Tribal Health Advisor

May 2015
Volume 47 No. 2

Inside This Issue:

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The California Rural Indian Health Board's (CRIHB)First Quarter Accomplishments

At the April Board of Directors and Tribal Health Program Directors meeting, Dr. Mark LeBeau, CRIHB Executive Director, discussed the great work of the staff, Board of Directors, Tribal clinics, and Tribes during the first quarter of 2015. As a result of CRIHB's work, additional health care services and funding are being provided to member Tribes and Tribal clinics and statewide services, such as the Tribal Epicenter research projects are progressing according to the work plan and timeline.

An additional result of CRIHB's efforts is that the organization is growing. Two Tribes and two Tribal clinics have recently joined as full members. CRIHB's Return on Investment Report documents that for every dollar provided to CRIHB by Full Members, they receive $36.93 back through funded proposals and multiple services and programs. In addition, Associate Members receive $8.40 for every dollar provided to CRIHB.

The Tribal Medi-Cal Administrative Activities program at CRIHB has invoiced over $400,000 during this quarter for related work conducted by Tribes and Tribal clinics. Funds will be distributed to the Tribal organizations shortly after receiving them from the state. CRIHB is working on the feasibility of Targeted Case Management services as a potential reimbursement for Tribal clinics. If CRIHB is successful, this will support an important service to benefit patients and generate additional revenue for the clinics. The CRIHB Medi-Cal Optional Benefits program submitted 1,113 payment claims to the state for services provided by Tribal clinics, for a total of $380,646. It is expected that funds will be dispersed to Tribal clinics in the near future. CRIHB is also in the process of interviewing candidates (*Cont. on next page*)

CRIHB's Annual March on Washington, March 9-12, 2015

L-R from Bottom: *Libby Watanabe, Toiyabe Indian Health Project (TIHP); George Gholson, TIHP; Jessica Stellato, Sonoma County Indian Health Project (SCIHP); Ellen Durfee, United Indian Health Services (UIHS); Donna Medrano, Tule River Indian Health Center (TRIHC); Amanda Wilbur, CRIHB*
L-R from Top: *Mark LeBeau, CRIHB; Gerald Howard, TIHP; Fern Bates, UIHS; John Glazer, TIHP; Denise Padgette, UIHS; Laura Borden, UIHS; Lisa Elgin, SCIHP; Elvida Banuelos, SCIHP; Sherri Provolt, UIHS*

CRIHB's First Quarter Accomplishments (Cont.)

for the Billing Manager position who will spearhead the roll-out of the CRIHB Statewide Billing Program. CRIHB anticipates having this position filled by summer 2015.

CRIHB's Annual *March on Washington* occurred March 9-12, 2015. Tribal clinic directors and elected Tribal officials from California visited nineteen different Congressional offices and Acting IHS Director Robert McSwain.

Tribal delegates also visited with Elizabeth Carr of the Department of Health and Human Services Office of Tribal Affairs. Priorities discussed by the delegation included: facilities funding, both maintenance and improvement and facilities construction priority; purchased referred care funding inequity; water storage issues experienced by the Kashia Band of Pomo Indian;, the need to provide purchased/referred care funding for members of the Smith River Rancheria who live on the Oregon side of the California border but receive healthcare services from United Indian Health Services; and support for Toiyabe Indian Health Project's effort to build a new clinic.

Assembly Passage of AB 941, Tribal Clinic Licensing Exemption

In February 2015, Assemblymember Jim Wood introduced AB 941, an innovative bill that will free Tribal clinics from duplicative state facility licensing standards. Dr. Wood, a licensed dentist, met with Tribal representatives at the CRIHB Board of Directors meeting in January 2015. Dr. Wood represents the 2nd Assembly District, which stretches from the Oregon border to south of Bodega Bay, and includes all of Del Norte, Trinity, Humboldt, and Mendocino counties, plus northern and coastal Sonoma County including the northern half of Santa Rosa. Two members of CRIHB are in this district, United Indian Health Services and Sonoma County Indian Health Project. These clinics serve multiple Tribal governments and Tribal communities in their federally-defined service areas.

