



Tribal Health Advisor

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Celebrating Success and Building the Future

The passage of the Patient Protection and Affordable Care Act (PL 111-148) (PPACA) and its perfecting amendments changed forever the health care delivery system in the United States. This tidal wave of change in Indian health care actually began in December of 2009 with the American Indian provisions of the American Recovery and Reinvestment Act (PL 111-5) (ARRA) which included protections for individual Indians from Medi-Cal premiums and co-pays, and protect their trust property from estate recovery. It also included protections for IHS and Tribal providers assuring reimbursements from Medi-Cal Managed Care Organizations and requiring the State Medicaid Programs to make the clinics whole if those reimbursements were below the IHS global rate. ARRA includes a whole universe of programs that focus on Health Information Technology that will provide additional funds for meaningful use of electronic health records, build new broadband networks, establish a national network of Health Information Technology technical assistance providers, and establish national standards for health IT industry. National health reform brings even more change. There are changes in the private insurance market and specific provisions on health insurance benefits paid for by Tribes; there are expansions in Medicaid and Medicare coverage including changes in how seniors will be covered for the high cost of pharmaceuticals. There are a new series of public health programs which identify Tribes and Tribal Organizations as eligible grant recipients. Some of these programs like the pari-natal home visiting program have set aside provisions that guarantee a percentage of the overall funds will be awarded to Tribes and Tribal Organizations like CRIHB. There are also important data provisions that will standardize data collection, mandate data sharing, and assist the government identifying and prosecuting fraud waste and abuse by unscrupulous health care providers.

To reap the fruits of all this positive change we need to work more actively than ever with Federal and State consultation and advisory bodies including the new Medi-Cal Advisory body being set up by the California Department of Health Services. We need to prepare to read and respond to a title wave of new regulation that will add the details to the broad legislative outlines that have passed congress. This will require a coordinated effort including lawyers, policy experts, front line providers and yes, community members too.

The Indian controlled health care system in California is different from the IHS system in other parts of the country. No one is going to speak for California except California and as always, we speak best when we speak from a statewide consensus and coordinated voices. This is our opportunity to build a better future.



Inside This Issue:

- H1N1 Influenza Awareness CampaignPg. 2
- CRIHB Domain and WAN MigrationPg. 3
- CRIHB Tribal Facilities Engineering UpdatePg. 4
- Tribal Medicaid Administrative ActivitiesPg. 4
- Tribal Asthma Survey ProjectPg. 5
- Protecting our healing TraditionsPg. 5
- TGCC advocates for Medi-Cal Optional Services.....Pg.6
- Head Start Legislative UpdatePg. 8
- Dental Support CenterPg. 8
- New FacesPg. 9
- AAIR Success StoryPg. 10
- Youth Regional Treatment CentersPg. 11

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H1N1 Influenza Vaccine Awareness Campaign for Native Americans in California

The Family Community Health Department with the support of the EpiCenter has developed an array of influenza vaccine promotional materials for the upcoming fall/winter flu season. While such materials are by themselves helpful, these materials are especially noteworthy because of the incorporation of traditional and cultural themes, images and references with the goal of increasing awareness of influenza vaccine availability and importance. These materials include posters, factsheets, magnets, toolkits, DVD's, T-shirts, website, and public service announcements with statewide distribution and are currently being distributed to all tribal health programs throughout the state.

While the 2009-10 pandemic was thankfully less severe than had been anticipated, we know that this virus causes disproportionately more severe disease in the younger age groups, pregnant women and among indigenous groups worldwide as compared to the general population. We also know that this virus will continue to circulate for another flu season. For this reason, we highly recommend that all individuals who can receive this vaccine do so in the fall.

The regular or "seasonal" flu vaccine protects against the three types of flu viruses that will likely cause the most number of flu infections for that winter. Every year the vaccine changes because the most common viruses that circulate change yearly. This year, the pandemic H1N1 virus will be included as part of the seasonal vaccine, so a separate vaccine to protect oneself from H1N1 is not necessary. That is, H1N1 protection will be included in this year's seasonal flu shot. But even if you have received the H1N1 vaccine in the past, please have yourself revaccinated with the 2010-11 seasonal vaccine to ensure the possible best protection against the common strains of flu for this year. This is especially important if you are in any of the high risk groups such as being a child, young adult, pregnant, or and elder with chronic disease. For more information, see www.flu.gov or www.crihb.org/home/h1n1.html.

