



# Tribal Health Advisor

October 2011  
Volume 44 No. 1



## The California Health Benefit Exchange

### Inside This Issue:

- A Decade of Clean Audits ..Pg. 2
- Strategic Planning Time .....Pg. 2
- 2012 Tribal Healthcare
- Legislative Priorities .....Pg. 3
- NIHB 28th Annual Conference .....Pg. 3
- CRIHB Annual Election .....Pg. 4
- PREP .....Pg. 4
- CTEC Funding and Scope of Work.....Pg. 5
- CCDF Program Funding ....Pg. 5
- National REC (CA) .....Pg. 6
- IHS Director attends.....Pg. 7
- CRIHB Meeting 2011 Awardees .....Pg. 8
- Manchester Pt. Arena Head Start School .....Pg. 9
- Reclaiming Community Wellness.....Pg. 9
- ICD-10-CM Moving Forward .....Pg. 10
- Employee of the Year.....Pg. 11
- Pathways to Injury Prevention.....Pg. 12
- 2011 Hall of Fame Award ....Pg. 13
- Model eHealth Communities Update.....Pg. 14
- Thank you for your Donations. Pg. 15

Attendees of the CRIHB 42nd Annual Meeting Saturday session received an extensive presentation from Gabriel Raval, Staff Counsel to the California Health Benefit Exchange. This presentation covered the mission, visions and goals of the CHBF as it moves to implement this portion of the Affordable Care Act. The Exchange will be the single point of entry for access to government subsidized health insurance coverage for the individual and small business markets. In California the Health Benefit Exchange was established by the State Legislature as a semi-independent government entity with a five person governing body. Last quarter Kim Belshe who sits on the exchange governing board presented to the CRIHB Board on the obligations of the exchange to consult with Tribes and Tribal Health Programs as it implements Statewide reform. Following up on that initial presentation Mr. Raval focused on the role of the exchange, the administrative and regulatory tools that it can use to standardize insurance products and control costs in an effort to make private insurance accessible and affordable to middle class Californians. Only managed care plans deemed as Qualified Health Plans by the exchange will be allowed to enter this market and only clients of qualified health plans will be eligible for the tax rebates that the health reform legislations provides to subsidize the cost of premiums. The Health Benefit Exchange will also operate a web portal that will serve as a point of single application for the exchange based insurance products as well as Medi-Cal and the Healthy Families Program. There will be other avenues to facilitate enrollment but this will be a very attractive process to people with access to the Internet. One will have to take into account an applicants status as an American Indian in order to assure that the special benefits for Native Americans are available to the right individuals. This is just one example of why the California Health Benefit Exchange will be of growing importance the Tribes and Tribal Health Programs in California as we come closer to January 1, 2012.

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*James Crouch, Executive Director, CRIHB and  
Gabriel Raval, Staff Counsel to the California Health Benefit Exchange*

## A Decade of Clean Annual Audits

Another year of hard work and dedication on the part of CRIHB's Department of Finance was acknowledged in October by the firm of Goodell, Porter and Sanchez and Bright, LLP when they issued an "Unqualified" opinion on the FY 2011 audit report. There were no material findings reported as a result of their review of the organization's financial statements, internal controls and compliance. This year's success represents the tenth year out of the past ten where such an opinion was received. Also in line with recent years, CRIHB once again qualified as a "low-risk auditee". The final audit report was distributed to, and approved by, the full Board of Directors at the annual meeting in Reno, NV on October 28th. Making substantial contributions to this year's success were Fiscal Techs Jennifer Jones, Mandy Miller, Sarah Ponnequin, and Yolanda Ratermann; Department Secretary, Kellie Stevens; Accounting Specialist, Helen Lance; Budget Analyst, Mary Masuda and Acting Department Director, Nanette Fowler. A special thanks also to former CRIHB employees, Darlene Lukka and Jason Lopez for their role in laying the foundation for a clean audit. Thank you all for your continued support of the CRIHB mission.



*CRIHB Finance Department*

## UNITY WORKS!

### California Rural Indian Health Board, Inc.

Andrea Cazares-Diego, Greenville Rancheria Tribal Health  
 Angela Martin, Greenville Rancheria Tribal Health  
 Florence Conrad, Karuk Tribal Health Program  
 Florrine Super, Karuk Tribal Health Program  
 Nancy Ehlers, MACT Health Board, Inc.  
 Bo Marks, MACT Health Board, Inc.  
 Clois Erwin, Mathiesen Memorial Health Clinic  
 Hattie Avelar, Pit River Tribal Health Services, Inc  
 Lauri Hawyard, Pit River Tribal Health Services, Inc  
 Michelle Hayward, Redding Rancheria Tribal Health Center  
 Hope Wilkes, Redding Rancheria Tribal Health Center  
 Brenda Adams, Shingle Springs Rancheria Health Program  
 James R. Adams Jr., Shingle Springs Rancheria Health Program  
 Derrick Franklin, Sonoma County Indian Health Program, Inc.  
 Reno Franklin, Sonoma County Indian Health Program, Inc.  
 Richard Button, Toiyabe Indian Health Project  
 Jane Miller-DeLany, Toiyabe Indian Health Project  
 Yolanda Gibson, Tule River Indian Health Center, Inc.  
 Gayline Hunter, Tule River Indian Health Center, Inc.  
 Fern Bates, United Indian Health Services, Inc.  
 Maxine Lewis-Raymond, 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  
 Nanette Fowler- Acting 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

## Strategic Planning Time

The California Rural Indian Health Board (CRIHB) has begun working on a new strategic plan; the planning period is for the next five-years. Our process is going to be a little different this time around, it will still include sessions with five of our full members and their local health boards and a number of external partners we frequently work with.

