



CRIHB

Tribal Health ADVISOR

January 2017 Volume 49, No. 1

Inside This Issue:

Impact on Tribal Health.....Pg. 1
Legislative Report.....Pg. 2
Reno Keoni Franklin.....Pg. 3
Medi-Cal Estate Recovery.....Pg. 4
Future of Tribal Public Health.....Pg. 5
MACRA.....Pg. 6
CJS Regional Meeting.....Pg. 7
2017 January Meeting.....Pg. 8
Community Needs Assessment.....Pg. 10
Alcohol Counselor Training.....Pg. 10
New CRIHB Staff.....Pg. 11
Save the Dates.....Pg. 12
2017 Events Calendar.....Pg. 15

The Impact of Presidential Appointees on Tribal Health



The United States (U.S.) Constitution places the authority for nominating and confirming the highest positions in the federal government with the President and the Senate. The Appointments Clause provides that,

[The President] shall nominate, and by and with the Advice and Consent of the Senate, shall appoint Ambassadors, other public Ministers and Consuls,

Judges of the supreme Court, and all other Officers of the United States, whose Appointments are not herein otherwise provided for, and which shall be established by Law.

In general, the nominating and confirming process can be divided into three steps: 1) the White House identifies and selects a candidate to nominate; 2) the Senate, often through its committees, reviews and determines whether to confirm that nomination; and 3) the confirmed nominee is sworn into office and is then responsible for carrying out the duties of the office.

The Officers of the U.S., in particular, the Secretaries of Health and Human Services (HHS), Interior, Housing and Urban Development, Education, and other conferees, all have a duty to work with Indian Country. It is extremely important these Officers and their staff members understand the unique government-to-government relationship that exists between the federal government and Tribes and, in particular, that it is founded in the Constitution, Treaties, and other federal issuances. Congress and the White House must be supportive in this type of engagement and work with Tribes. The Constitution and federal decisions created the venue and obligation that the federal government fully engage with Tribes in a meaningful and respectful manner.

President Trump has nominated the following candidates for the offices noted above: Dr. Thomas Price, of Georgia, as Secretary of HHS; Ryan Zinke, of Montana, as Secretary of the Interior; Dr. Benjamin Carson, Sr., of Florida, as Secretary of Housing and Urban Development; and Elisabeth Prince DeVos, of Michigan, as Secretary of Education. Each of these offices oversee many divisions, agencies, and programs that deeply impact Tribes.

For example, the HHS Secretary oversees the Indian Health Service, Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, Center for Faith-Based and Neighborhood Partnerships, Administration for Children and Families, (*continued on page 2*)

4400 Auburn Blvd., 2nd Floor
Sacramento, Ca 95841

Phone: (916) 929-9761
Fax: (916) 929- 7246

www.crihb.org

California Rural Indian Health Board, Inc.

Board of Directors

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

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

Archie Super & Michael Thom
Karuk Tribal Health Program

Clois Erwin & Marcus Blind
Mathiesen Memorial Health Clinic

Lauri Hayward & Mickey Gemmill, Jr.
Pit River Health Services, Inc.

Michelle Hayward & Tony Hayward
Redding Rancheria Tribal Health Center

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

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

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

Laura Borden & Ruby Rollings
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.

Management Staff

Dr. Mark LeBeau - Chief Executive Officer
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

The Impact on Tribal Health (cont.)

Administration for Community Living, Health Resources and Services Administration, National Institutes of Health, and the Office of the National Coordinator for Health Information Technology. The program decisions, implementations, or cuts directly affect Tribes, Tribal Health Programs, American Indian patients, families, and stakeholders. It is imperative that federal agencies, Congress, and the White House work closely with Tribal stakeholders to ensure that decisions are not made in a vacuum, which would go against the principles of Tribal Consultation.

On February 1, 2017, the Senate Finance Committee utilized a Parliamentary-approved rule change to vote on the nomination of an orthopaedic surgeon, Dr. Tom Price for HHS Secretary. On February 10, 2017, the Senate voted 52-47 to approve Dr. Price. He will oversee HHS, which has an annual budget of more than \$1 trillion. "Having Dr. Tom Price at the helm of HHS gives us a committed ally in our work to repeal and replace Obamacare," said U.S. House Speaker Paul Ryan. There are currently 52 Republican, 46 Democratic, and 2 Independent Senators.

Tribes, Tribal Health Programs, California Rural Indian Health Board (CRIHB), and other Tribal health organizations are working closely together to educate Congressional representatives on the government-to-government relationship and the needs of the Tribal healthcare system in California. One of our key goals is to have the lawmakers assist in selecting an HHS Secretary who will enhance support for the Tribal healthcare system. CRIHB is addressing this using a number of methods, including: 1) arranging meetings for Tribes with federal lawmakers and Congressional staff in their District offices, and 2) scheduling legislative visits for the 2017 CRIHB March on Washington advocacy event, to be held May 22 -26, 2017 in Washington, DC.

It is critical that our Tribal leaders continue to engage in a government-to-government relationship with the new Administration. It is imperative that our voices be heard so that the new Administration uphold and protect the many laws and treaties that impact the health and well-being of Indian people.

