



2016 ANNUAL REPORT CALIFORNIA RURAL INDIAN HEALTH BOARD



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CHIEF EXECUTIVE OFFICER'S INTRODUCTION



Welcome to the 2016 Annual Report of the California Rural Indian Health Board (CRIHB). This publication summarizes many of the key accomplishments and initiatives CRIHB has achieved over the past two years that points us forward to the future. The Tribes and Tribal Health programs we work with have many reasons to be proud of the accomplishments we have achieved together.

Together, the Tribal Health Programs, Tribal Governments, staff, and other stakeholders of CRIHB have achieved a lot. We made significant strides in working to increase access for clinics and Tribes to additional funding and service opportunities, enhanced patient access to health care, improved the quality and efficiency of services, identified and responded to disease outbreaks, and increased patient protections. We supported a range of initiatives and needs of our stakeholders, provided relevant and timely trainings to organizational members, implemented innovative programs to further support members, and provided prevention and treatment services. We enhanced partnerships with other health organizations, gaining their support for Tribal health initiatives. Without the partnerships between the Tribes, Tribal clinics, and CRIHB's staff, last year's successes would not have been possible.

As you read this report, we are already providing greater support to Tribal clinics and Tribes in 2016, which has been the first year the overall healthcare system has accommodated primary features of the Affordable Care Act, and more fully moves into a new health economy. 2016 has been an indication of how well the new health system deals with greater consumer demand, increases value, and adjusts to industry changes and consolidation. CRIHB will continue to work closely with our members to adjust to the "new health economy" accordingly.

Sincerely,

Mark LeBeau

Mark D. LeBeau, PhD, MS
CRIHB Chief Executive Officer

MESSAGE FROM THE CHAIRWOMAN OF THE BOARD



Dear Reader,

In the past two years, CRIHB worked with Tribal clinics, Tribal leaders, and community members in pursuit of the organization's strategic goals. We look to and use the Mission and Vision Statements to guide our work. We have accomplished many goals, and worked to support new and ongoing programs through CRIHB to benefit Tribal clinics. Three Tribal clinics joined CRIHB as full members and one as an associate member, which are just some of the many things we have done this year that reflect positively on our efforts toward achieving the organization's strategic goals.

I deeply appreciate the hard work and effort CRIHB staff, Tribal clinic staff, Tribal leaders, and community partners have put in over the past two years to make it a success. Together we continue to strive to accomplish great things for American Indians in California. I am confident we will continue to do so in the coming months and years. We are excited and privileged to be part of this important work.

On behalf of the CRIHB Board of Directors and staff, I would like to acknowledge the determination and commitment of Tribal clinics and their staff whose primary objective is to meet the needs of the Indian patients and increase access to care throughout the state.

I encourage you to read the following sections of this report that acknowledge our accomplishments and demonstrate the hope and plans we have for our future.

Sincerely,

Lisa Elgin

Sonoma County Indian Health Project
CRIHB Chairwoman

ABOUT US

Our Mission

The California Rural Indian Health Board, Inc. (CRIHB) is a network of Tribal Health Programs, which are controlled and sanctioned by Indian people and their Tribal governments.

We are committed to the needs and interests that elevate and promote the health status and social conditions of the Indian people of California.

CRIHB does this by providing advocacy, shared resources, training, and technical assistance that enhances the delivery of quality comprehensive health related services.

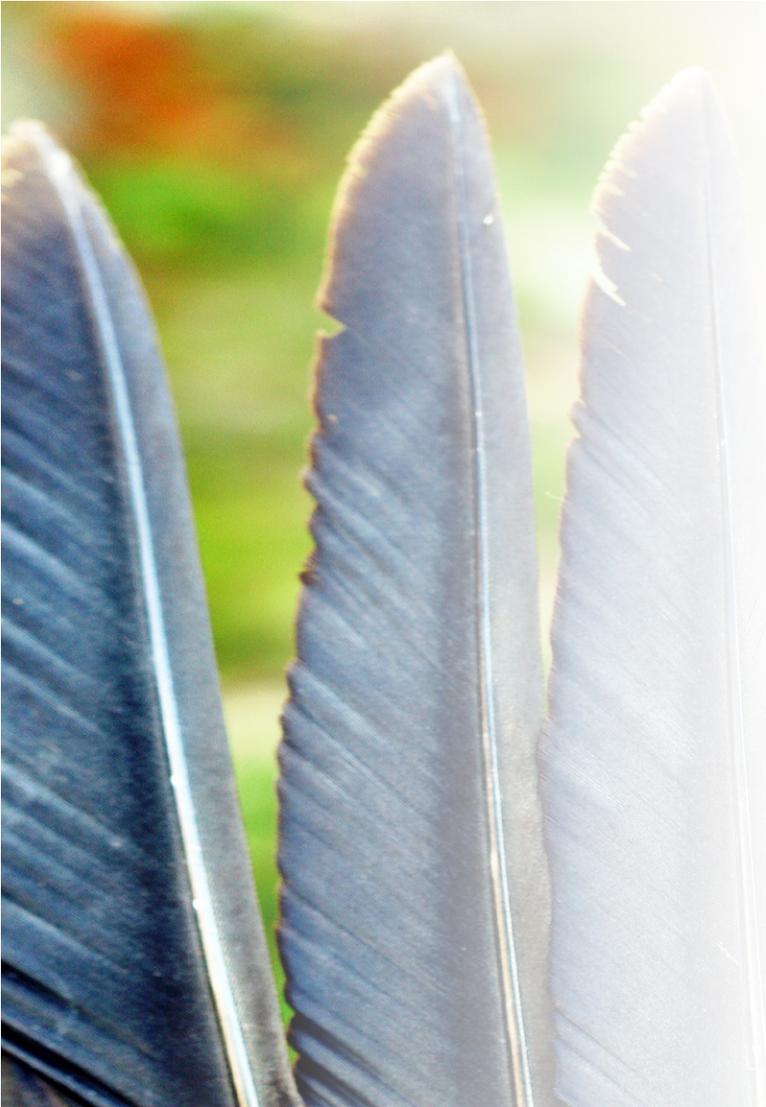
Our Vision

We see culturally revitalized and self-sufficient communities with holistic care and healing places to promote health and wellbeing to the individual, the family and the community; weaving traditional and western practices into a successful life way. We see communities where people treat each other with respect and make responsible choices for themselves and for their families. In these communities Indian youth are happy with who they are, athletic, busy, loved, and surrounded by family members and Tribal elders who know and respect their culture and language. We see communities where people are competent at working with the institutions of the dominant society and comfortable with other communities and their cultures.

