

# Five-Year Strategic Plan 2017-2021

## *FINAL REPORT*



*Board Approved: September 10, 2020*



# Pit River Health Service, Inc.

## 2017 -2021 S T R A T E G I C P L A N

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## I. INTRODUCTION

Beginning in January 2016, Pit River Health Service (PRHS) leadership, staff, Health Board, Pit River Tribal Council, and the community met with the California Rural Indian Health Board Strategic Planning Team to begin the development of a five-year strategic plan that will be used to guide the clinic's initiatives over the next five years. This document provides a summary of the strategic planning process, including all sessions, as well as strategic priorities for the next five years. The strategic planning process is a continuous cycle, involving plan design, implementation, and evaluation, as well as stakeholder engagement, the maintenance of strategic planning mechanisms, and alignment with the budgeting process and organizational capacity.

## Letter from the Executive Director

Medical/Dental Clinic  
36977 Park Avenue  
Burney, CA 96013  
(530) 335-3651  
(800) 843-7447



Administrative Office  
36977 Park Avenue  
Burney, CA 96013  
(530) 335-5090  
Fax: (530) 335-5241  
FTS: (530) 551-5091

To whom it may concern,

It is with great pleasure that I present the Pit River Health Service 2017-2021 Strategic Plan. The development of the plan has been in the making for many months and included a wide variety of input from the Pit River community, clinic staff, Health Board, and Tribal Council. We are excited to provide this document as a roadmap to be used for Pit River Health Service over the next five years, which has been shaped by community-wide input and collaboration.

Over the past five years, Pit River Health Service has worked diligently and realized many successes. It is through the development of this new plan that we aim to build on these past successes. It will guide our path forward, clarifying our mission and vision while articulating our culture, goals, and strategies.

Through the strategic planning process, we have identified six strategies to address the health needs of the Pit River community over the next five years. The strategies include: build staff capacity through workforce development, promote cultural sensitivity and effective leadership, develop and expand services to the community, increase funding to grow and sustain Pit River Health Service, redesign systems of care, and improve internal and external communication.

The strategies presented, along with their associated goals, ensure that we will move closer toward accomplishing our mission to provide the highest quality healthcare services to our patients making all possible efforts to raise the standards of healthcare for our Tribal members and others we serve over the next five years. We, as a community, have identified these strategies to ensure our future for many years to come. I would like to thank all of the stakeholders who provided input throughout the strategic planning process. It would not have been successful without your participation and engagement.

Sincerely,

A handwritten signature in black ink that reads "Glenna Moore".

Glenna Moore  
Executive Director  
PitRiverHealthService

## II. ABOUT PIT RIVER HEALTH SERVICE, INC.






### Mission

To provide the highest quality healthcare services to our patients making all possible efforts to raise the standards of healthcare for our Tribal members and others we serve.

### Governance

The Pit River Health Service is governed by a five-member Board of Directors.

2015-2016 Health Board:

-  Lauri Hayward, Board Chairperson
-  Betty George, Board Vice-Chairperson
-  Lester "Wayne" Gibbs, Board Treasure
-  Louise Davis, Board Secretary
-  Leeanalee Melton, Board Member

### Our Services

Pit River Health Service (PRHS) is located in Burney, California, along with a satellite clinic on the XL reservation in Alturas, California. PRHS offers medical care, dental care, behavioral health services, community health outreach services, senior nutrition services, transportation, and contract health services.





## Administration



The Administration Department is made up of the Executive Director, Human Resource Manager, Quality Improvement Coordinator, Administration Assistant and the receptionist. The administration team oversees the daily operations of the clinic in coordination with the clinic departments and ensures quality patient care is priority.

## Medical







The Medical Department offers primary medical care that includes family practice, ambulatory acute care, preventative care, and some specialty services such as podiatry, and tele-medicine. Tele-medicine includes Psychiatry, Endocrinology and Nutrition by appointment. These services are available to all residents of the intermountain and surrounding areas, and/or anyone visiting our community.



## Dental

The Dental Department offers a full range of restorative and preventive services to all American Indians/Alaskan Natives (AI/AN), and non-native adults and children. Services include: Exams and radiographs, dental emergencies, complete dentures and partials, extractions, dental cleanings, fillings, root canals, crown and bridgework.

The Dental Department also offers an orthodontic program. To qualify for this program you must:

-  Be a Pit River Tribal member living in the Pit River Health service area.
-  Purchase/Referred Care eligible.
-  Under 18 years of age.
-  Complete dental treatment plan.
-  Demonstrate the ability to maintain good oral hygiene.
-  Good appointment history.



## Behavioral Health

Individual, family, and group counseling is provided with respect and confidentiality by a Licensed Clinical Social Worker. A licensed Clinical Psychologist is available on an as needed basis. Substance use counseling is provided by a Certified Drug and Alcohol Counselor. Interagency services are provided with the school district, hospital(s), and other health and social service agencies.

The Behavioral Health Department at PRHS would like to let the community know about the many services offered through our department. We are here for you and your family members whenever they are in need. Therapists offer individual and family group sessions, and children and adult services. These services are available to all AI/AN clients with or without insurance or alternate resources. Services are provided to non-native clients who have insurance or alternate resources.



The Anger Management program, through the Behavioral Health Department, is recognized by the Shasta County Justice Department. This means that any person court ordered to attend Anger Management classes may be able to do so at PRHS.

The clinic's Family Service Worker provides assistance in obtaining alternate resources for patients. They will help fill out and submit many different types of paperwork. This includes but is not limited to Medi-Cal and Medicare.