CRIHB's 2017 Legislative Report

The top 5 federal priorities as voted upon by attendees of the October CRIHB 47th Annual meeting are as follows: 1) Indian Health Services (IHS) Appropriations; 2) Special Diabetes Program for Indians (SDPI) funding; 3) Mental Health/Substance Abuse programs; 4) Affordable Care Act (ACA)/Indian Health Care Improvement Act (IHCA) definition of American Indian; and 5) Medicaid/Medicare Policy.

The top 5 state priorities are as follows: 1) Restore the \$6.4 million Indian Health Program; 2) Increase CalWORKs substance abuse program funding; 3) Advocate for Tribal Health Programs before the government; 4) Reduce mental health disparities; and 5) Bring Dental Health Aide Therapy to California Tribes.

Near the end of 2016, Congress passed a continuing resolution that will fund most federal agencies until March 31, 2017. IHS will maintain funding at the current level until Congress can come to an agreement on a long-term funding bill. The first day of the new 115th Congress was January 3, 2017. Congress has already started the process to repeal the ACA. There are several Indian healthcare-specific sections in the ACA that are important to maintain, including section 2901 which defines Indian Health Service (IHS) as the payor of last resort, section 2902 that continues the ability of IHS to collect reimbursements for certain services from Medicare Part B, and section 9021 that makes the value of health benefits provided by a Tribe to its members be non-taxable income.

President Trump's Native American Coalition is chaired by U.S. Representative Markwayne Mullin (Cherokee) from Oklahoma. The Coalition seeks to introduce legislation to privatize Tribal land on a proposed path to deregulated drilling. Legislation relevant to Tribal health concerns has already been introduced in the new session, including bills regarding energy development, an amendment to the Indian Self-Determination and Education Assistance Act, advance appropriations for the IHS, and exemption for Indian programs from sequestration. IHS will begin the process of developing a formal policy and implementation plan to create a national IHS Community Health Aide Program (CHAP), including the use of Dental Health Aide Therapists (DHATs), under the provisions outlined in the Indian Health Care Improvement Act. IHS recently signed an interagency agreement with the U.S. Department of Veterans Affairs (VA) authorizing the IHS to use the VA Veterans Health Administration's Consolidated Mail Outpatient Pharmacy (CMOP). In late 2016, the Centers for Medicare & Medicaid Services (CMS) released two information bulletins, one entitled *Strategies to Enroll American Indian and Alaska Native Families and Children in Medicaid and CHIP* and the other *Indian Provisions in the Final Medicaid and Children's Health Insurance Program Managed Care Regulations*. CRIHB submitted a half-dozen formal written comments to federal and state agencies between October 20 and December 13, 2016. Governor Jerry Brown disclosed his budget on January 10, 2017 (also called the January Budget), proposing reductions of \$3.2 billion. The total budget allocation for the CA Health and Human Services agency stands at \$154.3 billion, including support, local assistance, and capital outlays.

CRIHB has been working with National Indian Health Board to advocate Congress and the federal administration provide funding for Indian Country to prevent the Zika virus and treat those who have been infected. SDPI was authorized in 1997 to address the growing epidemic of diabetes in American Indian/Alaska Native communities. It is imperative that SDPI be reauthorized by Congress. It will expire on September 30, 2017 and we must use all advocacy tools at our disposal to ensure it is reauthorized.



Reno Keoni Franklin Appointed to Advisory Council on Historic Preservation

On December, 2016, the White House announced President Obama's Key Administration Posts, including Reno Keoni Franklin as member of the Advisory Council on Historic Preservation. Mr. Franklin is the Tribal Chairman of the Kashia Band of Pomo Indians, a position he has held since 2013, and Vice Chairman of the Sonoma County Indian Health Project, a position he has held since 2002. He served as Director of Government Relations for the Yochadehe Dehe Wintun Nation from 2009 to 2013 and as General Chairman of the National Association of Tribal Historic Preservation Officers from 2009 to 2011. Mr. Franklin served on the Department of Health and Human Services Tribal Advisory Committee from 2010 to 2011. He was Chairman of National Indian Health Board from 2009 to 2011 and Chairman of California Rural Indian Health Board from 2007 to 2011. Mr. Franklin received an Associates Degree from Santa Rosa Junior College.



Reno Keoni Franklin

California Medi-Cal Estate Recovery

The changes to the Medi-Cal Estate Recovery Program implemented by SB 833 (Hernandez) will enable more Medi-Cal recipients to leave an inheritance to their families without having to pay back the state on their death. Federal law requires the state to seek adjustment or recovery from an individual's estate for specified medical assistance, including nursing facility services regardless of age if the person was permanently institutionalized, home and community-based services, and related hospital and prescription drug services, if the individual was 55 years of age or older when he or she received the medical

assistance. State Medicaid programs are not permitted to recover any expenses from certain types of an American Indian/Alaska Native's (AI/AN) income, resources, or property, including trust and reservation land, ownership interests related to natural resources or items with unique religious, spiritual, traditional, or cultural significance.

