



Tribal Health ADVISOR

CRIHB

2018 Volume 50, No. 1

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

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

www.crihb.org

Visioning for the Future: CRIHB Initiatives in the New Year

The California Rural Indian Health Board (CRIHB) is embarking on the next 5-year strategic plan. In the new plan, CRIHB is focusing on a number of priorities in 2018 to assist in enhancing the performance of member Tribal Health Programs. Based on this set of priorities, CRIHB will implement a series of initiatives to support Tribal clinics in enhancing efficiencies, expanding services, and strategically planning for future trends in healthcare. These initiatives include:

AAAHC Accreditation CRIHB will assist our member Tribal clinics in their efforts to achieve and maintain accreditation through the development of a partnership with the Accreditation Association for Ambulatory Health Care (AAAHC). The AAAHC is a private, non-profit organization and is the leader in developing standards to advance and promote patient safety, quality care, and value for ambulatory health care through peer-based accreditation processes, education, and research. Clinic accreditation assists clinics in improving systems, generating stable revenue, and elevating quality of care, all of which help to maintain and attract business stakeholders. The AAAHC provided a training at the CRIHB office on March 27-29, 2018. The training was financially sponsored by CRIHB and provided to the membership at no cost. Over 50 staff from Tribal Health Programs and CRIHB attended the meeting.



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

Tribal Clinic Revenue Generation More support and focus in the area of revenue cycle management will be provided through CRIHB's staff and partnerships, especially in performing diagnostics to identify what components of services should be enhanced in order for clinics to maximize revenue. CRIHB is partnering with DT-Trak Consulting, an Indian owned and operated company that provides nationwide professional medical claims management, revenue enhancement, training, and on-site consulting. DT-Trak has worked in every IHS Area with over 100 IHS and Tribal Facilities.



Government Performance and Results Act (GPRA) Reporting The GPRA requires federal agencies to demonstrate that they are using their funds effectively toward meeting their missions, including the Indian Health Service (IHS). *(continued on page 2)*

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* Delegates to be determined
Warner Mountain Indian Health Program

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

CRIHB Officers

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Marilyn Pollard - Chief Operations Officer
Ron Moody - Chief Financial Officer
Susan Dahl - Chief Compliance Officer

CRIHB Initiatives (cont.)

According to the agency, the GPRA Budget Formulation process improves collaboration and understanding of public health and budgeting across diverse IHS Stakeholders. Tribal leaders and consumers gain information about both public health and budgeting, and how to use this information within the political system to speak with a more unified voice, supported by data, to justify funding enhancements. CRIHB will assist Tribal clinics in achieving higher GPRA scores and reporting their scores to establish measurable results from their services.

Provider Retention and Recruitment CRIHB is dedicated to further supporting Tribal clinics in facilitating recruitment and retention efforts of Tribal Health Programs. CRIHB is prioritizing the development of a robust recruitment and retention program in 2018. This program will result in effective strategies to support clinics in recruiting and retaining providers.

On-Site Clinic Reviews For CRIHB's full member clinics, as part of our contracting requirements with the IHS, CRIHB is instituting an on-site clinic review program that incorporates both AAAHC and IHS standards to support clinic staff, building infrastructure, and strengthening clinic systems. The first Tribal Health Programs that will be reviewed include Tule River Indian Health Center and Sonoma County Indian Health Project.



In addition to supporting Tribal Health Programs, CRIHB is also concentrating on initiatives for the new five-year strategic plan that will benefit member Tribes. The initiatives will concentrate on priorities to enhance services for member Tribes and their communities.

Assisting Tribal Government Services Tribal governments can benefit from participating in many of the trainings CRIHB provides to clinics such as governance training, human resources, nutrition education, and suicide prevention. In addition, Tribes can benefit from technical assistance CRIHB administers, including grant writing, strategic planning, and board roles and responsibilities. These trainings and technical assistance will greatly assist Tribal entities.

CRIHB Initiatives (cont.)

Elder Care CRIHB will continue to enhance elder care services and assist in identifying resources to eliminate elder abuse. Such services include disseminating elder care funding opportunities to Tribal communities, creating elder care training modules at the request of our Tribal members, and attending health fairs to speak on elder care issues like fall prevention and other care strategies. Such services are vital to the health and wellbeing of elders.

Advocacy Work The CRIHB Policy team will continue to lead the advocacy efforts in federal and state forums, and continue to encourage participation from Tribal healthcare leaders. Part of this initiative includes achieving equitable funding from IHS by taking a deeper look into the *Rincon* lawsuit.