AB 941 will streamline the process of establishing satellite sites off Tribal land and increase access to care for rural Tribal communities. State facility licensing oversight is unnecessary because Tribal clinics are already required to meet multiple federal, state, and Tribal standards. These comprehensive standards ensure quality of care, patient and employee safety, and compliance with HIPAA, OSHA, and the California Building Code.

Since the bill was introduced by Assemblymember Wood in February 2015, CRIHB staff engaged in extensive advocacy work to ensure its success, including scheduling meetings with every member of the two Assembly committees with jurisdiction; Health and Appropriations. CRIHB staff made many phone calls and sent numerous emails to committee staff to answer questions and explain the merits of the bill. When necessary, CRIHB staff also redrafted the bill summary to tailor it to the concerns of particular members or committee staff.

Dr. Mark LeBeau, CRIHB Executive Director, testified in support of the bill in the Assembly Health Committee on April 28, 2015. Kimberly Chen, Policy Advocate, also supported AB 941 on behalf of the California Pan-Ethnic Health Network. On April 29, the Assembly Health Committee passed AB 941 19-0 in a unanimous bipartisan vote. The Assembly Appropriations Committee then passed the bill in a 16-0 vote on May 6. The full California State Assembly voted to pass AB 941 on May 11, 2015. AB 941 will be heard next by the California Senate Health Committee and at least one other senate

Assembly Passage of AB 941 (Cont.)

committee before the full senate considers it. Upon passage, AB 941 will be sent to Governor Brown's desk for signature.

The success of AB 941 would not be possible without the hard work of Tribes, Tribal clinics, and other allies. AB 941 is just one example of the Darrell Hostler Fund being put to very good use to strengthen Tribal clinics and expand care for Tribal communities.

Assemblymember Jim Wood, speaking on behalf of AB 941

Tribal Leaders Unite to Resolve Purchased/Referred Care Funding

In 1980, in *Rincon v. Harris*, a federal appeals court ruled that the Indian Health Service (IHS) had violated a statutory duty by failing to provide adequate contract health service (now purchased/referred care) funding for American Indians in California. Despite this clear court victory, official reports by the United States Office of the Inspector General from 1982, 1991, and 2012 document the failure of IHS to remedy this fundamental inequity.

CRIHB continues to advocate for resolution of this injustice. During CRIHB's 2014 and 2015 Annual March

Tribal Leaders Unite (Cont.)

on Washington advocacy trips to Washington, D.C., key congressional staffers have been supportive of the concerns expressed by Tribal leaders from California. In 2014, Congress included language directing IHS to address the historic inequity in a draft legislative report. On March 25, 2015, Executive Director Dr. Mark LeBeau testified in the House Appropriations Subcommittee on Interior, the Environment, and Related Agencies about this issue.

The purchased/referred care formula was also raised by Tribal leaders at the IHS California Area Tribal Consultation at Thunder Valley Casino Resort March 24-27, 2015. During the consultation, IHS distributed a ballot that asked Tribal leaders to vote on complex funding policy questions, including whether the purchased/referred care formula should be changed. In response to the requests of Tribal leaders, CRIHB staff formulated background information and guidance about the impact of possible responses on these issues and provided it to them. CRIHB is also working to organize a state-wide Tribal meeting on the purchased/referred care issue raised at the IHS consultation. Dr. Mark LeBeau, CRIHB Executive Director; Amanda Wilbur, CRIHB Health Policy Analyst; Susan Dahl, CRIHB Compliance Officer; and Ron Moody, CRIHB Chief Financial Director, have completed a draft analysis of the purchased/referred care issue that should be ready for distribution to the CRIHB Board of Directors as soon as research is complete.

Tribal Health Clinic Director's Meet to Discuss Key Issues

Tribal Health Clinic Directors met in April and discussed challenges in managed care implementation, including credentialing delays and challenges in credentialing out-of-state providers consistent with AB 1896. Problems with out-of-state providers include plans not accepting those providers for reimbursement purposes, regional hospitals not accepting their specialist referrals, and pharmacies not accepting their prescriptions. To assist in resolving these issues, CRIHB has worked with the managed care organizations to accept work provided by the out-of-state providers. Many of these organizations have agreed to comply with the requests of (*Cont. on next page*)

Tribal Health Clinic Director's Meet to Discuss Key Issues (Cont.)