SB 833 ensures that Medi-Cal recipients who passed away on or after January 1, 2017, claims by California Medi-Cal Estate Recovery will be reduced to what is minimally required under federal law. Federal law requires the state to seek adjustment or recovery from an individual's estate for specified medical assistance, including nursing facility services regardless of age if the person was permanently institutionalized, home and community-based services, and related hospital and prescription drug services, if the individual was 55 years of age or older when he or she received the medical assistance. Under SB 833, Medi-Cal will no longer be able to recover from the surviving spouse's estate with respect to Medi-Cal recipients who pass away on or after January 1, 2017. In addition, SB 833 will also provide the following benefits: Persons will be able to request an itemized bill each year listing the cost of the Medi-Cal services received (for a \$5 cost); Interest to be charged against the probate estate of deceased Medi-Cal recipient will be at a lower rate; and Homesteads of "Modest Means" will be exempt from Medi-Cal Estate Recovery.

Medicaid Estate Recovery is a potential barrier to enrollment in Medicaid. People may be hesitant to enroll in Medicaid because they own a home or property that they want to leave to their adult children when they pass away. Some AI/AN property types are protected against estate recovery. However, due to the federal responsibility for the health care of AI/AN population, CRIHB is seeking the broadest exemption for AI/ANs from estate recovery efforts, including the families having to pay back the state for providing nursing, home/community based services, and hospital and prescription services. CRIHB is working on both state and federal levels, including with the Centers for Medicare & Medicaid Services and the U.S. Department of Health and Human Services, to garner support to implement the exemption.

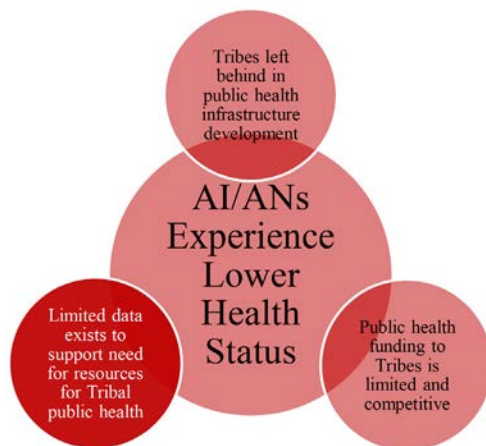
Informing the Future of Tribal Public Health

The National Indian Health Board (NIHB) through the Public Health in Indian Country Capacity Scan (PHICCS) will increase the knowledge of Tribal and federal health leaders and advocates through the creation and dissemination of a comprehensive profile of the public health system and infrastructure in Indian Country.

Addressing one of the three major public health problems leading to lower health status among American Indians/Alaska Natives (AI/AN), the scan will provide the necessary data to support the need for more resources going towards Tribal public health. *[see figure]*

The purpose of the scan is to provide a complete and accurate picture of services, disparities, and assets of public health in Indian Country. This data will be used to produce a comprehensive national profile on Tribal public health infrastructure as a final product. The final profile will be designed as a useful tool for Tribal Health Program Directors to steer Tribal strategic planning efforts, inform grant writing efforts, and supplement local Tribal health assessments. Key topical areas include public health financing, public health activities, and public health workforce.

The end goal is to educate and engage with Congress, the Centers for Disease Control and Prevention (CDC), funders, key decision and policy makers, and others on the public health needs of Indian Country ultimately leading to improved health and well-being for AI/AN. Participation of all Tribal Health Programs is critical. Tribal Health Program Directors can anticipate the questionnaire this spring.



If you would like additional information, contact Jamie Ishcomer at jishcomer@nihb.org or 202-507-4074.

Dakota Access Pipeline Update

On January 24, 2017 President Donald Trump signed a memorandum to expedite the Dakota Access pipeline (DAPL) from North Dakota to Illinois and resurrect the construction of the Keystone XL pipeline. In 2016, the Native American Rights Fund (NARF) committed to stand firm with the Standing Rock Sioux Tribe and the Cheyenne River Sioux Tribe in their efforts to halt construction of the DAPL under Lake Oahe. The recent announcements from the Oval Office have made it abundantly clear that this Administration will side with and protect the interests of "Big Oil" over the treaty-secured rights of Native people and the federal laws which protect the environment.

The Cheyenne River Sioux Tribe filed a lawsuit against the construction of the pipeline, but the U.S. District Court denied the Tribe's emergency request. As of February 16, The Standing Rock Sioux Tribe has filed a new lawsuit against the pipeline in hopes to temporarily stop the construction.

CRIHB members have vocally declared that the current Administration must not be allowed to ignore the treaty rights or health interests of Native peoples by exposing them to what could be a catastrophic pollution disaster on Native land. In November, nine members of the Tule River Tribe traveled to Standing Rock and provided two trailers full of supplies and other offerings to the water protectors who oppose DAPL. Donna Medrano emphasized how the incredible energy at the camp was a once in a lifetime experience.

To learn more about DAPL and take some action steps, visit the NARF Blog or go online at <http://standwithstandingrock.net>.



Donna Medrano and Willie Carrillo shared their experience at the January Quarterly Meeting

Don't be penalized 4% of your Medicare Part B reimbursement

Data collection begins January 1, 2017. Initial reporting will be due by March 31, 2018.

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 is highly unlikely to be repealed under the new Trump Administration, due to its bipartisan support and cost cutting potential.