Legislative Report

On February 9, 2018, Congress approved a spending bill funding the government until March 23, 2018. The bill includes the long awaited renewal of the Special Diabetes Program for Indians (SDPI) at the current funding level of \$150 million until the end of FY 2019. The program currently funds 301 Tribally-operated programs to target Type-2 diabetes in Indian Country. Failure to renew the program could have set back progress made over the last two decades.

President Donald Trump's budget request for FY 2019 calls for hundreds of billions of dollars in cuts over 10 years to Medicaid, Medicare, discretionary block grant programs, and dozens of other health programs. The recent bipartisan budget deal provided the U.S. Department of Health and Human Services (HHS) with \$27 billion in additional funding, including \$10 billion in discretionary funding to address the opioid crisis and mental health. However, these increases are dwarfed by proposals in the President's Budget to cut the major mandatory health programs.

The budget includes \$5.4 billion for the Indian Health Service (IHS), which is \$413 million or eight percent above the FY 2018 Continuing Resolution. A total of \$10 billion is included in the Budget for new resources across

HHS to combat the opioid epidemic and address serious mental illness. This includes an initial allocation of \$150 million for IHS to provide multi-year competitive grants based on need for opioid abuse prevention, treatment, and recovery support in Indian Country.

In total, the President's Budget request includes \$68.4 billion for HHS, which is \$17.9 billion or 21% less than 2017 enacted levels. The proposal also includes \$675 billion in "net mandatory savings across HHS and the Department of the Treasury to repeal and replace Obamacare."

The Affordable Care Act's individual mandate was repealed in a tax bill, despite Congressional Budget Office projections that it would drive up premiums and leave millions of people uninsured. All members of federally recognized Tribes and American Indian/Alaska Natives (AIANs) who are eligible for services from an Indian health provider will not be affected because they are already exempt from the tax penalty.

The Trump administration has encouraged states to impose work requirements in Medicaid. The Centers for Medicare & Medicaid Services announced new guidance that will support state efforts to impose work requirements and incentivize community engagement. AIANs were not exempt; however, in states that choose Medicaid work requirements, certain people can be exempted, such as elderly, medically frail, and those enrolled in Tribal work programs or Temporary Assistance for Needy Families.

California Governor Jerry Brown released his 2018-19 proposed State Budget on January 10, 2018, which includes \$131.7 billion in general fund spending and continues California's commitments to implementing and improving upon the Affordable Care Act. However, there is a federal proposal to cut \$1.8 trillion in Medicaid, which would cause devastating cuts to Medi-Cal.

CRIHB continues to work intensely to advance AB 839 (Garcia) this year, our bill authorizing reimbursement for Medi-Cal Targeted Case Management services. On January 4, 2018, CRIHB met with nearly a dozen Department of Health Care Services officials at the State Capitol. CRIHB is working collaboratively to ensure the bill moves forward.

ACORNS Enters Its Fourth Year

In September 2017, CRIHB entered the fourth year of its five-year grant Good Health and Wellness in Indian Country from the Centers for Disease Control and Prevention. The goal of this funding is to promote chronic disease prevention in Tribal communities through culturally appropriate policy, systems, and environmental changes. At CRIHB, this project is called Advancing California Opportunities to Renew Native health Systems (ACORNS). In addition to ACORNS, there is supplemental funding for projects which focus on the reduction of commercial tobacco use and exposure. This supplemental project is called California Indian Tobacco Education (CITE). Eligible Tribes and Tribal Health Programs apply annually for awards of up to \$25,000 (ACORNS) or \$7,000 (CITE) to implement community projects which meet the needs identified in their community health assessments.

This year, CRIHB awarded 24 ACORNS sub-awards and eight CITE sub-awards and each are working to improve the health of their Tribal communities. Some of the projects include creating a community garden, passing policies that promote and protect health, establishing a bike share program, and strengthening team-based care and clinical community linkages. Part of CRIHB's role is to provide training and technical assistance to ACORNS and CITE sub-awardees. In an effort to fulfill that role and support our project partners, CRIHB ACORNS staff have organized a variety of training opportunities. They are offering regional trainings focusing on project design and introduction to grant writing.

Additionally, the annual ACORNS Resource Meeting is being held in Sacramento, California on April 3-4, 2018 and will focus on sharing project success and building skills related to implementing ACORNS and CITE projects. CRIHB is proud of the work being accomplished by ACORNS and CITE sub-awardees to promote healthy Tribal communities. For more information about this funding and the projects being implemented, contact Kathleen Jack, Research and Public Health Deputy Director, at kjack@crihb.org.