The consultant, Michael Wong, has been retained and has already met with the CRIHB Management Team to discuss CRIHB history and strategies. There will be several interviews taking place this last quarter of the year and then the consultant will bring a summary of all information gathered forward to the CRIHB Board of Directors on Friday, January 27, 2012 as additional input to their day-long strategic planning session. After this session, a draft strategic plan will be brought back to the full CRIHB board in April and the final will be submitted for approval at the July board meeting.

This is an exciting time to plan for the future with all the activity going on that can and will affect our organization and we need to prepare and know how to best capitalize on the developments as they arise and position ourselves to ensure a better future for all Indians in California.



Unity Works

## CRIHB/Tribal Government Representatives establish 2012 Tribal Healthcare Legislative Priorities

On October 27-30, 2011, stakeholders of the California Rural Indian Health Board (CRIHB) and Tribal Government Consultation Committee (TGCC) met at the Peppermill Casino Resort in Reno, Nevada. A primary focus of this meeting included identifying Federal, State and Other legislative priorities for Tribal Healthcare representatives to work on in the upcoming budget-making year.

Prior to this meeting CRIHB policy staff developed a survey instrument which included the identification and categorization of the priorities. The survey was handed out during the meeting and survey participants were then asked to include any priorities not already on the survey form. The respondents were then asked to score their most important legislative issues to take on for the upcoming year. The completed surveys, which totaled 57, were ranked in the order of importance identified by the respondents. In addition to the topics provided respondents were allowed to fill in other issues of importance, notable issues include the Special Diabetes Program Initiative and the need for Youth Leadership development.

### Survey Results

#### State Priorities

1. Enhance Medi-Cal Program, including reinstating Optional Benefits
2. Advocate for Tribal Health Programs in State Health Reform initiatives
3. Enhance Mental Health and Substance Abuse Programs, including CalWORKs

4. Reinstatement of State Indian Health Program
5. Advocate for Tribal Health Programs in State/Tribal Consultations
6. Modify Business & Professions Code to Allow Licensed Out of State Providers at THPs
7. Enhance Tribal TANF

#### Federal Priorities

1. Increase Indian Health Service Appropriations
2. Assist CMS Implementation of an appropriate Definition of American Indian
3. Support implementation of Indian Health Care Improvement Act
4. Enhance Medicaid/Medicare
5. Advocate for Tribal Health Programs in National Health Reform initiatives
6. Support Level of Need/Health Disparities Funding Formula
7. Enhance Mental Health and Substance Abuse Programs

#### Other Priorities

1. Support Elders Care
2. Protect Sovereignty
3. Protect Sacred Sites
4. Improve Water Quality/Quantity
5. Enhance Information Technology (NextGen system)
6. Support Small Facilities
7. Increase Land Acquisition

## National Indian Health Board 28th Annual Consumer Conference

The National Indian Health Board hosted its 28th Annual Consumer Conference in Anchorage, Alaska from September 26 through September 29, 2011, there were over 700 Tribal leaders, health care providers, and other stakeholders attending at the Consumer Conference which was held at the Denaina Civic and Convention Center in Anchorage, Alaska. The theme of the conference was "Health, Hope, and Heroes" Using the Foundations of Tribal Values and Knowledge to Advance Native Health!, this provided a chance for all attendees to discuss successes, challenges, opportunities, and the future of health care for American Indian and Alaska Native people.

Congratulations to the following that received awards from the National Indian Health Board during the Annual Awards Ceremony.

#### NIHB Award Recipients:

*Local Impact Awards - Marcellena Becerra, Vickey Macias, Molin Malicay and Amos Tripp.*

*Area/Regional Impact Awards - David Lent, Marilyn Pollard*

*National Impact Awards - Dr. Carol Korenbrot*



*NIHB Annual Consumer Conference 2011  
Awardees: David Lent, Dr. Carol Korenbrot,  
Molin Malicay and Marilyn Pollard*

## CRIBB Annual Election

Traditionally, the last day of the Annual Board of Directors Meeting is when the Board of Directors exercises their voting power to elect the Executive officers for the upcoming year. The Officer positions are the Chair, Vice-Chair, Treasurer, Secretary and five members at large to sit on the Executive Committee. The Officers provide organizational leadership by serving on the Executive Committee which holds the same governing powers as the Board of Directors. This years election results were as follows: Michelle Hayward, Redding Rancheria was elected Chair; Yolanda Gibson, Tule River was elected Vice Chair; Derrick Franklin, Sonoma County Indian Health Project was elected Treasurer and Gayline Hunter was elected Secretary.