## Health Information Management

The Health Information Management (HIM) Department, formerly known as Medical Records, handles the security and maintenance of all electronic and written medical records of PRHS. It also ensures that all the information available in the records is complete, accurate and only available to personnel that have authorized access. The department maintains and preserves patient data and information including diagnostic reports in a scientific manner. Personnel in the HIM department control access and movement of patient files. The intentions are to achieve a unit record system, protect any unauthorized access and ensure utmost confidentiality for the legal interests of the patients, physicians, and the organization.



## Community Outreach






The Community Outreach Department provides community-based services, with a focus on health promotion and disease prevention. The department serves as the liaison between the community and PRHS. The Community Outreach/DM Department is staffed with three Community Health Representatives (CHRs), a Diabetes Program Assistant (DPA) and a Registered Nurse Manager.

## Transportation

The Transportation Department transports all qualifying AI/AN to and from their medical, dental, and behavioral health appointments. These appointments are both in-house and outside referral appointments.

## Fiscal/Business Service

The Fiscal Department handles all aspects of Pit River Health Service's finances. The team processes purchase orders and incoming payments. They produce reports for all department managers to track and manage their budgets. They also manage all contracts and grants that fund the clinic and its programs. The department consists of three components:

-  **Billing:** The billing department processes and submits all outgoing billings to third party payers such as Medi-Cal, Medicare, and Private Insurances. Billing is responsible for raising nearly half of PRHS' operating funds each year.
-  **Accounting:** The accounting department processes payments to vendors and payroll for our employees. They make the bank deposits and pay the taxes. Accounting keeps careful records and ensures that PRHS funds are only used as authorized.
-  **The Purchase/Referred Care (PRC) department, formerly Contract Health Service, is funded by the Indian Health Service (IHS) for medical and dental specialty services which cannot be provided by PRHS providers. PRC provides services to eligible AI/ANs who meet the IHS guidelines applicable to 42 CFR part 36. The PRC program limits its services to Level of Care I and II as adopted by the Board of Directors, as funding permits. You must be an active registered patient of PRHS to qualify for PRC services.**





## Senior Nutrition



The Senior Nutrition Department provides a well-balanced meal that meets RDA requirements to elders of the Pit River Tribe (50 and older) and other American Indians (60 and over) residing in the area, who meet eligibility requirements. The Senior Nutrition Program also provides health education, nutrition information and referral services to assist in accessing available resources to meet their individual needs.

## XL (Alturas) Satellite Clinic



The XL Clinic staff consists of one medical provider, an office manager/MA, one CHR and one transporter. Dental services are available on a part-time basis.

Hours of operation: M-F, 8:00am-5:00pm

## Locations

XL Satellite Clinic (Alturas)  
1034 Lakeview Hwy, Alturas, CA 96101



Pit River Health Service (Burney)  
36977 Park Ave, Burney, CA 96013



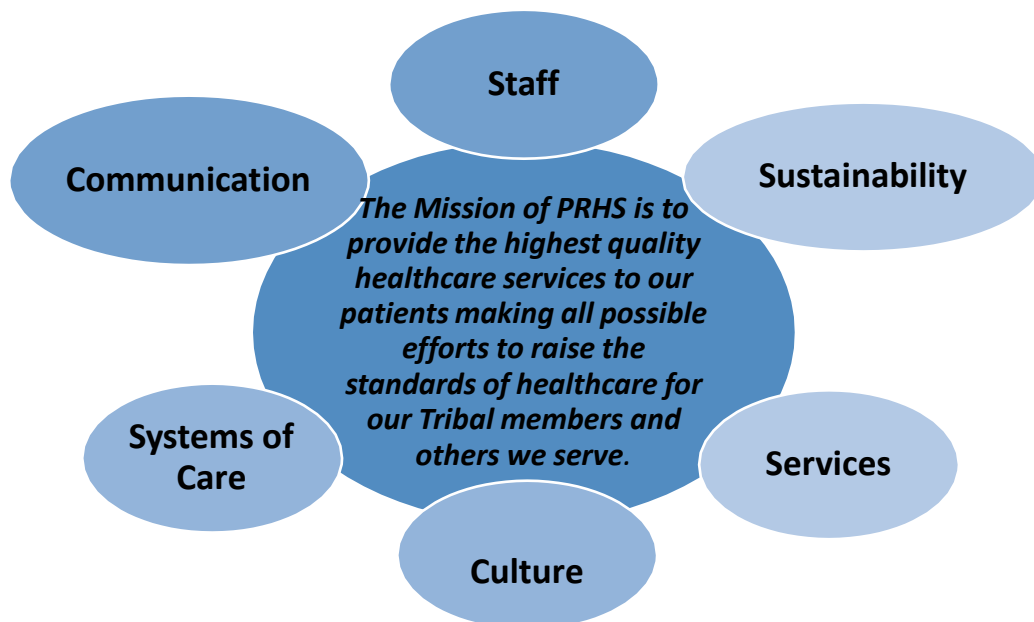
### III. CONTEXT FOR THE STRATEGIC PLAN

Adoption of this Strategic Plan by the Pit River Health Service Health Board satisfies the need for a roadmap for strategic direction for years to come and marks another milestone for PRHS, since it was formally established in 1979. The Plan establishes a useful framework for future decisions and activities intended to maintain and increase progress in achieving the PRHS mission. The clinics will continue working collaboratively and in coordination with the many community members, tribal leaders, and partner agencies engaged in providing healthcare to the Pit River Tribe and surrounding areas.

This Strategic Plan is intended to serve as a flexible working document for the Health Board and PRHS staff. The Board expects to review and update this plan no more than five years after it is adopted. The Board's review process will be open and, as with this first Strategic Plan, will include a significant opportunity for input from a wide range of stakeholders.

