



# Tribal Health Advisor

January, 2011  
Volume 43 No. 2

## CRIHB Board Sets Date for Week Long Congressional Visit

The January meeting of the CRIHB Board of Directors was highly focused on legislative and congressional issues including Governor Brown's budget proposal, the threatened 30% cut to the National Indian Health Service (IHS) appropriation and congressional threats to repeal and replace national health reform. Budget and appropriations issues at both the State and Federal levels are clearly a consequence of the current economic downturn that continues to linger. The situation in Washington DC is more dangerous because election year politics and the heated partisanship in Washington DC resulted in a limited Continuing Resolution instead of a true appropriation for the current federal fiscal year. This has provided an opening for thoughtless deficit hawks to threaten a roll back of IHS appropriations to pre Obama levels. To prevent the threatened 30% reduction in IHS appropriation we urge you to inform Congress that the IHS is a health program and that drastic reductions would result in damage to real people who are in need of medically necessary services. The short hand way to communicate this message is to urge that the IHS; like the Veterans Administration health system, should not be cut for the same reasons that the VA is not being cut. The IHS system of care is grossly underfunded as it is.

In response to this situation the CRIHB Board of Directors has committed to coordinate a week long Congressional visit the week of March 26, 2011 and has directed staff to identify appropriate lodging facilities, to set up a schedule of Congressional office visits and to recruit participation from California based Tribes, Tribal Health Program Boards and Staffs as well as other interested parties. Look for follow up on this planned activity on the CRIHB web page and contact either Mark LeBeau, Renee Bowden or Jim Crouch for more details.

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*Tribal Governments Consultation Committee Meeting  
January 2011*

## “Buckle up Yurok Tribe”

The Family and Community Health Services (FCHS) department has been working diligently on the newest Injury Prevention grant project titled “Buckle up Yurok Tribe”. FCHS is working in collaboration with the Yurok Tribal Police. This project will provide the Yurok community with SNAP courses (Safe Native American Passenger), safety seat fitting stations that will provide the community with properly installed child seats along with education, and an understanding of laws in place to keep our AI/AN safe. Unfortunately motor vehicle crashes are still the leading cause of unintentional injury for American Indian/Alaska Natives ages 1-44. Low rates of seat belt and child safety seat use, as well as a relatively high prevalence of alcohol-impaired driving, contribute to an increased risk of injury and death among American Indian/Alaska Native motorists; this is why the new “Buckle up Yurok Tribe” project will become one of the priorities of the Injury Prevention team. For additional information contact Stacey Kennedy, Deputy Director, Family & Community Health Services at [stacey.kennedy@crihb.net](mailto:stacey.kennedy@crihb.net)

### California Rural Indian Health Board, Inc.

Marcus Blind, Mathiesen Memorial Health Clinic  
 Angela Martin, Greenville Rancheria Tribal Health  
 Andrea Cazares-Diego, Greenville Rancheria Tribal Health  
 Florraine Super, Karuk Tribal Health Program  
 Florence Conrad, Karuk Tribal Health Program  
 Bo Marks, M.A.C.T. Health Board, Inc.  
 Nancy Ehlers, M.A.C.T. Health Board, Inc.  
 Russell Eleck, Pit River Health Services, Inc.  
 Michelle Hayward, Redding Rancheria Indian Health Services  
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 James R. Adams Jr., Shingle Springs Rancheria Health Program  
 Brenda Adams, Shingle Springs Rancheria Health Program  
 Derrick Franklin, Sonoma County Indian Health Program, Inc.  
 Reno Franklin, Sonoma County Indian Health Program, Inc.  
 Monty Bengochia, Toiyabe Indian Health Project  
 Rick Maddux, Toiyabe Indian Health Project  
 Yolanda Gibson, Tule River Indian Health Center, Inc.  
 Gayline Hunter, Tule River Indian Health Center, Inc.  
 Maxine Lewis-Raymond, United Indian Health Services, Inc.  
 Florine “Fern” Bates, United Indian Health Services, Inc.  
 Ralph DeGarmo, Warner Mountain Indian Health Project, Inc.  
 Mariellen Sam, Warner Mountain Indian Health Project, Inc.