If you are interested in receiving some of the above mentioned vaccine materials for distribution in your community, please contact Virginia Myers at virginia.myers@crihb.net or at 916-929-7212.

California Rural Indian Health Board, Inc.

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 Andrea Cazares-Diego, Greenville Rancheria Tribal Health
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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 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.

CRIHB Domain and WAN Migration

We are in the process of moving ourselves from the D1 IHS domain to our own CRIHB domain and off the IHS wide area network to our own CRIHB network. The move off the IHS network is similar to purchasing new DSL internet service by moving from AT&T to Sprint or some other internet service provider for your home. This process will be taking place for CRIHB and its users over the next 30 – 45 days.

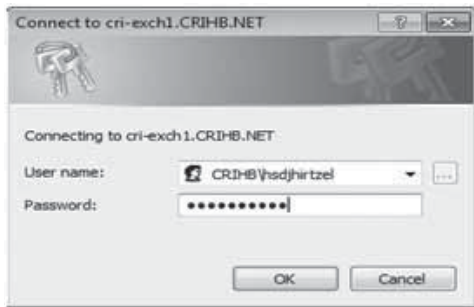
In the first setup to move our users to the new CRIHB domain, we have found an unknown issue with the email system. The CRIHB domain is looking for login credentials for the CRIHB email system. To work around this will be to login to the box that pops up when you open your email so the login name is CRIHB\MyNormalLoginName and then your usual password.



There should be no disruption of network shares like your “Z” drive or your departmental drive such as “Wellness”, and your desktop should not change at all, everything should be in its place after the move.

After the completion of the user and computer domain moves, we will then begin the process of moving to the new Internet Service Provider. There should be no noticeable difference other than the internet being faster. The same internet blocking may not be there initially but it will follow later. This is essentially for the security of the user and the CRIHB network. We will work closely with everyone trying to ensure that they have access to your needs. This process, should be completed by the end of August 2010.

Have additional questions? Please contact Rosario Arreola Pro, Health Systems Development Director at rosario.arreolapro@crihb.net or Dan Austin, Information Systems Manager at dan.austin@crihb.net.



This will go away once we are moved over to the new CRIHB Domain. The next steps will be to test a few test users and machines for the migration and then the rest of CRIHB HQ. When you come into the office, you will be logging into the CRIHB domain as shown on the above right.



Quarterly CRIHB Board of Directors, TGCC and Program Directors Meeting - July 2010



CRIHB Tribal Facilities Engineering Program Update

The Tribal Facilities Engineering program has been busy with projects funding through the American Reinvestment and Recovery Act (ARRA) and the CRIHB M&I Pool (M&I).

The activities are as follows:

The ARRA projects are divided into two major funding categories; facility improvement projects and clinical equipment.

Five of the CRIHB tribal health programs received a project including a project for the Tule River Alcohol Program (TRAP). The amount received was \$742,562. One program was denied a project due to their current clinic is leased and not owned. One program was denied a project due to unfinished activities related to being recognized as a 638 contractor by the IHS. Funding was initially slow in coming from the Indian Health Service as the government developed all the criteria for implementing the projects and reporting the results. At this time, two and half of the projects are completed. One and a

half projects have awarded bids and awaiting the start of construction. One project is redesigning to meet the available budget. One project is advertising for proposals to design-build the project. All projects are anticipated to complete construction by the end of the calendar year.

Six of the CRIHB programs received funding for clinical equipment. The amount of funding received was \$113,608. One program was denied per the above same reason. Four of the six programs received cardiac crash carts that were group purchased by CRIHB. The other two programs have ordered their equipment and awaiting delivery.

M&I Pool: Projects are being funded from the M&I Pool. Evaluations and priority lists are being discussed with each tribal health program. Funding is also being used to augment work on the ARRA projects and take advantage of the contractor on site to make additional repairs cost effectively.

