



Tribal Health ADVISOR

CRIHB

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U. S. Department of Health & Human Services 19th Annual Tribal Budget and Policy Consultation

The U.S. Department of Health & Human Services (HHS) hosted their 19th Annual Tribal Budget and Policy Consultation on March 29-30, in Washington, DC. The California Rural Indian Health Board, Inc. (CRIHB) prepared discussion documents and set up meetings with eight HHS agencies to communicate the top concerns of Tribes and Tribal clinics. The HHS agencies included the Indian Health Service (IHS), Centers for Disease Control (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid Services (CMS), Administration for Children and Families (ACF), Administration for Community Living (ACL), Health Resources and Services Administration (HRSA), and National Institutes of Health (NIH). Those who attended the meetings included Dr. Mark LeBeau, CRIHB Chief Executive Officer; Lauri Hayward, Louise Davis, and Denise Winn Wright, members of the Pit River Health Services Board of Directors.

During the meetings with HHS agencies, CRIHB and Tribal representatives discussed ongoing issues concerning the health and wellbeing of American Indians and Alaska Natives (AIANs) and proposed methods on how to improve those issues through expanded funding and services. The group consulted with IHS Headquarters regarding the lack of funding for the CA IHS Area; the Center for Medicaid/Medicare Services on managed care, reimbursement, estate recovery, and other issues; the Administration for Community Living on funding the Preventing Elders from Falling program and the Senior Nutrition program; and other agencies. The last meeting was with key HHS officials, including the new HHS Secretary, Tom Price. Dr. LeBeau and Lauri Hayward, CRIHB Board Member and Pit River Health Services Board Chair provided a statement addressing the vital partnership between HHS agencies and Tribes and Tribal clinics and the need to continue working together in order to enhance the health status of AIANs.

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Representatives from Pit River Health Services and Dr. LeBeau with IHS Officials

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Board of Directors

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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, Jr.
Pit River Health Services, Inc.

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

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

Richard Button & Rick Maddux
Toiyabe Indian Health Project, Inc.

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

Denise Padgette & Lawanda Quinnell
United Indian Health Services, Inc.

Helen Jean Jaramillo & Cecilia Townsend
Warner Mountain Indian Health Program

* Directors to be determined
Chapa-De Indian Health Program, Inc.

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Marilyn Pollard - Chief Operations Officer
Ron Moody - Chief Financial Officer
Susan Dahl - Chief Compliance Officer
Rosario Arreola Pro - Health Systems Development
Director
Ann Bonnitto - Tribal Child Development Director
Vanesscia Cresci - Research & Public Health Director
Matthew Waggoner - Human Resources Director
Dr. Thomas Kim - Medical Epidemiologist/Director of
Medical Services

HHS 19th Annual Consultation (cont.)

The proposed 2018 HHS budget reduction is \$15 billion, which includes funding cuts to health professions and nursing training programs, National Institutes of Health, the Office of Community Services, the Low Income Home Energy Assistance Program, and other services. However, the budget would fund emergency response services for public health outbreaks; suicide prevention, serious mental illness, and children's mental health.

Overall, the 19th Annual HHS Consultation was especially productive, as it gave Tribal and Tribal Clinic representatives an opportunity to meet with HHS agencies to discuss the need for crucial Indian health services; all of the agencies agreed to stay in communication with CRIHB and Tribal representatives.

The next HHS Tribal Consultation Meeting will be held on May 15-17 in Las Vegas, NV. CRIHB will provide discussion documents and other advocacy documents for this meeting.



Dr. LeBeau with Lauri Hayward and Louise Davis



Lauri Hayward speaking with U.S. HHS Secretary Tom Price

Legislative Report

On the April 28th deadline to avoid a government shutdown, the House and Senate voted to pass another short-term spending bill (or “continuing resolution”) to fund the government for one more week. In a Republican effort to repeal and replace the Affordable Care Act (ACA), the American Health Care Act was introduced but a formal vote by the House of Representatives was held back and never occurred. Republicans are now trying to come to a consensus within their party on what provisions of an ACA replacement must look like. On March 16th, the President and his Office of Management and Budget released his 2018 budget blueprint, entitled “America First: A Budget Blueprint to Make America Great Again.” The President’s 2018 Budget Blueprint will be followed by the President’s full budget request later this spring. The full budget will include much more detail. The Budget requests \$69 billion for the Department of Health and Human Services (HHS), a 17.9 percent decrease from the 2017 Continuing Resolution amount. The budget specifically lists the Indian Health Services (IHS) as one of the highest priorities of HHS, along with community health centers, acknowledging that the “direct health care services” IHS delivers are “critical health care services to low-income and vulnerable populations.”