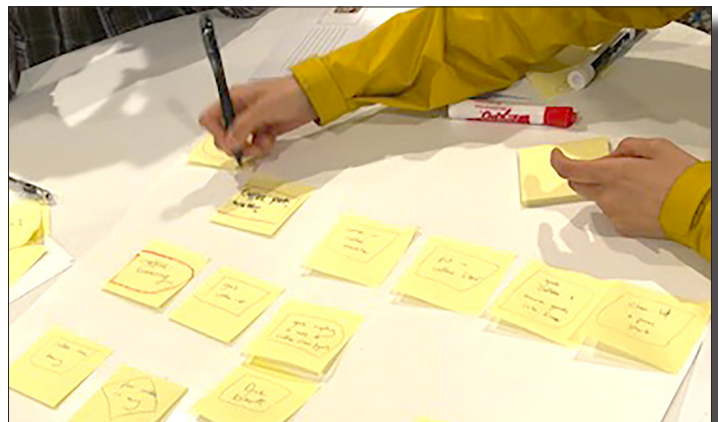
Data, Evaluation, and Grant Writing Training

The California Tribal Epidemiology Center (CTEC) held a Data, Evaluation, and Grant Writing training on March 13-14, 2018. The two-day training gave participants from various Tribal Health Programs the opportunity to participate in information sessions on how to use secondary data sources to determine regional health priorities, improve the quality of data being collected, write needs statements and evaluation-related sections of grant applications, and search for chronic disease grant funding opportunities.

To maximize participation from attendees, planning and implementation of the annual training was conducted by CTEC staff. They organized and facilitated multi-track trainings. Some of the topics for this year's training included: Nextgen best practices, survey design, building partnerships to align goals and resources, workflow mapping to improve quality and efficiency, program evaluation, and grant writing.



CRIHB staff providing training



Attendees participating in a training track

2018 Awareness Months for Suicide and Mental Health

On January 25th, 2018, the CRIHB Suicide and Mental Health Advisory Committee held its first meeting of the year. Fifteen committee members participated in the meeting and discussed varying ways to bring awareness to suicide prevention, mental health, domestic violence, and substance use issues impacting our communities.

The following months in 2018 have been designated National Awareness months: Mental Health Awareness Month (May), Minority Mental Health Awareness Month (July), National Suicide Prevention Month (September), and Domestic Violence Awareness Month (October).

Committee members discussed ways traditional healing practices can have a significant impact on reducing suicide, substance abuse, domestic violence, and helping to repair communities, including: engaging in traditional healing practices and recruiting the support of spiritual leaders, Tribal council, and health board members; and using a signed letter of support from communities.

CRIHB members provided suicide prevention toolkits, handout materials, data, and discussed ways CRIHB can support raising awareness through provision of trainings, visual materials, presentations, and engaging community members, community partners, and resources. Please do not hesitate to contact us for support and resources. For suicide prevention, contact Joel Herrera, Native Connections Project Coordinator, at jherrera@crihb.org, or Deborah Kawkeka, Training Coordinator, at dkawkeka@crihb.org. For domestic violence prevention, contact Rain McNeill, Domestic Violence Prevention Initiative Project Coordinator, at rmcneill@crihb.org.

Protect Yourself from Influenza

Health officials have called this influenza (the “flu”) season the worst they have seen in years. By the end of the season, there may be a record number of the most hospitalizations ever seen in a single season. Influenza is a respiratory illness caused by a virus which easily spreads from person to person through the inhaling of cough droplets of an infected person. A person may also get infected by touching a surface that an infected person may have touched and then transferring the virus to themselves by touching their own mouths or nose.

Certain individuals have a higher likelihood of experiencing complications from the flu or a higher likelihood of dying due to the flu. These individuals are elders (65 years and older), young children, pregnant women, residents of long-term care facilities, and those with certain chronic health conditions. Past flu epidemics have shown that American Indians/Alaska Natives seem to have a higher risk of flu complications.

For people within these groups, there are some key ways to lower the likelihood of getting the flu and its complications. These include:

- Getting vaccinated – all those six months and older should get one every flu season unless there is clear reason not to;
- Keeping your distance from those who appear to be ill with the flu or flu-like illness;
- Washing hands frequently or using alcohol-based hand rubs if soap and water are not available.
- If you do become sick with flu symptoms, stay at home, cover your cough, and protect others from getting infected.

