

CRIHB Accomplishments

1986 to 2006



Indian health leadership and staff have come together to discuss local, state and national issues, to network and learn from each other and to agree on collaborative actions to improve and protect health services. CRIHB has never failed to make a quorum in all that time.



CRIHB is a founding member of the National Indian Health Board (NIHB) and represents Tribes and Tribal Health Programs in California to the NIHB today. We actively supported their move to Washington DC resulting in an expansion in their advocacy role with both Indian Health Service (IHS) and Congress.



CRIHB worked with the NIHB as an active partner in a national coalition to add language to the Medicare Modernization Act that will limit the ability of hospitals to charge more than Medicare rates to IHS and Tribal Health Programs.



CRIHB acquired funding from The California Endowment to establish the ACTION FOR INDIAN HEALTH CAMPAIGN. The first formal arrangement for joint political action with Riverside-San Bernardino County Indian Health and Indian Health Council since those programs left the organization in 1977.



The ACTION FOR INDIAN HEALTH CAMPAIGN was successful in protecting American Indians in California from premiums and co-payments for Medi-Cal coverage which were imposed on everyone else under Governor Schwarzenegger's Medi-Cal Redesign Plan.



The CRIHB Area Office Functions Contract began in 1995 established a new model of Indian Self Determination Act contracting in which resources are pooled to acquire economies of scale but placed under tribal control to increase responsiveness and quality.



CRIHB leadership, legislative success and research products lead to the development of a single national standard for accurately measuring IHS funding shortfalls initially known as the Level of Need Funded (LNF) methodology and now called the FDI index.



CRIHB working nationally with other Tribal Health Contractors brought about the IHS/HCFA Memorandum of Agreement which extended the IHS encounter rate process for billing Medi-Cal to California which continues today. Back billing under this method created a one time \$8.5 million windfall for Tribal Health Programs in California.



CRIHB maintains a close working relationship with the California Department of Health Services and the Health and Welfare Agency to advance Indian health interests at the state level. These relationships have facilitated oversight and problem solving with the Indian Health Program, the Healthy Families Program, Medi-Cal, and Vital Records.



CRIHB maintains close working relationships with the federal Indian Health Service at the Area and National levels. In October 2003 IHS Director Dr. Grim was hosted to a two day tour of CRIHB member programs and the CRIHB Central Office resulting in his increased knowledge of Contract Health Services (CHS) funding issues, data issues, and federally unrecognized Indians of California.



CRIHB Executive Director James Crouch represents California Tribes and Tribal Organizations to the Tribal-Technical Advisory Group to the federal Center for Medicare and Medicaid Services (CMS). In that capacity he has helped shape CMS policy on the role out of Medicare Part D Pharmacy benefits and Medicaid Administrative Match programs.



In 1989 CRIHB and the Northwest Portland Area Indian Health Board (NPAIHB) began holding bi-annual joint meetings where joint policy resolutions are passed. This work has helped shape how Tribal Health Programs are treated under federal Medicaid rules guaranteeing individual Indians the right to access their local health programs at full reimbursement.



In 1994 in conjunction with the Northwest Portland Area Indian Health Board CRIHB changed national IHS policy on the distribution of CHS funds resulting in a \$10 million allocation increase to California, almost doubling the Area-wide distribution on a recurring basis.



In 1994 with the help of CRIHB General Council Barbara Karshmer CRIHB drafted the Indian health program section of the Emergency Rule that implemented the states two plan model of managed care. This guaranteed that Managed Care providers could not take Indian clients away from Tribal and Urban Indian Health Programs.



In 1999 CRIHB worked with Sandra Shewery then Director of the new Healthy Families Program to assure that Indian children would have access to that program at no cost including special provisions for Indians of California who were not members of federally recognized tribes. These rules continue to be in force.



CRIHB has developed close working relationships with private foundations in California resulting in millions of dollars of grant funds for Tribal Health Programs in California from The California Endowment, the Wellness Foundation, the Blue Cross Foundation of California and others.



In 2000 CRIHB assured that Tribal and Urban Indian Health Programs were included in Cedillo/Alarcon facility construction grant program resulting in 25 awards with a total dollar value of \$4,952,863 in new state funds for California Indian country. A new round of funding will be awarded this spring under these rules distributing \$35 million in settlement funds from the Wellpoint/Alliant merger.



CRIHB Pharmacist Amir Khoyi coordinated the participation of California Tribal Health Programs into the three year PIC program (Pharmaceuticals and Indigent Care Drug Distribution) for discounted pharmaceuticals resulting in \$3,151,104 in cost savings for pharmaceuticals statewide.



In 1991 the CRIHB Executive Director served on the Advisory Committee and coordinated the research that documented the unmet health needs of California Indians justifying to Congress their special eligibility for health services from the IHS.



In 1997 the CRIHB Executive Director served as the National Tribal Co-Chairman of the multi-year effort to establish a uniform national actuarial method for quantifying funding shortfall for IHS and tribally operated health programs.



