TRIBAL HEALTH
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CRIHB Continues to Build Partnerships to Support Member Tribes & Clinics

CRIHB continues to build partnerships and support collaborative, unifying opportunities to strengthen the voice of California's Indians in the effort to achieve more equitable Indian Health Service (IHS) funding. Together, with our member tribes and clinics, we are reaching out to additional tribes and clinics to create solutions to the health care delivery challenges and problems we face.

Financially, CRIHB continues to fund programs for tribes and tribal clinics. To date, CRIHB Care/Medi-Cal Optional Benefits Program has reimbursed $5,515,466 to tribal clinics, and the quarterly Return on Investment was calculated at $6.62 for full members and $1.61 for associate members for every dollar contributed to CRIHB.

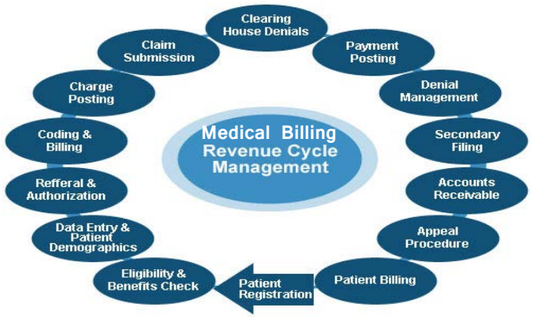
CRIHB's Board of Directors gather at the January 2016 Board & Tribal Leaders Meeting held at CRIHB central office

Suicide Crisis Services Delivered to Indian Country

To help prevent suicides and assist in the healing process, CRIHB has enhanced its behavioral health services for tribal clinics. We worked with our membership to create solutions and to offer better access to mental health services through a number of new programs and grants. Daniel Domaguin, a licensed behavioral health counselor who has worked in Indian clinics and has managed other counselors, joined the CRIHB team. Daniel understands "western" as well as traditional cultural approaches, and is helping CRIHB and tribal clinics to create and deliver programs that address the root causes and issues that adversely affect tribal members.

We also contracted with a grief specialist (also a traditional healer) who is available to help in situations like the suicide crisis in Yurok territory. CRIHB already sent our own counselors to offer assistance, while the Yurok Tribe is taking the lead in accessing the IHS director's emergency fund to help combat the issue. UIHS (along with CRIHB) are supporting those efforts. Crisis response is one aspect of CRIHB's behavioral health program; prevention is also part of it. CRIHB will be there to assist communities as needed.

CRIHB Services Update—Continued on page 2



California Rural Indian Health Board, Inc.

Patricia Reece & Guy Taylor
Feather River Tribal Health, Inc.

Andrea Cazares-Diego & Angela Martin
Greenville Rancheria Tribal Health Program

Archie Super & Michael Thom
Karuk Tribal Health Program

Clois Erwin & Marcus Blind
Mathiesen Memorial Health Clinic

Lauri Hayward & Mickey Gemmill
Pit River Tribe

Michelle Hayward & Jack Potter, Jr.
Redding Rancheria Tribal Health Center

Lisa Elgin & Derrick Franklin
Sonoma County Indian Health Project, Inc.

Richard Button & Lindsey Stine
Toiyabe Indian Health Project, Inc.

Donna Medrano & Gayline Hunter
Tule River Indian Health Center, Inc.

Laura Borden & Ruby Rollings
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Marilyn Pollard - Chief Operations Officer
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CRIHB Services Update

(continued from page 1)

Medical Billing Services Launch

CRIHB recently introduced a tribal clinic medical billing service—after consulting with member tribal clinics about billing related costs and issues. The medical billing service is designed so clinics can use CRIHB as a third party Accounts Receivable Management Service, which allows tribal clinics to remain financially viable while staying focused on their primary mission of providing quality patient care.

Not all tribal clinics will use CRIHB as a billing services provider. For those tribal clinics that we provide direct 638 services, we will continue to provide the same level of services as we always have, at no cost to those tribal clinics. Please contact CRIHB if you would like to learn more about our new medical billing service.

CRIHB's medical billing services program has been designed to save time and increase revenue. For more information, please contact:
Danielle Cummings-Reed, Billing Manager,
by phone: 916-929-9761, ext. 1310
or email: danielle.cummings-reed@crihb.org

Grants and Projects Updates

A number of statewide programs and proposals have been funded through CRIHB and are being implemented throughout the communities, including:

- A $1.4 million 5-year program to build and strengthen the tribes and clinics to increase HIV awareness, sexual health education, and to reduce substance abuse;
- The Methamphetamine & Suicide Prevention Initiative (a 5-year program funded at $500k) to address suicide risk factors, create new prevention measures, and reduce meth use in communities served by CRIHB;
- A $150k, 1-year IHS Alcohol Counselor training program; and,
- A $400k, 4-year program specifically focused on commercial tobacco use prevention.