Tribal Medicaid Administrative Activities

The California Rural Indian Health Board, Inc. (CRIHB), has been working on finalizing the Tribal Medicaid Administration Activities (MAA) Implementation Plan for several years and we have finally succeeded in obtaining approval from Centers for Medicaid and Medicare Services (CMS). This project has been in the works for seven (7) long years but we have finally received our first reimbursement check for providing MAA Transportation Services! The primary reason CRIHB would not give up on this project was because this MAA Program will bring new money into California for the Tribal Health Programs to reimburse them for services that they have been providing to their local communities for years. We do not know yet how much this will reap, but we have ten (10) more invoices in queue and counting. The reimbursements checks are pending approval of the California State budget. The next step is to obtain approval of the MAA Specific Activities portion of this program. The MAA Specific Activities includes outreach to bring Medi-Cal clients into the Medi-Cal provided services, facilitating application, monitoring and administration; we will begin invoicing for this portion of the program as soon as approval is received from CMS. For more information contact marlene.blasco@crihb.net or (916) 929-9761 X 1109.



*CRIHB presented the first MAA check to
Margaret Alsbaugh, Greenville Rancheria*

Tribal Asthma Survey Project (TASP)

Nationally, American Indians and Alaska Natives (AIANs) are 25% more likely to have asthma than White persons; however, there are very few studies documenting the prevalence of asthma in California AIANs. Furthermore, exposure to numerous allergens is common in U.S. homes, and home overcrowding can aggravate asthma conditions by making disease transmission easier and increasing allergy levels (such as dust, smoke, dander and other contaminants).

The high prevalence of asthma and potential exposure to harmful allergens in the home environment represents one potential pathway by which AIANs experience greater asthma rates compared to Whites. In order to investigate this, the California Tribal Epidemiology Center (CTEC) in collaboration with California Breathing of the California Department of Public Health (CDPH), Environmental Health Investigations Branch, implemented the comprehensive Tribal Asthma Survey Project (TASP). Participants were recruited from Indian events such as Pow-Wows, Big Times, health fairs, and community gatherings throughout California over a 7-month period, between October 2009 and May 2010. There were a total of 610 surveys collected; participants were given a \$15 dollar gift card for completing a survey.

The majority of the sample was female (65%) and lived in California (94%). Over 21% of the sample had been diagnosed by a doctor or other health professional with

asthma. Of those that had been diagnosed with asthma, 76% were female. Among females, the occurrence of asthma was higher in those who had pets with fur or feathers in the home in the past 6 months compared to those without pets with fur or feathers. The presence of asthma in women was also higher in those who had seen mold greater than the size of a dollar bill, and for those who smelled a moldy or musty odor in their home in the past 30 days, compared to those who had not seen or smelled mold in their home.

This information gathered from TASP on asthma and housing conditions can empower tribes to determine program priorities, direct program planning, develop new policies and culturally appropriate intervention strategies. TASP would like to thank all the American Indian and Alaska Native people who participated in TASP by completing a survey. Their answers will help CTEC and California Breathing better understand the housing conditions and asthma status of Native people in California. Their participation has been invaluable, and we give our deepest thanks and gratitude for the time they took to complete the survey and represent the California Native community.

For more information, please contact Rebecca Garrow, MPH: TASP Project Coordinator, at 916-929-9761 x1901 or rebecca.garrow@crihb.net.

Protecting Our Healing Traditions for Future Generations

During the July Board of Directors Meeting, James Crouch presented the Protecting our Healing Traditions for Future Generations article that was authored and published by UIHS in the Indian Country Today on Wednesday May 19th, 2010. The article was professionally framed and presented to Reno Franklin and UIHS (Bonnie Green and Darlene Magee) in recognition of their hard work and contribution to the Permanent Reauthorization of the Indian Health care Improvement Act (IHCA). A powerful quote that was mentioned in the article: "One Arrow alone is Weak But Many Arrows Bound together Cannot be Broken"



James Crouch presenting the published UIHS article in recognition of their contribution to the Permanent Reauthorization of the IHCA

Tribal Government Consultation Committee advocates for Medi-Cal optional services for Indians

On June 29, 2010, the Tribal Government's Consultation Committee (TGCC), a Tribal entity established in 1990 for the purposes of providing tribal consultation and identifying problems that exist for Tribal health services and recommending remedies to resolve them, sent a letter to President Barack Obama's Native American Affairs Senior Policy Advisor in the White House requesting assistance on an important health care issue for American Indians and Alaska Natives (AI/AN) residing in California. This request came about because of the decisions that the California Legislature and Governor made given the fiscal straightjackets that the State has faced.