MACRA ended the Sustainable Growth Formula which adjusted reimbursement for Medicare providers each year depending on the Medicare budget shortfalls. In its place, we now have reimbursement-based Medicare as a result of the Quality Payment Program. The Quality Payment Program has two tracks you can choose:

- Advanced Alternative Payment Models (APMs) or
- The Merit-based Incentive Payment System (MIPS)

Most Tribal Health Programs (THP) will be able to participate as part of the MIPS track. MACRA/MIPS apply to a Tribal Health Program when all 3 of the following apply:

1. You are a physician, physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist;

2. The THP bill more than \$30,000 per year to Medicare Part B; and
3. You provide medical services to more than 100 Medicare patients a year.

If all 3 facts apply, then you are required to meet MACRA/MIPS requirements in 2017.

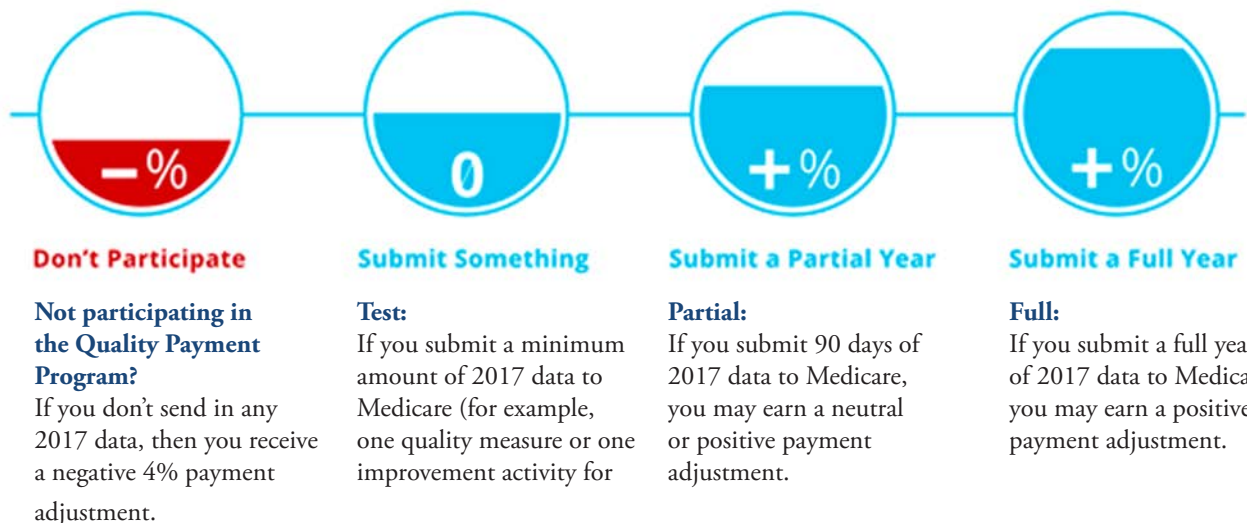
What do I need to do in 2017 to be MACRA/MIPS ready?

- You must do something to avoid penalties. Submit data for at least one measure or one improvement activity (for any point in 2017) by March 31, 2018. CRIHB can help guide you in this process.
- Your providers need to collect patient data using a certified Electronic Health Records to track key patient measures.
- You will need to submit your performance data to Medicare by March 31, 2018. Adjustments based on your 2017 data submitted by the 2018 deadline will result in Medicare adjustments starting in 2019.

For assistance, please contact Rosario Arreola Pro, Health Systems Development Director at (916) 929-9761 Ext. 1300, or go to: www.qpp.cms.gov for more information.

Pick Your Pace in MIPS

If you choose the MIPS path of the Quality Payment Program, you have three options:



CJS Regional Roundtable Meeting

Save The Date!

CRIHB recently hosted three Tribe-county regional roundtable meetings for emergency management. CRIHB staff Dr. Maureen Wimsatt, Michael Mudgett, and Al Hernandez-Santana, JD facilitated these meetings as part of a 2-year Robert Wood Johnson Foundation-funded research project about cross-jurisdictional sharing (CJS) of emergency management services. The agenda for roundtable meetings included a discussion of major research project findings, a CJS perspective sharing activity, Tribe-county sharing about each jurisdiction's emergency management resources, and Tribe-county needs for working together. Regional roundtable meetings were held in Loleta (Bear River Band of Rohnerville Rancheria), Sacramento (CRIHB office), and Rancho Mirage (Agua Caliente Band of Cahuilla Indians). In total, 85 people attended the meetings from 38 Tribal and 17 county jurisdictions. Thank you to the Tribal and county representatives who hosted, organized, and attended the regional roundtable meetings to discuss emergency management.