At the January CRIHB Board & Tribal Leaders meeting, the Department of Water Resources Tribal Policy Advisor encouraged tribes to become part of the Proposition 1 (2014 Water Quality, Supply, and Infrastructure Improvement Act) planning and implementation process. The state formed a Tribal Advisory Group for groundwater and 26 tribes have already joined. The group called for a Tribal Water Plan update, and a Tribal Water Summit has been scheduled for 2018. Under Prop 1, multiple grants have been made available, please see http://www.water.ca.gov/irwm/grants for more information. ***All tribes are encouraged to apply.***

2016 Indian Health Care Legislative Update

CRIHB has been focused on the top state and federal advocacy priorities agreed upon at the 46th Annual meeting in October 2015. CRIHB's focus is on:

1. restoring the state Indian health program;
2. increasing IHS funding;
3. supporting the Bill exempting IHS funding from Sequestration (automatic cuts to the budget);
4. fixing the "Definition of Indian" in the ACA to ensure California Indian descendants have access to the same services as tribal members;
5. enabling tribal clinics to provide dental health aide therapy;
6. securing more funding for facilities;
7. streamlining HEDIS/GPRA;
8. increasing mental health and substance abuse service funding; and,
9. participating in consultation and review of the FY2017 IHS budget including making Contract Support Costs mandatory for tribes and clinics.

CRIHB staff also reported that a Freedom of Information Act request for Purchased/Referred Care (PRC) data that was made several months ago was successful and the data had been received. More information on the PRC data and the formula will be distributed soon.

CRIHB recognizes the continuing implementation challenges with Covered CA and has expressed a need for an American Indian seat on the Covered CA Board of Directors. Many tribal leaders associated with CRIHB have sat on the Covered CA Tribal Advisory Committee, but it has been very difficult to solve problems associated with Covered CA's treatment of tribal communities. CRIHB has written placeholder legislation proposing the addition of a seat for an Indian representative on the Covered CA Board of Directors. A bill with this language is currently under review at the capitol by Assemblyman Wood.

Another key legislative priority is streamlining Managed Care for Indian Patients and tribal clinics, to include: 1) Autolisting all tribal health programs as In-Network for Managed Care providers to eliminate delays in care for Indian Medi-Cal patients and results in cost savings for duplicative visits; 2) Payment Reform so tribal health programs do not bear nearly as much of the financial and staffing burden of the Medicaid reimbursement process as they do presently; and 3) Managed Care Credentialing (currently required for care provided by tribal health programs to be reimbursable) which is time-consuming and expensive for tribal clinics that already face significant health provider workforce recruitment and retention challenges. In addition, these tribal health programs are already sanctioned by the Medicaid program and managed care credentialing is duplicative.

CRIHB Training & Technical Assistance

Outreach by CRIHB to tribes and clinics is helping to broaden our approach to Training & Technical Assistance. Regional trainings have been taking place in northern and central California. These 3-day trainings are tailored to the needs of the community receiving the training and can be geared towards tribes, tribal clinics, or both.

Our next regional training will in the UIHS service area, May 9-10, 2016. There is no cost for CRIHB members to attend trainings. Please contact CRIHB if you are interested in attending our regional training in May.

Advocacy Alert: 2016 March on Washington

To raise awareness and to advocate for the health needs of member tribes and clinics in California, CRIHB's annual March on Washington will take place April 18-21, 2016.

Last year, CRIHB was successful in having language added to the House appropriations bill for IHS to review their funding formula in terms of equitable funding to IHS areas. We also worked with many tribal clinics to successfully request the federal government support the Indian youth regional treatment centers that are currently under construction in the State. Approximately $30 million has been appropriated by congress for this project!

TRAINING & TIPS

Did you know CRIHB offers Strategic Planning for Clinics and Tribal Councils? We can help create a 3-year or 5-year plan.

Want to know more? For more information about strategic planning & training programs, please contact:
Antoinette Medina, CRIHB Operations Manager,
by phone: 916-929-9761, ext. 2007
or email: antoinette.medina@crihb.org

Dental Support Center Promotes Children's Dental Health Month

February is National Children's Dental Health Month (NCDHM), and the Indian Health Service Division of Oral Health (DOH) is supporting the American Dental Association (ADA) messages focused on oral health outreach for children.