The five members at large positions to sit on the Executive Committee are as follows: Brenda Adams, Shingle Springs; Jim Adams, Shingle Springs; Maxine Lewis-Raymond, United Indian Health Services, Reno Franklin, Sonoma County Indian Health Project and Florraine Super, Karuk Tribal Health. Congratulations to our newly elected officers and Executive Committee members for the year 2011-2012!



Unity Works

## CRIBB's New Tribal Personal Responsibility Education Program (PREP)

In September the Department of Family and Community Health received a grant award from the Administration for Children and Families (ACF) for \$361,673 (Year 1) to conduct a the Personal Responsibility Education Program (PREP) designed to educate adolescents on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, and at least three adulthood preparation subjects.

FCHS has been conducting a Teen Pregnancy Prevention Grant with state funding since 1997. The funding was eliminated by the state this year and our Community Challenge Grant project ended in June 2011. CRIBB was extremely excited to be awarded this new funding allowing FCHS to continue to work with youth in the area of pregnancy prevention and sexual health education.

The target population for the Tribal PREP project is American Indian/Alaska Native youth - males and females ages 10 to 19



CRIBB Executive Committee and Five members at large  
*Back Row: Gayline Hunter, Brenda Adams, Maxine Lewis-Raymond, Derrick Franklin and Michelle Hayward*  
*Front Row: James Adams, Reno Franklin, Florraine Super and Yolanda Gibson*



CRIBB Executive Committee  
*Derrick Franklin, Gayline Hunter, Yolanda Gibson and Michelle Hayward*

years old within the following geographic areas: Tulare, Fresno, Siskiyou, Los Angeles, San Diego, Inyo/Mono and Sonoma counties. Five of the seven counties targeted for this proposed project have teen pregnancy rates greater than the state average, with Tulare County having the second highest in the state and Fresno with the third highest.

The first 12 months of the project (Phase I) is funded for Needs Assessment, Planning & Capacity Building. This initial Phase will help CRIBB to increase knowledge and understanding of the factors that contribute to high teen pregnancy rates among AIAN to ages 10-19 years of age and identify which intervention/approach will work best for the target community. By the end of the first year we will have developed a culturally appropriate prevention program that addresses the identified issues and critical understanding of teen pregnancy and youth transition to adulthood in the target communities. Years 2-4 will be for program implementation.

## CTEC Funding and Scope of Work

The California Tribal Epidemiology Center (CTEC) is excited to announce we have been granted a competitive renewal to continue serving as the California Area Indian Health Service (IHS) funded Tribal Epidemiology Center from 2011-2016. We know this success was made possible by those tribes who provided us with letters of support and resolutions. We submitted 22 letters of support signed by tribal chairpersons, 36 CTEC-specific resolutions and the existing 20 California Rural Indian Health Board (CRIHB) resolutions that support our work.

We look forward to the projects planned over the next five years which include but are not limited to: development of Community Health Profiles on two specific health priority issues, implementation of a Centers for Disease Control & Prevention (CDC) Tribal Behavioral Risk Factor Surveillance Survey (BRFSS) in California, development of sustainable tribal capacity to respond to health outbreaks, and continued provision of technical assistance as requested by California tribes and Indian Health Programs (IHP). We also plan to conduct three linkage studies focusing on injury, sexually transmitted diseases, and mental health to improve the accuracy of racial classification of AIANs in California health databases. To increase our ability to conduct our work and extend awareness of tribal health issues, CTEC is hosting a CDC Public Health

Associate Program (PHAP) fellow (whose salary, benefits and travel is covered by the CDC). We welcomed our bachelor's-level Public Health Associate, Lan Le, to the CTEC team August 1, 2011. Mr. Le will work for two years on projects focusing on chronic disease and sexually transmitted diseases.

As always, CTEC would like to emphasize our commitment to providing culturally-competent epidemiologic services that benefit California tribes, Indian health programs, tribal organizations and our communities. We currently have 22 Data Sharing Agreements with California Indian Health Programs and hope to expand our membership even more in the coming years. We are continuing to collect surveys of the health priorities of California Indian communities and encourage everyone to complete our survey online available at (<http://www.crihb.org/indian-health-priorities.html>). Should you need any assistance, please don't hesitate to contact our CTEC Director, Kristal Chichlowska via email at [kristal.chichlowska@crihb.net](mailto:kristal.chichlowska@crihb.net) or by phone at 916-929-9761.



## CCDF Program Funding Update for Fiscal Year 2012

As of October 15, 2011, CRIHB received notice that ACCDF (Child Care Development Fund) programs nationally will have reductions in funding, both in the Mandatory and Discretion funds.