The Special Diabetes Program for Indians (SDPI) is now in its 20th year of saving lives. The current authorization for SDPI ends September 30th, so swift Congressional action is needed for continuity in staffing, medical supplies, prevention and education services, and other diabetes related treatment efforts provided by the SDPI. The SDPI Reauthorization Act of 2017 (S.747) would provide a longer renewal than ever before (7 years) and annual increases based on medical inflation. On March 29th, the Senate Committee on Indian Affairs passed S. 304, the Tribal Veterans Health Care Enhancement Act, which amends the Indian Health Care Improvement Act to allow IHS to cover copayments for Indian veterans who have an IHS referral to receive medical care or services from a Department of Veterans Affairs facility. Since 1990, the Government Accountability Office (GAO) has been reporting on the status of progress addressing high-risk areas and has updated the High-Risk List. In February 2017, the GAO updated its High-Risk List to include the area of “Management of Federal Programs That Serve Tribes and Their Members.”

Share Your Story: The Affordable Care Act Works

Lawmakers want the Tribal perspective on the Affordable Care Act (ACA). Do you have a personal story to share about how the ACA positively impacted your life? Provisions in the ACA have provided critical third-party revenue, legal authorities, and life-saving programs. Ask yourself:

- Did you buy insurance on Covered California?
- Did your Tribal Health Program (THP) collect reimbursements for Medicare Part B services?
- Did your THP conduct eligibility determinations and facilitate enrollment for Indians in Medi-Cal or Children's Health Insurance Program (CHIP)?
- Did your THP seek reimbursement from private insurance or any federal, state, or local program, thereby saving scarce Indian health care resources that could be utilized to provide additional health care services?
- Did your Tribe purchase insurance for Tribal members? The ACA resolved a longstanding dispute Tribes had with the Internal Revenue Service over whether the provision of health care services, including the purchase of insurance for Tribal members, should be included as gross income for that Tribal member.

If you answered “yes”, to any of the above questions, you have a personal ACA story. CRIHB is partnering with Congressional staff to gather ACA stories. Lend your voice to the conversation! Please email your ACA story to Sunny Stevenson, CRIHB Health Policy Analyst, at sstevenson@crihb.org.



share your story.

Covered California Tribal Advisory Workgroup

On May 1, 2017, the first meeting of a reconstituted Tribal Advisory Workgroup (TAW) for Covered California took place. Covered California staff for External Affairs reached out to all members of the old TAW and sought new nominations to fill vacant spots from each region in the state. CRIHB Board members Vickey Macias from Cloverdale Rancheria and Andrea Cazares-Diego from Greenville Rancheria Tribal Health Center were reappointed and joined the meeting in person. Some regions remain without representation and CRIHB encourages its members and other colleagues to apply. Some of the vacant slots are: Tribal Leadership from the Central East Region, a Tribal Health Program representative from the Southern Region, plus a member from a Tribe non-indigenous to California. If you know of someone who may be interested, please contact Wayne Lucero, Covered California Tribal Liaison, at (916) 228-8669 or Waynee.Lucero@covered.ca.gov.

Covered California recently released a new study by PricewaterhouseCoopers analysing significant premium increases and drops in coverage if changes are made to existing federal policies. California's premiums could rise by 49 percent if the individual mandate or penalty is not enforced and if the health plan premium subsidies are no longer funded by the federal government and directly paid to insurance carriers. Up to 340,000 consumers could lose individual health coverage under that scenario. Peter Lee, Executive Director of Covered California, urged the federal government to provide clarity on these issues as soon as possible, since health plans finalized new rates this week and need to be locked down by June 15, 2017, for the coming fiscal year.

CRIHB Advocacy Update

Assembly Bill 839: AB 839 (Garcia/Levine), sponsored by CRIHB, passed unanimously out of the Assembly Health Committee on a 15-0 vote. The next step is the Assembly Appropriations Committee scheduled for May 10. This bill would allow 50 percent Federal Medical Assistance Percentages reimbursement for targeted case management (TCM) provided by Tribal organizations, which include the following services:

referrals and related activities, development of a service plan, periodic reassessment, and follow-up activities. Tailored for the Medi-Cal program, TCM consists of five target populations such as medically fragile, children, at risk of institutionalization, at jeopardy of negative psycho-social outcomes, and communicable diseases.