Throughout the month of February, the Dental Support Center at CRIHB will be highlighting IHS DOH children's oral health messages in support of NCDHM. Each week dental directors at tribal health programs will be receiving a powerpoint presentation with information related to children's dental health. These are great resources to review and share with dental staff and also with patients.

The presentations we will forward will cover the following topics:

- Are you prepared for a dental emergency?
- Fluoride Varnish
- Dental Sealants
- Sippy Cups
- Teens and Oral Health

Further ADA NCDHM information and resources (including free poster and activities downloads) are available at the website: http://www.ada.org/en/public-programs/national-childrens-dental-health-month.

Tooth decay is a major health problem for American Indian and Alaska Native children, when compared to other population groups in the US. If left untreated, tooth decay can lead to more serious health issues. As leaders in health care, DSC recommends tribal clinics communicate this to patients.

CRIHB Options has been extended to 2020!

CRIHB Options is a demonstration program operating under California's 1115 waiver (states can use a waiver to test new or existing ways to deliver and pay for health care services in Medicaid and the Children's Health Insurance Program). The waiver is designed to reimburse tribal clinics for uncompensated care for certain optional benefits such as Audiology, Podiatry, Dental, Chiropractic and Acupuncture services, provided to IHS-eligible individuals who are also Medi-Cal beneficiaries.

Centers for Medicare and Medicaid Services has approved California's 1115 waiver, entitled "California Medi-Cal 2020 Demonstration", through December 31, 2020!

In January 2016, we sent out CRIHB Options 2015-2020 contracts to confirm continued enrollment for clinics already participating in the program. Please ensure that the authorized program director/signatory executes the new contract and sends it (along with all attachments) back to CRIHB via fax: (916-929-7246), or email: crihbcare@crihb.org.

CRIHB Options is a great alternate resource to generate revenues at tribal clinics. At January's quarterly board meeting, CRIHB board members and tribal leaders discussed how tribal clinics can maximize their revenue. This is one!

FYI – Are you an SDPI grantee? Are your patients eligible for CRIHB Options? Are you performing your annual diabetic foot exams? Then, those office visits can be reimbursed at the full IHS/MOA rate of $350!

If you have questions or want more information, contact:
Christy Tonel, CRIHB Provider Outreach Coordinator, by phone: 916-929-9761, ext. 1334
or email: christy.tonel@crihb.org

Behavioral Health Program Update:

In response to the priorities identified at the October CRIHB Board of Directors meeting, we are enhancing our capacity to provide behavioral health support to member tribal health programs and tribal communities. Most recently, CRIHB recruited a Licensed Clinical Social Worker who serves as the Behavioral Health Clinical Manager. Daniel Domaguin is responsible for implementing the below Behavioral Health Initiative.

CRIHB's Behavioral Health Initiative focuses on four areas:

- Direct Services and Clinical Supervision
- Training and Technical Assistance
- Crisis Response
- Advocacy, Outreach, and Local Capacity Building

For more information, please contact:
Daniel Domaguin, LCSW, Behavioral Health Clinical Manager by email: daniel.domaguin@crihb.org

SAMHSA Proposes Changes to Substance Abuse Privacy Law

In a Notice of Proposed Rule Making published February 9, 2016, the Substance Aubse and Mental Health Services Administration (SAMHSA) is proposing to make changes to the Confidentiality of Alcohol and Drug Abuse Patient Records regulation (aka "Part 2"). The intent is to modernize the regulations and to ensure patients with substance abuse disorders are able to participate in integrated care programs. The last substantive update to the regulations was in 1987.

The first proposal is to change the name of the regulation to Confidentiality of Substance Abuse Disorder Records. Some of the proposed changes are summarized below. To read the full text of the Proposed Rule, visit: https://www.federalregister.gov/articles/2016/02/09/2016-01841/confidentiality-of-substance-use-disorder-patient-records.

Consent Requirements

Currently patients must give specific written consent for most disclosures of substance abuse treatment information. The consent must specify the name of each individual who can receive the information. SAMHSA proposes to allow the consent to specify an entity, which can include a Health Information Exchange (HIE), that can receive the information or to generally consent to the release of their information to "my treating providers". Individuals then have the right to obtain a list of the entities to whom their information has been disclosed under this more general consent.

Qualified Service Organizations (QSO)

Currently disclosures can be made without an individual's consent to QSOs that provide services to a Part 2 program if certain requirements are met. SAMHSA proposes to clarify that population health management is one of the types of services that may be provided by a QSO. In contrast, care coordination is specifically identified as a service a QSO may not provide.

