Tribal Health Advisor

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Legislators Address Tribal Health Leaders at January 2015 Board of Directors Meeting

A large number of tribal leaders and tribal health representatives participated in the January 2015 California Rural Indian Health Board (CRIHB) Board of Directors, Tribal Leaders, and Tribal Clinic Directors meetings. These three meetings were held over several days at the CRIHB office in Sacramento. To forge an even stronger partnership with the state legislature, CRIHB staff invited a number of lawmakers to participate in the meetings. Assemblymembers Jim Wood and Ken Cooley participated in the meetings along with Roger Dunstan, Chief Consultant to Chairman Rob Bonta of the California Assembly Health Committee. These legislative representatives spoke with tribal health leaders about issues of importance to them, such as restoring funding to the State Indian Health Program, which used to fund healthcare activities in tribal clinics. CRIHB representatives also talked with the legislators about reintroducing legislation that would streamline the existing state licensing exemption for tribal clinics based on their status as federal contractors under the federal Indian Self Determination Act.

Assemblymember Wood represents District 2, which includes Del Norte, Humboldt, Trinity, Mendocino, and Sonoma Counties. Healthcare reform, economic development, and rural telecommunications are priorities for Assemblymember Wood. He acknowledged the discrepancy between insurance coverage and access to care and is focused on increasing provider networks. Assemblymember Wood is also committed to addressing the needs of tribal health programs and improving the dental health of children.

Assemblymember Cooley, who represents District 8, focuses on local government reform and infrastructure. His issues include community and neighborhood development, child abuse prevention, and emergency preparedness. Assemblymember Cooley chairs the Select Committee on Foster Care and Co-Chairs the Special Committee on Legislative Ethics. He plans to meet with key CRIHB staff to discuss avenues for working together on key issues.

Assemblymen Wood and Cooley met with tribal health leaders at CRIHB's January 2015 Board of Directors Meeting.

2015 Compliance Work Plan Update

It's that time of the year again – time to develop your program's annual compliance work plan and calendar. To develop these documents, your compliance officer will coordinate with other staff to:

- Review the Office of Inspector General's (OIG) 2015 Work Plan and list all areas where your program provides the services OIG plans to audit;

- Survey at least your program's managers asking them to identify their highest compliance priorities to identify those areas that are of the highest compliance concerns;

- Survey your program's managers to identify what mandatory trainings need to be offered during the upcoming year; and

- Schedule a compliance and ethics committee meeting to prioritize the listed items.

The compliance and ethics committee will review the listed items and score them for potential risk to your organization. The top risk items become part of the organizations Compliance Work Plan (select no more than 10 items for the Work Plan). For each of these items, determine what needs to be done to resolve the issue. This might be staff training, policies and procedures, or an audit/review. Assign an individual to be responsible for completing these actions and set the dates during which the activity will be accomplished.

Next, add the mandatory trainings to the Work Plan. Mandatory trainings will include those required by law or by your funding agency; examples are HIPAA Privacy, HIPAA Security, Harassment, Blood Borne Pathogens, etc. As was done with the high risk items, determine the date by which the training will be accomplished and assign the individual who is responsible for assuring the training happens by that date.

As always, CRIHB is available to assist our full-member health program staff in developing the Work Plan, providing training, developing policies, and/or conducting reviews. For additional information, please contact Susan Dahl at susan.dahl@crihb.org.

Office of the Inspector General Alert

A recent US Department of Health and Human Services Office of Inspector General (OIG) alert cautions tribes about their use of Indian Self-Determination and Education Assistance Act (ISDEAA) funds as well as reimbursements for Medicare, Medicaid, and Children's Health Insurance Program (CHIP) services.

According to the Affordable Care Act, tribes may bill for Medicare, Medicaid, and CHIP services. However, the Social Security Act and the Indian Healthcare Improvement Act require that these funds be reinvested in health care services or facilities for eligible individuals. In addition, third party billing funds may not be co-mingled or used for other tribal government or tribal health program expenses.

The alert also cautions that ISDEAA funds cannot be "borrowed" by tribes to meet other financial needs. Failure to comply could result in tribes and tribal health programs losing the ability to bill Medicare, Medicaid and CHIP directly and possible civil, administrative, and other sanctions.