We see CRIHB proactively supporting collaborative opportunities with shared funding, services, and staff based on identified community needs. We see the CRIHB network leveraging the voice of California tribal communities to strengthen advocacy to increase and improve access to quality healthcare.



STRATEGY 1: STRENGTHEN CRIHB SYSTEMS, STRUCTURE & CAPACITY



Invest in the internal quality and effectiveness of CRIHB to fulfill its “go-to organization” role.

Throughout 2016, CRIHB expanded its systems, capacity, and infrastructure to better serve Tribes and Tribal clinics. CRIHB's technical assistance services are delivered in person, by phone, webinar, and remote access. New trainings in Strategic Planning and Human Resources were delivered in-person and by webinar.

Over the year, CRIHB improved its Information Technology infrastructure to include cloud backup and disaster recovery for all electronic health record data for member Tribal clinics on our domain. It is invaluable for disaster recovery planning, eliminating down time when updating or upgrading systems, and for meeting health information exchange criteria. In addition, CRIHB secured funding to implement and manage NextGen for full members.

CRIHB received \$8.5 million in new grant funding in 2016. This funding will support numerous Tribes and Tribal Clinics over the next several years, and it is an addition to the existing programs funded at \$6.95 million.

In 2016, CRIHB continued to improve the website, focusing on rebranding our online presence that is user friendly and allows for easy navigation. The website includes information on all CRIHB-based programs, a complete list of trainings and technical assistance, an events calendar, and information regarding membership. The layout was designed with current and future members in mind and allows users to learn more about CRIHB's dedication to Indian health.

The Health Systems Development department completed an administrative process that created strong policy and procedures and an internal work flow to provide clinic billing services. CRIHB Medical Billing program will provide technical assistance, and coding reviews of Medical claims for our full member programs. In addition, associate member Tribal Health Programs may access third party billing services on a fee-for-service basis.

CRIHB's Planner/Grant Writer instituted an organization-wide system for internal programmatic grant management, as well as a process for evaluating program deliverables, enabling us to better track and monitor the benefits that members receive from our programs.

CRIHB's Human Resources Department revised the Personnel Policy and Procedure manual, derived from past CRIHB Policies and Procedures and updated State and Federal laws. These changes have made a positive impact on CRIHB's ability to deliver quality services to Tribes and Tribal clinics.

STRATEGY 2: STRENGTHENING CRIHB'S PEOPLE

CRIHB's staff continues to enhance the key skills needed to support membership while hiring new staff as needed. New staff helps expand support to member Tribes and clinics. New positions include: Behavioral Health Manager, Human Resources Generalist, Information Systems Specialists, Project Coordinator, Dental Support Center Coordinator, Health Policy Analyst, Associate Health Policy Analyst, Billing Manager, Pharmacy Coordinator, Compliance Training Coordinator, Compliance Administrative Assistant, Communications Specialist, EHR Integrated Care Coordinator, Outreach Coordinator, and Registered Nurse.

The California Tribal Epidemiology Center (CTEC), a Tribal research program within CRIHB, worked closely with senior management to add new positions in 2016. This enabled CTEC to complete current work and conduct further research into health related issues and outcomes for California Indians.

Training and development is paramount to the success of the programs we deliver. Staff received trainings and completed certificate programs supported by CRIHB, as a way of strengthening our organization. For many staff members, CRIHB paid for books, parking, and support costs associated with training and development.

Several departments benefited from continuing education programs for their staff. For instance, a member of the Finance team was awarded a bachelor's degree and a finance certificate, while five CTEC staff completed training in the Indian Health Service Epi Data Mart Dataset, increasing our capacity to conduct research sanctioned by the Indian Health Service.

The Tribal Child Development Department has placed significant emphasis on training its staff to develop the knowledge, experience, and cultural competency to ensure families receive support in the areas of parent education, health and nutrition, and child advocacy. The Administrative Assistant position is now full-time to better support members.

As a broader theme for the organization, CRIHB has implemented an annual teambuilding activity. Teambuilding helps establish trust, camaraderie, relationships, and cooperation among staff. This was a big success in 2016, as teams engaged in exercises and learned to rely on each other as skilled professionals.

To ensure all staff are up to date on current programs, initiatives, and developments across our communities, CRIHB convenes regularly through scheduled meetings at the director, manager, and all-staff levels.



Invest in staff capacity, expertise, and satisfaction needed to meet the needs of a statewide community health system for Native communities.

STRATEGY 3: ENSURE CRIHB'S FUTURE



By completing its search for a new home office, CRIHB will own and maintain a three-acre parcel of land located in Roseville, CA on behalf of all CRIHB stakeholders. Over the course of 2016 and part of 2017, the building and grounds will undergo renovations to fit CRIHB's needs and better represent Tribal communities.

By owning our property, CRIHB will ensure the long-term future of our office. We will be able to deduct the cost of building repairs and maintenance, increase our capital holding value, and secure IHS Maintenance and Improvement funds to contribute to the upkeep of the building and grounds at no additional cost to CRIHB or its members.