Currently, CRIHB has only received partial funding for what was estimated. The CCDF program is on a Continuing Resolution until November 18, 2011. Congress has complete discretion in how and when it will release funds to social programs. Funding for the CCDF program is under the complete discretion of Congress, not the local Tribes or Tribal agencies administrating the CCDF program.

The Region IX Office of the Administration for Children and Families did not give any clear indication as to when any further funding will become available for the California Tribes. All Tribal CCDF programs across the nation are feeling the effects of these funding cut backs.

What this means for Parents and Providers on the CCDF program is a reduction in families accessing the CCDF programs and/or extensive waiting periods for families to get benefits and CCDF payments. At a worse case scenario, some families' may have their CCDF benefits terminated.

The CCDF staff and CRIHB staff apologize for the upcoming upheaval this will cause. Unfortunately, there is nothing that we can do other than wait out the storm with you and remind you that we understand your frustration.

More information will be provided when Congress provides CRIHB with further instructions.



## National Regional Extension California (REC)

Our Tribal Health Programs and urban clinics have definitely sparked interest in the Electronic Health Record (EHR) Incentive Programs. The National Regional Extension -California (REC) is operated by California Rural Indian Health Board in Partnership with California Area Indian Health Services to provide a variety of technical services and resources to all Tribal Health Programs and Urban Centers based out of California. We are very proud to represent Indian Country and bring good news to our Program Directors and CRIHB Board Members, this quarter.

As of October 26th, 2011 we have a total of 157 providers signed up with the National REC-CA; our projected goal is to have 231 providers signed up by Feb 2012. Tim Campbell, the meaningful use consultant from IHS is available to provide all tribal and urban health programs an overview of the benefits of having a Meaningful Use (MU) assessment done at your clinic. Some of the advantages to having a MU assessment done at your clinic will pave the way for Adopting/Implement/Upgrading to certified EHR, assessing eligible providers, obtaining your financial EHR payment and achieving stage 1 criteria for reporting your Clinical Quality Performance Measures at no cost price. Kudos to those Tribal Health programs that have completed their MU assessments to include MACT, Mathiesen SCIHP, and UIHS. We still have some MU assessments pending for Tule River, Warner Mountain, Shingle Springs, Toiyabe, Redding Rancheria, Karuk, and Greenville Rancheria and Pit River Health Programs. Please do not hesitate to email Tim Campbell at [Tim.Campbell@IHS.gov](mailto:Tim.Campbell@IHS.gov) for questions regarding your MU assessment.

Currently, the National REC-CA and IHS AREA Office have been working diligently with DHCS on the prequalification for the Medicaid EHR Incentives for Indian Health Program. They have drafted a proposal regarding clinic reporting methodology for Indian Health Programs. This crafted proposal will allow IHS funded visits to be counted as needy individual visits; it will allow for group prequalification using OSHPD data opening the window for early sign-ups by 11/15/11 for Medi-Cal EHR incentives and, also it will allow for the use of an alternate report for non-OSHPD reporting sites run and attested by IHS.

There are 788 Commercial off The Shelf (COTS) EHR, 12 of these COTS are used among our Tribal and Urban Health programs across the United States. One of many important key elements you must have to meet the requirements for receiving your EHR incentive payment is the Privacy and Security software application for encryption and decryption on your EHR. It is not clear who will pay for the software, but you will need to have this software in order to performance data

exchange from your clinical institution to other entity. Please visit the website for The Office of The National Coordinator for Health Information Technology at <http://onc-chpl.force.com/ehrcert/chplhome> to view their Certified Health IT Product list for additional software requirements for Product versions for RPMS Suite v1.0, NextGen Ambulatory EHR 5.6 SP1., EClinicalWorks 8.0.48, eClinicalWork 9, and i2iTracks 7.

Please stay tuned for upcoming Public Health Capacity to Accept Testing Messages for immunization in your county with CAIR- California Immunization Registry at [Http://cairweb.org](http://cairweb.org). In the mean time please visit the website and click on the Data Exchange link noted on the webpage. This will bring you to the immunization training modules at your leisure.

We have now launched our National Indian REC-CA website at [www.crihb.org/rec](http://www.crihb.org/rec) for more information on what we are about and important quick links on the EHR Incentive Program. You can also go to our homepage at [crihb.org](http://crihb.org) and click on the link Indian REC, which will take you directly to the National Indian REC-CA website.

Please submit Provider Agreement Forms or other REC questions to [rec@crihb.net](mailto:rec@crihb.net).