Protecting communities from the flu depends on everyone. For more information, visit at www.cdc.gov/flu.

Request for Professional Writer

The California Rural Indian Health Board, Inc. (CRIHB) is preparing to celebrate our 50th Anniversary in October of 2019. We are looking for an experienced, professional writer to help us write and develop an updated “50 Years” history book for our upcoming celebration. CRIHB is currently accepting proposals from qualified applicants.

Deadline for submission is June 1, 2018

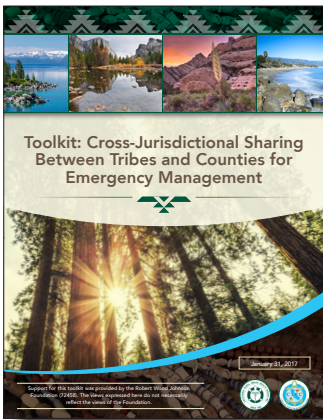


For more information, contact:
Jennifer Yniguez, Communications Specialist
jyniguez@crihb.org, (916) 929-9761 ext. 1105

View the full request for proposal on our website:
www.crihb.org/request-for-proposals

National Indian Health Board Report

The National Indian Health Board (NIHB) has made long-term renewal of the Special Diabetes Program for Indians (SDPI) a top legislative priority, and NIHB's continuous work with Congress ensured that funding for SDPI was reauthorized until September 30, 2019. Additionally, the Children's Health Insurance Program was renewed for six years. The Senate and House introduced a new bill to restore accountability to the Indian Health Service. NIHB submitted suggested language to clarify requirements for self-governing Tribes. The Centers for Medicare & Medicaid Services supports states mandating work requirements through Section 1115 waivers as conditions of eligibility for the Medicaid program, despite repeated requests from Tribes for Tribal consultation before legislation was created. Legislation was introduced that would add Tribes as eligible grantees under the "State Response to the Opioid Abuse Crisis" grants. NIHB Executive Director, Stacy Bohlen, participated in a roundtable with the Senate Committee on reauthorization of the Farm Bill and federal policy to support traditional food practices and food sovereignty.



Emergency Preparedness

The Centers of Medicare and Medi-Cal Services Emergency Preparedness Rule was implemented in November, 2017. This affects all rural health clinics and Federally Qualified Health Centers. The four provisions include risk assessment and planning, policies and procedures, communication plan, and training and testing. A lot has been learned from the recent Sonoma County fires and how the Tribal clinics responded in that area. The California Tribal Epidemiology Center has an Emergency Preparedness Toolkit available on the CRIHB website at www.crihb.org/ctec.

Fifth Anniversary of Covered California

On January 31, 2018, Covered California, under the Affordable Care Act, celebrated five years since it opened enrollment for the first uninsured Californians. The state-based exchanged Covered California has become a leader and national example for many regions in the country. Nicamer Tolentino, CRIHB Health Systems Development Deputy Director, and Al Hernandez-Santana, Associate Health Policy Analyst, attended this public event with California legislators, a representative from Governor Brown's administration, Covered California Director Peter Lee, and the External Affairs Director Kelly Green.

Covered California announced that it finished its fifth open enrollment period with 423,484 new consumers signing up for health coverage, an increase of three percent over last year. More than 50,000 people selected health insurance plans through Covered California in the final three days of open enrollment.

A Covered California Tribal Advisory Workgroup took place March 15, 2018 at their main Exposition Boulevard office in Sacramento, CA.



Attendees of Covered California's 5th anniversary

CTEC Awarded Grant for Building Public Health Infrastructure in Tribal Communities

In September 2017, the California Tribal Epidemiology Center (CTEC) was awarded a five-year grant from the Centers for Disease Control and Prevention focused on Building Public Health Infrastructure in Tribal communities. Over the 5-year award period, CTEC will be working with Tribal/Urban Indian Health Programs to conduct public health surveillance activities, including a Tribally-adapted Behavioral Risk Factor Survey, several Community Needs Assessments, and an Adverse Childhood Experiences study. These activities will help to shine light on health inequities experienced by American Indian/Alaska Native communities in California and provide health statistics to identify regional health priorities and strengthen applications for funding in Tribal and urban Indian communities.