Dr. Wimsatt presented on CJS project research findings



Tribal and county representatives complete the CJS Perspective Sharing activity

37th Annual Traditional Indian Health Gathering

*"Chasing Away the Darkness:
Restoring Light to our Sacred Ways"*

May 19-21, 2017

Indian Grinding Rock State Historic Park
14881 Pine Grove-Volcano Road
Pine Grove, CA 95665

California Rural Indian Health Board, Inc
Traditional Indian Health Advisory Committee

TRIBAL GOVERNMENTS CONSULTATION COMMITTEE MEETING

MONDAY, APRIL 3, 2017 / 5-7 PM



**SAVE
THE
DATE**

Nugget Casino Resort
1100 Nugget Avenue
Sparks, Nevada 89431
(800) 648-1177

<http://www.nuggetcasinoresort.com/>

Meeting Topic:

**Indian Health Service/
California Area Office
2017 Annual Tribal Consultation**

CA IHS Tribal Consultation Meeting: April 3- 6, 2017

RESERVATIONS: (800) 648-1177
REGISTRATION: <http://tiny.cc/2017tlm>
BLOCK CODE: CCAIHS
DEADLINE FOR GROUP RATE: MARCH 1, 2017

CAIHS Agenda:

Health Board Training * Listening Session with IHS Senior Leadership (invited) * Several key voting items * Communities Getting Back in Balance, featuring presentations and discussion on historical trauma and suicide prevention

FOR MORE INFORMATION CONTACT:
Antoinette Medina or Faleena Martinez
tel: 916-929-9761
amedina@crihb.org . fmartinez@crihb.org

The 2017 January Quarterly Board of Directors, Tribal Governments Consultation Committee, and Clinic Program Directors Meeting

The California Rural Indian Health Board (CRIHB) started the new year with successful and informative Quarterly Board of Directors, Tribal Governments Consultation Committee, and Clinic Program Directors Meetings. A key topic discussed during the meeting was the Congressional and Administrative efforts to repeal or replace the Affordable Care Act (ACA) and its implications on Tribal clinics and Tribal governments. There are a number of Indian health provisions linked to the law, including the Indian Health Care Improvement Act (IHCIA), Indian Medicaid programs, and unique authorities of Indian country under the ACA.

A number of keynote speakers also presented their latest updates from major organizations, such as the National Indian Health Board (NIHB), California Health and Human Services (CHHS), and Department of Health Care Services (DHCS). Stacy Bohlen, NIHB Executive Director, provided top priorities for the new Congress and Republican administration that NIHB and CRIHB will work together to achieve, such as upholding and strengthening Tribal consultations and preserving key Indian health provisions in the ACA. Devin Delrow, NIHB Federal Relations Director, also discussed Congressional action concerning the presidential transition and NIHB's engagement in the transition, particularly concerning the repeal of the ACA. As stated in Dr. Mark LeBeau's Chief Executive Officer Report, the U.S. Senate already started the process to repeal the ACA with a budget resolution in a special legislative process called "reconciliation." The proposed repeal of the ACA could jeopardize the reauthorization of IHCIA. It is imperative that we protect the gains we have achieved for Tribal healthcare and our patients.

On the state level, Jim Suennen, CHHS External Affairs Office Associate Secretary, announced that the CHHS Tribal consultation policy has been completed with the help of CRIHB and California Tribes. The policy will provide a foundation for sustainable Tribal consultation for future sessions, as all 12 departments within CHHS will be impacted by this Tribal consultation requirement. From DHCS, Sandra "Sam" Wilburn, Rural and Indian Health Division Chief, highlighted Medi-Cal expenditures for the over 55,000 Indian patients served by the program, and changes in the Medi-Cal Estate Recovery that now include new limits that took effect January 1, 2017.

During the Program Directors' roundtable, topics included provider recruitment, NextGen electronic health record implementations, pain management, and Indian Health Services (IHS) and DHCS appointments and recommendations. One key topic was IHS Memorandum of Agreement clinic reimbursement. Currently, only in-clinic services are reimbursable.

Of the featured guests during the meeting were representatives from Riverside San Bernardino County Indian Health, Inc. (RSBCIHI), who attended all three days of meetings. Representatives of the southern California Tribes came from the Morongo Band of Mission Indians, Agua-Caliente Band of Cahuilla Indians, Cahuilla Band of Indians, San Manuel Band of Mission Indians, Santa Rosa Band of Cahuilla Indians, and Torres-Martinez Desert Cahuilla Indians. CRIHB is thankful for their participation and interest in working together with the CRIHB organization.

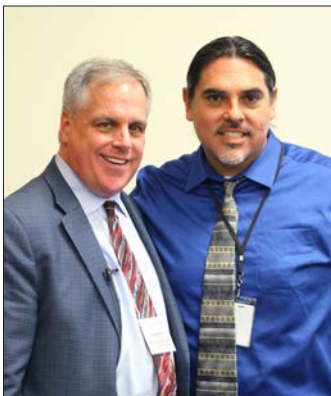


Representatives from RSBCIHI with CRIHB Chair, Lisa Elgin and CRIHB CEO, Dr. Mark LeBeau

The 2017 January Quarterly Meeting (cont.)