As part of a package of reductions, California eliminated certain optional benefits in its Medicaid program. Tribal health care advocates informed California legislators and administrators of the fact that there is no cost to the State for services provided to AI/AN Medicaid beneficiaries served by Tribal Health Programs, that Congress provides this enhanced funding and other unique services based on the federal government's trust responsibility to AI/AN and that this healthcare delivery partnership needs to continue. In response, California sent a letter to Centers for Medicare & Medicaid Services (CMS) requesting the agency clarify for the State that it has the ability to continue providing Medicaid services, including optional benefits, through Tribal Health Programs to AI/AN Medicaid beneficiaries at 100 percent federal match as authorized under the Social Security Act. CMS responded to the State in writing, expressing a view that AI/AN should no longer be provided this service as it does not conform to the federal view that the State's Medicaid program be comparable for all beneficiaries. The TGCC, California Rural Indian Health Board (CRIHB) and many Tribal Health Programs across the State believe that the continuation of this health service partnership does not violate any Medicaid law, including the issue regarding comparability for all beneficiaries. In addition, these Tribal entities believe that the unique Federal status and treatment of AI/AN enables and empowers the continuation of this partnership.

TGCC and CRIHB look to the guidance of the Supreme Court in its decision in *Morton v. Mancari* (1974) which recognized the role of federal laws in protecting AI/AN sovereignty. The Court noted that literally every piece of

legislation dealing with Tribes singles out treatment for AI/AN. The Court concluded that as long as the treatment can be tied rationally to the fulfillment of Congress' unique obligation toward the Indians, such legislative judgments will not be disturbed. "Here, where the preference is reasonable and rationally designed to further Indian self-governance, we cannot say that Congress' classification violates [the equal protection aspect of] due process." *Mancari*, 417 U.S. at 555. Once the tie between treatment and Congress' unique obligation toward AI/AN is established, legislation preferring AI/AN is constitutional when applying the rational basis test.



One of the federal government's unique obligations to AI/AN is the provision of health care. 25 U.S.C. § 1601(a) states that the Congress finds the following: (a) Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people. 25 U.S.C. § 1602(a), in turn, provides additional congressional findings of the federal government's unique obligation to assure Indian health care: The Congress hereby declares that it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.

Health services for AI/AN are based on a special historical legal responsibility identified in treaties with and other decisions of the U.S. government. California voluntarily accepted this responsibility by adopting Public Law 83-

Tribal Government Consultation Committee advocates for Medi-Cal optional services for Indians (cont.)

280 in 1954, which allowed for state jurisdiction of AI/AN affairs. TGCC and CRIHB believe that it is important for the State to fulfill that obligation and that one critically important way to accomplish this is for California to restore Medicaid optional benefits for AI/AN.

Restoring option Medicaid benefits for AI/AN in California is a critically important step. A June 2009 study conducted by the California Area Indian Health Service reveals that 33 Indian clinics throughout California will lose a total of \$20,400,000 in federal funds without State support of this service. On average the State receives a 2 percent administrative fee from the federal government for participating in this partnership.

In light of the unique legal protections that exist for AIAN, their severe health disparities, and California's role in partnering with and providing services to them, TGCC respectfully requested the assistance of White House staff in remedying this important health care issue. CRIHB and many Tribal leaders and health representatives throughout the State have met with high level CMS and Department of Health and Human Services officials, including their Tribal liaison staff, on numerous occasions in attempts

to remedy this issue, but the reinstatement of the service partnership remains unattained. We are all very hopeful that White House staff can assist in resolving this ongoing problem.

On November 5, 2009 representatives of 400 federally recognized Tribes gathered at the Department of the Interior at the invitation of President Barack Obama. During this historic meeting, President Obama signed a memorandum directing every Cabinet agency to give him a detailed plan of how they will implement an executive order signed by former President Bill Clinton that established regular and meaningful consultation and collaboration between tribal nations and the federal government. "Over the past nine years, only a few agencies have made an effort to implement that executive order," said Obama, "and it's time for that to change. After all, there are challenges we can only solve by working together, and we face a serious set of issues right now." In light of President Obama's commitment of the federal government to assist Tribes in solving problems, we are very hopeful that White House staff can assist in restoring the Medicaid optional services to AI/AN beneficiaries served by Tribal Health Programs in California.