CRIHB and the Tribal clinics by complying with both federal and state law that allow the clinics to work with these providers. CRIHB will follow-up with those managed care organizations that need additional education in order to comply.

Tribal clinics discussed provider productivity benchmarks, targeted case management implementation for the Tribal Medical Administrative Activities program, Medicare-Like Rates, and CRIHB Membership Return on Investment. The targeted case management could reimburse up to 50% of care for fragile and medically needy patients. However, reimbursement would require detailed implementation. CRIHB is assessing the extent to which Tribal clinics are willing to complete the documentation necessary to implement this program.

Magellan Mental Health Plan representative, Michelle Brennan-Cooke, met with the program directors to discuss managed care implementation. Magellan is currently contracted with several Tribal clinics, including United Indian Health Services and Chapa De Indian Health Program. Magellan understands the requirements of AB 1896 and is planning to comply with its requirements. Magellan offers an intensive case management program for those with complex-co-morbid conditions. A concern voiced by Tribal clinic directors is how the program will work in rural areas. However, Magellan stated that they will work with CRIHB to assist in alleviating the concerns.

Working for Our Community - Head Start & the Health Services Advisory Committee

Many programs administered through CRIHB are health based programs. In the Tribal Child Development Department the focus is early education and care. However, the department does emphasize health, nutrition, and mental health through several focus areas through the Head Start and Child Care and Development Fund programs. One focus area is known as Comprehensive Services. Comprehensive services in the Head Start experience include parent involvement, health, nutrition, social services, and education. Head Start is designed to foster a parent's role as the principal influence on their child's development. Parents are encouraged to participate in all aspects of the Head Start program, including making program policy decisions. One way in which parents can be a part of the policy decision process is by joining the Health

Working for Our Community (Cont.)

Services Advisory Committee (HSAC). This committee affords parents a direct voice as to how the health, nutrition, social service and education are designed for their children while in the early education and care programs.

The HSAC consists of parents, staff, managers, local providers, and community partners who are interested in the health and wellness of children and families. The HSAC meets regularly, and may meet in a variety of settings, both at local programs and at community locations to accommodate providers' schedules. The HSAC helps identify emerging local health issues and health trends affecting the Tribal families. Members can also identify local resources that programs need and can participate in ongoing monitoring and self-assessment activities to support the program. Furthermore, the HSAC helps advise, problem-solve issues, share or guide analysis of data, offer solutions and resources, and collaborates on program activities that promote and create quality early education and care programs.

Ultimately, the HSAC helps build relationships within communities that will improve the health, wellness, and safety of the children and families served. It formalizes program partnerships with family members, staff, and health partners in the communities in order to create a holistic approach to better health and education for the children.

CRIHB Tribal Head Start's next HSAC meeting will take place on Thursday, June 11, 2015 in Sacramento. Any persons interested in joining future meetings, please contact Kevin Neidich, Health and Disabilities Coordinator, at CRIHB's Central Office at (916) 929-9761.