### Management Staff

James Crouch - Executive Director  
 Marilyn Pollard - Administration Director  
 Rosario Arreola Pro - Health Systems Development Director  
 Michael Melendez - Tribal Head Start Director  
 Jason Lopez - Finance Director  
 Jackie Kaslow - Family Community Health Services Director  
 Susan Dahl - Compliance Director  
 Carol Korenbrot - Research Director  
 Thomas Kim - Medical Director  
 Kristal Chichlowska - Epidemiology Director



## THANK YOU FOR YOUR LETTERS OF SUPPORT

The California Epicenter would like to thank the following tribes for their letters of support

*Cloverdale Rancheria of Pomo Indians  
 Karuk Tribe  
 Manchester Band of Pomo Indians  
 Pala Band of Mission Indians  
 Rincon Band of Luiseno Indians  
 Scotts Valley Band of Pomo Indians  
 Torres Martinez Desert Cahuilla Indians  
 Yurok Tribe*

We are still requesting letters of support from all tribes in California, please contact Virginia Myers (Yurok/Karuk), CTEC Program Coordinator, at [virginia.myers@crihb.net](mailto:virginia.myers@crihb.net) or 916-929-9761 x1602.

## CRIHB 40th History Books for Sale

Copies of the CRIHB 40th History Book are available for sale. You can find details on the website [www.crihb.org](http://www.crihb.org) or you can order directly from CRIHB via

email, telephone or regular mail, attn: Administration Department.



The History Books are available for full members at a discounted price of \$15.00 per book and Associate members discounted at \$20.00 per book and non members at \$30.00.

## NIHB's Exploring Tribal Public Health Accreditation Project

The Public Health Accreditation Board (PHAB) was established in 2007 to spearhead a national initiative for state, territorial, tribal and local public health departments to undergo voluntary accreditation with the goal to improve and protect the health of the public by advancing the quality and performance of state and local public health departments. The initiative is supported by the CDC and the Robert Wood Johnson Foundation.

National Indian Health Board: NIHB continues to work extensively with PHAB and two work committees representing Indian agencies and areas throughout the United States. The NIHB Voluntary Public Health Accreditation Advisory Committee has met to discuss review and disseminate the National Standards and Measures developed by NIHB, PHAB and the work groups, and to prepare for the final roll-out of the initiative, slated for May 2011.

Input to date - PHAB Draft National Standards:

- The NIHB Advisory Board has reviewed the PHAB Draft National Standards and Measures.
- The NIHB has requested and received input and feedback on the Draft Tribal National Standards and Measures from AIAN agencies nationwide.
- The final Tribal National Standards and Measures will be released in May 2011.

Benefits, Challenges, Barriers to Public Health Accreditation in Indian Country:

Potential benefits:

- Improved access to care, improved quality of care, equity, and accountability.
- Increased tribal recognition and respect by agencies and tribal entities.
- A comprehensive view of community health, and promotion of tribal/cultural values.
- Increased resources, reduced disparities, improved performance of the public health system.
- Increased ability to leverage resources/partners, improve health outcomes, increase public awareness, better prepared public health workforce.

Potential challenges:

- Lack of resources, costs, capacity to undertake accreditation processes.
- Lack of cooperation/collaboration among public health providers/entities.
- Lack of buy-in or local priority, leadership, accountability, complex jurisdictions.
- Lack of infrastructure.

Public Health Accreditation may result in better quality of and access to culturally appropriate public health services for your community. Please look for the release of the Tribal National Standards and Measures and inform yourself about how accreditation will impact your agency and community. For more information, please contact: Aleena Hernandez, MPH at Red Star Innovations, LLC (520) 407-6307 or [www.redstar1.org](http://www.redstar1.org).

# SAVE THE DATE

CALIFORNIA AREA INDIAN HEALTH SERVICE

## ANNUAL TRIBAL LEADERS' CONSULTATION CONFERENCE

### March 15-17, 2011

CONFERENCE LOCATION: **CHUKCHANSI GOLD RESORT & CASINO**  
711 Lucky Lane, Coarsegold, CA 93614

For reservations, call 1-866-794-6946 and ask for Group ID **SIH0314** before February 12, 2011!

FOR MORE INFORMATION, CONTACT THE CAO AT 916-930-3927.