Upcoming Trainings by National Indian REC CA for Tribal/Urban Health Programs	
Dec 15, 2011	<i>Eligible Professional Enrollment starts December 15, 2011</i>
TBA	<b>Web Ex Grand Rounds 3 Part Series</b> Stage 1 MU Measures <ul style="list-style-type: none"> <li>• Part 1: 15 Required Core Measures</li> <li>• Part 2: 5 Menu Set Measures/3 Core CQM</li> <li>• Part 3: 3 Additional CQM</li> <li>• Next Gen Meaningful Use CAO's course at CRIHB</li> </ul>

### National Indian REC-California Contacts

IHS Contacts	CRIHB Contacts
<b>Marilyn Freeman, RHIA</b> Clinical Application Coordinator <a href="mailto:marilyn.freeman@ihs.gov">marilyn.freeman@ihs.gov</a> <b>Tim Campbell</b> Meaningful Use Consultant <a href="mailto:tim.campbell@ihs.gov">tim.campbell@ihs.gov</a> <b>Steven Viramontes, PHN</b> Clinical Applications, Telemedicine & ehealth Coordinator <a href="mailto:steve.viramontes@ihs.gov">steve.viramontes@ihs.gov</a>	<b>Rosario Arreola Pro, MPH</b> Project Lead National Indian REC California <a href="mailto:rosario.arreolapro@crihb.net">rosario.arreolapro@crihb.net</a> <b>Amerita Hamlet, RN, MHA</b> Meaningful Use Lead National Indian Health Board <a href="mailto:amerita.hamlet@crihb.net">amerita.hamlet@crihb.net</a>

## Indian Health Service Director Attends 42nd Annual CRIHB TGCC and Program Directors Meeting

CRIHB was honored to have Dr. Yvette Roubideaux, Director of the Indian Health Service, attend the CRIHB 42nd Annual Board of Directors meeting at the Peppermill Casino in Reno, Nevada. Dr. Roubideaux presented to the CRIHB Tribal Government Consultation Committee (TGCC) and to the CRIHB Program Directors as part of her whirlwind tour along the West Coast. During her visit, Dr. Roubideaux provided an update on four IHS priorities over the next few years, which include:

1. To renew and strengthen partnership with tribes
2. To reform the IHS
3. To improve the quality of and access to care
4. To make all work accountable, transparent, fair and inclusive

Over the past year, Dr. Roubideaux has been consulting with Tribes on many important issues, including:

- Improving the tribal consultation process;
- Improving our Contract Health Services (CHS) program;
- Priorities for health reform and implementation of the Indian Healthcare Improvement Act
- Budget formulation – we are now considering FY 2013;
- Information Technology shares;
- How to improve our Indian Healthcare Improvement Fund allocation;
- The Tribal Epidemiology Centers Data Sharing Agreement;
- The Special Diabetes Program for Indians 2-year extension; and
- Behavioral health issues – including Suicide Prevention, the distributions for the Methamphetamine and

Suicide Prevention Initiative and the Domestic Violence Prevention Initiative, and our MOU with the Department of the Interior on alcohol and substance abuse prevention and treatment.

Among the many issues highlighted at this meeting, Dr. Roubideaux emphasized how the implementation of Health Care Reform will affect the delivery of health care, creating a shift in how medical providers will be reimbursed for value instead of volume in the years to come. This is a positive change, but it means we will need to make sure we are focusing on improving and measuring quality to maximize our third-party collections and maintain certification and accreditation.

The Affordable Care Act has the potential to benefit American Indian and Alaska Native individuals and Tribes as well as IHS, tribal, and urban Indian health facilities. Greater access to health insurance will help individuals in terms of more coverage and choices, and our health facilities in terms of reimbursements.

However, our efforts to change and improve are even more important because we must make sure we are competitive and that our patients continue to see us if they have better access to insurance coverage. That is why we need to focus on customer service, quality assurance, education, and coordination of services.

We would like to thank Dr. Roubideaux for visiting with our CA tribal health leaders.

For the latest updates and breaking news, please visit Dr. Roubideaux's Director's blog at <http://www.ihs.gov/PublicAffairs/DirCorner/index.cfm?module=blog>.



*Dr Yvette Roubideaux and CRIHB Program Directors*



*Dr Yvette Roubideaux*



*Dr Yvette Roubideaux and the Tribal Government Consultation Committee (TGCC)*

## Honored Elders Awards



*Marcellena Becerra*



*Richard McKay*



*Clois Erwin*



*Mavis McCovey*

## Luna Wessell Leadership Awards



*National Luna Award  
James Crouch*



*Regional Luna Award  
Vickey Macias*



*Lena McCovey Nicholson*

## Hall of Fame Award

## Special Awards



*Nelson Pinola*



*Luella Thornton*

## Clinic of the Year



*Tule River Indian Health Clinic*

## Manchester-Pt. Arena Head Start School

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The Manchester Band of Pomo Indians of the Manchester-Point Arena Rancheria elected to open a Head Start school. The school would become one phase of a proposed project that will eventually include a child care center and possibly another Head Start classroom. In order to meet Head Start school year length requirements, the school must open no later than January 1, 2012. The tribe and CRIHB staff immediately formed a work group to identify and prepare all the necessary actions to meet the short time line. The CRIHB Facility Engineer is assisting the project with technical assistance through the Area Office Function as it relates to benefiting the health of children serviced by the Sonoma County Indian Health Project.