We were honored to welcome three Tribal Health Programs as full members:

1. Tule River Indian Health Center which serves the Tule River Tribe.
2. Toiyabe Indian Health Project which serves the Benton Paiute Tribe, Big Pine Paiute Tribe, Bishop Paiute Tribe, Bridgeport Indian Colony, Timbisha Shoshone Tribe, Fort Independence Reservation, and the Lone Pine Paiute-Shoshone Tribe.
3. Pit River Health Services which serves the Pit River Tribe.

We were also honored to welcome back Feather River Tribal Health as an associate member, serving the communities of Berry Creek Rancheria, Enterprise Rancheria, and Mooretown Rancheria.

In demonstrating the value CRIHB brings to member programs, CRIHB's Finance Department improved its internal processes and implemented systems that have enabled us to identify the Return on Investment for members. Finance has created a report that has become an informative tool, showing real dollars returned to members by CRIHB—excluding IHS pass-through funds. In 2016, members received \$7.86 for every dollar that members contributed to CRIHB.

In our effort to build sustainable, long-term programs, CRIHB's program leaders successfully secured funding for a range of programs including: dental care, Electronic Health Records meaningful use, methamphetamine and suicide prevention, HIV, substance abuse and viral hepatitis, tobacco use, mental health, teen pregnancy prevention, epidemiology, and targeted case management.

Develop a sustainable business model for CRIHB that ensures its long term existence and effectiveness.

STRATEGY 4: STRENGTHEN TRIBAL HEALTH PROGRAMS

In 2016, CRIHB staff visited every member Tribal Health Clinic, providing support, training and other services, as well as initiating a series of multi-day Regional Training events. Trainings were delivered to clinic staff, health board delegates, Tribal leaders and Tribal staff. Topics ranged from Governance to Human Resources and from Finance to Grant Writing. CRIHB continues to provide trainings in all our served communities.

In addition to trainings, CRIHB launched a Medical Billing Program designed to offer more in-depth and practical assistance with medical billing matters. As a response to requested support, our Chief Compliance Officer served as interim Compliance Officer for one of the Tribal clinics while they recruited a permanent staff member. Additionally, at the request of other Tribal clinics, Compliance conducted onsite reviews of HIPAA documentation and Purchased/Referred Care policies, resulting in new processes and procedures that have helped members bolster their compliance policies and focus on proper outcomes.

CRIHB assisted Tribal clinics in adopting Meaningful Use (MU) and Health Information Exchange (HIE). The MU/HIE program enables clinics and medical staff to receive funds to improve electronic health records (EHR) storage and access. Since inception, CRIHB has worked with close to 300 clinic providers, helping them to successfully navigate early stages of MU through the Regional Extension Center. CRIHB will continue to support clinics with a new program that facilitates the process to help Tribal clinics upgrade their EHR systems and achieve MU and HIE.

As one of our Area Office Functions, CRIHB facilities staff worked side-by-side with a number of clinic directors and staff to improve existing Tribal clinic facilities. Meanwhile, CTEC published the California American Indian/Alaska Native Community Health Profile: an invaluable document to Tribes and clinics applying for grant funding. As well, the Dental Service Center successfully awarded mini-grants to five Tribal clinics to promote oral health and launched a full dental service for the Warner Mountain Indian Health Program and the Fort Bidwell Indian community.

On the national level, CRIHB successfully advocated for full members on contract support costs resulting in a \$13 million settlement before legal fees. While pursuing this settlement individually would have proved cost prohibitive, CRIHB was able to use the collective power of our membership to negotiate the best possible outcome for member Tribes and clinics.



Support the full potential of Tribal health programs as they address the complexities of community health care for their unique Native communities.

STRATEGY 5: GROW THE NETWORK



Expand and grow the membership network of Tribal health programs that will be the base for effective community health care.



Our effort to add new member Tribes, Tribal clinics, and partners to CRIHB was successful in 2016 and we look forward to expanding the network even further in the future.

The Feather River Tribal Health leaders voted to rejoin CRIHB as an Associate Member. This clinic provides health services to Enterprise, Berry Creek, and Mooretown Tribal Rancherias, as well as other American Indians in their service area. We look forward to a long lasting association with them.

Another important development was a formalized partnership between CRIHB and the California Primary Care Association (CPCA) in the form of a one-year Memorandum of Agreement. In lieu of membership fees, CRIHB and CPCA agreed to a reciprocal relationship where technical assistance and support can be exchanged for waived and discounted registration fees at key conferences and trainings. This relationship is beneficial to our membership.

During the year, CRIHB also partnered and worked with Tribes and Tribal Clinics associated with the Northwest Portland Area Indian Health Board on priorities of shared interest. These meetings helped CRIHB and our membership gain best practice knowledge on a variety of areas and will help us move forward as we expand the scope and range of services we provide to members.

Throughout 2016, the Tribal Child Development (TCD) provided much needed resource services for families in need of transportation to medical appointments, referrals to county programs, parenting classes, nutritional trainings, health and safety trainings, and child care subsidies. These contributions are important to Tribal families (as well as their Tribes) as they help raise the community up and enable families the option to place their children in child care while working, going to school, or training.

Another accomplishment in 2016 was the hosting of a successful Traditional Indian Health Gathering at the Toiyabe Indian Health Project, organized by our Research and Public Health Department with significant input from the Traditional Indian Health Committee.

At the end of the year, CRIHB organizes an annual sweater and toy drive to benefit families in Tribal communities. This year's gift recipient is the Redding Rancheria Tribal Health Center. Gifts are donated by CRIHB staff and delivered to the wider community. Staff were also involved in other Tribal community events, like Big Times and other gatherings, demonstrating CRIHB's dedication to Tribal communities and approach to providing services. With this approach, CRIHB continues to develop and expand community partnerships and the Tribal health network in California.

STRATEGY 6: FORGE THE NATIVE AMERICAN VOICE

One of CRIHB's primary objectives is to advocate for health care funding and services for American Indians. As part of this role, we work with many Tribes and clinics to deliver a range of legislative priorities at the State and Federal levels to improve the health conditions of the communities we serve.