Three Tribal Health Program leaders discussed their experiences with new clinic projects and expansions. Jess Montoya, CEO of RSBCIHI presented updates to their clinic expansion. RSBCIHI serves 15,000 American Indian/Alaska Natives and 3,000 spouses through its seven clinics. The RSBCIHI Board put together a Capital Projects plan to have all new clinics in 7-10 years. Sherri Provolt, Chief Executive Director of the United Indian Health Services shared her update on the reopening of the Howonquet clinic in Smith River, scheduled to open in February 2017. The services provided include behavioral health, community health and wellness, dental, and medical. CRIHB provided extensive funding and personal support to this reopening. In addition, David Lent, Executive Director of the Toiyabe Indian Health Project, Inc. discussed the construction of a new clinic in Bishop, scheduled to open in spring 2017. The project is a comprehensive health and wellness facility including primary care, behavioral health, optometry, pharmacy, and laboratory services. CRIHB also supported Toiyabe in various aspects of the facility construction.

A special thanks goes out to everyone who attended, participated in, and helped organize the meetings. With all the changes and uncertainties brought on by the Presidential transition, CRIHB appreciates the many efforts made by Tribal and Tribal Health Program leaders, and the many guest speakers who provide the organization with imperative information and support.



*Jim Suennen with
Dr. Mark LeBeau*



*Devin Delrow discussing
NIHB updates*

Save The Date!

2017

IHS Continuing Dental Education Conference

Save the Date

May 15-18, 2017

Double Tree by Hilton Sacramento, CA

Hosted by

Dental Support Center at California Rural Indian Health Board, Inc. &
California Area Indian Health Service Office

SAVE THE DATE

2017 CRIHB WELLNESS CONFERENCE

Strengthening local efforts focused in the areas of prevention

Date: June 21st & 22nd

Location: The Lodge at Feather Falls Casino, Oroville, CA

The theme of this year's Conference will be "Suicide in California Indian Country:
Exploring the Risk Factors, Prevention, and Intervention"

This conference is open to CRIHB member Tribes and Tribal Health Programs.
Sponsored by the Department of Research and Public Health at the California Rural Indian Health Board, Inc.
Continuing Education available.

Tentative Conference Topics:

- ☐ ACE study and suicide risk
- ☐ Violence, mental health, and suicide
- ☐ LGBTQ+/Two-spirit and suicide
- ☐ Trauma-informed creative arts expression
- ☐ Nutrition and substance use recovery
- ☐ PC-BH integration as a tightly-woven basket for suicide prevention
- ☐ Youth mobilization for suicide prevention
- ☐ Provider self-care and wellness

California Rural Indian Health Board, Inc.

4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841
(916) 929-9761
www.crihb.org

For more information contact:
Luana Hill, (916) 929-9761
luana.hill@crihb.org

Community Needs Assessments for three Prevention Programs

Three of CRIHB's federally-funded grant programs are in the midst of completing or continuing needs assessments within member Tribal communities. These include Project PaTHwAY (Preventing & Treating HIV with American Indian Youth), Native Connections, and Tribal PREP (Personal Responsibility Education Program).

Project PaTHwAY

The number of American Indians and Alaska Natives (AI/AN) living with HIV/AIDS has increased dramatically in recent years. Among all AI/AN in the United States, groups with the highest incidence rates in 2013 were between the ages of 20 and 34 (51%). Funds for community-level needs assessments are available to Tribes/Tribal Health Programs to engage AI/AN youth in determining risk factors for HIV and gauge community knowledge and awareness about existing HIV services, as well as begin the strategic planning process as related to community-level HIV education, prevention, and testing.

Native Connections

The goal of the program is to prevent and reduce suicidal behavior and substance abuse, reduce impact of trauma and promote mental health among AI/AN young people up to and including age 24. Surveys, focus groups, and key informant interviews will be completed to inform the direction of a comprehensive needs assessment that will guide the direction of suicide and substance abuse prevention programming, which CRIHB will assist in the implementation of with the nine participating Tribal Health Programs and Tribal organizations.

Tribal PREP

This program is focused on teen pregnancy and sexually transmitted disease (STD) prevention. Specifically, the program aims youth from eleven sites served by CRIHB's member Tribal Health Programs. The needs assessment will address; 1) birth control and abstinence as a means to prevent teen pregnancies and sexually transmitted diseases among AIAN youth; 2) resiliency skills including decision making, respect of self, communication, and conflict resolution; and 3) adult preparation subjects incorporated into the adapted curriculum.

For more information on the needs assessments and these programs, contact Daniel Domaguin, Behavioral Health Clinical Manager, at ddomaguin@crihb.org.

Alcohol Counselor Trainings Kick off with Wellness Workshop

California Area Indian Health Service awarded CRIHB a contract to "train, educate, certify and re-certify alcohol and substance abuse counselors at California Tribal and Urban Substance Abuse/Mental Health programs throughout California." An extensive survey was completed at the beginning of the contract period, and both "Counselor Wellness" and "Self-care/Burnout Prevention" scored highly among requested topics for trainings. On December 8-9, CRIHB hosted a workshop on both of these topics in the form of a mini-conference, with presenters from the Research and Public Health Department aiding attendees in reducing stress and understanding the sources and manifestations of burnout.