### IV. STRATEGIC PRIORITIES

To carry forward the mission of PRHS, Phases I and II of the strategic planning process ended with an outline of strategies that address the themes derived from an analysis of Strengths, Weaknesses, Opportunities, and Threats (SWOT). (See Appendix A for detailed methodology) Based on further, more in-depth discussions, and the SWOT Analysis, the following six strategies emerged that will help PRHS address resultant themes. These strategies were developed jointly by PRHS Board, leadership staff, and CRIHB with input from both the Tribal Council and greater Pit River community. Each goal and activity outlined in this document was specifically designed to address each strategy in a realistic, measureable way.



## **Strategy 1 - Build staff capacity through workforce development**

### **GOALS:**

- A. Develop organization-wide staff training
- B. Improve recruitment and hiring processes
- C. Improve staff retention

## **Strategy 2 - Promote cultural sensitivity and effective leadership**

### **GOALS:**

- A. Build leadership capacity
- B. Increase transparency
- C. Maximize utilization of partners
- D. Promote cultural values & traditions and practice cultural sensitivity

## **Strategy 3 - Develop and expand services to the community**

### **GOALS:**

- A. Increase specialty care services in-house
- B. Enhance prevention services
- C. Increase support services (private care/after care/home & family health/court-ordered care)
- D. Increase access to behavioral/mental health services

## **Strategy 4 - Increase funding to grow and sustain PRHS**

### **GOALS:**

- A. Increase staff to full capacity
- B. Increase grant funding
- C. Increase 3<sup>rd</sup> party revenue
- D. Support national advocacy initiatives
- E. Establish capital fund for development of new clinic

## **Strategy 5 - Redesign systems of care**

### **GOALS:**

- A. Raise the standard of care
- B. Assess information technology systems and upgrade as necessary
- C. Integrate behavioral health and primary care
- D. Optimize use of RPMS/EHR packages
- E. Build new healthcare facility

## **Strategy 6 - Improve internal and external communication**

### **GOALS:**

- A. Improve internal communication mechanisms
- B. Improve customer service
- C. Improve external communication
- D. Implement plan for marketing and branding of clinic services



## V. IMPLEMENTATION OF STRATEGY

The final phase of strategic planning consisted of PRHS leadership and Health Board review and finalization of activities specific to each strategy and goal. This final phase of strategic planning process results in the PRHS year one work plan outlining activities to guide staff in implementation of the plan for the first year.

### **Strategy 1- Build staff capacity through workforce development**

#### **GOAL 1 Develop organization-wide staff training**

- Activities
1. Implement new salary and wage scale
  2. Assess staff training needs and develop annual training plans
  3. Incorporate staff training plans into annual performance reviews
  4. Provide monthly all-staff training

#### **GOAL 2 Improve recruitment and hiring processes**

- Activities
1. Review and update existing policies and procedures
  2. Improve interview process
  3. Update screening/interview process
  4. Expand recruitment venues
  5. Update position descriptions

#### **GOAL 3 Improve staff retention**

- Activities
1. Create staff development plans
  2. Develop employee recognition program (e.g. employee of the month)
  3. Review benefits package
  4. Develop a cross-training plan
  5. Promote staff accountability through supervisor trainings and oversight
  6. Provide organization-wide teambuilding

## **Strategy 2- Promote cultural sensitivity and effective leadership**

### **GOAL 1 Build leadership capacity**

- Activities
1. Increase Board terms
  2. Participate in annual governance training
  3. Incorporate educational component into regular Board meetings at least quarterly
  4. Review by-laws/governing documents
  5. Provide regular trainings for leaders (Directors/Managers /Other Leaders)
  6. Develop succession plans

### **GOAL 2 Increase transparency**

- Activities
1. Review and update existing policies and procedures (P&P)
  2. Make P&P available to community through website or through hardcopy upon request
  3. Make transparent interview and hiring process

### **GOAL 3 Maximize utilization of partners**

- Activities
1. Utilize CRIHB for training and technical assistance
  2. Partner with external providers to increase services
  3. Identify educational and other opportunities for partnership to optimize or enhance services

### **GOAL 4 Promote cultural sensitivity, values, & traditions**

- Activities
1. Provide cultural sensitivity training (BOD & staff)
  2. Incorporate local traditions into community events
  3. Develop education materials that reflect local cultural practices, values & traditions
  4. Gain an understanding of how historical trauma affects the community
  5. Incorporate traditional and alternative healing into primary care and preventative activities

## Strategy 3 - Develop and expand services to the community

### GOAL 1 Increase specialty care services in-house

- Activities
1. Conduct a needs assessment
  2. Develop a plan for specialty care
  3. Expand Telemedicine

### GOAL 2 Enhance prevention services

1. Develop a trauma informed care program
- Activities
2. Develop and implement a formal pre-diabetes program
  3. Promote nutrition/physical activity/community screening through education outreach
  4. Seek staff training for health coaching and educating the community

### GOAL 3 Increase support services for individual, family, & community health

- Activities
1. Apply and become a county-approved substance abuse provider for court-ordered family and community members
  2. Utilize partnerships with county/state/other agencies (e.g. ICWA) to coordinate care
  3. Build capacity to become an approved point of care testing facility
  4. Realign family service worker position

### GOAL 4 Increase access to behavioral/mental health services

- Activities
1. Establish after care/peer support/support groups (Wellbriety)
  2. Ensure flexible hour schedule for groups
  3. Develop partnerships with outside agencies and organizations to expand or enhance BH/MH services

## **Strategy 4- Increase funding to grow and sustain PRHS**

### **GOAL 1 Increase staff to full capacity**

- Activities
1. Conduct community needs assessment (Innova Report)
  2. Hire/contract key positions for revenue-generating staff
    - a. Grant Writer, Physical Therapist, etc.