One of CRIHB's recent achievements was the signing of AB941 by Governor Jerry Brown. Sponsored by CRIHB and brought forward by Assemblyman Jim Wood, the bill proposed Tribal clinics could build satellite clinics off Tribal lands in California with minimum bureaucracy.

On the federal level, Dr. Mark LeBeau testified before the House Appropriations Committee about critical funding priorities of CRIHB member Tribes and Tribal clinics. CRIHB staff and Tribal health leaders also met with multiple Congressional Representatives to discuss legislative priorities, including facilities maintenance and construction and funding improvements. CRIHB also successfully contributed to the Congressional Interior Appropriations Bill, calling on IHS to review its Purchased/Referred Care (PRC) distribution formula due to perceived inequitable funding of California and other PRC-dependent Indian Health Services.

Dr. LeBeau serves on the Center for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG) and advocates for Indian healthcare to CMS. TTAG was formed to advise CMS on policy and program issues affecting the health services of California AIAN.

CRIHB policy staff also developed and issued a policy paper on Medi-Cal estate recovery to CMS. Currently, federal law requires states to recoup costs from all Medicaid patients who utilize long-term care services by filing claims against patients' estates. Although many forms of property owned by AIANs are not exempt, causing an obstacle to enrollment in health coverage. CRIHB continues to advocate for broader exemptions from Medicaid estate recovery for all AIAN property.

CRIHB's Tribal Child Development (TCD) Director, Ann Bonnitto, JD, was the chosen keynote speaker at the National Indian Head Start Directors Association national conference. The TCD Director was appointed by Governor Brown to the State Advisory Council of Early Learning and Education. As well, Dr. Maureen Wimsatt, PhD, of CTEC was selected as a member of the CA Health Interview Survey Advisory Board.

Tribal leaders affiliated with CRIHB also serve on the IHS Tribal Advisory Committee and on state committees such as Covered CA Tribal Advisory group and Medi-Cal Tribal Designee Group. These representatives play a vital role helping us form a unified, singular voice advocating for better health care for California Indians.



Expand the political power and presence of Tribal health programs, Tribes and Native communities as part of the movement for community health care.

TRAININGS PROVIDED TO TRIBAL HEALTH PROGRAMS

AAAH Project Management
Americans with Disabilities Act Training
Anatomy & Physiology Training
Behavioral Health Continuing Education,
Accreditation & Professional Standards
Billing & Compliance Workshop
Budgeting & Budget Management
Building Civility in the Workplace
Child Observation Techniques for Teachers
Clinic Staff Facilitation Skills
Co-Dependency/Co-Occurring Disorders
Coding: CPT, ICD-9, ICD-10
Conflict Resolution
Confronting Workplace Bullying
Contracts & Contract Management
Core Competencies for Supervisors
Coronal Polishing
Corporate Compliance
CRIHB Medi-Cal Optional Benefits Program
Cultural Approaches to Sobriety & Wellness
Cultural Competance
Delivering an Effective Review
Delivering Exceptional Customer Service
Dealing with Workplace Violence
Dental Sealant Training
Digital Storytelling
Documentation & Correct Coding
Effective Meetings in the Workplace
Emergency/Crisis Intervention
Employee Mentoring Program for Supervisors
Employee Orientation & Training
Employee Recognition for Supervisors
Employee Recruitment & Selection
Employee Retention
Employee Use of Social Media
Enhancing Safety through a Drug-
Free Workplace
Ethics & Code of Conduct

Family Medical Leave Act Training
for Supervisors
Food Safety
Governance Training
Grant Writing
Grants Management
Healing from Grief & Loss
Healing Our Own People (HOOP)
Health Board Governance Training
Healthy Eating
Healthy Relations
HIPAA
Human Resources
Infection Control Training
Injury Prevention
Loan Repayment Programs
Management Training
Mental Health: Prevention & Early Intervention
Motivating Employees
Native HOPE (Helping Our People Endure)
Native Motivational Interviewing
NextGen EHR 101
Nutrition Education
Nutrition for Patients with Diabetes
Parliamentary Procedures

Patient Centered Medical Home
Transformation
Pedestrian Safety for Parents
Pediatric Behavior Management Training
Pharmacy 340B
Poor Employee Performance Response
Prescription Drug Abuse
Privacy Issues at Work
Privacy: California, HIPAA, HITECH & others
Quality Improvement
Recovery Oriented Systems of Care
Screening, Brief Intervention, & Referral to
Treatment
Sexual Harassment Training for Employees
Substance Abuse Prevention
Suicide Prevention
Ten Essential Public Health Services
Time Management Tips & Techniques
Tobacco Cessation Education
Tobacco Policy, Control & Health Impacts
Traditional Cultural Tobacco Use
Tribal Medi-Cal Administrative Activities
Wellness in the Workplace
Workers Compensation



TRAININGS PROVIDED TO TRIBAL GOVERNMENTS

Building Civility in the Workplace
 Budget Development & Administration
 Codes of Conduct
 Compliance
 Conflict Resolution
 Confronting Workplace Bullying
 Contracts & Contracts Management
 Core Competencies Training for Supervisors
 Cultural Competance
 Delivering an Effective Review
 Delivering Exceptional Customer Service
 Drug-Free Workplace
 Effective Meeting for Governing Bodies
 Effective Meeting in the Workplace
 Employee Mentoring Program for Supervisors
 Employee Orientation & Training
 Employee Recognition for Supervisors
 Employee Recruitment & Selection
 Employee Retention

Employee Use of Social Media
 Ethics & Code of Conduct
 Ethics & Conflict of Interest
 Family Medical Leave Act Training for Supervisors
 Governance Training
 Grant Writing
 Grants Management
 Grants Management
 Head Start Program Overview
 Healing from Grief and Loss
 Human Resources
 Indian Preference
 Indian Self-Determination Act
 Joining Head Start & Child Care Development Fund
 Management Training
 Parliamentary Procedures
 Performance Standards Trainings

