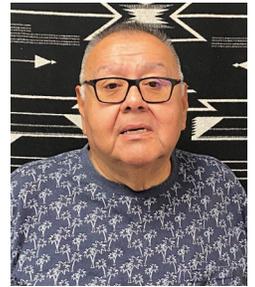
As a consortium of nine local Tribes, Indian Health Council, Inc. strives daily to promote the health and wellness of Native people and communities throughout our region. In all we do, we are focused on “Empowering Native Wellness.”

During 2020, we made great strides by successfully facing and fighting the COVID-19 pandemic. This was accomplished with a synergistic team effort encompassing our Tribal communities, consortium Tribes, and Indian Health Council, Inc.

Among our many efforts in a swift and comprehensive response to COVID-19, we mobilized our clinics; implementing screening, testing, vaccination, care, safe quarantine, and social support to fight the pandemic and support our communities.

We created a new Research and Student Development Department and implemented new Policy/Procedure and Incident Report Software. We initiated a COVID-19 help line and maintained our highest standard of services by implementing many virtual wellness options.

These and other exciting changes and improvements will enable us to better serve our communities and promote the health and wellness of current and future generations.




Robert Smith, Chairman



A MESSAGE FROM OUR CEO

With the challenges of the COVID-19 Pandemic in 2020, we wanted to distribute our 2020 Annual Report to show both the resilience of our staff and the tribal communities we serve. I wanted to take this opportunity to send out a genuine “Thank You” to all of our members, partners, friends, family, Board members and employees at Indian Health Council. Without all of you and your support, we would not be where we are today, doing what we love. And more importantly, we would not have the opportunity to assist our Tribal members with improved access to care and improved health outcomes.

To Our Tribal Members and Communities

IHC provides our client base of over 6,000 Tribal clients with an amazing array of health care services. Thanks to each of you for your loyalty and utilization of our services and especially to those who have provided feedback to us. The strides we have been able to make this past year with delivering services during the COVID-19 pandemic are due in large part to our many members and their support.

Employee Team Members

Our team members run our operations, day in and day out. Each new day presents an exciting new opportunity or challenge and there is nothing insurmountable to each one of them. As one of the most efficient and effective teams of professionals around, there are no doubts that our organization will continue to flourish through 2020 and beyond. Thank you all for the hard work, new ideas and unrelenting dedication and determination in seeing us succeed and assisting our Tribal members to achieve improved health quality and outcomes during this challenging year!

To Our Board Members

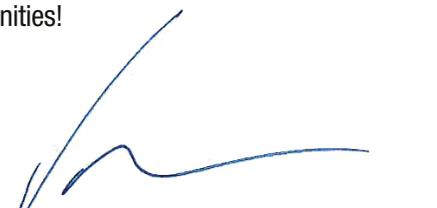
Eighteen Board members and alternates support IHC operations throughout the year. There are a number of required meetings, policy reviews, clinic discussions, and board education throughout the year. It takes a special commitment to be on the Board of IHC. It also includes sharing information with each of the Tribal communities represented. IHC's reputation flourishes on these relationships. Many thanks to our Board members for your commitment, reliability, quality of work, and service to our communities.

To Our Future

We are ready to face the future, continue to serve our communities, and improve the quality of care we provide with improved outcomes. We have a solid team in place, a loyal client base, and some of the best partners and professionals to help us along the way. This coming year will, again, be all about providing the best service possible and producing the most cost-effective results for each one of our communities and clients. Some of the main ways we will meet these goals include:

- Continuous quality improvement of our services, technology and equipment so we can continue delivering the best results possible.
- New partnerships to help IHC better serve its current clients and to encourage those not maintaining health visitation and updates to visit our providers.
- Even more helpful and targeted education and information to keep our services on the cutting edge.
- Continued education and research internally to keep our team sharp and knowledgeable.

We're ready to continuing making a positive difference in the health and outcomes of our communities!


Orvin Hanson, Chief Executive Officer

WHAT WE'RE DOING TO REDUCE THE SPRE



INCIDENT COMMAND TEAM

We established an Incident Command Team comprised of executive level staff to guide decision making and planning. The Team meets weekly or as needed.



EMERGENCY OPERATIONS PLAN

We activated an emergency operations plan with the establishment of key roles and responsibilities and job action sheets. We created additional positions to support COVID-19 mitigation efforts.



TELEHEALTH OPTIONS

We are offering telehealth appointments so that patients can connect with their providers utilizing a phone or computer.



VIRTUAL MEETINGS

We have implemented organizational wide use of Microsoft Teams to support internal and external communication. We initiated employee telecommuting agreements. We adopted virtual platforms for programming and activities.



SOCIAL MEDIA

We are keeping our staff and community members informed of the latest COVID-19 information and public health orders. We are providing updates on services and resources available at IHC.



FACILITIES

We updated our facilities with the necessary equipment, safeguards and personal protective gear. We installed HEPA filters in all air vents. We are making incremental adjustments to our health and safety procedures and protocols.





HEALTHY TEAM MEMBERS

We are conducting daily temperature checks and symptom health screenings for our team members and patients.



WEARING MASKS

We are wearing protective masks at all times to ensure everyone's safety.