The short time frame for developing the Head Start classroom space precluded the use of the usual on-site construction methods. The work group determined that a commercial grade pre-manufactured structure would best meet the school's needs. A Native American/Woman Owned firm with extensive experience in Indian Country was selected to provide a proposal to design, manufacture, and deliver the modular classroom prior to the January 1 delivery date. While the modular is being designed and constructed, on-site utility services' design and construction will occur.

## Reclaiming Community Wellness

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The Annual Board meeting was honored to host the above entitled presentation by Dr. Jennie Joe, retired faculty (Professor Emeritus) in the Department of Family and Community Medicine, College of Medicine at the University of Arizona. Dr. Joe shared her knowledge on the history, evolution and role of health research, policy and program development in American Indian communities over the last forty plus years. Dr. Joe nimbly and effectively surveyed the progress and evolution of strategies used at the community level contextualized by culture, informed by research paradigms and shaped through ongoing legislation and advocacy. She brought home the message that the continuing improvement of the health status of Indian people is our legacy: "commitment & responsibility is handed down from one generation to the next". The entire room was captivated by her humble, warm and unassuming style of sharing her significant community and academic knowledge. As mentioned by certain CRIHB staff, Dr. Joe embodied simple but powerful leadership as an elder and a woman.

Dr. Joe was employed with California State Department of Health where she and others helped with the development of some of the Indian Health

programs that later formed CRIHB. She has and continues to serve on a number of national committees, Institute of Medicine's committee on Health Equity. The thrust of her research work is in the area of chronic diseases, disabilities, gender, and the socio-cultural context of these issues.



*Dr. Jennie Joe*

## ICD-10-CM Moving Forward

The dates to remember are January 1, 2012 and October 1, 2013. January 1, 2012 everyone must transition to Version 5010 for electronically conducting certain administrative transactions including claims, remittance, eligibility and claims status requests and responses. Version 5010 is the only version that will accommodate the use of ICD-10-CM codes and is the first step to transitioning to ICD-10-CM which becomes effective Oct. 1, 2013.

CRIHB and IHS CAO have joined together for implementing ICD-10-CM for all CA Tribal/Urban healthcare programs. Representatives for CRIHB are Rosario Arreola-Pro, Edna Magel and Elizabeth Bitsilly. CAO representatives are Toni Johnson, Marilyn Freeman, Michelle Martinez, and Steve Viramontes.

Surveys were sent out from CAO and the national IHS on ICD-10-CM. The CAO survey revealed the need for training in basic medical terminology, anatomy and physiology, coding for physicians, beginning coders, and certified coders as well as seasoned coders who are not certified. The national IHS survey was to see if you are aware of the coding change. At the first meeting of the implementation team from CAO and CRIHB it was found that CA is ahead of the national IHS in planning the transition to ICD-10-CM. CRIHB also is the only Tribal organization that has two certified AAPC coding instructors, Edna Magel and Elizabeth Bitsilly. Elizabeth is also the only ICD-10-CM Tribal approved ICD-10-CM trainer through AHIMA.

It appears that one of the main steps of a successful transition to ICD-10-CM is in physician documentation. With this thought in mind, the first step that CRIHB has taken to start evaluating physician documentation was to send out a request to CRIHB programs, UIHS,

SCIHP, MACT, Tule River, MMHC, Karuk, Redding, Greenville, WMIHP and Toiyabe on the top 15 diagnosis used in the last year excluding prescription refills, lab only visits. As of this meeting, seven of the programs have submitted their top 15 diagnosis. Diabetes, hyperlipidemia, hypertension, back pain, acute upper respiratory infection, urinary tract infection, obesity, anxiety, depression, pharyngitis, and asthma were identified as common diagnosis between all the health programs. This information is valuable and will be used to prepare trainings for physician documentation changes that will occur with ICD-10-CM. We want to train our physicians using diagnosis that they use most frequently in their clinics.

The next step for the CRIHB/CAO collaboration will be a face to face meeting at CRIHB central on Monday, November 7, 2011. This meeting will focus on the future implementation plans and training venues for CA Tribal/Urban Health Programs.

The continuing message is that change is coming and it will not be easy and it will cost money. Our programs need to continually think about ICD-10-CM and prepare for the change now. The more you know about ICD-10-CM the better your program will benefit down the road. Remember any changes you make now in preparation for ICD-10-CM will also show benefits to the current ICD-9-CM coding and related reimbursements. Time to prepare for change is now!

If there are any questions about CRIHB and ICD-10-CM please contact Elizabeth Bitsilly, CRIHB Health Information Manager or Edna Magel, CRIHB Compliance Auditor, either by email: [elizabeth.bitsilly@crihb.net](mailto:elizabeth.bitsilly@crihb.net) or [edna.magel@crihb.net](mailto:edna.magel@crihb.net) or phone: (916) 929-9761.