### **GOAL 2 Increase grant funding**

- Activities
1. Secure Foundation funding
  2. Work with counties to ensure tribal carve-out of funds
  3. Research and apply for state grants
  4. Research and apply for federal grants

### **GOAL 3 Increase 3<sup>rd</sup> party revenue**

- Activities
1. Review billing processes
  2. Improve billing system as necessary
  3. Stay up to date on changes to billing and coding
  4. Increase patient numbers
  5. Increase TMAA claims
  6. Optimize billing for CRIHB Options

### **GOAL 4 Support national advocacy initiatives**

- Activities
1. Work with CRIHB and participate in meetings
  2. Stay up to date regarding changes to the health care environment at the local, regional and national levels

### **GOAL 5 Establish capital fund for development of new clinic**

- Activities
1. Work with Health Board to develop a Statement of Intent for the Capital Fund, with funding sources identified
  2. Set target contribution and balance amounts based on Innova report
  3. Set up separate savings account at bank



## Strategy 5- Redesign Systems of Care

### GOAL 1 Implement standards and practice models to promote safety and quality of care

- Activities
1. Participate in IHS's Improving Patient Care (IPC) initiative
  2. Initiate plan for AAAHC Accreditation
  3. Work toward PCMH Certification
  4. Revitalize the Safety Committee and update safety plan
  5. Develop Compliance Program

### GOAL 2 Assess information technology systems and upgrade as necessary

- Activities
1. Assess EHR and upgrade if necessary
  2. Timely replacement and upgrade of clinic and office equipment

### GOAL 3 Integrate Behavioral Health with Primary Care

- Activities
1. Promote case management and team-based care
  2. Incorporate BH into daily clinic team huddles
  3. Develop system for Integrated care plan

### GOAL 4 Optimize use of RPMS/EHR packages

- Activities
1. Staff training on using various RPMS packages, e.g., iCare, CRS, Patient Registration, RCIS
  2. Staff training on report generation
  3. Review and assess current EHR system including capacity to meet Meaningful Use standards
  4. Investigate alternative systems if necessary (Ex: NextGen)

## GOAL 5 Build new healthcare facility

- Activities
1. Contract with the INNOVA Group to complete master plan for expansion of services
  2. Develop plan for new healthcare facility
  3. Redesign clinic for co-location of staff

## Strategy 6 - Improve internal and external communication

### GOAL 1 Improve internal communication mechanisms

- Activities
1. Develop Intranet
  2. Implement internal communication mechanism (instant messaging)
  3. Implement internal monthly PRHS reminder/notes

### GOAL 2 Improve customer service

- Activities
1. Ensure training of staff on customer service Reconfigure telephone system
  2. Add staff directory
  3. Ensure live phone coverage

### GOAL 3 Improve external communication

- Activities
1. Develop a Public Relations Policy
  2. Make policy and procedures accessible to the public through clinic webpage
  3. Develop culturally appropriate communication materials
  4. Foster collaborative relationships with Tribal Council and community through regular participation in monthly meetings

### GOAL 4 Marketing and Branding of Clinic Services

- Activities
1. Issue quarterly newsletter
  2. Utilize social media
  3. Network with community
  4. Re-design website

## FINAL REPORT – AUGUST 2020

### INTRODUCTION

Beginning in January 2016, representatives from Pit River Health Service, Inc. (PRHS) leadership, staff, PRHS Health Board, Pit River Tribal Council, and the local community met with the California Rural Indian Health Board, Inc (CRIHB) Strategic Planning Team to begin the development of a five-year strategic plan that would guide the clinic's initiatives. This document provided a summary of the strategic planning process, as well as strategic priorities for the next five years. The strategic planning process is a continuous cycle, involving plan design, implementation, and evaluation, as well as stakeholder engagement and alignment with the budgeting process and organizational capacity. The findings of this report outline successes across and within the strategic planning cycle.

Many of the goals and activities from the PRHS 2017–2021 Strategic Plan have been addressed. This has led to significant internal and external improvements. Although staff may have changed over time, activities continue to be addressed and completed. This report outlines accomplishments within the following six strategic priorities:

- Strategy 1. Build staff capacity through workforce development
- Strategy 2. Promote cultural sensitivity and effective leadership
- Strategy 3. Develop and expand services to the community
- Strategy 4. Increase funding to grow and sustain Pit River Health Service, Inc.
- Strategy 5. Redesign systems of care
- Strategy 6. Improve internal and external communication

Accomplishments are grouped in the following categories: personnel, health board, planning, infrastructure, and programs. The report also identifies areas to be addressed in the PRHS 2021–2026 Strategic Plan.

### Strategy 1. Build staff capacity through workforce development

#### ACCOMPLISHMENTS

##### Personnel

- Implement new salary and wage scale
- Assess staff training needs and develop annual training plans
- Update screening/interview process
- Update position descriptions in personnel policy
- Develop employee recognition program
- Review benefits package
- Plan and host organization-wide team building activities

##### Infrastructure

- Review and update existing policies and procedures
- Develop a cross-training plan
- Annual training on Health Insurance Portability and Accountability Act



- Annual training on customer service

In 2017, PRHS started activities that were necessary to create a patient-centered medical home (PCMH). This required substantive changes in the current delivery system. A key piece of the necessary change was an improvement in the current staffing framework. An initial assessment of the current staffing pattern identified holes where new positions were needed, as well as additional training for staff to achieve the expected level of performance. To this end, PRHS invested \$112,718 in training for staff in 2019. Additionally, PRHS reorganized key departments and created new positions. A critical position that was added is a Quality Improvement (QI) Coordinator to oversee ongoing QI requirements and the AAAHC process. A Care Manager position was added to better manage and follow-up on high-risk patients. To better follow patients over time, a part-time Public Health Nurse was added for the Alturas clinic. Additionally, the Medical Records Department has transitioned in to the Health Information Management (HIM) Department.