## CRIHB Resolutions adopted at January-Meeting

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On January 21, 2011, the California Rural Indian Health Board (CRIHB) held its quarterly Board of Directors, Program Directors, and TGCC Meeting in Sacramento, CA. The Board of Directors reviewed and adopted four resolutions that will provide improvement in Indian Healthcare services. All the CRIHB resolutions adopted at this meeting can be found at [www.crihb.org](http://www.crihb.org).

The first resolution supports National Health reform and vigorously opposes the repeal and replacement of the Indian Health care Improvement Act, other provisions of the Patient Protection and Affordable Care Act and other special American Indian provisions of the broader health care reform legislation. A second resolution was passed calling on the Indian Health Service to establish a management information system that is adequate to assure changes in the availability of alternative resources resulting from the expansion of the Medicaid coverage effective in January 1, 2014 can be tracked. Tracking these resources is essential to implementing the Rincon

decision and setting the stage for redistribution of the current base funding. This resolution also called for IHS to establish a minimum level of funding that would bring equity to the IHS system of care over the next decade. A third resolution addressed the IHS Contract Health care distribution formula and recommended that one third of all new funds be reserved for operating units without access to IHS hospital care.

The fourth resolution addressed the placement of the Northern Youth Regional Treatment Center (YRTC). The latest development being the voiced disapproval of Congressman Tom McClintock of the purchase of the property in Butte County and a threat he made to the annual appropriation for all IHS programs if the IHS continued with the proposed purchase of the Honeyrock property. In response to this lack of support by Congressman McClintock the CRIHB Board of Directors voted not to support the placement of the YRTC in any area that is represented by Congressman McClintock, thereby denying his constituents the economic benefits associated with a facility in their community.

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## Tribal Medicaid Administrative Activities

The Tribal Medicaid Administrative Activities (TMAA) Program is up and running since its full approval as of December, 2010. There are currently 18 Tribal Health Programs (THP's) participating in the TMAA Program through CRIHB.

Since we began invoicing the State, (FY 05/06) we have invoiced over \$1,379,000; we have received payments almost immediately after approval; in the amount of over \$800,000. About half of the reimbursements received covered the current period plus some reimbursement were for prior periods, which leave approximately \$500,000 due for back casting. We have requested a waiver from the Centers for Medicaid and Medicare (CMS) but we have yet to receive approval; upon approval the balance due for the prior periods (back casting) will be remitted to us by the State.

The MAA Specific Activities which covers the outreach work is the newest part that we received approval for in December; it will be awhile before we know how this program is going to benefit all of the participating THP's individually. In the meantime we will continue to gather data and assess the benefits the TMAA Program will bring the California THP's.



## Northern California Youth Regional Treatment Center (YRTC) Update

On January 21 and 22, 2011 the California Rural Indian Health Board (CRIHB) and Tribal Government Consultation Committee (TGCC) met to discuss, among other issues, the Northern California Youth Regional Treatment Center (YRTC) proposal. The proposal entailed the Indian Health Service purchasing the Honeyrock treatment complex and the property that it sits on and building an Indian YRTC there to help youth to heal from alcohol or other drug addictions.

The Honeyrock property is currently owned by a well-respected family that has provided faith-based treatment services at this location for over 30 years. The property is located east of Oroville, California and the IHS Area Office has spent months preparing for the purchase of this building site.

Unfortunately, U.S. Rep. Tom McClintock (R-Rocklin) has announced his active opposition to the Indian YRTC being built at the Honeyrock complex. In doing so Congressman McClintock joins a handful of residents that reside in the neighborhood where the complex is located in opposing the proposal.


In light of McClintock's opposition to this long delayed youth healing program, which would have brought \$17 million in construction funds and a \$4 million annual operating budget to the local area, CRIHB and the TGCC have issued resolutions condemning this wanton disregard of the needs of the American Indian youth of Northern California and will not support any subsequent effort to locate a YRTC anywhere in Congressman McClintock's district. Lastly we hope the IHS will be able to quickly find a suitable alternative site. Our kids need the help.



*Michelle Hayward, Vice Chair  
January Board of Directors Meeting*



*January Board of Directors Meeting*



### 2011 CALIFORNIA ANNUAL DENTAL CONFERENCE

**MAY 2 – 5, 2011**  
**HOLIDAY INN CAPITOL PLAZA**  
**SACRAMENTO, CA**

The conference will provide a great opportunity to network and share experiences with other California Tribal/Urban Dental Programs and receive 25+ hours of continuing Dental Education. In addition, there will be numerous Dental Vendors demonstrating the latest dental technology and products. Courses of interest will be offered for ALL DENTAL STAFF.