*CRIHB Board Members*



*James Crouch, Nelson Pinola, Dr. Yvette Roubideaux and Margo Keerigan*

## Employee of the Year!

Carol Korenbrot PhD was first employed by CRIHB in 2005 as a consultant with the University of California San Francisco Institute for Health Policy to oversee a tape-to-tape matching study based on the California Area Active User population and the Medi-Cal payment records. After completing that study, she carried out a similar study using the California Hospital Discharge data set and calculated ambulatory care preventable hospitalizations. All of this work was ground breaking at the time and provided the first real profile of health system utilization for American Indians and Alaska Natives in California. In doing this work she helped establish a reputation for CRIHB as a center of health service research. She accomplished this in part by publishing two journal articles from her studies. While doing this work Carol transferred out of the University setting to become a full time CRIHB employee. This move was motivated by a desire to be in a community based setting and to focus on the development of data that could positively impact health policy. She established the California Tribal Epidemiology Center and a Native American Research Center in Health for health services and health policy research. Studies done with CRIHB have documented the disparities in mortality, morbidity and Medicaid funding, and demonstrated that the more Indian

Health Service (IHS) funding that a California Tribal Health Program had, the lower the number of preventable hospitalizations of the California Indians who relied on the program. Two of the studies done with CRIHB received awards, one from IHS and the other from the Academy Health, the national association for health services and health policy research. This year building on this impressive background Dr. Korenbrot completed the first ever analysis of the national IHS Active User population Medicaid utilization and expenditure study. This work has created a vast data set that over the next few years will have many impacts on national IHS and CMS policy decisions. Much to the credit of this organization

Carol's work with the AI/AN Medicaid data and other studies based on the Census Bureau's Annual Community Survey in support of the CMS Tribal-Technical Advisory Group made her the "go to person" for national Indian health utilization and coverage data as Tribes, Tribal Organizations and federal agencies worked to implement the first stages of National Health Reform. For this she was recognized as CRIHB's Employee of the Year 2011 and she was received the National Impact Award at the National Indian Health Board 28th Annual Consumer Conference.



*Dr. Carol Korenbrot receiving the Employee of the Year Award 2011*



*Dr. Carol Korenbrot*



*Dr. Carol Korenbrot presenting at the Annual CRIHB Meeting*



*Dr. Carol Korenbrot presenting at the NIHB Conference*



*Dr. Carol Korenbrot receiving the National Impact Award at the NIHB Awards Ceremony*

## Pathways to Injury Prevention

The Injury Prevention team recently presented to the Program Directors at the October BOD Meeting to provide an update on program activity. The IHS Pathways to Injury Prevention, (\$80,000) grant is entering its second year of the five year funding cycle, (2010-2015). The Injury Prevention team, Barbara Hart, and Julie Adams, use a Conceptual Framework Model to track each CRIHB program's capacity to provide injury programming at their sites. This model was developed to assist CRIHB's IP team to determine what level of technical assistance will be needed at each site.

### Injury Prevention Conceptual Framework

0-None, No contact established. No requests for TA or Training. No participation on IP calls, no Data Collection. Little or no tribal support.
1-Basic, Someone identified. Staying informed via calls, email list serve and newsletters. Request basic IP training from CRIHB staff or requests information on IP specific training. Seats distributed and being tracked. Tribal leadership is aware of some IP issues.
2-Intermediate Committed IP contact (<20% FTE). Requesting materials, basic and intermediate training for staff (i.e. SNAP for staff and community, IHS Level 1-11 or NHTSA CPS course updates for certified staff). Full participation on conference calls, data collection and interest in policy change.
3-Advanced Committed IP contact or team (20-50% FTE). Frequent calls for information and resources. Staying informed via teleconference calls, e-mail list serve, and newsletters. CPS Technician and/or team trained and requesting CEU updates and seat sign-offs. Requesting advanced training, and regular collection of data.

Currently all CRIHB members have at least some basic injury prevention activity. Tule River is considered an advanced site since it is the only CRIHB program that applied for and received the IHS IP Funding in 2010. They currently have a full-time dedicated staff person to carry out IP activity. It is our programs goal to bring all CRIHB programs to the advanced levels of providing injury prevention programming. The IP Team continues to provide training and technical assistance to all CRIHB member programs in various areas

of injury prevention to contribute to the overall larger goal of reducing injury and death and to save lives. Goals of the program include, (1) providing a central location for coordination and dissemination of injury prevention (IP) resources and expertise to assist tribes' in maintaining capacity building activities dealing with Injury Prevention issues; (2) Increase enforcement of existing seat belt and child occupant restraint laws in rural areas of California by establishing partnerships with local law enforcement in those areas, (3) Increase child safety seat (CSS) and booster seat use by establishing and maintaining CSS distribution and education programs at CRIHB member tribal health programs. For more information about this program or technical assistance please call Julie Adams or Barbara Hart.

The California Rural Indian Health Board, together with the Yurok Tribal Police Department, received a four year grant titled "Buckle Up Yurok," (2010-2014), through the Centers for Disease Control & Prevention to implement effective strategies to address the issue of low seat belt and child restraint use on the Yurok Reservation. These strategies to reduce motor vehicle crash-related injuries and deaths are well established, and include enforcement of occupant restraint laws with high visibility by law enforcement, community education, use of media, and data gathering. Activities for this grant include, form and maintain a coalition, train police, volunteer fire department staff and community members on child safety seats, gather data on seat belt use rates, work with Yurok Teens to increase seat belt use, pass a Traffic Ordinance on the Yurok Reservation, and develop a media campaign. For more information about this program contact either Shanti Warlick or Barbara Hart.