State Budget: CRIHB advocates for increased funding to the Indian Health Clinic behavioral health program for substance use treatment among CalWORKs and Tribal TANF patients. Currently funded at \$1.9 million in small grants to 36 clinics in the state, CRIHB is seeking an increase from \$1.1 to \$1.5 million. The Senate Budget Subcommittee No. 3 on Health & Human Services, agreed to include this item in their agenda for discussion in front of the full Joint Budget Committee.

Ramping up HIV prevention in California Indian Country

Project PaTHwAY (Preventing and Treating HIV with American Indian Youth) is preparing to implement Community PROMISE (Peers Reaching Out and Modeling Intervention Strategies), an evidence-based HIV prevention program, with Tribal youth ages 13-24. Project PaTHwAY is a Substance Abuse and Mental Health Services Administration (SAMHSA)-funded initiative that began last year with Phase I grants to Tribal Health Programs and Tribal organizations, with grantees completing needs assessments and strategic plans to community readiness for HIV education and prevention. Programs that completed Phase I were eligible to send staff to a Community PROMISE training, provided by the Asian & Pacific Islander Wellness Center and hosted by the Asian & Pacific Islander Health Forum in Oakland, CA. Staff from CRIHB, Toiyabe Indian Health Project, and Warner Mountain Indian Health Program attended the training and learned how to adapt Community PROMISE for their communities. The application for Phase II was released in April, and will focus on communities implementing Community PROMISE through the recruitment and training of peer advocates: youth leaders who will educate about HIV/AIDS, hepatitis, and substance use.

Ramping Up HIV Prevention (cont.)

The PaTHwAY team traveled to Albuquerque, New Mexico for the 13th Annual Circle of Harmony HIV/AIDS Wellness Conference, where uncertainty about curbing the epidemic was discussed due to cuts in funding to not only HIV prevention, but healthcare in general at the federal level. Representatives from American Indian and Alaska Native (AIAN) programs from across the country expressed concern over the slashes in funding, but also noted the importance of unity in advocating for funds as well as policies and data to support continued HIV prevention in Indian Country.

The PaTHwAY team will work towards developing partnerships with offices and agencies to ensure continued care for AIAN living with and at risk for contracting HIV, as well as continue educating about the links between HIV/AIDS, viral hepatitis, and substance use. CRIHB member Tribal Health Programs and Tribal organizations interested in applying for Project PaTHwAY funding can contact Rebecca Root, Project Coordinator, at rroot@crihb.org.



CRIHB staff, Daniel Domaguin and Rebecca Root

ACORNS Resource Sharing Meeting

CRIHB's Research and Public Health Department is managing a 5-year Centers for Disease Control and Prevention (CDC) funded grant focused on implementing policies, systems, and environmental changes for chronic disease prevention and management in Indian Country, also known as ACORNS (Advancing California Opportunities to Renew Native health Systems). CRIHB sub-grants this money out to 27 different Tribes and Tribal Health Programs (THPs). This is the first time this type of funding has been provided to Tribes and THPs; therefore, it is a unique opportunity for subcontractors to not only implement sustainable community wide strategies, but to also inform future Native communities on best practices for this type of work. On April 25-26, 2017, the ACORNS team invited all of these subcontractors, for the first time ever, to participate in a resource sharing meeting. Of the 27 subcontractors invited, 21 representatives were able to attend.

The primary objective of this meeting was to increase collaboration and resource sharing among subcontractors. CRIHB invited all subcontractors to present on their programs, of which six presented. In addition, two representatives from the California Department of Public Health, and Chronic Disease Control Division came to present as keynotes. Participants were given opportunities to network, share ideas, and gain motivation related to their projects. In addition, attendees were able to contribute to forming a formal Community of Practice among themselves, which will carry out beyond the conference.



CRIHB ACORNS Team with Group of Subcontractors

Grand Opening of Three Tribal Health Clinics in California

After substantial planning and countless hours of work implementing the plans, three Tribal health clinics in California have been opened over the last several months. They include Toiyabe Indian Health Project in Bishop, United Indian Health Services Howonquet clinic in Del Norte County, and the Yurok Tribe Kenek Administration Building in Weitchpec. These facilities will positively impact the health and wellbeing of Tribal and other patients who will utilize the services. The Bishop Tribe provided land for the Toiyabe Indian Health Project on which to build their clinic, and the Tolowa Dee-ni' Nation also provided space for the United Indian Health Services to operate the Howonquet clinic.