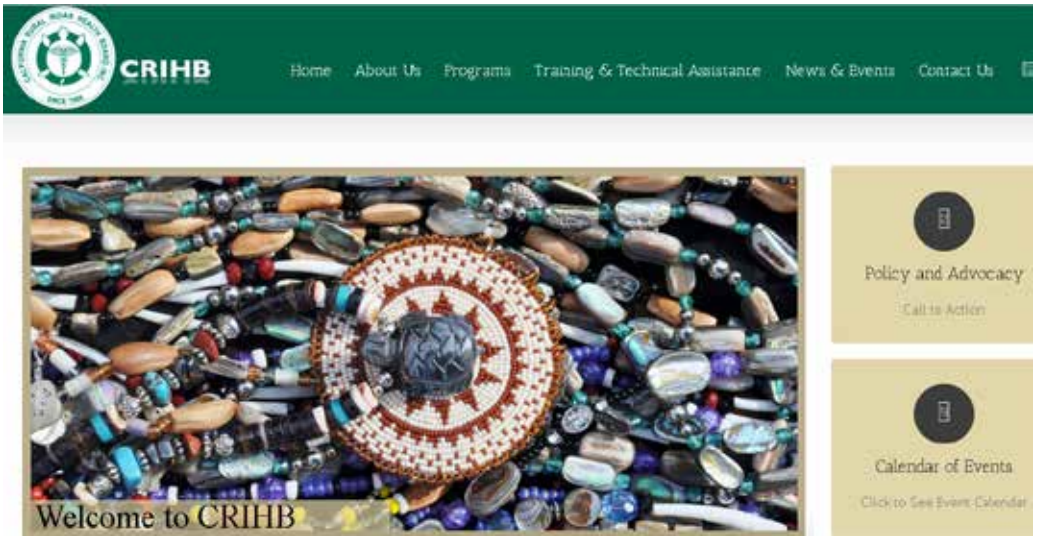
Kevin Neidich, CRIHB Health and Disabilities Coordinator

New CRIHB Website Launched

CRIHB is proud to announce the release of the newly redesigned website. It has been crafted to reflect the needs of CRIHB members and partners while also building in technology capable of addressing future requirements. Immediately noticeable are streamlined menus, intuitive navigation, and access to information as needed. CRIHB has designed the new website as a resource hub for California Tribal communities, that expands capabilities for sharing and connecting as the need arises. The website provides a destination for training and technical assistance, calendars and event registration, news, grant opportunities, and many more new features. CRIHB hopes that you enjoy browsing the new site and find more options and information with each visit.

New noteworthy features include:

- **Events & Meetings** – See upcoming events, download agendas and save the date flyers, and register all in one location.
- **Employment Opportunities** – A streamlined job search feature allows employers to post and job seekers to search for employment opportunities throughout the CRIHB membership.
- **Training and Technical Assistance** – Comprehensive lists of training programs and technical assistance offered organization wide are outlined with descriptions and key contact information.



Visit www.crihb.org today!

Facilities Update

Still the single most pressing facility program issue is the continual decrease in Maintenance & Improvement and Equipment (M&I and E) funding. In the last issue we discussed that these two items have caused a significant decrease in the amount of M&I and E funds received by California Tribal health programs and other 638 operated ambulatory clinic programs.

The first issue is that Congress has not increased funding for this program to keep pace with the amount of new healthcare facility space entered into the IHS Facilities inventory. Thus, there is more space sharing with the same old amount of funding. This decrease has been occurring since about 2006. The funding amount received for the last several years is now below the Agency's minimum standard set by the University of Oklahoma formula that drives the amount of M&I funds received. Current findings show that M&I funding has decreased by 23% from the 2012 to 2015 budget.

The second issue is that in 2006, IHS changed the M&I and E formula to increase the amount provided to inpatient facilities to better match the actual need due to changes in codes and technology. However, IHS did not secure additional funding for this change before implementing it. Thus, outpatient facilities immediately received less funding. Those IHS Areas without hospitals immediately lost about 1/3 of their funding to supplement the increase for inpatient facilities in the formula.

Kerry Gragg, CRIHB Tribal Facilities Engineer

What are Policies, Systems and Environmental (PSE) Changes?

The CRIHB Advancing California Opportunities to Renew Native health Systems (ACORNS) overall project approach is comprised of two Phases. Phase I is currently being conducted and consists of a plan to assess the capacity of Tribes and Tribal health programs in California who are interested in creating social and built environments that support healthy living and are willing to conduct a health assessment and develop a Community Action Plan (CAP).

CRIHB will work with the participating communities to gather baseline data, establish a baseline of current capacity and identify gaps, create a program/action plan to address identified needs and to provide leadership, technical assistance, training and resources to increase the capacity of each community to implement Component 1 activities in years 2 through 5.