Application to Medical Practices

The proposed new rule would change the definition of "Program" to clarify that "general medical facilities" and "general medical practices" are not included unless the facility or practice is providing substance use disorder diagnosis, treatment, or referral for treatment. If the primary function of any personnel within the facility or practice is to offer those services, then those individuals would be included in the definition of "Program". SAMHSA defines "holds itself out" to mean any activity that would lead one to reasonably conclude an individual or entity provides such services. Examples include: authorization by state or federal government to provide the service (e.g. licensure, certification, and registration), advertisements, notices or statements related to such services, or consultation activities relating to such services.

Prohibitions on Redisclosure

SAMHSA proposes to clarify that the Part 2 prohibition on redisclosure only applies to information that would directly or indirectly identify an individual as having been diagnosed, treated or referred for treatment for a substance use disorder. The Program could redisclose other health related information, for example that the individual received treatment for hypertension. Some medical information may reveal the individual has a substance abuse disorder, and therefore could not be redisclosed. Examples of such information could include an illness brought on by drug or alcohol abuse or prescription medications used for substance use disorder. In addition, if the origin of the data (such as a treatment clinic) would reveal the individual has a substance use disorder, then the disclosure would be prohibited.

Research

SAMHSA proposes a revision to the research exception to allow protected Part 2 data to be disclosed to qualified personnel conducting scientific research for a Part 2 Program or other entity in lawful possession of such data. Certain requirements would apply. SAMHSA is also proposing to address electronic data linkages to allow researchers to link Part 2 data to data from other federal data repositories.

CRIHB will review the proposed changes in depth. We value your input and perspective. If you have comments or proposed changes that you would like to be included in CRIHB's response to the Proposed Rule, please contact Dr. Mark LeBeau. You may also contact Susan Dahl if you have questions about the current regulations or these proposed changes.

Governance Guidance

Basic Responsibilities

Do you know the basic responsibilities of board members?

A board is legally responsible for the operation of the entity it serves, whether that entity is a health board, tribal council, or something else. In fact, individual members can be held personally liable for improper conduct (if they breach their duties). So, pay careful attention to board duties, state, and federal laws as they apply to you. Doing so will minimize risk and ensure the organization is operating effectively.

CRIHB provides tailored Board Governance training to tribes and tribal clinics designed to support orientation and the development of council and board members.

For more information, please contact:
Antoinette Medina, CRIHB Operations Manager, by phone 916-929-9761, ext. 2007
or email: antoinette.medina@crihb.org

TRADITIONAL INDIAN HEALTH GATHERING

A Program of the California Rural Indian Health Board, Inc.

Renewing the Spirit through Traditional Practices

The Committee for Traditional Indian Health convened the 35th Annual Traditional Indian Health (TIH) Gathering on May 15–17, 2015. The event included seven sessions which addressed various topics including: culture, traditional foods & medicines as well as mental health. The gathering was hosted by Shingle Springs Rancheria, where the traditional arbor served as the central point for the festivities. The serene and welcoming setting was appreciated by all in attendance.

With a theme of "The Spirit within Us", the gathering aimed to increase cultural knowledge of traditional practices as well as inspire participants to choose a healthy lifestyle to improve the health of our people.

Dr. Cutcha Risling Baldy, Ph.D. (Hupa/Karuk/Yurok) provided the keynote session. She opened with a personal story about her understanding of how revitalizing women's coming of age ceremonies can not only empower young women but the entire community as well.

A panel entitled Community Wellness and Strength delved into the very deep topics of suicide prevention, healing, and the trauma experienced by those who have lost a loved one. The panel reached out to the group and answered questions thoughtfully and shared how practicing traditional ceremonies can be a powerful force in increasing community wellness and strength.

Sharing traditional and cultural knowledge is an important aspect of the American Indian way of life through community events, gatherings, and celebrations. Songs and dances were shared by Shingle Springs Dance Group (host), California Miwok Dance Group, and the Sonoma County Pomo Dancers. This year's gathering honored Clarence (Kaya) Atwell Jr., a long standing member of the Traditional Indian Health Committee who entered the spirit world on February 28, 2013. Mr. Atwell will always be a member of the Committee in spirit.

Over the course of the weekend, Dr. Art Martinez (Chumash) and Ms. Beverly Hunter (Chukchansi/Mono) provided men's and women's sweat ceremonies, which allowed participants an opportunity for spiritual cleansing and prayer. Ms. Kellie Stevens (Yerington Paiute) spearheaded activities for the Young Ones with arts and crafts projects for youth 5-12 years of age. Meals were prepared by Gladys McKinney (Dunlap Band Mono) and her team of cooks from the Central Valley area using many traditional foods in an effort to remind people of the nutritional advantages of a diet rich in traditional foods. Additionally, Oscar Gensaw (Yurok) provided a salmon cooking demonstration. The Gensaw family is known for their fish cooking skills and were proud to share that piece of Yurok culture by cooking fish on redwood sticks around a fire.