PRHS received AAAHC accreditation for three years as of May 2018. This was a two- year process and allowed PRHS to request a change in status to PCMH from AAAHC.

The Human Resources (HR) Department, in coordination with managers, has updated position descriptions to reflect current duties. The HR department has developed a screening matrix tool to assess and screen for minimum qualifications. Additionally, a new merit system that includes performance goals/measures to reward staff for their accomplishments is in place. The Health Board continues to recognize PRHS staff by hosting an annual summer picnic and Christmas party.

## Strategy 2. Promote cultural sensitivity and effective leadership

### ACCOMPLISHMENTS

#### Personnel

- Provided regular trainings for leadership (Directors and Managers)
- Increased transparency for the interview and hiring process

#### Health Board

- Increased BOD terms
- Participated in annual governance training
- Supported educational component trainings for BOD

#### Planning

- Reviewed and updated the existing bylaws and governing documents
- Reviewed and updated existing PRHS policies and procedures

#### Infrastructure

- Upon request, made all policies and procedures available to community through electronic or paper copies

#### Programs

- Utilized CRIHB for training and technical assistance

- Partnered with external providers to increase services
- Expanded Telemedicine

### Strategy 3. Develop and expand services to the community

#### ACCOMPLISHMENTS

##### Personnel

- Realigned family service worker position

##### Infrastructure

- Ensured flexible hour schedule for groups
- Developed partnerships with outside agencies and organizations to expand or enhance behavioral health/mental health services

##### Programs

- Developed a trauma informed care program
- Developed and implemented a formal pre-diabetes program
- Promoted nutrition/physical activity/community screening through education outreach
- Became a county-approved substance abuse provider for court-ordered family and community members
- Established partnerships with county/state/other agencies (e.g. Indian Child Welfare Act) to coordinate care
- Built capacity and became an approved point of care testing facility

A formal diabetes prevention program has been developed and is recognized by the Center for Disease Control Diabetes Prevention Program. Staff have received the necessary training. The Diabetes Program Assistant (DPA) and Community Health Representatives (CHRs) have completed training and have received certification from the American Association of Diabetes Educators as Diabetes Paraprofessional Providers. They are also certified to teach the Diabetes Empowerment and Education Program.

The Dental Program participated in the CRIHB Dental Transformation Initiative over the past 4 years. This program provides incentive pay for meeting program benchmarks. The Dental Program has also received 50% of the salary for one Dental Assistant (to serve in the role of Dental Prevention Coordinator) over the past four years.

The geographic area served by PRHS is recognized as an area of great need. In 2018, the Family Service Worker (FSW) position has been realigned to address more of the need for support services.

A Business Service Manager (BSM) has been hired to address the need for direct oversight of Purchased Referred Care, Patient Benefits/Patient Regulation, and Billing Services. The BSM has systematically reengineered the work processes to update and improve these departments.

Third party revenue has increased starting in 2018. Billing staff have had additional training both on and off-site, and with the newly appointed BSM hired, this trend is expected to continue.

PRHS leadership attended several regional and national meetings and advocated for specific needs while supporting initiatives that affect their Tribal community.

PRHS has completed a Health Care Master Plan for PRHS (feasibility study) with the INNOVA group to determine potential growth and expansion services for the community. To this end, a capital fund has been established, and the Master Plan is directed to the development of the Burney and XL clinics.

Based on a market analysis, expansion of the Alturas clinic was not recommended. However, it became evident that the Alturas area has demonstrated a great need for behavioral health services. Thus, a recommendation for expansion in this area was approved, and the expansion was completed in 2019. CRIHB has provided a renovation plan for further expansion of the clinic in Alturas in the future.

The market analysis for expansion of the Burney clinic indicated that expansion of services would prove to be helpful. The expansion is in progress but has not been completed yet. Additionally, CRIHB staff have provided an analysis, describing other options for expansion in Burney. Another recommendation is summarized in the Burney Strategic Improvement Project. It describes a set of relatively minor renovations that will assist service delivery over the next three to five years.

Currently, the Health Board is looking forward to developing a Tribal Federally Qualified Health Center and the related services that will be required.

## **Strategy 4. Increase funding to grow and sustain Pit River Health Service, Inc.**

### **ACCOMPLISHMENTS**

#### **Personnel**

- Increased staff to close to full capacity

#### **Health Board**

- Worked with Health Board to develop a Statement of Intent for the Capital Fund, with funding sources identified
- Set target contribution and balance amounts based on the INNOVA report
- Set up a separate savings account at bank for capital improvements

#### **Infrastructure**

- Researched and applied for state grants
- Researched and applied for federal grants
- Reviewed billing processes
- Improved the billing system and increased third party revenues
- Set procedures to stay current regarding changes to billing and coding
- Increased Tribal Medi-Cal Administrative Activities claims for Medi-Cal Administrative Activities codes

## Strategy 5. Redesign systems of care

### ACCOMPLISHMENTS

#### Personnel

- Provided staff training on customer service skills

#### Planning

- Provided staff training on using various Resource and Patient Management System (RPMS) packages (e.g., iCare, Clinical Reporting System (CRS), Patient Registration, and Referred care Information System (RCIS)
- Provided staff training on report generation through iCare, CRS, Patient Registration, RCIS

#### Infrastructure

- Initiated a plan and received AAAHC
- Initiated a plan for PCMH certification
- Revitalized the Safety Committee and updated the safety plan
- Developed a compliance program
- Replaced and upgraded clinic and office equipment
- Conducted an investigation in to alternative electronic health record systems (Example: NextGen)
- Added staff directory
- Ensured live phone coverage
- Enhanced social media platforms to better inform and improve transparency through our website, Facebook, and quarterly newsletter.