The CAP will provide a clear direction for communities to focus on policies, systems and environment (PSE) strategies. CAP's will be used to plan local, population-based approaches to reduce the burden of chronic diseases most closely linked to physical inactivity, poor nutrition and tobacco use.

In years 2 through 5 communities with completed assessments and action plans are able to apply for financial support from CRIHB to focus on PSE changes that influence the prevention and management of chronic diseases. This method of addressing chronic diseases fosters new partnerships between public health and community partners.

So, what is a PSE change?

Check out the following guide!

What is Policy Change?

Laws, regulations, rules, protocols, and procedures, designed to guide or influence behavior. Policies can be either legislative or organizational in nature. Policies often mandate environmental changes and increase the likelihood that they will become sustainable.

Examples of organizational policies:

- Child care sites requiring healthy options for all students
- Provision of public land for green spaces, gardens or farmers' markets
- Required quality assurance protocols or practices (e.g. clinical care processes)

What is Systems Change?

Changes the impact of all elements, including social norms of an organization, institution, or system; may include a policy or environmental change strategy. Policies are often the driving force behind systems change.

Examples of systems change:

- Ensuring a clinic goes tobacco free
- Becoming a breastfeeding friendly agency
- Revising organizational procedures to increase cancer screening rates among patient population

What is Environmental Change?

Physical, social, or economic factors designed to influence people's practices and behaviors.

Examples of environmental change include physical, social, and economic changes:

- Physical: Structural changes or the presence of programs or services
    - Presence of healthy food choices at events and in vending machines
    - Enhance playgrounds or walking trails and transform the spaces into "community park" facilities
    - Availability of smoking cessation services to patients or workers
    - Availability of portable indoor/outdoor play equipment in child care centers
    - Installation of bike racks in community spaces
- Social: A positive change in attitudes or behavior about polices that promote health or an increase in support attitudes regarding a health practice
    - Increase in favorable attitudes of community decision makers about the importance of nonsmoking policies

PSE Changes (Cont.)

Examples (Cont.)

- Increase in non-acceptance of exposure to second hand smoke from the general public
- PSAs on local radio stations about healthy lifestyles and diabetes prevention

- Economic: Presence of financial disincentives or incentives to encourage a desired behavior
  - Charging higher prices for tobacco products to decrease their us

Questions? Contact Virginia.Hedrick@crihb.org

ACORNS Program Staff (L-R):
Chris Cooper, Stacey Kennedy, Nanette Yandell, Consuelo Gambino, and Virginia Hedrick

Update on the California Drought

At the April Board of Director's meeting, Chuck Jachens, BIA Regional Hydrologist, discussed water resource management and drought relief efforts currently happening throughout the state. Mr. Jachens provided Tribal health leaders with information about water resource management funding of $1 million a year for BIA's Pacific Region, which includes California. Mr. Jachens reported that the notice of funding will go out in September 2015 for FY16 and that proposals of $30,000-50,000 are likely to be funded. Mr. Jachens also discussed the importance of the Agua Caliente Band of Cahuilla Indians' water rights case, which the Tribe is asserting aboriginal title to groundwater as a federal reserved water right. Since State law does not protect groundwater, if Agua Caliente wins their case, it could assist other Tribes in California in protecting their groundwater rights.

Update on the California Drought(Cont.)

(L-R):
Fern Bates, UIHS; Chuck Jachens, BIA Regional Hydrologist; Michelle Hayward, Redding Rancheria; Gayline Hunter, TRIHC

CRIHB Tribal Governments Consultation Committee (TGCC) Report

The quarterly TGCC meeting was held on March 23, 2015, the day before the California Area IHS Tribal Consultation. The northern Youth Regional Treatment Center was named Sacred Oaks Healing Center during the Tribal consultation, a suggestion of TGCC. A great deal of Tribal health advocacy work also took place during the consultation. CRIHB policy staff drafted comments for Tribal health leaders to present at the Tribal consultation and recommendations were made to nominate members of TGCC to IHS advisory boards.

CRIHB Welcomes Maureen Wimsatt

Maureen Wimsatt is CRIHB's new Epidemiology Manager for the Robert Wood Johnson Foundation Emergency Preparedness project in the Research and Public Health Department (RPH).