The California Rural Indian Health Board (CRIHB) was truly honored to work closely with the leadership of the United Indian Health Services, Toiyabe Indian Health Project, and Yurok Tribe in this critically important healthcare work.



Toiyabe Clinic Ribbon Cutting Ceremony



Yurok Council at the Kenek Building Grand Opening



Sherri Provolt at the UIHS Howonquet Clinic Grand Opening

While the successful completion of the construction phase is cause enough for celebration — and it is a great success — the full significance of what these clinics represent extends far beyond the buildings. The impact of these clinics will reverberate across the region, through the generations of Tribal people, including those yet to be born, and across Indian Country. They are outstanding examples of what can be accomplished when people and organizations are dedicated to completing targeted goals and willing to work together to achieve them. These clinics will serve as key centers and homes to bring the health and wellbeing services needed by the Tribes, communities, and patients in these regions.

The clinics stand as proof of all the time and effort dedicated by individuals who supported the construction projects and worked tirelessly to ensure that patients have access to quality health services. To the many people who supported and worked on these projects, a simple "thank you" can hardly express the appreciation you deserve as your countless efforts will have a positive impact that extends far into the future. We honor your contributions, including the leadership of the Tribes and Tribal clinics.

Access to quality healthcare is an important building block that helps Tribes, communities, and patients prosper and grow. Without doubt, these clinics will help improve the health and wellbeing of the Tribes and communities they serve for generations.

CRIHB congratulates the United Indian Health Services, Toiyabe Indian Health Project, and Yurok Tribe for accomplishing these goals and striving to improve the health of Tribal people. In this work, know that CRIHB stands with you.



Dr. LeBeau at the Howonquet Clinic Grand Opening



Guests at the Toiyabe Clinic Grand Opening



Dr. LeBeau Speaking at the Toiyabe Clinic Grand Opening



Deborah Kawkeka with Attendees of the Kenek Grand Opening

Kenek Administration Building Open House

The Yurok Tribe hosted the Grand Opening of the Kenek Administration Building in Weitchpec on April 20, 2017, with the theme of “Neekee too’m hey-we-choh: Together We Heal.” Javier Kinney, Self-Governance Director, presented a welcoming address. He acknowledged key staff and community members who brought the State of Emergency to the attention of the Tribal Council, United Indian Health Services (UIHS), CRIHB, California Area Indian Health Service (IHS), and the State of California, as well as local and county agencies. Thomas O’Rourke, Yurok Tribal Chairman, spoke about the process from the State of Emergency declaration to the present state of affairs and future plans.

Deborah Kawkeka, CRIHB Training Coordinator, spoke about accomplishments with CRIHB’s support of policy development and suicide awareness and prevention. Sherri Provolt, UIHS CEO, talked about the extended social services and mental health support provided to the Weitchpec area. Edwin Fluette, Director, Office Environmental Health/Engineering at IHS, came forward to congratulate the Yurok Tribe on completion of the new building with IHS funds. IHS also two new vehicles for the Tribe.

Everyone was invited to enjoy the delicious community lunch of soup, bread, fruit, and dessert cups prepared by the youth group.



Kenek Building Grand Opening in Weitchpec

Strategic Planning For Tribal Organizations

A strategic plan starts with a clearly defined mission and creates the means by which an organization will attain this mission. Taking the time and effort to develop strategy is critical to the long-term success and health of a Tribe or organization.

Strategic planning takes time and the commitment of the health board and key clinic leadership. Planning on this level will set direction and priorities for the next five years, ensuring that all staff are on the same page. Strategic plans simplifies decision-making, and it communicates to staff and the communities they serve the organizational goals and plans for achieving those goals.

Strategic planning is a goal-oriented process. In order for an organization to set goals, an environmental scan is essential to providing an understanding of an organization's internal and external environments. This information is gathered through a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. Each health program's methodology varied when conducting their community's brainstorming sessions. The process is flexible, and can be individualized to fit your needs.

“In 2017 we will be moving into our new 16 million dollar facility, bringing all of our services, except our dialysis unit, under one roof. It is through the development of this new plan and associated projects that we aim to build on these past successes. It will guide our path forward, clarifying our mission and vision while embracing our culture, goals, and strategies.” – David Lent, Chief Executive Officer, Toiyabe Indian Health Project, Inc.