*Tribal Governments Consultation
Committee Meeting - July 2010*

Head Start Legislative Update

Two years ago, the Obama Administration and Congress affirmed Head Start's effectiveness by expanding the programs, adding 24,000 new jobs created with ARRA funding and serving 64,000 low-income children and families. However, the expansion was not made a permanent part of the Head Start and Early Head Start programs, and today, we are in jeopardy of losing our expansion gains.

There is no way around it; we are in the midst of a very tough political and budgetary climate. With the 2010 midterm elections on the horizon, Congress is trying to deal with the nation's deficit while determining federal spending for Fiscal Year 2011. This is no easy task. As noted above, Head Start is in jeopardy of losing the Recovery Act expansion gains especially if Congress decides to approve a Continu-

ing Resolution instead passing a new appropriation, because the gains are not yet a part of our base grants (the President's proposed budget for FY 2011 would make the Recovery Act expansion part of our base grants instead of a supplement).

The latest news on Capitol Hill is that if the Appropriations Subcommittee on Labor, HHS, Education and Related Agencies (Labor H) decides to pursue an appropriations bill for FY 2011 that is not a Continuing Resolution, the bill mark-up will occur in late July. This means that Congress is working to put together the bill now.

Let's all hope that Congress approves a new appropriation for 2011 for Head Start and Early Head Start programs.

Dental Support Center (DSC)

A major focus of the Dental Support Center is the Government Performance Results ACT (GPRA) measures. The three measures for oral health are - Access, Dental Sealants and Topical Fluoride. Each year one of the three is chosen as priority. For 2009, the priority was dental sealants and to motivate programs to achieve their goals DSC announced a GPRA Challenge 1- \$500 to any tribal program that meets their 2009 GPRA goal. A total of 16 programs met their goals. Challenge 2 was for the highest and the second highest performers within each of the four service population groups to win \$1000 and \$500 respectively. According to 2009 IHS GPRA Report CA is leading the nation in dental sealant placement. To assist programs DSC conducts two day sealant certification trainings to certifying dental assistants. For each RDA that is trained, the DSC pays the class fee, travel cost, lodging and per diem as well as facility usage fee for the clinic that hosts the training. To date 136 RDAs have been certified. The Mini Grants Cycle 2 for grant period March 15-July 31, 2010 was posted - nine programs submitted proposals and received up to \$2,000. IHS has launched the Early Childhood Caries Initiative. The goal is to reduce tooth decay amongst 0-5 year old AI/AN children by 25% by FY 2015 and to establish a national surveillance system. DSC will be promoting Fluoride Varnish applications and conducting Basic Screening Surveys for this age group.

We are very pleased to announce that California Dental Support Center (DSC) has received the grant award from Indian Health Service through the Dental Preventive and Clinical Services Support Centers Grant.

CRIHB was informed on 6/29/10 that the Dental Support Center was 1 of 4 tribal awardees to receive \$249,000 x 5 years 2010-2015 and that the CRIHB proposal was the highest rated proposal of the 10 proposals submitted. The grant will enable DSC to continue providing educational and technical support to 35 tribal/urban programs in California that operate 54 dental clinics, to improve access and dental services. It will also provide educational trainings and resources to 22 tribal Head Start/Early Head Start centers in California.

All of us at the Dental Support Center and California Rural Indian Health Board, Inc. would like to thank all Tribal/Urban clinics that graciously offered their Letters of Support for the grant application. They certainly proved the importance of our collaborative efforts and made our grant application much stronger.

For more information, please contact DSC coordinator, Lalani at 916-929-9761.