Funding Opportunities Available Through ACORNS Program

In 2014, the California Indian Health Board (CRIHB) was awarded a CDC grant, "Good Health and Wellness in Indian Country" referred to as the Advancing California Opportunities to Renew Native health Systems (ACORNS) program. The ACORNS project seeks to empower tribal communities in California to promote policies, systems and environmental change strategies focused on reducing tobacco use and exposure, promoting physical activity and healthy eating, and preventing chronic disease and the related risk factors. The initiative aims to prevent heart disease, diabetes, stroke, and associated risk factors in American Indian communities through a holistic approach to population health and wellness.

The CRIHB ACORNS program will provide 20-50 mini-grants to California tribes and tribal health programs ranging from $5,000 for a single tribe to $15,000 for applications serving multiple tribes. The Phase I mini-grantees will produce a community assessment and community action plan. The ACORNS program will provide the training and resources necessary to complete the community assessment. A tribal community health assessment identifies key tribal health needs through culturally responsive systematic, comprehensive data collection and analysis. CRIHB ACORNS staff will provide ongoing technical assistance and multiple trainings to tribes and tribal programs as applicable.

Phase II will begin in September 2015. During this phase tribes and tribal health programs that have completed a community assessment and action plan can apply for up to $30,000 to implement action plans. Grantees will focus on sustainable policy, systems and environment changes that promote chronic disease prevention through application of the Phase I community health assessment. The program presents an exciting opportunity for tribal communities to identify challenges and focus on strategies to address them to improve the health and wellness of each community.

If you have missed the deadline to apply for a Phase I mini-grant please contact Virginia Hedrick, virginia.hedrick@crihb.org, to discuss further funding opportunities.

Cross-Jurisdictional Sharing Research to Aid Tribes in Emergency Planning and Response

In January 2015, the Robert Wood Johnson Foundation awarded $348,470 to CRIHB to study cross-jurisdictional sharing between tribes and counties in California over a two-year period. The goal of this research is to ensure that tribal governments have adequate funding and support to protect their communities during natural and public health emergencies. CRIHB is currently seeking tribes willing to participate in a multi-phase project involving several electronic surveys and in-depth key informant interviews about the current status of their emergency planning programs and their working relationships with local county officials. We will be asking staff from counties corresponding with participating tribes to join in our study as well. Following completion of all four phases, the results will be presented and discussed at regional meetings in northern, central, and southern California between tribal and county representatives.

Based on the surveys, interviews, and the information gathered during regional meetings, staff will work with tribes to develop a best practices toolkit designed to walk tribes and non-tribal governments through a structured and efficient process of building key relationships, identifying aligned goals, mutual understanding of capacities and organizational culture, and politico-legal aspects of cross-jurisdictional sharing. The study will also result in a model of engagement and process specific to tribal and local governments by analyzing collaboration between tribal and county governments. We hope that the findings of the study may also become the basis for an exploration of inter-tribal arrangements which enhance tribal sovereignty and self-determination.

If your tribe would like to participate, please contact Nanette Yandell at Nanette.Yandell@crihb.org or Amanda Wilbur at amanda.wilbur@crihb.org or (916) 929-9761.

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Healing Our Own People (HOOP) Mini-Grants Available

Preventing Suicides

Suicide is the second leading cause of death among Native American youth, but it is preventable. CRIHB receives federal funding through the Substance Abuse and Mental Health Services Administration's (SAMHSA) Garrett Lee Smith program. This program works to 1) Create a critical safety net to prevent suicides in our communities by building capacity and enhancing skills, 2) Empower youth, families, and community members to recognize and act on warning signs, and 3) Ensure that communities address suicide prevention from a cultural perspective.

Among Native American youth, the suicide rate is 2.5 times higher than it is for other youth populations, but the HOOP program is changing this reality. We build life skills and a positive sense of identity in Native American youth, make them aware of suicide prevention resources, normalize help-seeking behavior, and provide culturally relevant services. The program is currently accepting mini-grant applications.