CLEAN ENVIRONMENT

We are adhering to the Centers for Disease Control and Prevention cleanliness guidelines and disinfecting frequently touched surfaces and utilizing advanced cleaning/sanitation methods.



HAND SAFETY

We are using hand sanitizer and frequently washing our hands with soap and water.



SOCIAL DISTANCING

We are maintaining a minimum distance of 6 feet from our team members and community members. We posted maximum occupancy signs on all our rooms and 6 feet apart floor markers in patient waiting areas.



STAYING HOME

If we are not feeling well or have a cough, fever or flu-like symptoms we are staying home and also asking patients to stay home.



DEPARTMENTS



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**COVID-19
DRIVE THRU
TEST EVENT**



MEDICAL

COVID-19 MITIGATION



Daily COVID-19 screening of all patients



Social Distancing at patient check-in/
check-out and in patient waiting areas



Testing of those with COVID-19
symptoms to identify positive cases



Contact tracing and follow up to identify
potential exposures and inform people
who might have been exposed

The last pandemic was in 1918.

Few persons who were alive at that time can attest to the effect of this mass event. COVID-19 was not the flu but was an event that highlighted the dedication of staff to the public health mission for health care delivery throughout the Indian Health Service. The Medical Department at IHC served as front line responders in triaging, caring, and counseling for patients. From physicians to the medical assistants, staff served at the top of their license to provide the best care for their patients.

To minimize patient exposure, IHC medical providers utilized a virtual care platform to support telehealth enabling them to treat patients whenever needed and wherever the patient was. Through a computer or smartphone, clinical services and care were delivered remotely including evaluation, diagnosis, treatment planning, follow up care and ongoing management of medications for chronic disease. Given the convenience of not having to leave your home, this telemedicine option became a patient preferred way to be treated for a variety of acute care needs and follow up issues.

4,621 COVID TESTS

1,204: Tests done in conjunction
with CalFire testing Events

3,597: Tests performed by
IHC Medical



73

**BABIES
DELIVERED
AT HOSPITAL**

13,133

**MEDICAL
VISITS**

Family
Medicine
Pediatrics
Podiatry

OB/GYN
Acupuncture
Chiropractic
Optometry



12,087:

In-Person Visits

1,046:

Telehealth Visits

1,571:

Lab tests ordered

1,051:

X-Rays taken

601:

Well Child Exams

4,194

**VACCINATIONS
ADMINISTERED**



1,663

**REFERRALS TO
SPECIALISTS**

Dan Calac, MD, Medical Director and Chief Medical Officer



DENTAL



7,877

Visits Provided



1,229

Fluoride Varnishes Provided



15

Kids in the No Cavity Club



Seal a Smile, **217** Youth Received Sealants

702: Patients Received Restorative Work

161: Patients Received Root Canals

161: Patients Received Extractions

1,748: Patients Received Cleanings

2,313: Patients Received X-Rays

CREATED ORAL HEALTH EDUCATION CAMPAIGN



Created "Lucky our Patients Like to Brush" video



Drive through Dental Give Away Event funded by San Diego Foundation COVID-19 Community response Fund with **2,311** Adults and **689** Children receiving Oral Health supplies and literature

With dentistry being one of the very few fields of healthcare which routinely generates aerosols, safety for both our patients and team members became a central mission of the Dental Department during the COVID-19 pandemic. With the initial outbreak, dental services were restricted except for emergencies while adequate protections were secured.

Actions included obtaining proper personal protective equipment and implementing multiple environmental controls at our Rincon and Santa Ysabel sites including a.) Placing Molekule Air Mini+ purifiers at the foot end of each operatory b.) Adjusting air turnover rates in all vented areas c.) Installing exhaust fans in the walls at the foot end of each operatory to be switched on by dental staff when performing procedures that will be generating aerosols to help pull the air away and out of the room d.) Offering MaxAir CAPR powered air purifying respirators for dental staff to wear as an alternative to N95 respirators to optimize respiratory protection against aerosols and droplets and e.) Installing additional high-volume evacuation (HVE) lines in each operatory to allow for versatile dental suctioning methods and hands-free dental suction systems.

During this preparation period, actions were focused on promoting oral hygiene and health education through outreach and social media. Limited dental services were then resumed in phases and eventually to full capacity with necessary precautions and safeguards in place. The Department continues to exemplify public health dentistry by preventing and controlling oral diseases and promoting dental health through organized community efforts.

Carrie Lambert, DDS Dental Director and Chief Dental Officer





BEHAVIORAL HEALTH



6,776 VISITS
1,948 In-person Visits
4,828 Telehealth Visits

14% INCREASE in
Visits over
CY 2019



BHD / MEDICAL INTEGRATION During the stay-at-home order, a therapist and SUD Counselor were present daily in the Medical Department for service collaboration with **42 crisis interventions**, treating the whole person and helping eliminate the stigma of seeking mental health treatment.

COVID ACTIONS:

Staff Support Unit Officer and Psychological Support Unit Leader offered **“Check Ins”** with IHC staff and gave referrals to the Employee Assistance Program.

30 Staff and community members completed Virtual Training **“Generation Red Road-Red Road Approach NextGen Recovery Curriculum for Youth.”**

30 Staff and community members completed **“Mending Broken Hearts for Youth Training.”**

Awarded a one-time **COVID-19 Grant** from the Substance Abuse and Mental Health Services Administration to fund outside treatment of clients in detox, residential and sober living programs.