#### Programs

- Joined the Improving Patient Care-Made Simple (IPCMS) initiative and invited California Area Office staff on-site for a problem-solving session regarding Transportation
- Promoted case management and team-based care

The foundation for AAAHC and PCMH recognition was established in 2016. This initiated activities that led to the implementation of standards and practice models to promote safety and quality of care. In May of 2018, PRHS received AAAHC accreditation. Later, PRHS became a PCMH. Due to regular case management services and the work of the PCMH, great strides have been made toward integrating behavioral health with primary care services.

## Strategy 6. Improve internal and external communication

### ACCOMPLISHMENTS

#### Health Board

- Fostered collaborative relationships with Tribal Council and the community through regular participation in monthly meetings

## Infrastructure

- Developed a clinic intranet
- Implemented internal monthly PRHS reminder/notes, calendar blasts
- Reconfigured the telephone directory system
- Developed a public relations policy
- Made policy and procedures accessible to the public through the clinic webpage

## Programs

- Issued quarterly newsletters
- Increased social media presence
- Networked with community
- Redesigned the website

To improve customer service, PRHS has worked to improve access, care coordination, and continuity of care across all services. Regular quality improvement studies to gauge our progress and to improve outcomes will be completed on an ongoing basis. The Health Board makes interacting with the community a high priority. In 2019, they met with elders to gather input and improve communication.

PRHS' social media presence has been expanded. The web page has been updated, a Facebook page is established, and regular community newsletters are provided to the community.

PRHS allocated significant resources toward the accomplishments noted above. 2019 was a year of evaluation, planning, and growth. The movement toward organizational development and expansion of services will continue in 2020 and onward. Making progress in these areas are a priority for PRHS in the future.

## 2020 GOALS

- Coordinate with the CRIHB Planner/Grant Writer to increase grant funding
- Continue efforts to market and brand clinic services
- Create and fund a Patient Advocacy/Navigator position
- Expand the Behavioral Health department to include aftercare for youth returning from treatment.
- Expand services to include a moderate complexity lab, digital x-ray, pharmacy, along with an addition of specialty providers such as Pediatrics, Physical Therapy, etc.
- Expand tele-medicine
- Increase in-house specialty care services
- Obtain staff certification in the Adolescent Community Reinforcement Approach: A clinical Guide for Treating Substance Use Disorders (A-C RA)

## Conclusion

As we look to the future, this amendment will serve as a blueprint for PRHS. Aligning our strategic goals and resources to be able to meet our community's needs will continue as we work towards our future goals. As PRHS makes these changes, the people, communities, and region that we serve will become better prepared to meet the opportunities and challenges of tomorrow.



## VI. APPENDIX

### Appendix A: Methodology

#### Key Stakeholder Involvement

The first stage in the development of the PRHS strategic plan involved a diverse range of key stakeholders in the development of this strategic plan included PRHS staff, leadership, Health Board, Tribal Council and community at-large. The diverse range of stakeholders engaged throughout the process and ensures that voices throughout the community have been heard and involved in all phases of strategic planning.

#### Phase I - Analysis of Strengths, Weaknesses, Opportunities, and Threats

Initially, PRHS Health Board and leadership staff were asked to list positive and negative factors that impact Pit River Health Service both internally and externally. These points were organized into themes, outlined below by the number of responses in each category. Common themes across areas were used to develop strategies that the strategic plan will be based upon (Tables 1, 2). Following the development of initial strategies with the Health Board and staff, a draft of the progress made towards developing the strategic plan was presented to the Pit River Tribal Council. The Tribal Council along with the Health Board and PRHS staff performed a SWOT analysis in small groups. Participants were asked to list positive and negative factors that impact Pit River Health Service both internally and externally. The Tribal Council SWOT analysis is presented in Table 3. Following the SWOT analysis by the Pit River Tribal Council, the Pit River Executive Director conducted the SWOT at three community events. Participants were asked to list positive and negative factors that impact Pit River Health Service both internally and externally. These points were organized into themes, outlined below by the number of responses in each category. The Community SWOT analysis is presented in Table 4.

Table 1 - Health Board and Leadership Staff SWOT

Strengths	Weaknesses
1. Committed and Culturally Competent Council, Health Board, and Staff	1. Trust-responsibility
2. Fiscal Accountability and non-profit status	2. Personal Grudges
3. Accessible	3. Unqualified Hires
4. Program Knowledge and Variety	4. Staff Training/Education
5. Tribes Sovereignty-People, Land	5. Not Fully Staffed
6. Access to Funding	6. Funding
7. Transportation	7. Cultural Sensitivity
8. Tribal Government Support	8. Micromanaging
9. Referrals	9. Staff capacity
10. Contracts and Partnerships	10. Time Management
11. Community	11. Board Terms
12. Diabetes Program/Class	12. Wait time is too long
13. Satisfaction with what we do have	13. Specialty Care (tracking/timely referral)
	14. Lack of customer service/sensitivity