The mini-grant program objective is to support activities addressing suicide prevention; stigma and discrimination reduction and the promotion of wellness are encouraged. HOOP mini-grant funding priorities include events that raise community awareness about suicide prevention, screening, identification, and referral to services for youth ages 10-24 yrs, cultural/ traditional gatherings and events, activities that promote protective factors, reduce risk factors, and stigma such as:

- Native Youth Leadership
- Native H.O.P.E.
- American Indian Life Skills Development
- Gathering of Native Americans (GONA)
- Digital Storytelling
- Other identified best practice training
- Cultural/traditional based gatherings/events

To request a mini-grant application or to receive assistance please contact the HOOP Program, Health Education Specialist I, Jennifer Parsons at jennifer.parsons@crihb.org or call (916) 929-9761, x1508.

Measles Awareness and Prevention

Many people have questions about the recent measles outbreak. They wonder how the outbreak is going to affect them and their loved ones. In 2000, it was thought that measles was completely eradicated in the U.S. Why has this disease returned? What can you do to protect your family? What can you do if you cannot get vaccinated?

The Centers for Disease Control and Prevention (CDC) is reporting that there are 114 reported cases in 17 states including California from December 28, 2014 to February 6, 2015. The majority of individuals who got the measles were unvaccinated. The measles is still prevalent in many parts of the world including; Asia, Africa, South Pacific and Europe.

Can you still get the measles even if you have had the disease or had the vaccination series? The CDC has said yes, but if you have received the vaccination series or you were born before 1957 and you have had the measles you are less likely to get them. If you do it will be in a milder form. The chances of getting the milder form are less than 3 percent.

What can you do to be sure that you have had the vaccination? Your medical provider can review your immunization records with you to determine if you have received the vaccine.

If you have a family member who is unable to be vaccinated due to age or a medical condition, the following may help you to avoid exposure: avoid public places, wash hands frequently, don't smoke, exercise, drink plenty of fluids, get plenty of rest, go to the doctor with the first signs of infection (temperature, cough), eat a well balanced diet, and, work with your doctor to keep yourself healthy. If you or your loved one develops a rash do not hesitate to seek medical attention. If you have any further questions, contact Jeanine Williams, PHN at jeanine.williams@CRIHB.org.

Chapa-De Indian Health Program, Inc. Receives Recognition

Chapa-De Indian Health Program, Inc. participated in the Medicare Federally Qualified Health Center Advanced Primary Care Practice (FQHC APCP) Demonstration. The objective of the demonstration was to evaluate the impact of the Patient Centered Medical Home (PCMH) model on improving health, improving care and reducing costs among Medicare beneficiaries served by FQHCs. The demonstration began in November of 2011 and as a participant, Chapa-De was expected to obtain PCMH Level 3 recognition from the National Committee for Quality Assurance (NCQA) by the end of the demonstration. Chapa-De has past experience with The Joint Commission accreditation surveys and they are currently accredited by Accreditation Association for Ambulatory Health Care (AAAHC), so they assumed PCMH recognition would be a very similar experience. However, they found the PCMH recognition process to be different from their previous accreditation experiences. Every six months, they were required to complete a readiness assessment and were expected to meet benchmarks along the way. This helped them monitor their progress and stay on track. It was initially difficult for their leadership team to grasp the meaning of becoming a patient centered medical home. Once the model was understood, they encountered challenges in disseminating the concept and transform it into practice. The implementation of the PCMH model of care has truly changed the way Chapa-De Indian Health Program provides care to patients. It required them to invest time and resources toward transformation, but the results are worth it.

Congratulations to Chapa-De Indian Health Program!

Facilities Update

The single most pressing facility program issue is the continual decrease in Maintenance & Improvement and Equipment (M&I and E) funding. Two issues have caused a significant decrease in the amount of M&I and E funds received by California tribal health programs and other 638 operated ambulatory clinic programs.

The first issue is that Congress has not increased funding for this program to keep pace with the amount of new healthcare facility space entered into the IHS Facilities inventory. Thus, there is more space sharing the same old amount of funding. This decrease has been occurring since about 2006. The funding amount received for the last several years is now below the Agency's minimum standard set by the University of Oklahoma formula that drives the amount of M&I funds received.

The second issue is that around 2006, the IHS changed the M&I and E formula to increase the amount provided to inpatient facilities to better match the actual need due to changes in codes and technology. However, the Agency did not secure additional funding for this change before implementing it. Thus, outpatient facilities immediately received less funding. Those IHS Areas without hospitals immediately lost about 1/3 of their funding to supplement the increase for inpatient facilities in the formula.