334 ROAM client transports to BHD. The **ROAM mobile unit** was also used as a hub for COVID-19 testing.

Established **BH Helpline** (Mon-Fri), 8 am-4:30 pm staffed by BHD licensed providers as a **“Warmline”** for early intervention with emotional support before a crisis.



75 members of **Native and Indigenous Club at Valley Center Middle School** participated in hosted weekly meetings (in person, virtual)

4 REZBeats Events (in person/virtual) with open mics to encourage youth expression through performing arts, music, and spoken word



60 participants in IHC sponsored virtual **GONA (Gathering of Native Americans)** Event to address community identified issues



1K+ views of **Solstice Prayer Hour Live Stream Event**

During the pandemic visits, intakes, and clients increased significantly. There was a high demand for therapy associated with depression, loneliness, anxiety, grief and loss, chronic pain, and other distressing emotional experiences. These conditions manifested into interpersonal difficulties, substance abuse/dependence, family disruptions, and a broad range of other mental and behavioral disorders. Overall, the pandemic negatively affected the mental wellbeing of many community members particularly children and adolescents with remote learning and isolation occurring during a critical period of their social and emotional development.

The Behavioral Health Department (BHD) quickly rose to meet this challenge and offered mental health treatment services by utilizing telehealth. Providers adjusted to continually support the community through telephonic and virtual sessions. BHD clients are active participants in planning for their services with individualized treatment plans based on person-centered planning processes and clinical assessments. BHD consistently provided recovery-oriented, trauma informed and resiliency focused counseling/therapeutic services to help others adopt healthy coping skills and strategies. BHD remained committed to providing quality services with a desire to empower others to change by promoting opportunities for growth and healing.



INITIATION OF BHD SERVICES COMPONENT into the Prenatal/Obstetrics program

Cheryl Pfent, Psy. D., Behavioral Health Director

PHARMACY



“The pharmacy is convenient with all this that is going on with the coronavirus. They have a nice way of doing stuff. Each time I've gone, they seem to improve the pharmacy more and more, so I don't think there is something else right now that can improve. Everything runs smoothly.” -IHC Patient



AVERAGE **244** PRESCRIPTIONS FILLED A DAY

215 MEDICATION ASSISTANCE TREATMENT (MAT) PRESCRIPTIONS FILLED AS PART OF TRIBAL OPIOID RESPONSE PROGRAM

The pharmacy staff was able to show dedication, innovation, and resilience in the face of one of our most challenging times.

At the onset of the pandemic, our pharmacy provided essential services while only operating with half of our department workforce onsite. The other half had to adapt their workflow through remote work plans. While adjusting to these changes we were met with an influx of early medication refill requests as patients followed the CDC recommendations to stock up on chronic medications.

Our team redesigned our processes to maintain continuity of medication therapy for patients. We provided a “Bulk Prescription Pick Up” program for vulnerable and isolated IHC patients in coordination with local tribes for a designated person to pick up prescriptions on the patient’s behalf. We instituted curbside prescription pick up with the help of multiple runners, employees that were reassigned to aid our efforts. Investing in long term solutions, we converted to a new pharmacy software system that is comprehensive and provides us with the tools we need to better serve our patients.

Ella Solis, PharmD, Pharmacy Director

TOP 3 PRESCRIPTIONS DISPENSED

- #1 Test Strips
- #2 Albuterol Inhaler
- #3 Ibuprofen



AUTOMATION

Interactive phone system to manage the refill process

INBOUND:

29,520 Calls Received
23% of Calls are on Mondays (Busiest day)

OUTBOUND NOTIFICATIONS:

Calls: 21,656 (75%)
Texts: 7,383 (25%)
Total: **29,039**

CONTINUOUS QUALITY IMPROVEMENT PROGRAM

Program in place to actively monitor medication incidents to identify risk in the pharmacy workflow.

The information is used to formulate corrective actions to reduce errors and improve patient care.



Collected **194.45** pounds of unused or expired prescribed and over-the-counter medications through our licensed Medication Take-Back Program.





PUBLIC HEALTH PROGRAMS

1,853 TOTAL PUBLIC HEALTH VISITS:

354 Nutrition/Dietician Visits (In person & Virtual)

471 Exercise Specialist Visits (In person & Virtual)

61 Elder Safety Checks **83** Car Seats Installed

532 PUBLIC HEALTH NURSE VISITS, PHONE CASE MANAGEMENT, HOSPITAL VISITS AND FOLLOW-UP



352 PUBLIC HEALTH REPRESENTATIVE AND PHONE CASE MANAGEMENT

79% of all Visits were provided under the Special Diabetes Program Initiative

315 WATER SAMPLES TO MONITOR TRIBAL WATER SUPPLIES

88: Participants in Warrior Women's Virtual Summit

80: Surveys completed to characterize the caregiver population capacity, challenges, and resource needs for obtaining appropriate services and providing care for children with developmental delays or disabilities



Monthly Family Support Group transitioned to virtual meetings and email support



Completed **22** Key Informant interviews, **4** Focus Groups, and **66** surveys to elicit community-level HIV/STI risk perception and other community conditions, including culture/contextual factors and mental health, affecting HIV/Sexually Transmitted Disease prevention