Policy, Systems & Environmental Change
 Poor Employee Performance Response
 Privacy Issues at Work
 Public Health Accreditation & Tribal Standards
 Sexual Harassment Training for Employees
 Suicide Prevention
 Supervision & Leadership-Motivating Employees
 Ten Essentials Public Health Services
 The Business Case for Diversity
 Time Management Tips & Techniques
 Tobacco Policy, Control & Health Impacts
 Tribal Council Roles & Responsibilities
 Wellness in the Workplace
 Workers Compensation
 Workplace Violence
 Youth Leadership Training



TECHNICAL ASSISTANCE

Tribal Health Programs (THP)

AAAH Accreditation
Adverse Event Investigation
Alcohol & Drug Counseling Certification
Care Team Transformation
Chronic Disease Management
Clinic Practice Redesign & Coaching
Clinic & Community Profiles
Compliance Policies, Reviews & Investigations
CRIHB Medi-Cal Optional Benefits Program
Cultural Approaches to Sobriety & Wellness
Data Replication
Disease Cluster Investigations
Documentation vs. Coding reviews
Domestic Violence Prevention
Electronic Health Records/Meaningful Use
Emergency Preparedness & Response
Facilities Engineering
Grant Writing
Health Professional Shortage Area Designation
HIPAA & Compliance Policy Review & Assistance
HIV/AIDS Prevention
Human Resources
Injury Prevention
Institutional Review Board
IT Network Design & Architecture
Medical Billing & Coding
Medi-Cal Managed Care Contracting
Mental Health Prevention & Early Intervention
NextGen Troubleshooting, Configuration, Updates & Upgrades
Nutrition & Exercise
Outbreak/Epidemiological Surveillance
Pain Management Patient Contracts
Pharmacy 340B
Pharmacy Regulations
Physician Peer Review Service
Population Health & Dashboard Development
Pregnancy & Nutrition

Privacy: Policies, Reviews & Investigations
Project Management
Purchased/Referred Care
Qualified Health Plan Contracting
Recovery Oriented Systems of Care
Revenue Cycle Management
RPMS EHR Troubleshooting, Configurations, Updates & Upgrades
Screening, Intervention, & Referral to Treatment
Strategic Planning
Suicide prevention
Teen Pregnancy Prevention
Telehealth Program Development & Expansion
Traditional Cultural Tobacco Use
Traditional Indian health
Understanding Data Relevance
Unintentional Injury Prevention
Workflow Mapping
Youth Suicide Prevention

Tribes

Adult Education
Board Roles & Responsibilities
Data Review & Analysis
Disease Cluster Investigations
Emergency Preparedness & Response
Facilities Engineering
Grant Writing
IHS Budget & Tribal Shares
Institutional Review Board
Outbreak/Epidemiological Surveillance
Parent Education
Project Management
Research
Strategic Planning
Traditional Cultural Tobacco Use
Traditional Indian Health Policy Development
Tribal Public Health Accreditation
Teacher Mentoring

THP and Tribes

Advocacy on Behalf of Tribal Communities
Car Seat Safety
Child Care Development Fund (CCDF) Program
Child Care Resource & Referral
Child Classroom Observation
Child Enrollment into CCDF & Head Start Program
Childhood Nutrition
Compliance Hotline
Contract Support Costs
CRIHB Conference Registration
Curriculum Implementation for Teachers
Direct Funding of Child Care Providers
Group Parent Education on Mental Health
Head Start Curriculum Design Training
Head Start Nutrition Components
Health & Safety Materials for Child Care Providers
Health Education for Head Start Families
Housing Assistance Resources
Human Resources
Indian Health Service Area Office Functions
Individualized Learning Plans for Children with Disabilities
Instructional Support for Teachers
Parent Involvement & Education Activities
Parent Skills & Knowledge of Child Development
Parent training—Vehicle Safety
Payment Assistance for CCDF Trainings
Policy Council Training
Quarterly Assessment Reports of Child Progress
Remote IT Helpdesk Support
Tribal Child Care & Tribal Child Care Center Support
Wide Area Network

TECHNICAL ASSISTANCE

CRIHB was built by Tribes for Tribal people to receive Tribal health services. All of CRIHB's Board of Directors are members of federally recognized Tribes. CRIHB is a Tribal organization, able to provide many services not available from the Federal Indian Health Service, such as data replication and offsite data recovery, EHR maintenance and support, compliance, auditing services, governance training, pharmacy support, a dedicated grant writer, practice facilitation for patient centered medical homes, peer review for medical providers, and direct healthcare advocacy on Capitol Hill and in the State Capitol.

Our Tribal health care advocacy work is one of the most important benefits of membership, and one of the most important services we provide. The Indian Health Service is not allowed to advocate on behalf of tribes.

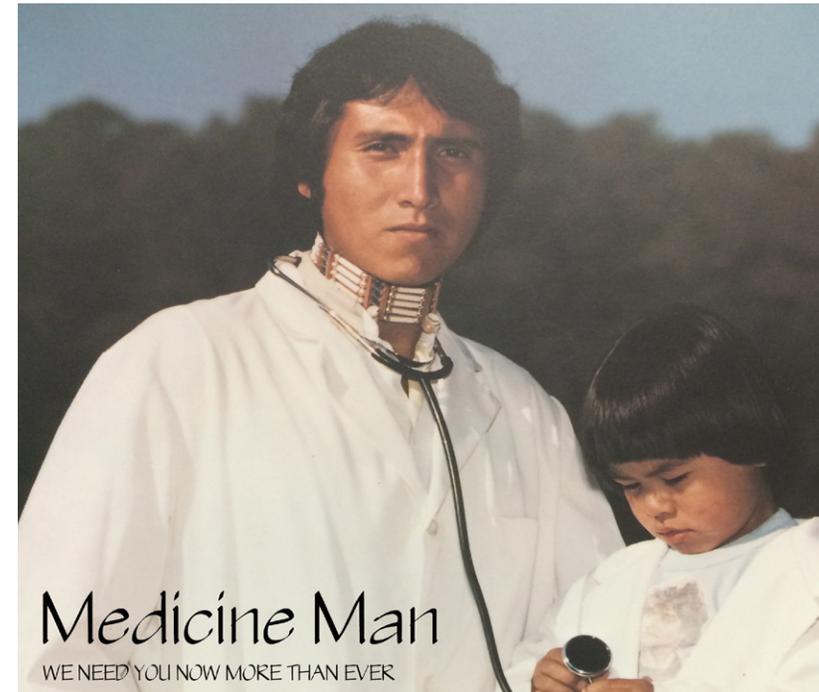
CRIHB has highly skilled and dedicated staff including medical, pharmacy, finance, policy, information technology, early education and child care, compliance, epidemiology, operations and medical billing/coding professionals who understand the breadth and scope of Tribal health services and health board governance.