Beginning in early 2016, CRIHB member Tribal Health Programs – Toiyabe Indian Health Project, Pit River Health Services, Inc., and Tule River Indian Health Center each began the strategic planning process with a strong mission and each created robust five year strategic plans for their organization. While the planning process is the same, each program integrates their unique communities, locale, and clinic operations to individualize the approach. Inclusion of a diverse range of stakeholders ensures that voices throughout the community are heard and involved in all phases of strategic planning.

“The development of the plan has been in the making for many months and included a wide variety of input from the Pit River community, clinic staff, Health Board, and Tribal Council. We are excited to provide this document as a roadmap to be used for Pit River Health Service over the next five years.” - Glenna Moore, Executive Director, Pit River Health Service

Strategies are developed from similar themes acquired during the SWOT analysis. The CRIHB strategic planning team met with the health boards and a few executive leadership staff to identify four-six key strategies. For example, one program's strategy is to “Increase access to behavioral/mental health services.” A second session is then needed to identify activities for each strategy: “Develop partnerships with outside agencies and organizations to expand or enhance services.” Final steps in the strategic planning process is for each organization to develop their individualized “road map” for achieving their strategic direction for the first year and identify staff responsible for implementing and monitoring activities. Second year and beyond plans are identified through yearly reviews.



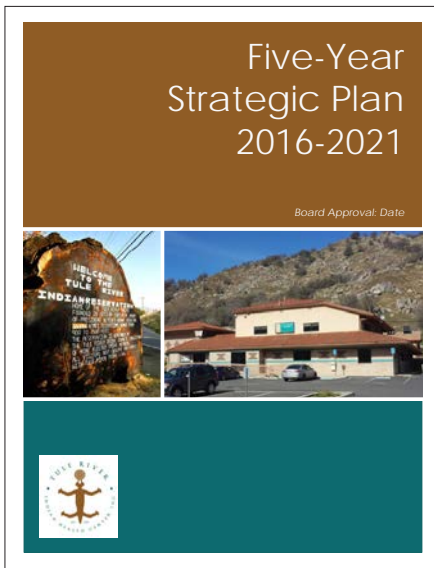
Toiyabe CEO David Lent with CRIHB Strategic Planning Team



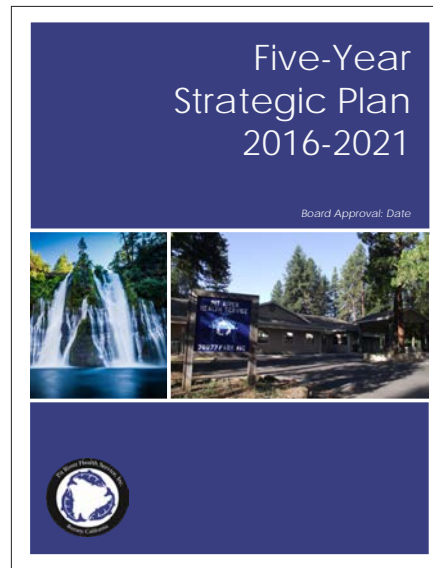
Pit River Health Services Strategic Planning

CRIHB recommends reviewing your plan yearly, at a minimum. This enables clinics to adjust their plans as needed to achieve planned goals or to review and revise those goals in the event of new priorities. Reviewing and assessing goals to evaluate success/failure is integral. Constant re-prioritizing keeps decisions fluid and dynamic, and versatility and adaptability are key to successful strategic execution. CRIHB's strategic planning team is available to assist in every step of this cycle.

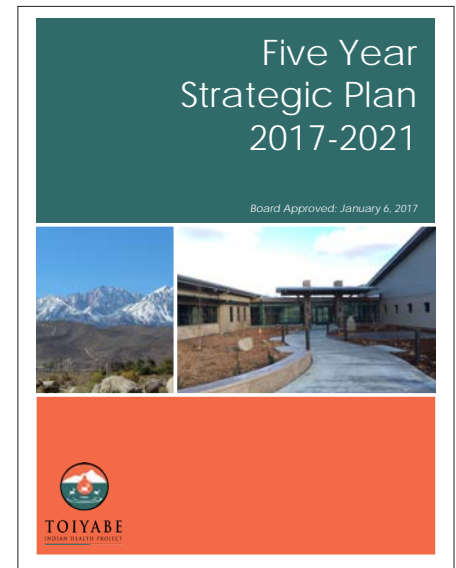
“The strategies presented, along with their associated goals, ensure that we will move closer toward accomplishing our mission to provide the highest quality healthcare services to our patients making all possible efforts to raise the standards of healthcare for our Tribal members and others we serve over the next five years.” - Zahid Sheikh, Chief Executive Officer, Tule River Indian Health Center



Tule River Indian Health Center



Pit River Health Services



Toiyabe Indian Health Project

CRIHB's strategic planning team developed a phased planning methodology tailored for Tribal organizations:

First steps - Gaining Buy-in: What approach should we take?