The "Let's Make Medicine" session, provided by Ms. Linda Navarro (Cahuilla/Shasta) was a hands-on session that provided the opportunity to make traditional medicine for ailments such as respiratory issues, infections, and skin irritations; cuts/scrapes and insect bites.

A total of 275 people attended the Traditional Indian Health Gathering from several tribal areas within California as well as adjacent states. Participants were asked to complete an event evaluation to provide key feedback for future planning efforts. The scores by event category are reflected in the graph below. Participants scored categories using a 5 point scale, with 5 being the highest score and 1 being the lowest score.

A Special Thank You

The Committee for Traditional Indian Health and the California Rural Indian Health Board would like to extend our sincerest gratitude to everyone who supported the 2015 Gathering, with special thanks and appreciation to the Shingle Springs Rancheria for hosting the event. Thank you to Sonoma County Indian Health Project; Redwood Valley Little River Band of Pomo Indians; Tachi Palace; Tule River Indian Health Clinic; San Pasqual Band of Mission Indians; Lake County Tribal Health Consortium, Inc.; Cher-Ae Heights Indian Community of the Trinidad Rancheria; Chicken Ranch Rancheria; K'IMA:W Medical Center; Chapa-De Indian Health Program; Pauma/Yuima Band of Luiseno Indians; Yurok Tribe; Fresno American Indian Health Project; Smith River Rancheria; MACT Health Board; Indian Health Center of Santa Clara Valley; Toiyabe Indian Health Project; Jesse Flyingcloud Pope Foundation; United Indian Health Services; Northern California Indian Development Council; the California Endowment; CRIHB Healing our Own People (HOOP); CRIHB Life is Sacred Program; Julie Andrews; Alexander David, Jean Bengochia; and Kimberley Shiningstar Petree. Lastly, a special thank you to Ms. Anita Silva for convening the closing talking circle of the session. Without your collective support this event would not have been possible.

The Gathering provides an opportunity to assemble Indian healers, teachers, and health care providers to share traditional knowledge and practices. The Advisory Committee for Traditional Indian Health has begun the planning process for 2016. Our staff and community eagerly anticipates the upcoming event.

History of the Traditional Indian Health Gathering

The Committee for Traditional Indian Health was established in 1980 to serve as an advisory body to the California Rural Indian Health Board Inc., and the California Department of Health Care Services Indian Health Program on matters related to traditional Indian teaching methods, ceremonies and traditional approaches to wellness and mental health. Current committee members include: Beverly Hunter, (Chukchansi), Walt Lara, (Yurok), Art Martinez, (Chumash), Linda Navarro, (Cahuilla-Shasta). The Californira Rural Indian Health Board staff works to support the planning and implemenation of the Traditional Indian Health Gathering.

Healthy communities
Help build healthy people

SAVE THE DATE! MAY 20-22, 2016 - BISHOP, CA WILL HOST THE 2016 TRADITIONAL INDIAN HEALTH GATHERING

January 2016 Tribal Governance Consultation Committee Meeting Highlights

Latino Coalition for a Healthy California and CRIHB staff meet at the January 2016 CRIHB Board & Tribal Leaders Meeting. The Latino Coalition is sponsoring a state bill to tax sugary drinks in an effort to reduce diabetes.

In front of one of the largest getherings of tribal leaders ever to attend a TGCC meeting, Xavier Morales, Latino Coalition for a Healthy California Executive Director, addressed tribal leaders about a proposed "sugar sweetened beverages bill" which aims to tax suppliers at the source. The objective is to slow the rising diabetes epidemic, and they have asked CRIHB to support the bill and for tribes and clinics to promote healthy drinks/snacks among their communities.

After Mr. Morales, Agnes Lee, Health Policy Adviser to Toni Atkins, Speaker of the Assembly, spoke about Toni Atkins' work implementing health care reform and ensuring access for all. Ms. Lee addressed issues around healthcare policies, the Affordable Care Act, public health, primary care, 2016 budgeting, and the new whole-person pilot program that she believes will benefit tribal clinics. She discussed the new 1115 Waiver (a federal program that allows states the flexibility to test new or existing approaches for financing and delivering Medicaid and Medicare to specific segments of the population) and 2015-20 pilot programs and potential issues that would be addressed by the new waiver programs.