14. Scripts from Rite Aid
15. Bingo for community 1/4
16. Health Fair once a year
17. DM Program
18. AAAHC
19. Recognizing Faults working to improve
20. Newsletter
21. Exercise & cooking program
22. Stable clinic leadership
23. Capacity for growth
24. Continuity, Cohesive, Progressive Board
25. Response to Patient Needs

15. Nutritionist
16. Trust in script process
17. Communication
18. Wellness Center
19. Community outreach and education (diabetes/domestic violence/drugs/alcohol)
20. Mental Health Awareness
21. Available access to PnP's for public
22. Program/policy limitations for CHR's
23. Inefficient triage-ER Response
24. Negativity
25. Grant writers
26. Not enough programs for elders
27. Expand hours of services
28. Staff recruitment challenges
29. Inadequate Facility
30. Governance
31. RPMS/EHR systems
32. Lack of Community Resources & Activities
33. Reputation

## Opportunities

1. Case Management
2. Customer Service Training
3. Rehabilitation Center
4. Motivational speakers
5. PHN/Medical oversight of CHR's
6. Expand medical coverage
7. Efficient triage
8. Promote health activities for families, youth, elders, couples
9. Community garden
10. Interdepartmental coordinator/collaboration (PRT, EPA, PRHS, Daycare)
11. Traditional health
12. Hire grant writer
13. Increased Services
14. Facility Expansion
15. Patient Centered Medical Home Accreditation
16. Billing advocacy for better reimbursements
17. Paradigm shift/one-stop shop
18. Long-term planning
19. Electronic Health Records Upgrade
20. P.R./Advertise/Social Media/Website
21. Training

## Threats

1. Not enough space
2. Drugs/alcohol/prescription abuse
3. Commercial tobacco
4. Uncommitted staff
5. Funding
6. Changing healthcare environment
7. Spouse abuse/IPV
8. Mental health care
9. Receiving quality care
10. Day to day challenges
11. Lack of participation by young people
12. Lack of follow through
13. Inconsistency in Tribal Leadership
14. Board Turnover
15. Staff Recruitment & Turnover
16. Manager communication & transparency
17. Lack of Emergency Response
18. Home Health
19. Equipment
20. Services for Out Area Members
21. Innovation
22. Lack of services: Lab, Pharmacy, security, Hospital, support services
23. Gossip in Tribal Community

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| 22. Ambulance  | 24. Trust-Responsibility |
| 23. Wellness Center/Gym/Trails   | 25. Personal Grudges     |
| 24. Cultural Awareness/Language  | 26. Drugs/Theft          |
| 25. Expanded Services: specialty care,<br>Community Outreach, new providers,<br>pharmacy, hospital, Emergency Response,<br>Ambulance, OB Care, After Care,<br>Treatment Facility | 27. Micro-management     |
| 26. Better working relationship with Staff &<br>Tribal Council   | 28. Outside Providers    |
| 27. Continuing Resolutions, Sovereignty  | 29. No Tribal Resolution |
| 28. Funding  | 30. CHSDA-Service Area   |
| 29. HB/TC Board Monthly Meeting  | 31. Compliance           |
| 30. Private Care Facilities  | 32. Sovereignty          |
| 31. Lands  | 33. Politics             |
| 32. AAAHC Accreditation  |                          |
| 33. Philanthropy   |                          |

TABLE 2. SWOT – Most Common Themes

Strengths	Weaknesses
<ol style="list-style-type: none"> <li>1. Committed Staff and Health Board</li> <li>2. Positive Attitudes</li> <li>3. Stable clinic leadership</li> <li>4. Capacity for growth</li> <li>5. Continuity, Cohesive, Progressive Board</li> <li>6. Staff and Board Readiness for Change</li> <li>7. Response to Patient Needs</li> <li>8. Collaboration with CRIHB</li> </ol>	<ol style="list-style-type: none"> <li>1. Staff recruitment challenges</li> <li>2. Length of Board terms</li> <li>3. Trust</li> <li>4. Inadequate Facility</li> <li>5. Governance</li> <li>6. RPMS/EHR systems</li> <li>7. Customer Service</li> <li>8. Communication</li> <li>9. Lack of Community Resources&amp; Activities</li> <li>10. Reputation</li> </ol>
Opportunities	Threats
<ol style="list-style-type: none"> <li>1. Increased Services</li> <li>2. Facility Expansion</li> <li>3. Patient Centered Medical Home Accreditation</li> <li>4. Youth Services</li> <li>5. Billing advocacy for better reimbursements</li> <li>6. Revenue through grants/federal funding</li> <li>7. Paradigm shift/one-stop shop</li> <li>8. Long-term planning</li> <li>9. Electronic Health Records Upgrade</li> <li>10. P.R./Advertise/Social Media/Website</li> </ol>	<ol style="list-style-type: none"> <li>1. Inconsistency in Tribal Leadership</li> <li>2. Board Turnover</li> <li>3. Unqualified Hires</li> <li>4. Staff Recruitment &amp; Turnover</li> <li>5. Manager communication &amp; transparency</li> <li>6. Funding</li> <li>7. Lack of Emergency Response</li> <li>8. Drugs &amp; Alcohol</li> <li>9. Home Health</li> </ol>