In other IHS funding categories, no California tribal program was selected to receive Joint Venture funding. It appears there is no funding proposed for the Small Ambulatory Program. There are no California facilities, other than the two YRTCs, on the Facilities Construction Priority System due to the Agency's continued support of the "grandfathering" of all facilities applicants from the original 1991 list.

CRIHB Welcomes Nanette Yandell

Nanette Yandell is the new Program Evaluator for the CDC-ACORNS project in the Research and Public Health Department. She holds a Master in Public Health degree with emphasis on epidemiology and health disparities in rural communities from George Mason University in Northern Virginia. She also has a BA in Sociology and Economics from Humboldt State. During that time she worked for Assemblymember Patty Berg and the California Center for Rural Policy. Nanette has 10 years experience working on diverse rural health projects on agricultural farm workers in California, nutritional assessments of HIV women in Kenya, suicide rates of Hispanic youth in the United States, and Geographic Information Systems (GIS) state-wide projects in Oregon, Kentucky, and North Carolina. She joins us from Del Norte County where she was the Public Health Policy Coordinator for County and Tribal Lands. In this capacity she has worked closely with CRIHB over the past two years on Affordable Care Act (ACA) training and community collaborations.

Nanette has an 18-year-old son and a 6-year-old Labrador retriever. In her free time she loves to hike, travel, and visit her family.

What is an Evaluation?

Evaluation begins at the onset of a program and is a systematic approach that typically measures the efficiency of that program. During an evaluation, information is gathered, analyzed, and then brought back to the program stakeholders to make adjustments as needed to continue to reach the program goals. This is a cyclical process and best utilized throughout the entire program to ensure overall success. Evaluation asks two specific questions:

1. Is the program meeting the needs of the target population it was originally intended to serve?

2. Are the program activities efficiently and effectively delivering the service and/or activities to meet the desired objectives and goals?

Information drives evaluations, and may come in the form of qualitative data through interviews, focus groups, open ended survey questions, or other listening opportunities. Quantitative data also drives evaluation and can be a great way to measure the effectiveness of programs when comparing outcome indicators from the onset of a program through its completion. The data gathered during evaluation can also be a foundation for future grants by providing a framework of information regarding a community or program. In addition, this evaluative data provides an evidence base to build upon, regarding best practices and areas for further development.

There are multiple types of evaluations and it is imperative that the evaluation tools align with the target population to successfully measure the outcomes of your program. Evaluation frameworks like the Empowerment Evaluation and Culturally Responsive Evaluation frameworks honor existing values of the population, recognize the strengths of the identified population, and plan for the future through a sustainable program lens. Evaluation improves program outcomes and is an opportunity to share information to fund future programs.

Community Readiness Assessment

A common barrier faced by tribal communities is how to secure financial support for new community health policies, programs, or systems changes that are identified during the planning process. Community assessments and knowledge gained from data collected are vitally important to understanding and responding to the needs of any community. The community health assessment and program planning process can be used for a variety of purposes. The methodology behind community assessment gathers data to address locally significant public health issues such as access to care, disparities in health status, service gaps, specific health conditions and prevention activities.

Every successful grant proposal contains a compelling statement of need. This statement describes the conditions that are affecting a community and informs potential grant funders of the community need that an organization is planning to address. Data collected from the community can be used to develop powerful statements that inform funders of the barriers that communities face in implementing programs. Further, it can provide powerful insight through data that grant reviewers need to determine what applications should be funded. Many types of resources and a variety of tools are available to help tribes and tribal health programs with identifying and responding to community needs.

One such tool is the Community Readiness Model. This tool is an innovative method for assessing the level of readiness of a community to develop and implement prevention programming. It can be used as both a research tool to assess levels of readiness across a group of communities or as a tool to guide prevention efforts at the individual community level.

Building community capacity to implement prevention efforts is not an easy process. Effective prevention must be specific to the culture and the nature of the community. If capacity is to be sustained, it must be practical and utilize the resources that already exist in the community. Attitudes vary across communities; resources vary, political climates are constantly varied and changing. Communities are fluid—always changing, adapting, growing. They are "ready" for different things at different times. Readiness is a key issue!