California Department of Public Health Office of Problem Gambling Chief, Terri-Sue Canale-Dalman, spoke about the inequity of collecting and distributing funds through the office of Problem Gambling. Tribal casinos currently pay about $8 million per year to the State's problem gambling fund, but no other "gaming" industry partners are paying a fair share (including racetracks, poker rooms and the lottery). Gaming tribes are paying a higher per capita percentage into the funds, and an immediate concern is that the issue needs to be revisited so that money and resources normally available through the Office of Problem Gaming are used to support mental health initiatives in Native communities. Clinics and tribes are urged to support the proposal to deliver funds to tribes and clinics to fund mental health services.

Finally, Anecita Agustinez, CA Department of Water Resources Tribal Policy Adviser, encouraged tribes to get involved in new grant funding as part of Prop 1's Integrated Regional Water Management (IRWM) grant program, the sustainable ground water planning grant program (Chapter 10) and sustainable groundwater management program. A tribal advisory group has already been created—but not as a formal consultation body—to work on groundwater rights issues. Their most recent meeting was held on Jan 13, and focused on capacity building for tribal governments. Please refer to our grants update (page 2) for more information.

Traditional Indian Health In Memorium:

The passing of an elder:

Anita Silva, Kashia Pomo and a member of the Federated Indians of Graton Rancheria, joined her ancestors on December 5, 2015.

When we think of Anita, we are reminded of her years of dedication to the Traditional Indian Health Gathering. Her commitment ensured that Indian people in California had a gathering that focused on learning and sharing traditional healing practices.

Throughout her life, Anita was spiritually connected to her culture and shared her language and knowledge with others. She served on tribal council for the Federated Indians of Graton Rancheria and was a founding member of the Sonoma County Indian Health Project, a tribal health program located in Santa Rosa. She dedicated her life to improving the health and wellness of all Indian people.

January 2016 Program Directors Meeting Highlights

The meeting commenced with lively discussion about clinic and management issues relating to changes in state laws, including the implementation of tribal health bills AB941 and AB1896.

Also on the agenda was a presentation by the California Primary Care Association (CPCA), who represent community clinics across the state. CRIHB works with CPCA in a mutually beneficial partnership to support member clinics. Meaghan McCamman, CPCA Assistant Director of Policy, discussed the new 1115 Waiver (a federal program that allows states flexibility to test new or existing approaches for financing and delivering Medicaid/Medicare to specific segments of the population) and how it will impact clinics through 2020.

The new waiver superseded "bridge to reform," and covers programs like low income, healthy families, managed care, delivery systems reform, process reforms, and more. The primary focus of the new waiver program includes cost containment: moving to a "value over volume" system, and tribal clinics are specifically included in a new dental initiative. Tribal clinics need to be aware of "whole person care pilots," targeting the health of the whole person—using multiple systems—moving toward case management programs. $3B will be available over five-years for this particular program.

Jyl Marden, CA Consortium for Urban Indian Health Executive Director spoke about tribal and urban Indian treatment programs that have undergone a significant revamp process in the way they deliver both substance abuse and Sexually Transmitted Disease (STD) services.

It was noted that the state is pushing administrative functions and accountability to counties, and allowing residential treatment programs with more than 16 beds to become Medi-Cal contractors. Tribal clinics need to mobilize now and be ready to advocate for funding and reimbursement under this continuing program. Clinics should be compensated for the substance abuse services already provided, and must continue talks with the State to resolve issues around the current system—which many see as a hindrance to culturally appropriate care.

Reforms are using American Society of Addictive Medicine criteria, and counties must establish appropriate criteria to participate, some are not. Already two urban Indian residential treatment programs took their model to the state to demonstrate this is "already occurring." The Centers for Medicare and Medicaid Services supported the development of the system and put in placeholder language allowing CA Indian implementation of an Indian delivery system.

Human Resources Advisory

New Minimum Wage Requirements. How will they affect you?

Did you know that effective January 1, 2016, the minimum wage in California is now $10.00 per hour? Although there are some exceptions, almost all employees in California must be paid the minimum wage as required by state law. There are some employees who are exempt from minimum wage law, such as outside salespersons, individuals who are the parent, spouse, or child of the employer, and apprentices as defined under the State Division of Apprenticeship Standards.

There is also an exception for learners, regardless of age, who may be paid not less than 85% of the minimum wage rounded to the nearest nickel during their first 160 hours of employment in occupations in which they have no previous similar or related experience. There are also exceptions for employees who are mentally or physically disabled, or both, and for nonprofit organizations such as sheltered workshops or rehabilitation facilities that employ disabled workers. Such individuals and organizations may be issued a special license by the Division of Labor Standards Enforcement authorizing employment at a wage less than the legal minimum wage.