Maureen has thirteen years of public health research and program evaluation experience, including research history with the University of Maryland, Eastern Washington University, Washington State University, the University of Michigan, and several independent consulting firms. Maureen completed her PhD in Human Development at the University of Maryland (UMD) where she conducted research about social relationships, health, and culture with the Laboratory for the Study of Child and Family Relationships in the Center for Children, Relationships, and Culture. While at UMD, Maureen also coordinated campus mental health outreach and suicide prevention initiatives with the University Health Center. Prior to that, Maureen worked for an Indian-owned, small business federal contractor in Washington state, where she helped to evaluate health and education programs in American Indian and Alaska Native communities. Concurrently, Maureen held an Adjunct faculty appointment with the School of Social Work at Eastern Washington University and taught Master's-level courses about community-based research and evaluation. Maureen earned a Master of Social Work degree with emphasis in rural social work practice and mental health counseling from Eastern Washington University. She was awarded a Bachelor of Arts degree in Psychology from the University of Michigan.

Emergency Preparedness Project

CRIHB's Research and Public Health Department (RPH) has been awarded a grant to assess and promote cross-jurisdictional sharing (CJS) Tribal and county governments in emergency preparedness capability building and response. To complete the project, CRIHB will be drawing from the expertise of all Tribes in California, as well as partnering with the California Conference of Local Health officers, the Inter-Tribal Long Term Recovery Foundation, California Department of Health Care Services, and the Indian Health Program of the California Department of Public Health.

The CJS Emergency Preparedness project is a two-year initiative that includes four phases of information gathering.

Phase 1: CRIHB will work with Tribal and county governments to assess the current prevalence of CJS in emergency preparedness capacity building.

Phase 2: CRIHB will determine why Tribes and county governments value their current CJS arrangements.

Phase 3: CRIHB will identify factors which influence the implementation, effectiveness, and perceived value of CJS between Tribal and county governments. For example, CRIHB will ask Tribes about whether formal agreements, local organizational/government structure(s), quality of the collaboration, and/or political or historical factors influence CJS arrangements with county health departments.

Phase 4: CRIHB will assess what specific characteristics of California Tribal government CJSs are associated with achieving benchmarks on state public health emergency preparedness measures.

Based on the information collected during these four phases of the project, CRIHB will develop a toolkit to help Tribes and county governments develop, implement, and evaluate CJS arrangements in emergency preparedness capacity building and response.

For more information about the CJS Emergency Preparedness project, please contact Maureen Wimsatt at Maureen.Wimsatt@crihb.org.

CRIHB Welcomes Christine Smith

Christine Smith (Kashia Pomo/Rincon Luiseno) is the new CRIHB Associate Health Policy Analyst in the Office of the Executive Director. She holds a Masters in Public Administration from the University of San Francisco with a concentration in health care. She also has a BA in Political Science from the University of California, Berkeley. Previously, she worked at Sierra Health Foundation as a Program Assistant working with the Respite Partnership Collaborative and the San Joaquin Valley Health Fund projects. Prior to that, Christine worked as the Community Affairs Coordinator at the California Consortium for Urban Indian Health (CCUIH) where she worked on policy and advocacy issues specific to California urban Indian health programs. Christine's work at CCUIH included in-depth data analysis to prepare clinics for Affordable Care Act implementation as well as work on the CCUIH California Legislative Tracker. Christine also has experience in political policy and opposition research and worked as a Research and Communications Analyst on the John Callahan for Congress campaign in Bethlehem, Pennsylvania and as a Research Analyst at VR Research in Oakland, California.

CRIHB's Employment Opportunities

CRIHB is committed to making a positive contribution to our community and to the lives of our employees as well. People from many backgrounds and cultures have joined our talented team of professionals to promote outstanding quality services and a friendly work environment which is essential for creativity and business growth. For us, hiring talented, dedicated and goal-oriented individuals makes a measurable difference.

We are currently looking to fill several positions at CRIHB Central in Sacramento and at our Head Start locations in Northern California.