New Faces at CRIHB

CRIHB is excited to welcome Julie Adams as the Health Education Specialist in the Family and Community Services Department. She recently moved to the area from Klamath California and was born in Tillamook Oregon To Sgt Wilson Adams, and Mary Gensaw. The family was then transferred to Klamath which was a blessing to her mother because it was her home town. Julie grew up on the Yurok reservation, up Requa on good old Gensaw rd. She was a very lucky girl growing up with her grand parents William Gensaw Sr, and Belle Pilgrim, whom kept teaching her and provided an understanding of her culture. She comes from a long line of fisher/ gatherer's and basket makers. Julie is the very proud mother of five: Richard 19 whom attends College of the Redwoods, Elidia 16 and Melissa 15 and they are both attending Center High , Franchesca 12, and Julian 9. The transition from Klamath to Sacramento has been a learning experience for the whole family since they moved from a very rural community. The family moved to the Sacramento area for her to further her

education. She transferred in-house from Elk Valley Tribal Head Start where she had worked for ten years as teaching staff. Teaching at CRIHBs Tribal Head Start was one of the most rewarding experiences of her life; not only did she get to meet a variety of families, but she also got to make and implement cultural curriculum. Working in collaboration with local tribe's to bring Yurok and Tolowa language into the class rooms was also very rewarding. She is currently in the position as Health Specialist in the Injury Prevention program, and is looking forward to meeting and interacting with her new peers and learning all she can to make a difference with injury prevention and early intervention.



Julie Adams

Newly Appointed Board Member and Treasurer at CRIHB



*Russell Eleck
CRIHB Board Member*

We welcome our newest Board Member, Russell Eleck from the Pit River Tribe. At the July CRIHB Board meeting, Bonnie Green was nominated and voted as the Treasurer on the CRIHB Board. Bonnie Green is from the Yurok Tribe of California and is the Chairman for UIHS and has been on the CRIHB Board since 2004. Congratulations Russell and Bonnie!



*Bonnie Green
CRIHB Treasurer*

Access to American Indian Recovery (AAIR) Success Story

Lisa Frenes, Chumash

I have been in and out of recovery since 1996. At one time, I had seven years of sobriety, but went out and started using methamphetamine. I got back into recovery and have been clean and sober for two and a half years. Because of the meth abuse, I was missing my front teeth and some of my back teeth. It was hard to eat. I almost never smiled and didn't like having my picture taken. I was uncomfortable talking to people since I was missing so many teeth. I isolated myself because of the damage I had done to my teeth.

I was receiving services at Riverside San Bernardino County Indian Health Clinic's Behavior Health Department. Last year I asked if there was a program that could help get my teeth fixed. I was missing my front teeth and a couple of back teeth. I need a lot of dental work, but could not afford it. The meth I abused ate up my teeth. Even previous to that, I did not like going to the dentist. I had some issues from childhood that made me scared about going. My counselor told me about the AAIR Program's Dental Voucher that could help. I was signed up for the program. From December 2009 to February 2010, I was at the dentist twice a week. I was fitted with upper and lower plates, as well as instructed on how to care for them.

Because of the dental work provided through AAIR, I have my confidence back. At first I felt uncomfortable with the dental plates in my mouth, but other people did not know I had them. Now I am comfortable with them. I enjoy my family and smile a lot. I am at ease when talking with people again. It turned my life around; I felt like I could go to school, find a career, and could be suc-

cessful. I could feel comfortable talking to people again. It made a big difference in my life.

The dental work was completed on February 8th and on February 9th I started school. I am currently a Registered Recovery Addiction Specialist. I am an intern and work with other AI/AN clients. I recommend the AAIR Program to them, especially when I see people who are trying to turn their life around. I tell them my story and about how it was a stepping stone to getting back self-confidence. I am working as an intern at the Riverside County Substance Abuse Program and Riverside Recovery Resources. Now I have to go find a paying job and I have the confidence to do that. Before the dental work I could not talk right. Now I don't worry about it.

I have come a long way, I have turned my life around and I take care of my teeth and my body. Because of AAIR, I can go forward with my life, work, and other things. I can look for a job with confidence. I share my story with my clients and I believe it makes a difference. Clients tend to look at their counselors and say "if they can do it so can I!" I would not have turned my life around so fast if it weren't for AAIR.





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***CRIHB October - 41st Annual Board of Directors Meeting
 October 21-24th, 2010 • The Hyatt Vineyard Creek, Santa Rosa, CA***

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