Because CRIHB pools many funding sources to benefit its members, the same way "consortium clinics" do, contracting through CRIHB has many important financial and practical advantages.

Among others, a key benefit of being a CRIHB member is representation at Program Directors' Meetings and Representation on the Tribal Governance Consultation Committee. These groups meet quarterly at our Board and Tribal Leaders meetings, along with other member Tribal Health Programs. These sessions are designed to focus on the issues facing Indian Health Programs, as well as discuss and propose potential solutions to those issues.

Other benefits of CRIHB membership include training and technical assistance across many specialty disciplines and functional areas.

The following are just a few of the training and technical assistance topics and services we provide for members:



- Tribal Self Governance
- Federal Indian Law
- Conducting Tribal Policy, Bylaw, and Ordinance Reviews
- Tribal Compliance with Applicable Laws
- Tribal Contract Support Costs
- Writing, Understanding, Implementing and Managing Budgets
- Conducting Community Needs Assessments
- Grant Writing and Management
- Managing Developmen
- Employee Development
- Facilities Development & Maintenance
- Managing Programs Effectively
- Roberts Rules of Order

COMMUNITY IMPACT STORY



Dear CRIHB Child Care Program,

My name is Jamie Smith and I'm 36 years old from Cold Springs Rancheria in Tollhouse, CA. In the late 1990's, I was a new mother trying to work and attend college at the same time. I didn't trust strangers to care for my child and it was difficult to stay enrolled and keep a job without child care. I applied for help from the Child Care and Development Program through CRIHB.

My son was 3-years old when we began our CRIHB journey. His name is Drew. Drew attended Cold Springs Head Start established by CRIHB. I really appreciate all the help that this program provided for me and my child. I was able to complete my credits from high school and received a High School Diploma in 2002, as well as an Associate of Arts Degree from Reedley College in 2005. I always had a job when I was going to school, and these big accomplishments would not have been possible if we weren't enrolled with the child care program. I forgot to mention my son has special needs. He has cerebral palsy.

My son Drew overcame many obstacles in his life. Even with all these challenges, he made it and graduated in 2015 from Sierra High School. He never had to set foot in a Special Ed Class because I was educated enough to advocate for him. I believe it was not only because he had the support of a single, hard-working mother and God, but also because he had a "Head Start" by attending Cold Springs Head Start. Thank you CRIHB for working with our tribe and helping our family reach our educational goals and giving us an opportunity to live a better life.

Respectfully,

Jamie (Navarette) Smith (Mono)
Cold Springs Rancheria of
Mono Indians of California



COMMUNITY IMPACT STORY

Dear CRIHB,

I would like to thank you for the suicide prevention work you provide. Suicide hits home with me, and I am thankful to CRIHB for doing amazing work in the young native community. Every time I get an email from CRIHB, it warms my spirit to know that one more native person will be informed, one less suicide will occur, and another young person will have support to not feel alone in this world. Your training has helped me be a stronger community educator and leader. Thank you for helping me on my healing path as well.

The CRIHB programs helped save my life. I became involved with CRIHB at the age of 13. This was a difficult time in my life where I struggled and felt alone. Being involved with the CRIHB program helped me have a place of belonging. I met people like me, and was empowered with knowledge and culture. Later, at the age of 19 I became the youth program coordinator. When I was going through hard times dealing with depression and suicidal thoughts, working with the youth, being a leader and a role model is what helped me. All I could do was think about was them. I wanted to be there for the youth and provide them with the same opportunities I had when I was in the program. Those opportunities were some of the best memories in my life. Those opportunities gave me life.

Today, I am 29 years old and over the years I have continued working in prevention, education and culture that was introduced to me by CRIHB. It is now my passion. CRIHB has a special place in my heart forever.

Danielle Brewster (Paiute/Tachi/Mono)
Northstate Women's Health Network
Native Youth Program Coordinator



SERVICE AND PROGRAM EXPANSION

Medical Billing

This service emerged as a result of needs expressed by member tribal health programs to receive greater assistance with a variety of medical billing matters at their clinics. CRIHB provides short- and long-term medical billing support for member Tribal clinics in need of claims submission and revenue cycle management services. A key design of the program is to assist clinics in generating additional third-party revenue.

Behavioral Health Initiative

A Behavioral Health Initiative to build and strengthen the capacity of CRIHB member Tribal Clinics and Tribal social services has been developed to enhance behavioral health services. These services will meet the needs of communities through training and technical assistance, emergency response, advocacy and local capacity building, and direct services.

HIV and Viral Hepatitis Risk Reduction Initiative

CRIHB received a 5-year grant to build and strengthen the capacity of member Tribal clinics to implement effective practices and policies to reduce substance abuse, reduce sexual risk factors, prevent new HIV and Viral Hepatitis infection rates, and decrease HIV transmission.