Employment Opportunities (Cont.)

Billing Manager – Will manage the medical billing and collection process on behalf of contracted Tribal health programs.

Technical Systems Specialist – Facilitates installation of Electronic Practice Management (EPM) and Electronic Health Record (EHR) systems at CRIHB member health programs.

Substitute Positions at all Head Start locations include Teacher, Teacher Assistant, Family Services Worker, Bus Drivers and Bus Monitors. Head Start locations: Crescent City, Santa Rosa and Point Arena.

CRIHB considers our employees to be our most valuable resource and offers an excellent benefit package: competitive salaries; sick and vacation leave; 401(k) retirement plan and Pension Plan. We also provide medical, vision, dental, flexible spending and life insurance coverage for employees—with a percentage of employee contribution for spouse and dependent for medical premiums.

Please visit the CRIHB website at www.crihb.org to learn more about CRIHB and to apply.

HOOP
HEALINGOUROWNPEOPLE

SAVE THE DATE
California Indian Health Conference
Youth Track for ages 10-24
July 7-8, 2015

Topics To Be Discussed:
- Organizing a Youth Council
- United National Indian Tribal Youth (UNITY)
- Leadership Skills Development
- Team Building Exercises
- Strategic Action Planning
- Youth Council Networking Session

Register Early!
Space is limited to 45 Youth
Register online at:
http://JointBOD.eventzilla.net

For more information contact:
Consuelo Gambino
consuelo.gambino@crihb.org
(916) 929-9461

Location:
Thunder Valley Casino & Resort
1200 Athens Avenue, Lincoln, CA. 95648
(877) 468-8777
Make your Reservations by June 30
$103/night, July 5-9
$169/night, July 10
+15 Resort Fee each night
Ask for Group Code:
150705CRIH

Suicide Among American Indian Youth

The silence that has shrouded suicide in Indian country is being pierced by growing alarm at the sheer number of American Indian youth taking their own lives more than three times the national average, and up to 10 times on some reservations.

A toxic collection of pathologies inclusive of poverty, unemployment, domestic violence, sexual assault, alcoholism, and drug addiction has seeped into the lives of young people among the nation's 566 Tribes. Developing resilience in our youth and instilling hope is one of the biggest challenges for Tribal communities.

One-quarter of Indian children live in poverty, versus thirteen percent in the United States. They graduate high school at a rate seventeen percent lower than the national average. Their substance-abuse rates are higher, and they are twice as likely as any other race to die before the age of twenty four. They have over a two percent higher rate of exposure to trauma, and have two times the rate of abuse and neglect. Their experience with post-traumatic stress disorder rivals the rates of returning veterans from Afghanistan.

The Justice Department recently created a national task force to examine the violence and its impact on American Indian and Alaska Native children, part of an effort to reduce the number of American Indian youth in the criminal justice system. The level of suicide has startled some task force officials, who consider the epidemic another outcome of what they see as pervasive despair. The task force is set to make recommendations for prevention and intervention services this fall.

Retired North Dakota Senator Byron Dorgan, a member of the task force, has and continues to be a strong voice to combat for the epidemic of Indian youth suicide. "It cannot be looked at in a historical vacuum," Dorgan said. "The agony on reservations is directly tied to a "trail of broken promises to American Indians," he has said, noting treaties dating back to the 19th century that guaranteed but largely did not deliver health care, education and housing.

Historically, Tribal life included a system of child protection, sustained by Tribal child-rearing practices and beliefs. In our communities, it was everyone's responsibility for the safeguarding of children and youth. Youth suicide was once virtually unheard of in Indian Tribes. But these child rearing practices were often lost as the federal government sought to assimilate native people and placed children (often against their parents' wishes) in "boarding schools" that were designed to immerse Indian children in Euro-American culture. The legacy of those times is the breakdown of our communities and families, and the victimization and trauma of our children. Too many of our youth do not see a future for themselves and have lost hope.