Presented the project at **5** events including the IHC's Scientific Advisory Board Meeting and UCSD MD-PhD Health Equity Symposium

Created a radio advertisement for survey recruitment

Completed **5** Key Informant interviews, **10** Qualitative Interviews, and **7** pilot quantitative surveys as part of an opioid use and risk profile supplemental study

26 Naloxone trainings with first responders and community members, **113** participants and **663** naloxone kits given out



12 Coalition Meetings
3 Indigenous Food Demonstrations
 Prickly Pear Gathering at the Safari Park
 Mesquite Harvest and Processing at Anza Borrego

Peggy Richards, RN, PHN, Acting Director of Public Health Programs



HEALTH PROMOTION SERVICES

COVID-19 had a huge impact on programming and activities for the HPS Department. The pandemic pushed our creativity to new levels to reinforce ideas of resiliency and restorative practices during uncertain times. We pivoted our methods of delivery and switched activities over to virtual platforms and implemented drive through “touchless” events. In addition, staff were on the front lines to assist with COVID relief efforts in the Patient Screening Tent where they helped with patient flow and traffic control to facilitate access to services. Our social media efforts were far more expansive than anyone anticipated as we grew our following and kept the community aware of the everchanging COVID landscape with shutdowns, public health orders, emerging guidelines, resources, and IHC service availability. We solidified and built our relationship with Feeding San Diego to begin offering mobile pantry services and food distribution in 2021. With an intentional approach of contributing to community wellness, the HPS team provided education/prevention services and trainings to empower community members toward healthy lifestyle choices. The team demonstrated strength and persistence in the face of adversity and were challenged to seek innovative ways of doing things to promote community engagement.

COMMUNITY ENGAGEMENT THROUGH SOCIAL MEDIA

CREATION of IHC COVID-19 Resource Guide

IMPLEMENTED “IHC Strong” Instagram Challenge

MENTAL HEALTH AWARENESS MONTH Movie Reviews

DEVELOPMENT of 4-part series Facebook Live webinar on opioid misuse prevention entitled, “Honoring Mind, Body, Sprit and Community: Preventing Opioid Misuse”

42% GROWTH in Facebook following over 2019

50% GROWTH in Instagram following over 2019



923 Individuals reached through Chair Volleyball Tournament, Suicide Prevention/Virtual Walk Campaign, Fall Festival, and Veterans Day Luncheon



9 Youth completed REZilient sessions on drug use prevention

12 Outreach and prevention education activities

3 Virtual events



32 Domestic Violence/Sexual Assault Victims Served

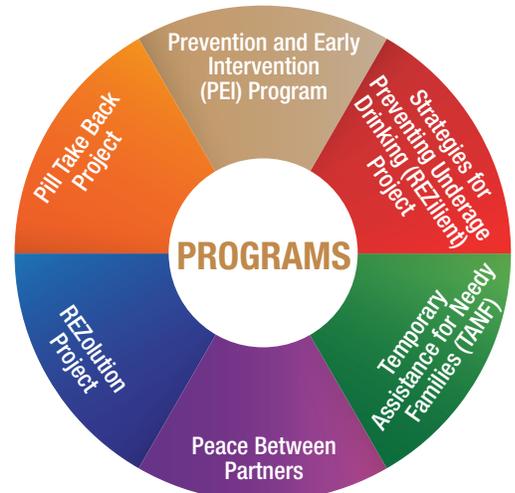
8 Trainings Provided

60 Attendees at Native Short Film Night with production and premier of video documentary, “I See You,” Native Perspectives on Violence and Intergenerational Trauma

9 Tribal TANF clients receiving services



Initiated Tobacco, Education, Prevention, Outreach and Cessation (TEPOC) project



Beth Turner, MPH, Health Promotion Services Director

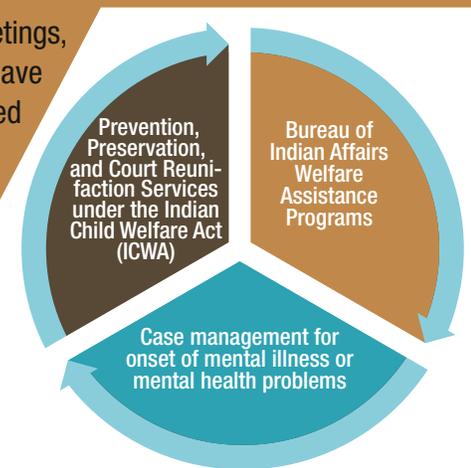


TRIBAL FAMILY SERVICES



TFS works to protect the best interests of Indian child and the stability and security of families by offering an array of culturally specific strength-based services. Collaborating with tribal communities, supportive efforts are directed to maintain or connect children with their families and provide intensive case management assistance and resources.

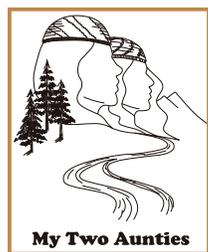
With the onset of the pandemic, services were transitioned to virtual services including meetings, visits, court hearings and classes. In addition, an open space for families was designed to have meetings outdoors. Over a span of 9 months, TFS staff were on the front lines and assisted as Patient Runners, Patient Navigators and Traffic Control in the COVID screening tent where they greeted and directed patients and provided excellent customer service. Staff demonstrated their resiliency, willingness to be flexible under a changing environment, and reengineer workflow to meet community needs and deliver services.