Methamphetamine and Suicide Prevention Initiative

CRIHB received a 5-year grant to increase member Tribal clinics' capacity to address suicidal risk factors, thoughts and behaviors and increase education on methamphetamine use. CRIHB's California Tribal Epidemiology Center was also funded to provide evaluation technical assistance to IHS-funded MSPI/DVPI grantees in California to establish baseline data related to their projects.

New Staff Positions

Behavioral Health Manager
Behavioral Health Project Coordinator
Compliance Training Coordinator
Associate Facilities Engineer

Billing Manager
Communications Specialist
EHR Integrated Care Coordinator
Health Education Specialist



FINANCIAL STATEMENT

CRIHB passes through all Indian Health Service direct service funds to contracted full member Tribal Health Programs. In addition, over 84% of all funds, including resources for numerous health and social wellness programs, received by CRIHB are distributed directly to Tribal Health Programs.

2016 Pass Through Funds: \$37.5 million

Operating Funds to Tribes: \$4.5 million (distribution below)

- CRIHB Medi-Cal Optional Benefits: \$2.4 million
- Tribal Medi-Cal Administrative Activities: \$848,000
- Minigrants: \$584,000
- Technical Assistance: \$282,608
- Local Systems Administration: \$169,000
- Wide Area Network and EHR: \$1.1 million
- CCDF \$818,013
- Headstart \$989,189
- Lytton \$237,472

Return on Investment

On average, members received \$7.86 for every dollar contributed to CRIHB in 2016.

Note: Return on Investment shows contributions that members made to CRIHB, but does **not include** Indian Health Service pass through funds.

Funder Acknowledgement

CRIHB would like to thank all funding agencies that allow us to serve our communities at the highest level possible. Our funders include the Administration on Children, Youth and Families, California Department of Health Care Services, California Department of Public Health, Centers for Disease Control and Prevention, Family and Youth Services Bureau, Indian Health Service, Intertribal Council of Michigan, Johns Hopkins University, Lytton Rancheria, National Indian Health Board, National Institutes of Health, Public Health Institute, Robert Wood Johnson Foundation, Substance Abuse and Mental Health Services Administration, The California Endowment, and The California Wellness Foundation. CRIHB is also grateful to all organizations, Tribes, and individuals who supported our efforts through donations during the 2016 year.



KEY STAFF



Raquel Alvarez is the Human Resources Generalist. Under the direction of the Human Resources Director, she assists in the human resources activities of the organization, including delivering training on HR to CRIHB staff and Membership (for member tribal clinics & Tribal staff). She is an enrolled member of the Salt River Pima Indian Community from Phoenix, AZ.



Rosario Arreola Pro, MPH, is the Health Systems Development Department Director. She leads a diverse team of health care professionals working on a variety of initiatives, including: health information management; telehealth; 340b contracted pharmacies; dental services; patient centered medical home; medical billing; managed care expansion; and other programs. She has been with CRIHB since 2009.



AnnLouise Bonnitto, JD, is the Tribal Child Development Department Director. She administers the Child Care Development Fund (CCDF) and Head Start Programs and staff. CRIHB's Tribal Head Start program continually strives to improve the quality and access of child development services to our Tribal constituents along with the distribution of child care subsidies to our Tribal families. She has been with CRIHB since 1998.



Bryan Boroski, BA, is the Electronic Health Records/ Electronic Dental Record Systems Specialist. He is responsible for development and training, consultation and support services to tribal clinics utilizing the systems. He specializes in NextGen EHR/EDR and Dentrix Enterprise installation and maintenance (including the Indian Health Service certified interfaces).

Analia Burnett, MS, is the Compliance Training Coordinator. She has been with CRIHB for more than 5-years working on initiatives with THP's to improve patient care. She has experience in planning, coordinating, and operating special programs, group facilitation, and sensitive and confidential subject matter.



Vanesscia Cresci, MSW, is the Research and Public Health Department Director. Her areas of experience include clinical quality improvement, health promotion and disease prevention, research-based practice, community health and program management. She oversees all activities and programs of the Research and Public Health Department. She is an enrolled member of the Navajo Nation and has worked for CRIHB for 5-years.



Danielle Cummings-Reed, BA, is the Billing Manager in the Health Systems Development Department. She is responsible for managing the medical billing and collection process on behalf of contracted Tribal health programs. She is responsible for the successful performance of the Medical Billing program. She also plans and organizes onsite and remote training for billers at clinics.



Andrew Crawford, PhD., serves as an Epidemiologist at CRIHB. In this capacity, he provides leadership and coordination of research and epidemiologic activities, produces analysis of health statistics and prepares and disseminates health reports for the California Tribal Epidemiology Center.



KEY STAFF



Susan Dahl, MHA, is the Chief Compliance Officer. Ms. Dahl has an extensive background in health information management, privacy, and compliance. She provides training and technical assistance to member clinics in the areas of privacy, confidentiality, and compliance. She has worked for CRIHB since 1985 in a range of roles.



Daniel Domaguin, LCSW, is the Behavioral Health Manager. He provides evaluation and clinical services to CRIHB members and works closely with behavioral health staff, ensuring services are meeting the needs of clients and are in accordance with professional practices and legal requirements. He also oversees suicide prevention, teen pregnancy, and substance abuse programs within CRIHB.



Al Hernandez-Santana, JD, is the Associate Health Policy Analyst. He has experience working with the state association of community health centers and rural health clinics. Al works with the CEO to increase affordable, quality health care through research, advocacy, education, and coalition building.



Dr. Thomas Kim, MD, MPH, is an Internal Medicine physician and Medical Director for CRIHB. He served as an IHS physician and CDC epidemiologist before coming to CRIHB. His functions as a public health officer includes health surveillance, research projects, Patient Centered Medical Home practice facilitation, and Telehealth.

Dr. Mark LeBeau, PhD., is the CEO of CRIHB. His role is to plan, organize, direct, and control the services of CRIHB and to coordinate the activities of the staff with tribes and clinics. Mark is responsible for establishing the objectives and procedures under which CRIHB operates. He is a citizen of the Pit River Nation and has worked for CRIHB since 1999.