TABLE 3. Tribal Council SWOT

Strengths	Weaknesses
<ol style="list-style-type: none"> <li>1. Committed and Culturally Competent Council, Health Board, and Staff</li> <li>2. Fiscal Accountability and non-profit status</li> <li>3. Accessible</li> <li>4. Program Knowledge and Variety</li> <li>5. Tribes Sovereignty-People, Land</li> <li>6. Access to Funding</li> <li>7. CRIHB</li> <li>8. Transportation</li> <li>9. Tribal Government Support</li> <li>10. Referrals</li> <li>11. Contracts and Partnerships</li> <li>12. Community</li> <li>13. News Letters</li> <li>14. Training</li> <li>15. Ambulance</li> </ol>	<ol style="list-style-type: none"> <li>1. Trust-responsibility</li> <li>2. Lack of Communication</li> <li>3. Personal Grudges</li> <li>4. Unqualified Hires</li> <li>5. Staff Training/Education</li> <li>6. Not Fully Staffed</li> <li>7. Funding</li> <li>8. Cultural Sensitivity</li> <li>9. Micromanaging</li> <li>10. Staff capacity</li> <li>11. Time Management</li> <li>12. Board Terms</li> <li>13. Equipment</li> <li>14. Services for Out Area Members</li> <li>15. Innovation</li> <li>16. Space</li> <li>17. Lack of services: Lab, Pharmacy, security, Hospital, support services</li> <li>18. Short Term Leadership</li> <li>19. Gossip in Tribal Community</li> </ol>
Opportunities	Threats
<ol style="list-style-type: none"> <li>1. New Clinic</li> <li>2. Wellness Center/Gym</li> <li>3. Cultural Awareness/Language</li> <li>4. Expanded Services: specialty care, Community Outreach, new providers, pharmacy, hospital, Emergency Response, Ambulance, OB Care, After Care, Treatment Facility</li> <li>5. Better working relationship with Staff &amp; Tribal Council</li> <li>6. Partnerships: Covered California</li> <li>7. Continuing Resolutions, Sovereignty</li> <li>8. Funding</li> <li>9. HB/TC Board Monthly Meeting</li> <li>10. Cultural Healing</li> <li>11. Population Increase/Services</li> <li>12. Private Care Facilities</li> <li>13. Lands</li> </ol>	<ol style="list-style-type: none"> <li>1. Trust-Responsibility</li> <li>2. Lack of Communication</li> <li>3. Personal Grudges</li> <li>4. Unqualified Hires</li> <li>5. Drugs/Theft</li> <li>6. Transparency by Staff</li> <li>7. Turn-over of Council/Health Board</li> <li>8. Catastrophic Health Emergency</li> <li>9. Micro-management</li> <li>10. Outside Providers</li> <li>11. No Tribal Resolution</li> <li>12. Lack of staff</li> <li>13. Funding</li> <li>14. CHSDA-Service Area</li> <li>15. Compliance</li> <li>16. Sovereignty</li> <li>17. Tribal Members</li> </ol>

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| 14. AAAHC Accreditation  | 18. Recruitment             |
| 15. Philanthropy         | 19. Alcohol/Drugs           |
| 16. Promoting the Clinic | 20. Full Retirement Package |
|                          | 21. Lack of Service         |
|                          | 22. Politics                |
|                          | 23. Gossip                  |

TABLE 4. Community SWOT Analysis

Strengths	Weaknesses
<ol style="list-style-type: none"> <li>1. Diabetes Program/Class</li> <li>2. Transportation</li> <li>3. Satisfaction with what we do have</li> <li>4. Scripts from Rite Aid</li> <li>5. Bingo for community <math>\frac{1}{4}</math></li> <li>6. Health Fair once a year</li> <li>7. Red roads meetings</li> <li>8. Good youth programs/Active Strong</li> <li>9. DM Program</li> <li>10. Staff/Executive Director</li> <li>11. AAAHC</li> <li>12. Recognizing Faults working to improve</li> <li>13. Strong community members</li> <li>14. Newsletter</li> <li>15. Exercise &amp; cooking program</li> </ol>	<ol style="list-style-type: none"> <li>1. Wait time is too long</li> <li>2. Specialty Care (tracking/timely referral)</li> <li>3. Lack of customer service/sensitivity</li> <li>4. Nutritionist</li> <li>5. Trust in script process</li> <li>6. Communication</li> <li>7. Community Events</li> <li>8. Wellness Center</li> <li>9. Community outreach and education(diabetes/domestic violence/drugs/alcohol)</li> <li>10. Mental Health Awareness</li> <li>11. Clinic building size</li> <li>12. Available access to PnP's for public</li> <li>13. Lack of staff commitment to provide care to patients</li> <li>14. Program/policy limitations for CHR's</li> <li>15. Inefficient triage-ER Response</li> <li>16. Negativity</li> <li>17. Grant writers</li> <li>18. Not enough programs for elders</li> <li>19. Funding Transparency</li> <li>20. Expand hours of services</li> </ol>
Opportunities	Threats
<ol style="list-style-type: none"> <li>1. Walking trails/gym</li> <li>2. Case Management</li> <li>3. Patient Centered Medical Home</li> <li>4. New building</li> <li>5. Customer Service Training</li> <li>6. Providers (nutritionist, nurses, OB, Pediatric)</li> <li>7. Facebook, Theater, website, newsletter</li> <li>8. MM Training</li> <li>9. Rehabilitation Center</li> <li>10. Motivational speakers</li> </ol>	<ol style="list-style-type: none"> <li>1. Not enough space</li> <li>2. Drugs/alcohol/prescription abuse</li> <li>3. Commercial tobacco</li> <li>4. Uncommitted staff</li> <li>5. Funding</li> <li>6. Lack of information</li> <li>7. Changing healthcare environment</li> <li>8. Spouse abuse/IPV</li> <li>9. Mental health care</li> <li>10. Receiving quality care</li> </ol>

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Developed by the California Rural Indian Health Board, Inc.



36977 Park Ave, Burney, CA 96013  
(530) 335-3651  
[pitriverhealthservice.org](http://pitriverhealthservice.org)