Training Coordinator Deborah Kawkeka and Health Education Specialist Julie Villa guided participants in mindfulness and Tai Qi exercises. Deputy Director and registered dietician Stacey Kennedy engaged attendees in the creation of a healthy quinoa and vegetable salad (pictured), after learning about the impact of sugar on health. Health Education Specialist Sohab Arif described the effects of commercial tobacco on the body. Behavioral Health Clinical Manager Daniel Domaguin shared about traditional foodways, aided attendees in deconstructing the concept of "self-care," and incorporated movement and art with a session on the benefits of physical activity and creative expression. The two-day workshop ended with an activity called "Lighthouse," during which attendees shared their gratitude and admiration of one another with each other. The workshop was grounded by the altar (pictured), which included important items brought by each of the attendees.



Quinoa and vegetable salad



Alter of items from attendees

CRIHB Welcomes Wyatt Mitchell



Wyatt was born and raised in the Bay Area and graduated from the University of Arizona in 2012. He then spent two years working in Turkey teaching English which led him to pursue a Master's degree in Social Work at CSU, Chico, from which he graduated last May. During his time in Chico, Wyatt worked as a Program Evaluator for a small consulting firm. Much of his work was focused on evaluating and implementing health clinic programs throughout California and working with local community organizations with program development. Wyatt expects to learn a lot while working at CRIHB.

CRIHB Welcomes Marissa Miller



Marissa began her career as a corps member through Teach for America in South Louisiana. She has an M.A. in Education Policy from the University of Colorado at Boulder with an emphasis in evaluation and a B.A. in Communication from George Mason University in her home state of Virginia. She relocated to Sacramento with her husband this past fall from Boulder, Colorado where she organized diversity and outreach initiatives for the National Center for Atmospheric Research. In her spare time she loves taking road trips, biking around town, and cooking with California's amazing produce.

CRIHB Welcomes Diana Zamora



Diana is CRIHB's new Registered Nurse, Public Health Nurse. She is a native of Texas, and lived in Houston since 1996. Diana received her Bachelor of Nursing at Universidad Metropolitana, Puerto Rico, Bachelor in Environmental

Science at Concordia Lutheran University, Austin, Texas, and AAS degrees in Respiratory Therapy and Chemical Technology. Diana has held jobs in the environmental field, performing field audits in the US and South America. In the last decade, Diana, has worked in the medical field primarily in the pulmonary department, several ICUs and SICUs as a respiratory therapist and nurse. Her bi-cultural background and focus on community collaboration led her to a number of Houston volunteer opportunities and community leadership roles. Her hopes are to settle in Sacramento and find new volunteer opportunities that benefit the community.

Save The Date!

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
BILLING & COMPLIANCE CONFERENCE
May 2-4, 2017



Lions Gate Hotel
 3410 Westover Street
 Sacramento (McClellan), CA 95652
 916-781-6400 or <http://www.lionsgatehotel.com/>
 Group Code: CRIHB

Register Now
<http://billingcomp17.eventzilla.net>

Contact: Anthony Pena-Crittenden (916) 929-9761 ext. 1401 anthony.pena-crittenden@crihb.org

Who Should Attend?	Learn About...
<ul style="list-style-type: none"> CRIHB Members, Tribal Health Program Staff Quality Assurance Professionals Quality Improvement Professionals Compliance Staff Purchased/Referred Care Staff Finance Staff Billers and Coders 	<ul style="list-style-type: none"> Compliance Program Fundamentals Alternate Funding Sources: CRIHB Options and PRC Programs Billing and Coding Process Strategies and MORE!

We're All In This Together



Save The Date!



Quarterly Board of Directors and Clinic Program Directors Meeting

April 13-15, 2017

TENTATIVE AGENDA

Thursday, April 13, 2017

8:00 A.M.— 9:00 A.M. REGISTRATION
9:00 A.M.— 5:00 P.M. PROGRAM DIRECTORS

Friday, April 14, 2017

8:00 A.M.— 9:00 A.M. REGISTRATION
9:00 A.M.— 5:00 P.M. BOARD ORIENTATION
5:00 P.M.— 5:30 P.M. CREDENTIALS COMMITTEE

Saturday, April 15, 2017

8:00 A.M.— 9:00 A.M. REGISTRATION
9:00 A.M.— 5:00 P.M. BOARD OF DIRECTORS

LOCATION

Central Office:
4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841
(916) 929-9761

CONTACTS

BOARD MEETING:

Renee Campos
(916) 929-9761 ext. 1011
renee.campos@carih.org

PROGRAM DIRECTORS:

Leah Hawkins
(916) 929-9761 ext. 1301
leah.hawkins@carih.org

LOCAL HOTELS:

Crowne Plaza
5321 Date Avenue
Sacramento, CA 95841
(916) 338-5800

Holiday Inn Express
2222 Auburn Boulevard
Sacramento, CA 95821
(800) 345-8082

Save The Date!