13 ICWA REUNIFICATION CASES INVOLVING 21 CHILDREN

- 17 Living with Relatives                    
- 1 Tribally Approved Foster Home 
- 3 Non-Indian Foster Homes   

BY COUNTY: 7 San Diego, 2 Los Angeles, 2 Riverside, 1 Orange, 1 Fresno



MY TWO AUNTIES PROGRAM
Launched Program funded by a 3 Year grant from the Office of Child Abuse Prevention to work with expectant mothers testing positive for substance abuse

FOSTER CARE STATISTICS	
	<p>In 1994, there were 489 Native children in Foster Care from 7 Tribes</p> <p>In 2020, there were 21 Native children in Foster Care from 7 Tribes</p>
<p>Average Age 5</p>	<p>Average time spent in Foster Care 12 MONTHS</p>
<p>14 were female</p> 	<p>7 were male</p> 

2834 CASE MANAGEMENT HOURS

AND CASE MANAGEMENT OF:

- 15 At Risk Families involving 34 Children through Child Protective Team to help overcome adversity with 11 referred from Child Welfare from investigations and agreed to leave children in the home with our services and 4 were Self Referrals
- 41 General Assistance Clients

COURT HEARINGS:

- 81 Total Court Hearings: 21 In-person and 60 Virtual
- 305 Individual Parenting Classes: 7 In-person, 294 Virtual
- Assisted with 121 Child Welfare Investigations involving 302 children

3 INDIAN CHILD WELFARE ACT PERMANENT PLAN CASES INVOLVING 5 CHILDREN

- 5 Tribal Customary Adoptions

Karan D. Kolb, M.A., Social Services Director





SUPPORTIVE SERVICES

INFORMATION TECHNOLOGY

7,100 INTERNAL WORK ORDERS COMPLETED



MAINTAIN,
SUPPORT
AND OPERATE:

- 48** Virtual Servers
- 9** Physical Servers
- 250** Computers
- 80+** Tablets/Devices
- 90** Laptops purchased to support remote work options



ADDITIONAL SECURITY:

24/7 hardware/software security monitoring and remediation from outside vendor



Forensics and Incident response for phishing and virus email
Anti-phishing campaign management software with educational component for staff

HEALTH INFORMATION MANAGEMENT

67,764 Pages of clinical information scanned and indexed into Patient Electronic Health Records



956 Outside records requests processed for continuing care



161 Requests for patient records processed (personal or third parties requests (healthcare facilities, attorneys, SSA/Disability, or subpoenas)

910 Requests by patients and healthcare facilities for copies of test results (Covid, routine/regular labs, X-ray)

OPERATIONS

3 Additional housekeepers hired to clean and disinfect 57,706 sq ft of facility space



Preventive maintenance program established to disinfect both clinics on a regular basis and contracted with outside vendor to provide a vital clean system



Building Key FOB system initiated to create a safe workplace by securing and monitoring access control to doors and entrances



Reconfigured offices to accommodate social distancing and room capacity limits

23 Fleet Vehicles Plexiglass Dividers Installed

5 Circuits added to the emergency generator to ensure the entire clinic is sustainable during a power shut off

30 Hepa air filters installed in clinic ventilation systems for air purification

BUSINESS OPERATIONS

PATIENT REGISTRATION



286 PATIENTS REGISTERED

ELIGIBILITY & RESOURCE CONNECTION

452 Medi-Cal applications/renewals

26 Covered California applications/renewals

106 CalFresh applications/renewals

CLINICAL APPOINTMENT SCHEDULING AND BILLING



53,989
Appointments
Scheduled



25,915
Claims
Billed





HUMAN RESOURCES

217 EMPLOYEES

7 STUDENT INTERNSHIPS completed

57 POSITIONS FILLED

25 MIDDLE MANAGERS completed the CalState University San Marcos supervisor certificate program

TRANSITIONED paper employee personnel records to electronic records



The **COVID-19 pandemic** required that the HR Team adapt in ways they never had before and think differently about their role in a new work environment. The Team quickly developed strategies to shift utilization of the workforce at an unprecedented rate and scale. Development and implementation of telecommuting frameworks assisted Departments as they transitioned their onsite workforce to remote work and/or released their workforce for re-assignment within the newly established labor pool.

Employees needed to change work habits, acclimate to virtual technology, and embrace other modes of communication. Staff adjusted with phone calls, emails, and video conferencing replacing face to face interactions and in person collaboration.

Rapidly evolving regulatory guidance from the Centers for Disease Control (CDC), implementation of new federal paid leave laws, understanding stay-at-home orders, supporting testing, tracing/tracking and quarantine requirements, responding to employee morale and stress, kept the HR department focused on ensuring a safe productive working environment.

Throughout it all, with employee health and well-being in mind, the entire IHC workforce was sustained with no furloughs or release of any employees during 2020.