The IP team has recently begun to develop Digital Stories to use as educational tools. Digital stories are a meaningful and unique way to share health and wellness experiences. Julie Adams shared her personal story about the loss of her brother due to a drunk driving crash. You will be able to view this story on CRIHB website. Coming soon will be "Talking Points" to use when sharing this digital story in a learning environment.



# 2011 Hall of Fame Awardee



**Lena McCovey Nicholson**

Vera Arwood  
Elsie Bacon  
Jim Burns  
Joe Carrillo  
Sylvia Carabay  
Samson Dewey  
Erin Forrest  
Laura Frank  
Mickey Gemmill  
Mike Hammar

Darrell Hostler  
Phil Hunter  
Peter Jackson  
Vernon Johnson  
Sam Jones  
Beverly LeBeau  
Winifred Leal  
Leland Majel  
Ted Mantzouranis  
Rebecca Manuel

Laura Manuel  
Ernest Marshall  
Stan Mayer  
Harvey McCardia  
Zelda McCloud  
Vlayn McCovey  
Tommy Merino  
George Montgomery  
George Moscone  
Lena McCovey Nicholson

Mary Mae Norton  
Doris Renick  
Mildred Rhoades  
Mary Edna Sam  
Crispina Sierra  
Lucas Simon  
Jack Sparkman  
Emmett St. Marie  
George Wessell  
Luna Wessell

Tim Williams  
Lindsay Williams

## 42nd Anniversary Memories



## Model eHealth Communities Update

Sites should have received and filed an equipment lease contract with UC Davis. A signed contract is required for equipment to be purchased by UC Davis. Telemedicine equipment is in the process of being purchased for sites that have signed and submitted their equipment contract to UC Davis. The equipment will be “leased” to each participating Tribal Health Program for the duration of the grant after which the equipment becomes the THP’s property. Metrics will be collected as part of the grant process to verify that the equipment is used to conduct telehealth visits.

### *Telemedicine Training Available*

Two-day Onsite Telemedicine Education Course at UC Davis Medical Center: February 8th & 9th, 2012, Sacramento, CA 8 a.m. - 4:30 p.m. Registration will open the week of December 5th. More information regarding this event or to register for this event please visit: <http://www.ucdmc.ucdavis.edu/cht/services/education/schedule.html>.

Online eHealth Broadband Adoption Training Program: This comprehensive training is an innovative collaboration between academia, community-based educators, instructional design experts and tribal representatives. The training curriculum is designed to support the transition to technology-enabled health and health care. The course modules include the following:

- California Telehealth Network Orientation (4 lessons)
- Telehealth (24 lessons)

- Consumer Health Informatics (6 lessons)
- Clinical Health Informatics (6 lessons)
- Electronic Health Records/Health Information Exchange Adoption (12 lessons)
- Broadband Adoption (4 lessons)
- Change Management (8 lessons)

More information can be found at: <http://www.ucdmc.ucdavis.edu/cht/initiatives/BTOP/index.html>.

### *CRIHB-CTN-IHS Data Interconnection*

In October CRIHB negotiated to become a peering point for a network interconnection between Indian Health Service (IHS) and the California Telehealth Network (CTN) allowing all California Tribal Health Programs on the IHS Wide Area Network to directly connect to physicians on the CTN WAN for telehealth visits. CTN will provide CRIHB with a 10Mb fractional DS3 circuit which CRIHB will connect to existing IHS circuits in CRIHB’s data room. This interconnection will not only allow THPs on the IHS WAN to directly connect to CTN, but it will also allow THPs on the CRIHB WAN to directly connect to CTN even if they do not have a CTN line. THPs that already have a CTN line as part of the Model eHealth Communities Grant can either keep their CTN lines for internet redundancy in case they lose connection to the CRIHB WAN or they can rescind their CTN line agreements and suffer no penalties from CTN.



*California Rural Indian Health Board Members*

# Thank you for your Donations

The California Rural Indian Health Board has benefited greatly from the numerous donations by California Tribes and Tribal Enterprises for the 42nd Anniversary Event. These donations permitted our meeting participants to be exposed to a unique Tribal forum that is the CRIHB Board of Directors Meetings.

In addition, this financial support allowed CRIHB to accommodate awardees, special presenters and produce educational materials for our guests.

The California Rural Indian Health Board gratefully acknowledges the following for their generous contributions towards making the 41st Anniversary Board of Directors Meeting a success.

*Greenville Rancheria Tribal Health Program    Yurok Tribe  
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***January 26-28, 2012 • CRIHB Headquarters***

**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  
 Tribal Health Center  
 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  
 209.754.6262

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