An understanding of community readiness allows you to tailor an intervention or strategy to what the community is willing to accept and get involved in. By taking small steps forward – by setting goals that necessitate a stretch for people, but not so great a stretch as to be beyond their current ability and understanding of the issue – you can make steady progress. The Community Readiness model has experienced a high level of success in building community capacity for effective prevention/intervention for a wide variety of community public health concerns. The Community Readiness Model provides both quantitative and qualitative information in a user-friendly structure that guides a community through the process of understanding the importance of the measure of readiness. The model identifies readiness–appropriate strategies, provides readiness scores for evaluation, and most important, involves community stakeholders in the process.

Dr. Denise Middlebrook, Research and Public Health Director at CRIHB is available to train CRIHB members on the use of the Community Readiness Assessment tool.

CRIHB Elects New Treasurer

Ms. Laura Rambeau-Lawson was elected as the new Treasurer to the CRIHB Board of Directors. Ms. Rambeau-Lawson is a member of the Big Pine Paiute Tribe and lives in Sonoma County where she is a board member of the Sonoma County Indian Health Project. She has served as a board member and a delegate to the California Rural Indian Health Board for several years and was re-elected as the treasurer after a brief hiatus.

CRIHB Expands Programs and Services

CRIHB has been working diligently to expand programs with the goal of improving services to our members. Since July of 2014, CRIHB has been awarded three important new program grants, a substantial increase over past years. These programs include a $3.9 million, five-year grant from the Centers for Disease Control and Prevention to promote good health and wellness in tribal communities throughout California. CRIHB will award over $2.3 million to tribes for the implementation of activities addressing health and wellness needs in their communities. In addition, over $348,000 was awarded to CRIHB from the Robert Wood Johnson Foundation. This research grant is focused on examining cross-jurisdictional sharing between tribal and county governments in emergency preparedness capacity building and response. This study will establish best practices and models essential to protecting the health of millions of Californians impacted by emergencies and will shed light on the nature of tribe and county relationships from a historical, cultural, and legal perspective, all while protecting tribal sovereignty. A grant from the Center for Care Innovations to enhance the Practice Facilitation Program was also awarded in 2014. Through the program, leadership staff were named as Innovation Catalysts and built skills in innovation with in-depth training and coaching. These skills have proven valuable and have been applied when conducting site visits with clinics. Over $8 million in grant requests have been submitted and are under review by the respective funding agencies.

Employment Opportunities

CRIHB is committed to making a positive contribution to our communities and to the lives of our employees as well. People from many backgrounds and cultures have joined our talented team of professionals to promote outstanding quality services and a friendly work environment which is essential for creativity and business growth. For us, hiring talented, dedicated and goal-oriented individuals makes the measurable difference. CRIHB is currently looking to fill several positions within Sacramento and Santa Rosa.

Billing Manager (Sacramento) – Manages the medical billing and collection process on behalf of contracted tribal health programs.

Associate Health Policy Analyst (Sacramento) – Works to increase access to affordable, quality health care through research, advocacy, education, and coalition building.

Technical Systems Specialist (Sacramento) – Facilitates installation of Electronic Practice Management (EPM) and Electronic Health Record (EHR) systems at CRIHB member tribal health programs.

CRIHB considers our employees to be our most valuable resource and offers an excellent benefit package: competitive salaries; sick and vacation leave; 401(k) retirement plan and Pension Plan. We also provide medical, vision, dental, flexible spending and life insurance coverage for employees—with a percentage of employee contribution for spouse and dependent for medical premiums. Please visit us at www.crihb.org to learn more about CRIHB and to apply.

April 2015 Board of Directors Meeting

CRIHB QUARTERLY BOARD OF DIRECTORS MEETING

APRIL 16-18, 2015

Tentative Agenda

Thursday, April 16, 2015

8:00 AM - 9:00 AM	Registration
9:00 AM - 5:00 PM	Tribal Health Program Directors

Friday, April 17, 2015

8:00 AM - 9:00 AM	Registration
9:00 AM - 5:00 PM	Board Orientation
5:00 PM - 5:30 PM	Credentials Committee