COVID MITIGATION ACTIONS

- **12 COVID specific positions filled** (Workforce Expansion) which included: 3 Screeners, 1 Testing Coordinator, 2 testers, 2 Testing Data Entry clerks, 1 Vaccine Coordinator, 2 Vaccinators, 1 Vaccine Data Entry Clerk
- **Labor pool created** and managed with 50 Employees
- **67** total employees utilized new **federal paid leave** (expanded FMLA and/or Emergency Paid Sick Leave) with implementation and oversight of expanded federal leave laws
- Implementation of **Telecommuting program** for remote work options
- Implementation of **COVID specific Employee Assistance Program** services for employees
- Establishment of **COVID-19 return to work orientation program** and phased organizational wide return to work plan
- **35 hours** of COVID-19 return to work orientations conducted
- **7 COVID trainings** (Hand hygiene, Infection Control, Personal Protective Equipment, Transmission based Precautions) identified and assigned to all employees
- **5 HR specific COVID policies** developed



*Brian Barker, Information Technology Director
Corinna Nyquist, BSN, NCP, Business Intelligence Director
Lien Nguyen, RHIT, Health Information Manager
Tom Hutchins, Facilities Manager
Lisa Harris, Revenue Cycle Mgmt Director
Natasha Siva, MPA, Human Resources Director*

GRANT FUNDING

BY THE NUMBERS

30%

PERCENTAGE OF TOTAL REVENUE FUNDED BY GRANTS

\$9.8 MILLION

TOTAL GRANT FUNDING

42

FULL TIME EQUIVALENTS (STAFF) FUNDED BY GRANTS

FUNDER PROGRAM

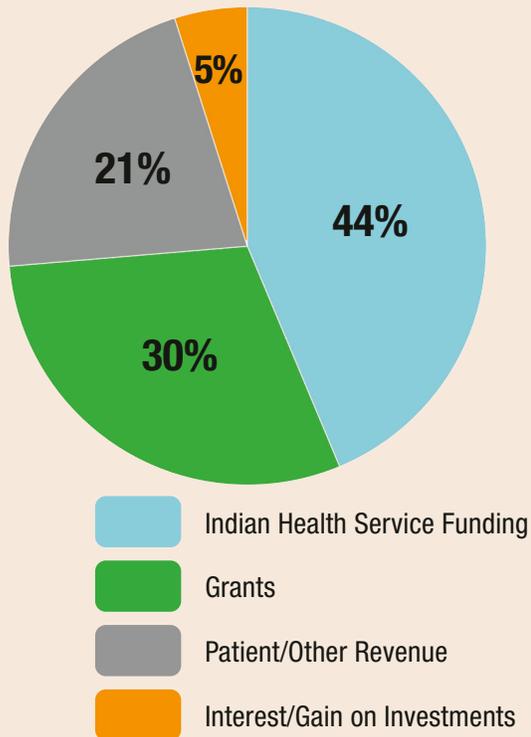
Indian Health Service	Special Diabetes Program for Indians Tribal Management Health Management Systems Domestic Violence Prevention Initiative Injury Prevention Methamphetamine & Suicide Prevention Initiative COVID-19 CARES Act funds
National Institutes of Health	California Native American Research Center for Health (NARCH X) Research Programs
Via Pacific Institute for Research and Evaluation Substance Abuse and Mental Health Services Administration	Preventing Underage Drinking by Southwest California Indians Tribal Opioid Response Native Connections Program Emergency COVID-19 COVID-19 Tribal Behavioral Health
Health Resources and Services Administration Centers for Medicaid and Medicare Services Centers for Disease Control	COVID-19 Provider Relief Fund Connecting Kids to Coverage (CHIP) Tribal Practices for Wellness in Indian Country COVID-19 Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response
Bureau of Indian Affairs	Indian Child Welfare Act Welfare Assistance Program
US Department of Justice via California Governor's Office of Emergency Services	American Indian Domestic Violence and Sexual Assault Program Native American Child Abuse Treatment Program (CHAT) Family Violence Prevention
California Department of Health and Human Services California Department of Public Health, Office of Health Equity California Department of Social Services, Office of Child Abuse Prevention	TANF/CalWORKS Programs California Reducing Disparities Program (REZolution) Road to Resilience
County of San Diego	Prevention and Early Intervention Services (PEI) Programs Includes Child Welfare Services and Substance Abuse Roaming Outpatient Access Mobile (ROAM)
Children and Families First Commission Nike N7 Covered California	Oral Health Initiative (First 5) Fitness in Tribal Schools Program Covered California Travel
San Manuel Band of Mission Indians JBS International, Inc. California Rural Indian Health Board	IHC Student Development Program Center for Native Child and Family Resilience Teaming Agreement Dental Transformation Initiative Tribal Local Opioid Coalition
University of California via Pacific Institute for Research and Evaluation	Tobacco-Related Disease Research Program
Direct Relief Foundation San Diego Foundation Women's Foundation California	COVID-19 Response Fund for Community Health San Diego COVID-19 Community Response Fund FY20 Relief and Resilience Fund

Grant funding allows Indian Health Council to expand services and provide innovative programming. This funding is a key component of our operations and helps to improve health outcomes of the community. We wish to thank our funders for their ongoing support.