The 14th Biennial Board of Directors and Tribal Leaders Meeting



July 17-20, 2017

TENTATIVE AGENDA

MONDAY, JULY 17, 2017

8:00 A.M.— 9:00 A.M. REGISTRATION
9:00 A.M.— 5:00 P.M. TRIBAL GOVERNMENTS
CONSULTATION COMMITTEE
AND PROGRAM DIRECTORS
5:00 P.M.—5:30 P.M. CREDENTIALS COMMITTEE

TUESDAY, JULY 18, 2017

8:00 A.M.— 9:00 A.M. REGISTRATION
9:00 A.M.—5:00 P.M. CRIHB BOARD OF DIRECTORS

WEDNESDAY, JULY 19, 2017

8:00 A.M.—9:00 A.M. REGISTRATION
9:00 A.M.—5:00 P.M. JOINT SESSION - CRIHB AND NPaiHB
BOARD OF DIRECTORS

THURSDAY, JULY 20, 2017

8:00 A.M.—9:00 A.M. REGISTRATION
9:00 A.M.—5:00 P.M. JOINT SESSION - CRIHB AND NPaiHB
BOARD OF DIRECTORS

LOCATION

Seven Feathers Casino Resort

<https://www.sevenfeathers.com/>

146 Chief Miwaleta Lane
Canyonville, Oregon, 97417
888.677.7771

Hosted by the Cow Creek Band of Umpqua
Tribe of Indians

CONTACTS

BOARD MEETING:

Renee Campos
(916) 929-9761 ext. 1011
rcampos@crihb.org

PROGRAM DIRECTORS:

Leah Hawkins
(916) 929-9761 ext. 1301
lhawkins@crihb.org

TRIBAL GOVERNMENTS CONSULTATION COMMITTEE:

Antoinette Medina
(916) 929-9761 ext. 2007
amedina@crihb.org

PRESENTED BY

THE NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
AND
THE CALIFORNIA RURAL INDIAN HEALTH BOARD

Save The Date!

May 22-25, 2017



Hosted by the California Area Indian Health Service & the California Rural Indian Health Board, Inc.

CALIFORNIA PROVIDERS' CONTINUING MEDICAL EDUCATION with DIABETES DAY

"Improving Whole Person Care"

AUDIENCE

physicians, nurses, behavioral health professionals, mid-level practitioners, dietitians, clinic support staff, GPRA coordinators, community outreach professionals, Tribal officials, healthcare program directors, and other interested community members

LOCATION

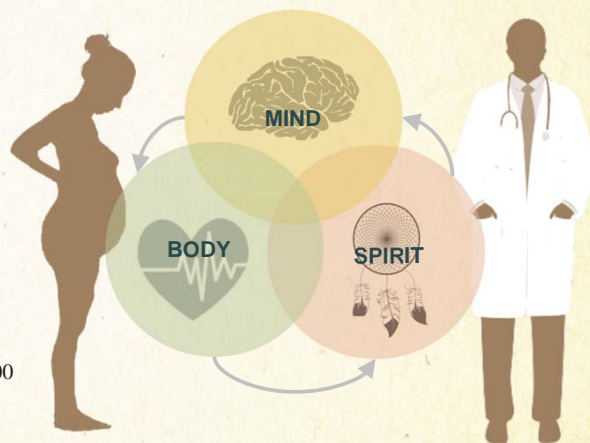
Holiday Inn Sacramento Downtown—Arena
300 J Street, Sacramento, CA 95814

Reserve your guest room now by calling 916-446-0100 and mentioning group code **QCB** or, to reserve your room online, [click here](#).

REGISTRATION

<https://2017bpconference.eventbrite.com>

There is no fee to register.



CONTACT US

If you have special needs questions or concerns, a grievance concerning this conference, or for more information, please contact Rachel Harvey at 916-930-3981, extension 361 or Rachel.Harvey@ihs.gov.



CRIHB Board of Directors

2017 Calendar of Events

February 20	Presidents Day
February 21	Dental Support Center Advisory Committee Meeting
March TBD	Finance Committee Meeting
April 3	Tribal Governments' Consultation Committee Meeting
April 4-7	Annual Tribal Consultation 2017
April 11	Alcohol Counselor Certification Training (Conflict Transformation)
April 12-14	Alcohol Counselor Certification Training (Suicide Prevention)
April 13-15	Quarterly Board of Directors Meeting
April 25-26	ACORNS Resource Meeting
May 2-4	Annual Billing & Compliance Conference
May 15-18	Dental Support Center Continuing Education Conference
May 12	National Indian Day
May 19-21	37th Annual Traditional Indian Health Gathering
May 22-25	IHS Best Practices Conference
May 29	Memorial Day Holiday
June 5-7	Alcohol Counselor Certification Training (Stress Management)
June 8-9	Alcohol Counselor Certification Training (Air Borne & Blood Borne Pathogens)
June 20-22	11th Annual Tribal Health NextGen Consortium Conference
June 21-22	Wellness Conference
June TBD	Finance Committee Meeting
July 4	Independence Day Holiday
July 17-20	14th Biennial Board of Directors 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 and California Primary Care National Exam
December 25	Christmas Day



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
4400 Auburn Boulevard, 2nd Floor
Sacramento, CA 95841
1.916-929-9761, voice
1.916.929.7246, fax
www.crihb.org



PRSR STANDARD
U.S. POSTAGE
PAID
SACRAMENTO, CA
PERMIT 571

SIGN UP FOR OUR NEWSLETTER!

Contact: Melissa Anderson
manderson@crihb.org
(916) 929-9761 Ext. 2001

CRIHB MEMBER TRIBAL HEALTH PROGRAMS

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

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

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

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 Tribal
Health Program
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