Commitment from senior management to take the time needed to develop and execute the plan. Who will be involved (community, Tribal Council, staff), logistics (locations, number of sessions). Review current mission and/or vision statements for the organization. Determine the timeframe and process that best suits organizational needs.

Phase I - Assessment: Where are we now?

Situation assessment. SWOT analysis is completed. CRIHB staff will analyze all SWOT data and prepare a report of findings.

Phase II - Strategic Planning Sessions: Where do we want to be? How will we get there?

CRIHB's team meet with Health Board and key leadership to set the strategic direction of the organization which includes defining goals and activities under each goal.

Phase III – Developing Draft Plan: Documents requested

Pictures, historical documents, organizational charts, etc. requested for the THP. Drafts are submitted for review to the Director and Board of Directors. Presentation of final plan to Board/staff for approval.

Please call Marilyn Pollard, Chief Operations Officer for more information or to begin your strategic planning process. MPollard@crihb.org, 916.929.9761 ext. 2000

CRIHB Welcomes Edgar Garcia



Edgar Garcia is CRIHB's Contracts Administrator. He was born and raised in Mexico City. When he was 12 years old, he migrated to the United States and studied at Point University in Atlanta, Georgia. Edgar has a Bachelor of Science in Organizational Leadership, life coach certification, and a Federal Contracting Certification FAC-C level 1. He has 10 years of experience in management and operations, as well as contract administration with the federal government. He enjoys reading, as well as spending time with his family.

CRIHB Welcomes Cheri Mitchell



Cheri is the ACORNS Project Coordinator at CRIHB. She has previously worked in Lima, Ohio as the Project Director for multiple grants at the Centers for Disease Control and Prevention, including Partnerships to Improve Community Health and the Small Communities Transformation Grant. Cheri has also co-authored four articles that focus on the relationship between inter-pregnancy body mass index change and adverse pregnancy outcomes. Cheri earned her Masters degree in Public Health from the University of South Florida and earned her Bachelor of Science degree in Biological Sciences from Florida International University.

Save The Date!



The 14th Biennial
**Board of Directors, Tribal Governments Consultation Committee,
and Clinic Program Directors Meeting**

July 17-20, 2017
Canyonville, Oregon



**37th Annual
Traditional Indian
Health Gathering**

May 19-21, 2017
Indian Grinding Rock
State Historic Park



2017 Calendar of Events

May 12	National Indian Day
May 15-18	Dental Support Center Continuing Education Conference
May 19-21	37th Annual Traditional Indian Health Gathering
May 22-25	Indian Health Service Best Practices Conference
May 29	Memorial Day Holiday
June 5-7	Alcohol Counselor Certification Training (Stress Management)
June 8-9	Alcohol Counselor Certification Training (Bloodborne & Airborne Pathogens)
June 20-22	11th Annual Tribal Health NextGen Consortium Conference
June 21-22	CRIHB Wellness Conference
June TBD	Finance Committee Meeting
July 4	Independence Day Holiday
July 17-20	14th Biennial Joint Meeting & Youth Conference
August 3	Alcohol Counselor Certification (Law & Ethics)
August 4	Alcohol Counselor Certification (Culturally Competent Treatment Practices)
August 7-11	Professional Medical Coding Course Orientation
August 8-10	Head Start Pre-Service Training
September 4	Labor Day Holiday
September TBD	Finance Committee Meeting
September 22	California Indian Day
October 19-21	48th Annual Board of Directors & Tribal Leaders Meeting
November 10	Veteran's Day Holiday
November 23-24	Thanksgiving Holiday
December 11-15	Professional Medical Coding Course Review Week & California Primary Care National Exam
December 25	Christmas Day



CRIHB CEO, Dr. LeBeau, with CRIHB Board of Directors



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