CRIHB currently has an active program to prevent and intervene with Tribal youth in California. The Healing Our Own People (HOOP) program provides technical assistance and training on a number of prevention/intervention programs. In addition, HOOP participants are receiving leadership training that includes helping them form their own youth councils. Already this summer, HOOP sponsored a youth camp at the Marin Headlands. Youth will also be invited to several upcoming CRIHB events. It is our hope that these activities will help our Tribal youth build a strong sense of personal agency, coping, self-efficacy, and hope.

For more information contact our HOOP Team: Deborah Kawkeka, Jennifer Parsons, and Danielle Lippert at (916) 929-9761.

The California Rural Indian Health Board
&
The Northwest Portland Area Indian Health Board

present

The 13th Biennial Board of Directors Meeting

CRIHB & NPAIHB 13TH BIENNIAL BOARD OF DIRECTORS MEETING

Monday, July 6, 2015

8:00 AM—9:00 AM	Registration
8:00 AM—9:00 AM	Credentials Committee
9:00 AM—5:00 PM	CRIHB Board of Directors, Program Directors & CRIHB Tribal Government Consultation Committee (TGCC)
9:00 AM—5:00 PM	NPAIHB Board Delegates Meeting
7:00 PM—9:00 PM	Welcome Reception for members of the NPAIHB

Thursday, July 9 & Friday, July 10, 2015

8:00 AM—9:00 AM	Registration
9:00 AM—5:00 PM	Joint Session ~ CRIHB and NPAIHB
12:00 PM—2:00 PM	Buffet Luncheon
7:00 PM—9:00 PM	Cultural Night (Thursday)

"Nurturing & Empowering Tribal Communities for Wellness"

13th Biennial Board of Directors Meeting & California Indian Health Conference

CALIFORNIA INDIAN HEALTH CONFERENCE

Tuesday, July 7 & Wednesday, July 8, 2015

7:00 AM—7:30 AM	Tai Chi (Health Center)
8:00 AM—9:00 AM	Registration
9:00 AM—12:00 PM	General Session
1:30 PM—4:45 PM	Conference Workshops
9:00 PM—3:30 PM	Youth Track
7:00 PM—8:30 PM	Cultural Night (Tuesday)

For conference information and registration, go to: http://JointBOD.eventzilla.net

LOCATION:
Thunder Valley Casino Resort
1200 Athens Avenue
Lincoln, CA 95648
(877) 468-8777
Group Code: 150705CRIH
www.thundervalleycasino.com
Room Rate $103+$15.00 per night resort fee. Please reserve your room by Monday, June 30, 2015 to receive this special rate.

Contact person:
Cheryl DeGennaro
cheryl.degennaro@crihb.org
California Rural Indian Health Board
4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841
(916) 929-9761 ext. 2005
www.crihb.org

Remaining 2015 Events and Save the Dates

July 3	Independence Day Holiday
July 6-10	Joint Biennial NPAIHB/CRIHB Board Meeting & California Indian Health Conference
July 7-9	NIHB Tribal Public Health Summit (Cultural Night)
July 14-15	AAPC ICD-10-CM Code Set Bootcamp
July 30-31	Alcohol Counselor Training
August 3-7	CRIHB Professional Medical Coding Course Orientation Week
September 1	Finance Committee Meeting
September 14-15	Accreditation Association for Ambulatory Health Care Seminar/Training
September 7	Labor Day Holiday
September 25	California Indian Day (CRIHB Holiday)
Sept 30 - Oct2	CRIHB 46th Annual Board of Directors Meeting
November 11	Veteran's Day Holiday
November 6-27	Thanksgiving Holiday
December 7-11	CRIHB Professional Medical Coding Course Review Week & CPC National Exam
December 25	Christmas Day

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CRIHB & Northwest Portland Area Indian Health Board (NPAIHB)
13th Joint Biennial Board of Directors Meeting &
California Indian Health Conference
July 6-10,2015 * Thunder Valley Casino, Lincoln, CA

CRIHB MEMBER TRIBAL HEALTH PROGRAMS

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

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

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

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

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

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

Karuk Community
Health Clinic
P.O. Box 1016
Happy Camp, CA 96039
530.493.5305

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

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

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

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