Antoinette Medina, MPA, is the Operations Manager. She oversees a range of administrative functions as well as coordinating and planning Tribal Government Consultation Committee activities. She has extensive training experience with Tribal leaders and Tribal clinics. She is an enrolled member of the Gabrielino-Tongva Nation.



Ron Moody, MPA, is the Chief Financial Officer and has worked 30 years in Non-Profit, For-Profit, Governmental Accounting, and Auditing. Before joining CRIHB in 2013, he served with the California Area Office Indian Health Service where he was responsible for developing a plan for distributing funds to the Tribal Health Programs.



Kerry Gragg, BS, is a Facilities Engineer. He provides assistance with maintenance and management of health care facilities and other related physical plant facilities and equipment needs. He has over 20 years of experience in technical management for building projects from preliminary planning through design, construction, and checkout stages.



KEY STAFF



Alana Perez-White, BS, is the Planner/Grant Writer at CRIHB. She has a wide array of grant seeking experience working with Federal, foundation, and local government agencies. Alana also has experience in program evaluation and grant administration. She provides both training and technical assistance to full members in the areas of program development, grant writing, strategic planning, and grants management.



Marilyn Pollard, MPA, is the Chief Operations Officer. She provides direction to three Departments: Health Systems Development, Research and Public Health, and Tribal Child Development. She supervises all Operations staff and provides strategic planning technical assistance and Tribal Governance Training. She is an enrolled member of Round Valley and has been with CRIHB since 1995.



Eva-Marie Del Puerto is the Dental Support Center Coordinator and is responsible for planning, developing, and administering activities of the center. She oversees program activities including dental education, training development, and evaluation activities. She also networks and coordinates services with agencies associated with dental related issues including Tribes and local lead agencies.



Sunny Stevenson, JD, is CRIHB's Policy Analyst and has a degree in Advocacy. She analyzes health related policies, legislation, regulations and their impact on Tribal Health Programs in California. Sunny works closely with the CEO for the advancement of the CRIHB legislative and policy agendas. Sunny is an enrolled member of the Walker River Paiute Tribe.

Koe-Soes Vigil, BS, is CRIHB's Tribal Medicare Administrative Activities (TMAA)/ Targeted Case Management Coordinator. As the TMAA Coordinator, she is responsible for organizing records and submitting claims to the state for all 20 TMAA participants. She is Hupa/Yurok and has been with CRIHB for more than 15 years.



Matthew Waggoner, SPHR, is the Human Resources Director and holds a degree in Business Administration with an emphasis on human resources, organizational development, employee engagement and employment law. He has 25 years in operations management, 10 of them in human resources management and training.



Maureen Wimsatt, PhD, MSW, is the Epidemiology Manager for the California Tribal Epidemiology Center. She provides leadership and coordination of research and epidemiologic activities including analysis of health statistics and health reports. She also serves as a professional research consultant to Tribal organizations and communities. She joined CRIHB in 2015.



Jennifer Yniguez, BA, is the Communications Specialist and holds a degree in English. She oversees internal and external communications including CRIHB's website, intranet, and social media. Jennifer also designs, develops, and edits content for publications and news releases, while providing in-put for marketing communications and outreach plans for the organization.



SERVING TRIBAL COMMUNITIES

Full Member Clinics & Satellites:

Tribes Served by Clinics:

Associate Member Clinics & Satellites:

Tribes Served by Associate Member Clinics:

Mathiesen Memorial Health Clinic

Chicken Ranch Rancheria

Pit River Health Services

Pit River Tribe

--XL Ranch Health Station (Satellite)

Sonoma County Indian Health Project

Cloverdale Rancheria
 Dry Creek Rancheria
 Graton Rancheria
 Lytton Rancheria
 Manchester-Point Arena Rancheria
 Stewarts Point Rancheria

--Manchester/Point Arena Clinic (Satellite)

Toiyabe Indian Health Project

Benton Paiute Tribe
 Big Pine Paiute Tribe
 Bishop Paiute Tribe
 Bridgeport Indian Colony
 Timbisha Shoshone Tribe
 Fort Independence Reservation
 Lone Pine Paiute-Shoshone Tribe

--Coleville Clinic (Satellite)

--Lone Pine Clinic (Satellite)

Tule River Indian Health Center

Tule River Tribe

United Indian Health Services

Bear River Band (Rohnerville)
 Big Lagoon Rancheria
 Blue Lake Rancheria
 Elk Valley Rancheria
 Resighini Rancheria
 Tolowa Dee-ni' Nation
 Cher-Ae Heights Indian Community (Trinidad)
 Yurok Tribe
 Wiyot Tribe

--Fortuna Health Center (Satellite)

--Gho' Mun' Dun Dental Clinic (Satellite)

--Hop'ew Puel Health Clinic (Satellite)

--Potawot Health Village (Satellite)

--Taa-'At-Dvn Medical Clinic (Satellite)

--Weitchpec Health Clinic (Satellite)

Warner Mountain Indian Health Program

Fort Bidwell Reservation

Chapa-De Indian Health Program

--Grass Valley Clinic (Satellite)

Feather River Tribal Health

--Yuba City Clinic (Satellite)

Greenville Rancheria Tribal Health Program

--Greenville Rancheria Dental (Satellite)

--Red Bluff Clinic (Satellite)

Karuk Tribal Health Program

--Yreka Medical & Dental Offices

(Satellite)

--Orleans Medical Offices (Satellite)

Redding Rancheria Tribal Health Clinic

United Auburn Indian Community

Berry Creek Rancheria, Enterprise Rancheria & Mooretown Rancheria

Greenville Rancheria

Karuk Tribe

Redding Rancheria





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4400 AUBURN BLVD, SECOND FLOOR, SACRAMENTO, CALIFORNIA 95841 // 916.929.9761 // CRIHB.ORG