Angelina Renteria, Chief Operating Officer



2020 OPERATING REVENUE



BALANCE SHEET

as of DECEMBER 31, 2020 (audited)

Assets

Cash & investments	\$ 25,463,143
Receivables from services	669,510
Grant receivables	1,773,178
Other current assets	846,268
Capital assets, net of accumulated depreciation	<u>7,922,626</u>

Total assets

36,674,725

Liabilities

Accounts payable	1,059,853
Accrued payroll & taxes	585,254
Unearned revenue	759,242
Other current liabilities	<u>687,303</u>

3,091,652

Total liabilities

Net position

\$ 33,583,073

INCOME STATEMENT

for the year ended DECEMBER 31, 2020 (audited)

Revenue

Indian Health Service funding	\$ 14,298,055
Grants	9,815,152
Patient/other revenue	7,011,489
Interest/gain on investments	<u>1,611,476</u>
Total revenues	<u>32,736,172</u>

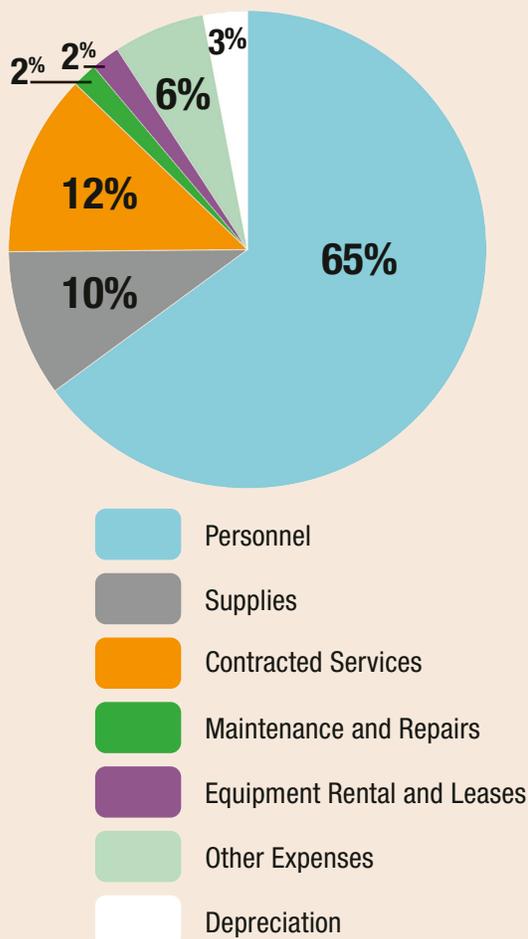
Expenses

Personnel	17,710,675
Supplies	2,705,930
Contracted services	3,363,402
Maintenance and repairs	457,155
Equipment rental and leases	527,705
Other expenses	1,689,878
Depreciation	<u>820,872</u>
Total expenses	<u>27,275,617</u>

Change in net position

\$ 5,460,555

2020 OPERATING EXPENSES



Nancy Flexman, CPA, Chief Financial Officer

CA-NARCH



IHC is funded as a California Native American Research Center for Health (CA-NARCH) by Indian Health Service and the National Institutes for Health. Since its 2001 inception, this innovative partnership with these government entities and four area colleges – the first in California and a role model for the nation- has been dedicated to reducing health disparities in Native American populations and increasing the number of Native scientists and health professionals.

RESEARCH PROJECTS

6 PROJECTS CONDUCTED OVERALL

These projects include: California Reducing Disparities Project (REZolution), Healthy Native Nation Family Support Program, Native Connections, Strategies for Preventing Underage Drinking and Other Substance Use (REZilient/REZsponsible), SHAPing Native Health (HIV/STI Awareness and Prevention) and Tobacco Education Prevention Outreach and Cessation (TEPOC) Project.

CA-NARCH

STUDENT DEVELOPMENT PROGRAM (SDP)

35 STUDENTS MENTORED OVERALL

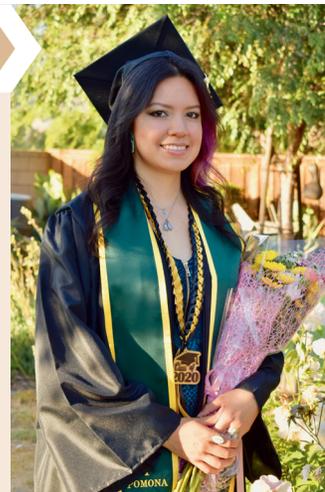
Supported by robust mentoring, networking, and professional development opportunities, Native students, including several from consortium Tribes, have graduated from college on their way to attaining MDS, PhDs, and other advanced degrees. With federal funding ending in 2018, the SDP operated via IHC support and recent generous donations including: Pauma Band of Luiseno Indians, \$15,000, John and Theda Molina, \$1,000 and grant from San Manuel Band of Mission Indians, \$50,000.

KATERI MADRIGAL'S SUCCESS STORY

"Miiyu," greets Kateri Madrigal, explaining, "That means hello in my language. I am Cahuilla, Luiseno, Digueno and Juaneno, from Pauma. I grew up in a big family on the Cahuilla reservation. I was blessed to learn songs, dances, traditional foods and language from my elders."

Now, having graduated from Cal Poly Pomona with a B.S. in Food and Nutrition and a minor in Native American Studies, as well as nourished by CA-NARCH, strengthened by an internship at IHC and propelled by a deep-grounded passion for the health of her Native community, Kateri is poised to soar.