**Some of the tentative topics include:**

Pediatric Dentistry	Infection Control
Lasers	Hands-on for Dental Assistants
Restorative Dentistry Update	Dental Billing and Coding
Full Dentures	Hygiene Courses
Cultural Competency—Insight to CA	Panel discussion Quality Improvement
Native Americans	Breakout Sessions
Endodontics	Courses for Front Office Staff
Periodontics	Pharmacology Update
CA Practice Act	CPR.....and more!

There is no tuition cost for the conference, but all travel expenses will be the responsibility of the attendee.

ROOM AND CONFERENCE REGISTRATION  
 INFORMATION WILL BE PROVIDED IN EARLY 2011

## Sign-up begins for National Indian Regional Extension Center Services in CA

The National Indian Health Board has received \$16.6 million in Regional Extension Center funds to provide technical assistance to Indian health clinics to adopt, implement, or upgrade a certified electronic health record (EHR) and to achieve Meaningful Use of a certified EHR. The National Indian Regional Extension Center is the only Regional Extension Center targeting American Indian/Alaska Native health programs. The California Rural Indian Health Board (CRIHB) will be the subcontractor to REC to provide technical assistance services to CA tribal and urban health programs.



Technical assistance will be made available to health programs based on the number of eligible providers they sign-up to receive services. The more eligible providers who sign-up, the more funding that will be available to provide technical assistance to CA tribal and urban Indian clinics.

Goals of National Indian Regional Extension Center:

1. To sign-up all I/T/U eligible providers for REC technical assistance
2. To verify that these eligible providers have adopted a certified EHR
3. To provide technical assistance to help eligible providers achieve Stage 1 of Meaningful Use standards which will make them eligible for Medicare and Medicaid EHR Incentives.

What technical assistance services will be available? A variety of technical assistance services will be available to urban and tribal health programs who sign-up with the National Indian REC. These services will be available to both RPMS EHR users and Commercial Off-The-Shelf users throughout CA:

- EHR Implementation Services
- Meaningful Use Support Services
- Provider Education and Outreach Services
- National Learning Consortium Participation
- Practice and Workflow Design
- Health Information Exchange Services
- Privacy and Security Best Practices

Eligible professionals include MD, DO, NP, PA, and Certified Nurse Midwives.

How do I sign-up for the National Indian REC? ENROLLMENT IS NOW OPEN!!! Only one Provider Agreement Form per urban/tribal health program is needed. You can download the form at <http://www.nihb.org/rec/rec.php>. All Tribal Provider Agreement forms must be emailed or faxed directly to NIHB. Once that is submitted, CRIHB will contact you to begin coordinating Regional Extension Center services for your clinic sites.

You can submit your completed form via the following:

- E-mail to NIHB National REC at [paf@nihb.org](mailto:paf@nihb.org)
- Fax to NIHB national REC: (202) 507-4070

For more information, please contact: Rosario Arreola Pro at [rosario.arreolapro@crihb.net](mailto:rosario.arreolapro@crihb.net) or Marilyn Freeman at [marilyn.freeman@ihs.gov](mailto:marilyn.freeman@ihs.gov)

We look forward to working with you!



*Rosario Arreola Pro, Health Systems Director  
January Quarterly Board of Directors Meeting*

## Frequently Asked Q&A's about signing up with the National Indian REC

*Does my tribal health program have to sign-up with the National Indian REC?*

Tribal Health Programs are highly encouraged to sign-up for the National Indian Regional Extension Center because services will be customized to meet the unique needs of Indian clinics in CA.

Tribal clinics do have the option to sign up with another REC in their area, instead of the National Indian REC. California has 3 other Regional Extension Centers: Cal-HIPSO, Cal Optima, and HITEC-LA.

*How is signing-up for the National Indian REC services different from signing up for the Medicaid and Medicare EHR Incentive Program?*

The National Indian REC is a type of technical assistance available to help clinics programs adopt a certified EHR and achieve EHR meaningful use. No funding ever goes directly to clinics, but it will provide you with the tools needed to meet the requirements of the EHR incentives program.