What is the difference between the local, state and federal minimum wage?

Most employers in California are subject to both the federal and state minimum wage laws. Also, local entities (cities and counties) are allowed to enact minimum wage rates and several cities have recently adopted ordinances which establish a higher minimum wage rate for employees working within their local jurisdiction. The effect of this multiple coverage by different government sources is that when there are conflicting requirements under the law, the employer must follow the stricter standard; that is, the one that is the most beneficial to the employee.**

For more information, or to consult with our HR Department, please contact
Matthew Waggoner by phone 916-929-9761
or email matthew.waggoner@crihb.org

***since California's current law requires a higher minimum wage rate than does the federal law, all employers in California who are subject to both laws must pay the state minimum wage rate unless their employees are exempt under California law. Similarly, if a local entity (city or county) has adopted a higher minimum wage, employees must be paid the local wage where it is higher than the state or federal minimum wage rates.*

Tribal Child Development Department

Offering High Quality Early Education to Tribes

It's grant renewal time for all Child Care and Development Fund (CCDF) program grantees. ***CRIHB is no exception***.

The Office of Child Care mandates that all grantees renew their grants every three-years, and July 1, 2016 is the deadline for renewing CRIHB's CCDF grant proposal for 15 CCDF Tribes. This deadline also creates an opportunity for tribes that may be interested in being part of CRIHB's CCDF Consortium to join.

Formal notice is being given that CRIHB's Tribal Child Development Department will be conducting public hearings with the 15 current Tribal CCDF Consortium Members during the months of April and May 2016. During this time, families and community members from the 15 Tribes will receive community assessments asking what type of child care supplies and/or family resources they would like to see included in the next cycle of grant funding. This assessment gives the tribes an opportunity to voice their opinions and to directly benefit their tribal members in the form of either child care subsidies or family resource support.

Tribes currently with CRIHB CCDF program receive a high level of support in administering and implementing this grant on behalf of their tribal members. CRIHB provides the following benefits for tribes that join the CCDF Consortium:

- Grant designed to meet individual tribe's need—geographically and fiscally;
- Income Eligibility—Poverty to 85% of State Median Income for Household—Exclusion of Per Capita and Dividend income qualifies a family for the program in comparison to the State's CCDF program that cuts family's household income at 65% of State Median Income;
- Flexibility of Policies—CRIHB's team have been designing progressive policies for over 18-years that help retain families on the CCDF program.

The following are some examples:

1. Unemployment Policy (allows parents to seek work while on the program);
2. Maternity Policy (allows parent to keep their spot at licensed care while on maternity leave);
3. ICWA Policy (helps children in this category access CCDF funds when the county is unable to help);
4. Non-traditional Work Hour Policy (helps to pay for child care for parents who work at night, swing shift, and/or extended hours).

For more information on Tribal Child Development programs available from CRIHB, please contact
Ann Bonnitto, Tribal Child Development Director,
by phone: 916-929-9761, ext. 1700
or email: ann.bonnitto@crihb.org

A note about compliance with Federal Regulations: CRIHB's CCDF program gives tribes the peace of mind that the CCDF grant follows regulations closely to ensure that there are no audit findings.

The following are examples of compliance areas the program works diligently on behalf of the tribe:

- Income and Eligibility Audits;
- Formal Complaint Process;
- Monitoring of Sites; and
- Dept of Justice Background checks (the program pays for this).

Trainings:

- Health, Safety & Education Conference/Trainings for Providers; and
- Program pays for provider CPR/First Aid training.

Child Count Declarations and Tribal Resolutions are required from both current CRIHB CCDF Tribes and interested Tribes by June 15, 2016 in order to qualify to be on the CCDF Grant Proposal fiscal year starting October 1, 2016. Our department looks forward to working with your Tribe on this wonderful grant.

If you have questions regarding this program, or how your tribe can become a part of the CCDF program, please contact the Tribal Child Development Department to schedule an appointment. Our qualified staff will travel to your area to give you a presentation on how CRIHB can help your tribal members access child care and subsidies.

Finance Fundamentals

CRIHB passes through all IHS direct service funds to contracted full member tribal health programs. In addition, the vast majority of all funds, including grant resources for numerous health and social wellness programs, received by CRIHB are distributed directly to tribal clinics.