Currently seeking a dietetic internship to gain further experience, Kateri states, "I set my goals on tying my ancient ancestral knowledge to the science of nutrition. I intend to be part of the solution in ending the cycle of generational diseases through health and healing. Most deadly diseases in my community are preventable through nutrition and going back to traditional ways of living. By reconnecting to food, plants, and Mother Earth, we will become spiritually, mentally, and physically in balance."



Dan Calac, MD, Principal Investigator



In Memoriam:

Romelle Majel McCauley

December 28, 1954 - June 18, 2020



"We must use our time and our space on this little planet that we call Earth to make a lasting contribution." - John Lewis

Romelle Majel McCauley played a significant role in the life of Indian Health Council, and IHC played a major role in Romelle's life as well. Decades before she joined IHC in 2001 and served as Chief Executive Officer from 2007-2018, Romelle Majel was a young patient at the clinic. Upon her appointment as CEO, Romelle noted that she was Luiseño and Cahuilla from the Pauma Band of Luiseño Mission Indians and stated, "As a member of this community, I consider myself a stakeholder in the clinic."



That she was. In her early years, Romelle lost both parents. Her dad's siblings gave her and her sister Marilyn homes. They spent the rest of their growing years with their father's sister, Florence (Pauma) and her husband Robert (La Jolla) Lofton. The Loftons were among the original incorporators of the clinic in 1970 and were active in IHC's evolution. Their two sons and three daughters considered themselves Romelle's sisters as they continued the family tradition of involvement. Theda Molina is a longtime member of IHC's Board, representing La Jolla. Geneva Lofton (close in age to Romelle) is IHC/CA-NARCH's Student Development Program Coordinator.

An accomplished artist, great cook, and lover of travel, Romelle helped IHC travel a long way on its journey to Empowering Native Wellness. She was at the forefront of efforts to surmount obstacles such as the 2007 fires and seize opportunities such as the creation of IHC's Santa Ysabel Community Health Center.

As a young adult working for Hewlett Packard and attending SDSU on her way to a degree in Business Administration, Romelle's stellar academics made her eligible for a Travel Abroad program. She recounted, "As a lark, I applied and ended up studying Art History at the University of Florence. My Italian teacher hired me as a companion to her elderly mother. Those four years in Italy changed my life. I felt like I lived a lifetime there," related Romelle, who became fluent in Italian and Italian cooking.

Prior to IHC, Romelle worked at San Diego Indian Center. Upon joining the clinic, Romelle amassed expertise in several areas: from directing Operations to ICWA; from writing grants to overseeing Traditional Gatherings; and significantly, her deep involvement in the 2003 construction of Santa Ysabel – down to the color palette inside and healing plants outside. Many of the programs she helped initiate, such as IHC's multidisciplinary approach to delivery of care and

CA-NARCH's vision of promoting greater Tribal control over health and healthcare, have grown and flourished.

Never one to seek the spotlight, Romelle always credited IHC's team. In the 2010 Annual Report, she said, "It is my hope that you will see our accomplishments as positive results of hard work and commitment from each of our staff."

Geneva confides, "As an Indian student, Romelle struggled to overcome prejudice and find her way, so she was the biggest supporter of our student mentoring program. When confronted with what life gave her, starting with her parent's untimely deaths and facing health issues throughout her own life, she always had the determination to overcome challenges. She loved our Tribal people, believed that health should be the number one priority for our Tribes, and worked diligently to ensure that our people had the services they needed."

CEO Orvin Hanson states, "Romelle was of, by and for her community. Empowering Native Wellness was her passion. All of us at IHC are better for having known and worked with her."

Romelle is survived by her husband of 25 years, Theodore ("Ted") McCauley, her Lofton family, and her IHC family. She also leaves behind her cat Midnight, her dog Bear, her nephew Temet Aguilar ("Romelle was like a second mother to him," recalls mom Geneva) and many other relatives and friends.

We remember Romelle Majel McCauley with great admiration and affection, and mourn the loss of a highly regarded leader of our clinic and our community.

Indian Health Council, Inc. is a nine-reservation-consortium, healthcare facility providing a full spectrum of on-site and outreach health and wellness programs and services, from prenatal to elder care, to over 6,000 active clients. Open Monday through Friday from 8:00 am to 4:30 pm, the clinic offers an after-hours care line, patient transportation and additional client-oriented services. Communication platforms include an interactive website, social media platforms and a quarterly newsletter.



The year 2020 marks 50 years of service for Indian Health Council, Inc. For five decades, IHC has been a hub for American Indian/Alaskan Native wellness. Continuously working on advancing clinical outcomes, IHC is here to take care of others with a smile by providing comprehensive, patient-centered quality services. This journey has been made possible by an organizational culture committed to modeling our core values of Professionalism, Integrity, Culture, and Respect. Our vision carries forward to ensure the integrity of an environment that is one with nature's elements, community, traditions, and values that promote health and wellness for future generations.

It is not only possible to combine advanced healthcare with a culturally relevant approach; this synergy is essential to Empowering Native Wellness of each patient and the community.



Rincon Clinic
50100 Golsh Road
Valley Center, CA 92082



Santa Ysabel Community Health Center
110-1/2 School House Canyon Road
Santa Ysabel, CA 92070