On the other hand, the Medicare and Medicaid EHR Incentive program will provide actual funding to Indian clinics that have achieved the meaningful use requirements.

*How will CRIHB be able to assist the RPMS EHR programs who sign-up for the National Indian REC assistance?*

Technical assistance services will be made available to all Indian health programs, including RPMS EHR users through a partnership with the IHS CAO team and consultants. RPMS EHR users who sign-up with the National Indian REC will be able to access additional technical support services from IHS CAO and consultants that they would have otherwise had to incur a cost for.

*Will there be a fee involved?*

No. Unlike other REC's in CA, no membership fees will be charged. All technical assistance provided via the National Indian REC will be free of charge to tribal and urban Indian health clinics in CA and will be based on the number of providers your clinic signs-up for services.

## Medi-Cal EHR Incentive Program Registration Available: March 1, 2011

California eligible providers can register for the CMS Medicaid EHR Incentive program beginning March 1, 2011. It will involve a two-step process:

1. To begin go, to the Medi-Cal EHR Provider Incentive Portal (ePIP) and follow the registration process.  
<http://www.medi-cal.ehr.ca.gov/>

Who is eligible to participate in the Medicaid EHR Incentive program?

- Physicians (MD and OD)
- Dentists
- Certified nurse-midwives
- Nurse practitioners
- Physician Assistants practicing in an FQHC or RHC that is so led by a physician assistant

What information is needed to register?

- Set-up an account
- National Provider Identification Number (NPI)
- Tax Identification Number (TIN)
- Group enrollment will be available (but individual providers will have to go in and sign-off on their enrollment)

How much money is available?

- Up to \$63,750 per eligible Medicaid Provider over 6 years; \$21,250 Year 1, up to \$8,500 in Years 2-6.



## HRSA Resources for Indian Primary Health Care Programs

During the Quarterly Board of Directors meeting in January, Tom Brookshire, San Francisco Office of Regional Operations, Department of Health and Human Services provided information on the HRSA Resources for Health care in California for Tribal and Urban Indian Programs. There are more than 80 Programs with over 3,000 Grantees. Some of the HRSA programs include:

Community Health Centers, National Health Service Corps, Rural Health Policy and Programs, 340B Drug Pricing Program, Workforce Training for Primary Care, Public Health, Nursing, and Geriatrics, Telehealth, Maternal and Child Health, Practitioner Databanks, Ryan White HIV/AIDS Services, Healthy Start, Poison Control Centers, Healthcare for the Homeless, Migrant Health Centers, Native Hawaiian Health, Vaccine Injury Compensation, Hansen's Disease (Leprosy, Workforce Diversity, Children's

Hospital GME, Organ Donation and Transplantation and more.

To be eligible for the programs the organization must be a public agency or a private non-profit (Tribes are considered public entities and Tribal Corporations are private non-profits). The organization must serve as a federally designated medically underserved area (MUA) or designated medically underserved population (MUP) within its service area.

To find grants, and apply, review, manage, and get reports: <http://www.hrsa.gov/grants> (Alternatively, the Federal grants source: <http://www.grants.gov>)

For detailed information on the HRSA Resources available for Health programs visit [www.crihb.org](http://www.crihb.org). Please contact Tom Brookshire for any questions you may have at [tbrookshire@hrsa.gov](mailto:tbrookshire@hrsa.gov).



CRIHB 5th Annual Training Conference  
April 27th - 29th, 2011



# Empowering Through Education

Thunder Valley Casino  
1200 Athens Ave  
Lincoln, CA 95648  
916.408.7777

Make reservations by phone only  
Mention Group Code: **110419CALI**  
Room rate: \$99 + \$15 fee + tax  
Make your reservations early!

Visit [www.crihb.org](http://www.crihb.org) for registration and conference agenda  
Hotel Reservation Deadline - April 12, 2011

**Registration Fees:**  
CHS/AOF Members & Supporting Tribes: \$0  
Associate Member & Supporting Tribes: \$250.00 before April 16, 2011  
\$350.00 after April 17, 2011  
Non Members: \$350.00 before April 16, 2011  
\$450.00 after April 17, 2011





# California American Indian Recovery Services (CAIRS)



CRIHB is honored to have been awarded the Access to Recovery III grant from SAMHSA. The new California American Indian Recovery Services (CAIRS) program contract term is September 30, 2010 through September 29, 2014. During this four-year term, CAIRS providers will be reimbursed for substance abuse treatment and recovery clinical and recovery support services. The CAIRS provider network includes Indian Health clinics, residential programs, sober living programs, Tribal TANF programs and other programs serving the American Indian/Alaska Native (AIAN) people residing in California.