In 1999 CRIHB established with grant funds the Indian Health Status Collaborative with the UCSF Institute for Health Policy which successfully linked IHS and State databases documenting significant health disparities and a hospitalization rate 60 times greater than IHS could determine from their data alone.



In 2001 the CRIHB Indian Health Collaborative documented that Medicaid expenditures on Indian clients of Tribal Health Programs was 80 percent of that spent on a matching non Indian population. This study was subsequently published in the American Journal of Public Health.



In 2001 the CRIHB Indian Health Status Collaborative completed a study on ambulatory care sensitive hospitalizations further documenting the need for increased funding for tribal health program ambulatory care in California. This study was published along with a supporting editorial in the *Medical Care* journal.



In 2005 CRIHB was funded to establish an IHS Epidemiology Center for California in partnership with Indian Health Council and Riverside-San Bernardino County Indian Health, Inc.



In 2005 CRIHB published Community Health Profiles of health related indicators for the 24 largest Tribal Health Programs in the state which will aid them in the development of funding proposals to federal, state and philanthropic funding agencies.



For the past 15 years (since 1991), Family and Community Health Services Department (FCHS) has housed the American Indian Tobacco Education Partnership (AITEP), the premier American Indian-specific tobacco education and misuse prevention program in the nation.



AITEP has created two advocacy campaigns that have been recognized at a national level. Countering the misuse of American Indian Imagery on commercial tobacco products and the Second Hand Smoke Casino Advocacy Campaign.



In 2005 FCHS secured a five year \$2,375,000 grant from the Centers for Disease Control and Prevention (CDC), to expand tobacco education services to all tribes in the state, as well as to the urban Indian programs in California, Nevada and Utah (the only grantee to receive both the implementation and capacity grants).



In August of 2004 FCHS secured a three year \$17.1 million grant from SAMHSA for the provision of alcohol and drug treatment services for all American Indians and Alaska Natives residing in the State of California (The only tribal grantee nationwide).



From 2000-2005 FCHS provided directly for our tribes and tribal health programs more than \$88,000 in Injury Prevention mini-grants, \$148,000 in Tobacco mini-grants, \$200,000 in GONA mini-grants, \$1,010,500 in Nutrition subcontracts, \$112,500 in teen pregnancy prevention subcontracts, and \$160,000 in Homeland Security subcontracts.



Members of CRIHB staff are recognized as leaders in their fields and sit on 60 national, state, county and Indian Health service committees/workgroups and boards.



During 2001-2004 CRIHB Tribal Head Start served 532 children. Of those children the following subsidiary services were provided: 1) 70 received necessary medical treatment; 2) 174 received necessary dental treatment; 3) 80 were provided disabilities services under an Individualized Education Plan. A yearly average of 150 family support services (i.e., transportation, housing, clothing, adult education) was provided in the form of referrals, information, education and donations.



In June 2005 CRIHB Tribal Head Start was granted a state facility license and opened the doors to 20 children in Sonoma County to provide comprehensive preschool and family services at Lytton Rancheria Head Start.



In September 2003 CRIHB Tribal Head Start was awarded one-time Health & Safety funding for building improvements to Head Start facilities (all tribal buildings). Building improvements totaled just over \$18,000.



In September 2002 CRIHB Tribal Head Start opened its doors to twenty additional children as part of the Elk Valley Rancheria Head Start expansion. The program was able to increase its base funding by \$100,000 in order to provide for the additional slots and services.



In September 2001 CRIHB Tribal Head Start carried out major infrastructure improvements, to include obtaining approval to reprogram Home-Base funding for twenty children into two full-time positions; 1) HSFIS Coordinator (to coordinate tracking software implementation and activities), and 2) Education Coordinator located in Del Norte County (to oversee the operations of Elk Valley and Howonquet Head Start).



In March 2001 construction was completed on a new Head Start / Child Care building on Smith River Rancheria for the Howonquet Head Start Program. CRIHB Tribal Head Start provided major funding (\$309,644) toward the construction.



In September 1994 CRIHB was approved to serve 154 children on Rancheria's throughout rural California in order to provide comprehensive preschool and family services to include a high-quality preschool education but also preventative medical and dental services, developmental screenings and referrals and family support services.



CRIHB sponsored the passage of SB 308 in 2002 – an act to amend Section 14132.47 of the Welfare and Institutions Code, relating to Medi-Cal. SB 308 authorizes Tribes and Tribal Health Programs to participate in the Medi-Cal Administrative Activities Program (MAA) creating a new revenue stream for Indian health programs. Currently 18 Tribal Health Programs from across the state have signed up with CRIHB to participate in the MAA program.



Starting in 2003, in response to Sarbanes Oxley, CRIHB spearheaded a migration toward compliance with the California Non-Profit Integrity Act among CRIHB-affiliated Indian health programs. Though not formally adopted until 2005, this proactive approach served as a head start toward meeting the requirements of the law.



When CRIHB was founded 1969, there were no IHS funds allocated to support health care for Indians in California; today IHS allocates over \$130 million in health and facility services funds to Tribes, Tribal Organizations and Urban Indian Health Programs in California.