Pass Through Funds: $36 million
Operating Funds to Tribes: $4.5 million (distribution below):

- CRIHB Medi-Cal Optional Benefits: $2.4 million
- Tribal Medi-Cal Administrative Activities: $900,000
- Minigrants: $346,000
- Technical Assistance: $282,000
- Local Systems Administration: $169,000
- Wide Area Network and Nextgen: $387,000

For more information on Finance, or about funding programs available from CRIHB, please contact
Ron Moody, CFO,
by phone: 916-929-9761
or email: ron.moody@crihb.org

New Staff Introductions

Angie Wilson is Health Systems Development Department Deputy Director. Angie relocated from Reno, NV, where she was the Reno Sparks Indian Colony Tribal Health Center Executive Director (Nevada's largest tribal health clinic).

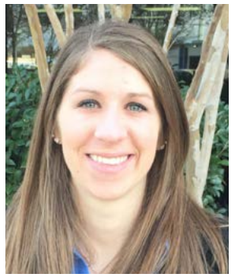
Angie brings a wealth of experience in tribal healthcare administration & Youth Regional Treatment Center (YRTC) executive leadership. At the Wemble Naalam T'at'aksni YRTC, Angie was Executive Director for over five-years. Her experience also includes advocacy, serving on the Nevada Department of Health & Human Services Medical Care Advisory Committee, Managed Care Advisory Committee, as Vice-President of the Nevada Tribal Health Directors Council, CMS Tribal Technical Advisory Group Representative for Arizona, Nevada & Utah tribes, & was appointed by Nevada House Speaker, Senator Roberson, & Governor Sandoval as the first American Indian to serve on the Nevada Health Exchange Board of Directors.

Angie earned a BA in Business Management from Northwest Christian University, graduating Summa Cum laude. She was awarded recognition by the NIHB, honored with the Area Regional Impact Award for outstanding service in advancing American Indian & Alaskan Native Health in 2013 & won the Area Regional Impact Award again in 2015.

She is an enrolled member of the Pit River Tribe and a descendant of the Klamath tribes of Southern Oregon. She is the proud mother of a beautiful daughter & loves being an auntie to her 7 year old nephew.

New Staff Introductions

Rebecca Root is Project Coordinator for the HIV Capacity Building Initiative in the Research & Public Health Department. Rebecca will partner with tribal clinics & tribes to implement practices & policies to prevent & reduce substance abuse, HIV & viral hepatitis infections among California Indian youth.



Rebecca holds a BA in Public Health Policy from UC Irvine & is completing her Master in Public Health at San Jose State University. Her prior experience includes working as Project Director for the Colusa County Tobacco Education Program, where she advocated for tobacco control policies such as smoke-free parks, smoke-free multi-unit housing complexes & reducing both the availability & advertising of tobacco products in stores. She has more than five-years' experience in health education, particularly working with rural California communities.

Raquel Alvarez is Human Resources Generalist. She looks forward to providing HR training & technical assistance to CRIHB member tribes and clinics. Raquel is an enrolled member of the Salt River Pima Indian community, originally from Tempe, AZ. She relocated to Sacramento in 2014. Before joining CRIHB, she worked for the Salt River Pima Maricopa Indian Community (in their HR Department) for many years. She has a BA in Interdisciplinary Studies (Communication & Sociology) from Arizona State University & looks forward to working with CRIHB both internally & externally.

Calendar of Events

April 9-12	**Annual Indian Health Pharmacists Meeting**
April 14-15	**CMS Consultation (Chandler, AZ)**
April 14-16	**Quarterly BOD & Program Directors Meeting**
April 18-21	**March on Washington**
May 1	**DSC Advisory Committee Meeting**
May 2-5	**Dental Continuing Education Meeting**
May 3-5	**Annual Billing & Compliance Conference**
May 6	**Head Start Policy Council**
May 9-10	**Regional Training: Northwest CA**
May 9-11	**Provider Best Practices Conference**
May 13	**National Indian Day (Observed)**
May 20-22	**38th Annual Traditional Indian Health Gathering (Bishop, CA)**
May 30	**Memorial Day Holiday (Observed)**
June 9-10	**Alcohol Counselor Training**
June 28-30	**CRIHB Annual Wellness Conference**
June 28-30	**10th Annual Tribal Health NextGen Conference (Wisconsin Dells, Baraboo, WI)**

For location and registration information, please visit http://www.crihb.org/events

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CRIHB MEMBER TRIBAL HEALTH PROGRAMS

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

Feather River Tribal Health, Inc.
2145 5th Ave.
Oroville, CA 95965
530.534.5394

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

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

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

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

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

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

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

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

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

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