The award amount is \$13,119,440 to serve 8,614 over the four-year grant term. To qualify for services, an individual must reside in California, be 12 years of age or older, and be either an AIAN enrolled in a federally recognized tribe or a descendant therein. If an individual is AIAN but does not have documentation, he/she may apply as "self-declared" with the stipulation that efforts are made to obtain such documentation.

CRIHB is concurrently administering the AAIR (ATR

II) program through April 29, 2011 through the No Cost Extension awarded by SAMHSA. This is an ideal time for individual to receive services from both programs and thereby extending substance abuse treatment and recovery services.

For complete information about this program, please go to the CAIRS Website ([www.crihb.org/cairs](http://www.crihb.org/cairs)) or call the CAIRS Administration at 916-929-9761.



*Amanda Nugent, ATR Project Director*



*January Quarterly Board of Directors Meeting*



## CTEC and UC DAVIS Memorandum of Understanding Signing Event

On January 12th 2011, the California Tribal Epidemiology Center (CTEC) and the University of California, Davis Cancer Center jointly signed a Memorandum of Understanding (MOU), formalizing a collaborative partnership between the two agencies. Dr. Kristal Chichlowska (CTEC Director), James Crouch (CRIHB Executive Director), Dr. Marlene von Friederichs-Fitzwater (UCD Cancer Center Outreach, Research and Education Program Director), Dr. Claire Pomeroy (Chief Executive Officer of UC Davis Health System, UC Davis Vice Chancellor for Human Health Sciences and Dean of the School of Medicine), and Dr. Ralph deVere White (UCD Cancer Center Director) were all present to sign the MOU. Other attendees included CRIHB and CTEC staff members (Rebecca Garrow, Richelle Harklerode, Mark LeBeau, and Virginia Myers), and Rena Eley of the Enterprise Rancheria- Estom Yumeka Maidu Tribe.

This MOU solidifies this partnership where both parties commit to jointly explore the potential relationship between historical trauma, and obesity and cancer in American Indians and Alaska Natives (AIAN) residing in California. AIAN experience a higher prevalence of obesity than other races and ethnicities, and obesity is a risk factor for cancer. The California Indian community has deemed both of these health issues of significant concern; obesity and cancer were leading concerns reported from AIAN community members, tribal leaders, and tribal health professionals in CTEC's Indian Health Priorities survey.

To read the formal press release, please visit [www.ucdmc.edu/newsroom/releases](http://www.ucdmc.edu/newsroom/releases).

For more information, please contact Dr. Kristal Chichlowska, PhD, MPH, CTEC Director at 916-929-9761 x1600 or [kristal.chichlowska@crihb.net](mailto:kristal.chichlowska@crihb.net).



*Dr. Kristal Chichlowska (CTEC Director), James Crouch (CRIHB Executive Director)*



*Rena Eley  
Enterprise Rancheria Estom Yumeka Maidu Tribe*



*Dr. Kristal Chichlowska, James Crouch,  
Dr. Marlene von Friederichs-Fitzwater,  
Dr. Claire Pomeroy and Dr. Ralph deVere White*



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***CRIHB April Board of Directors Meeting***  
***April 14-16, 2011 • CRIHB Headquarters, Sacramento, CA***

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**CRIHB MEMBER TRIBAL HEALTH PROGRAMS**

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

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

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

Karuk Tribal  
 Health Program  
 P.O. Box 1016  
 Happy Camp, CA 96039  
 530.493.5305

Redding Rancheria  
 Indian Health Services  
 3184 Churn Creek Road  
 Redding, CA 96002  
 530.224.2700

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

M.A.C.T. Health Board, Inc.  
 P.O. Box 939  
 Angels Camp, CA 95222  
 209.754.6272

Shingle Springs  
 Tribal Health Program  
 4140 Mother Lode Drive, Suite 112  
 Shingle Springs, CA 95682  
 530.672.8059

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

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

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

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