Saturday, April 18, 2015

8:00 AM - 9:00 AM	Registration
9:00 AM - 5:00 PM	Board of Directors

Location

CRIHB Central Office
4400 Auburn Blvd., 2nd FL
Sacramento, CA 95841

Local Hotels

Crowne Plaza
5321 Date Ave.
Sacramento, CA 95841
Reservations: (916) 388-5800
Rate: $85

Holiday Inn Express
2222 Auburn Blvd.
Sacramento, CA 95821
Reservations: (800) 345-8082
Rate: $95

Contact Person

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2015 Events and Save the Dates

January 1	New Year's Day
January 9	Pediatric Behavior Management for the Dental Team
January 10-11	Dental Sealants Certification Course
January 19	Martin Luther King's Birthday
January 21-24	Quarterly BOD, Program Directors & TGCC Mtg.
January 30	Dental Implants-American Indian Health & Services
February 11-13	Data Boot Camp (TCD Dept. is hosting)
February 16	President's Day
February 17-19	Dental Support Center Advisory Committee Meeting Digital Story Telling Boot Camp
February 20-22	Youth Committee Kick Off and Training
March 3	DHCS Stakeholders Meeting
March 5-6	Healing from Grief & Loss Course
March 5-6	Alcohol Counselor Training
March 23	TGCC Meeting-Thunder Valley Casino
March 24-26	IHS/CAO Annual Tribal Consultation-Thunder Valley
March 27	Finance Committee Meeting
April 7-9	NIHB Meeting at Agua Caliente
April 9-12	Annual Indian Health Pharmacists Meeting
April 16-18	Quarterly BOD & Program Directors Meeting
May 5-7	Annual Billing & Compliance Workshop
May 8	National Indian Day (CRIHB Holiday)
May 11-14	2015 CA Dental Continuing Education Meeting
TBD	35th Annual Traditional Indian Health Gathering
May 25	Memorial Day Holiday
June 8-12	Alcohol Counselor Training
TBD	CRIHB 2015 Wellness Conference
TBD	CRIHB Native American Youth Camp
TBD	Finance Committee Meeting
July 3	Independence Day Holiday
July 6-10	Joint Biennial NPAIHB/CRIHB Board Meeting
July 7 - 8	California Indian Health Conference - Thunder Valley
July 7-9	NIHB Tribal Pubic Health Summit (Cultural Night)
July 30-31	Alcohol Counselor Training
TBD - July	THNC Meeting
August 3-7	CRIHB Professional Medical Coding Course Orientation Week
September 7	Labor Day Holiday
September 25	California Indian Day (CRIHB Holiday)
TBD	Finance Committee Meeting
Sept 30 - Oct2	CRIHB 46th Annual Board of Directors Meeting
November 11	Veteran's Day Holiday
November 6-27	Thanksgiving Holiday
December 7-11	CRIHB Professional Medical Coding Course Review Week & CPC National Exam
December 25	Christmas Day

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CRIHB Board of Directors Meeting
April 16-18, 2015 • CRIHB Headquarters

CRIHB MEMBER TRIBAL HEALTH PROGRAMS

Chapa-De Indian Health
Program, Inc.
11670 Atwood Avenue
Auburn, CA 95603
530.887.2800

Greenville Rancheria
Tribal Health Program
P.O. Box 279
Greenville, CA 95947
530.284.7990

Karuk Community
Health Clinic
P.O. Box 1016
Happy Camp, CA 96039
530.493.5305

Mathiesen Memorial Health Clinic
P.O. Box 535
18144 Seco Street
Jamestown, CA 95327
209.984.4820

Pit River
Health Services, Inc.
36977 Park Avenue
Burney, CA 96013
530.335.5090

Redding Rancheria
Tribal Health Center
1441 Liberty Street
Redding, CA 96001
530.224.2700

Sonoma County Indian
Health Project, Inc.
144 Stony Point Rd
Santa Rosa, CA 95401-4122
707.521.4545

Toiyabe Indian
Health Project. Inc.
52 TuSu Lane
Bishop, CA 93514
760.873.8464

Tule River
Indian Health Center, Inc.
P.O. Box 768
Porterville, CA 93258
559.784.2316

United Indian Health
Services, Inc.
1600 Weeot Way
Arcata, CA 95521
707.825.5000

Warner Mountain Indian
Health Program
P.O. Box 247
Fort Bidwell, CA 96112
530.279.6194