CTEC will work with sites to disseminate and translate findings of annual surveillance projects; develop a data portal to increase availability of and access to relevant data among Tribal/Urban Indian Health Programs, Tribal organizations, and Tribes; and host an annual training related to data collection and utilization, program evaluation, and grant writing in order to further strengthen capacity for public health functions across our communities. For more information, contact Vanessa Cresci, Research and Public Health Director, at vcresci@crihb.org.

Tribal Behavioral Risk Factor Survey

In an effort to understand health risk behaviors, preventive health practices, and health care access in the American Indian/Alaska Native (AIAN) population in California, the California Tribal Epidemiology Center (CTEC) is conducting a Tribal Behavioral Risk Factor Survey (BRFS) and a Tribal Youth Risk Behavior Survey (YRBS) in 2018. The Tribal BRFS and Tribal YRBS are adapted from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System. The CDC conducts a national telephone survey that collects state data about health-related risk behaviors, chronic health conditions, and use of preventative services.

Data relevant to the AIAN community is limited; therefore, CTEC is funded to conduct the Tribal BRFS and Tribal YRBS among AIAN in California in order to address this gap in knowledge. Although based on standard CDC questions, these surveys have been adapted to include culturally relevant questions, topics suggested by the CTEC Advisory Council, and topics identified in the CTEC 2017 Health Priorities Survey. CTEC will partner with Tribal/Urban Indian Health Programs, Tribal organizations, and Tribes to recruit 1,850 AIAN adults and 750 AIAN youths across California to participate. The results from these surveys will help identify potential risks and protective factors associated with the health and wellbeing of AIAN in California and provide information needed to best serve AIAN communities. CTEC encourages Tribal communities to share information about this survey. For more information, contact Yeoun-Jee Rengnez, CTEC Outreach Coordinator, at epicenter@crihb.org.

**CALIFORNIA TRIBAL
EPIDEMIOLOGY CENTER**

**TRIBAL
BEHAVIORAL
RISK FACTOR
SURVEY**

**ALL AMERICAN INDIANS/ALASKA
NATIVES LIVING IN CALIFORNIA
ARE WELCOME TO PARTICIPATE!**

- ADULTS (18+)
- YOUTH (9th-12th grade)

California Tribal Comprehensive Cancer Control Program

CRIHB recently received a Cancer Prevention and Control Programs for State, Territorial, and Tribal organizations grant funded by the Centers for Disease Control and Prevention to address cancer related disparities in California Indian country. During the five-year grant period, CRIHB's California Tribal Comprehensive Cancer Control Program (CTCCCP) will work with Tribal Health Programs (THP) to implement comprehensive cancer control through community chosen educational strategies and culturally adapted policies, systems, and environmental (PSE) changes.

The goals for the next five years are to conduct assessments with the participating THPs and establish baseline data for site specific Library of Indicators and Data Sources; guide THPs and their Tribal communities in the selection, implementation, and evaluation of Evidence Based Interventions; initiate a CTCCCP coalition and a CTCCCP advisory group; support THPs to develop protocols to ensure implementation of community chosen educational strategies and culturally adapted PSE changes; provide trainings about cancer survivorship issues; and work with diverse stakeholders to leverage resources and address cancer disparities in California Indian Country.

CRIHB will continuously work with chosen THPs by providing community education and implement effective PSE improvements to address compressive cancer control by emphasizing primary prevention of cancer, screenings and early detection, improved quality of life for cancer survivors, and health equity as it relates to cancer control.

Oral Health Care Coordinators Join Local Dental Pilot Project

It has now been half a year since the Local Dental Pilot Program started as part of the Dental Transformation Initiative. The Oral Health Care Coordinators are building a good rapport with parents, children, and medical office staff. The parents are receptive to the oral health messages and are happy to receive a dental referral. Too often, though, those referrals are resulting in no-shows to the dental appointments.

While it has been the standard of care for many years for primary care providers to do oral health screenings and place fluoride varnish as part of well-child primary care visits, the challenge for some dental directors is to share the responsibilities of Caries Risk Assessments and fluoride varnish placement with the medical department. When done regularly, screenings and fluoride varnish placement result in a reduction in dental caries over time and an increase in preventive dental visits.

Since September 2017, Oral Health Care Coordinators have been trained in doing Caries Risk Assessment, oral health screenings, and applying fluoride varnish. Many of them also attended a two-day training in Targeted Case Management to learn more about inspiring patients to get needed dental care. Still to come are trainings on Motivational Interviewing and Case Management as they apply it specifically to dental disease prevention. It is too early to have measureable results of our project, but they are well on their way to success.



2018
SAVE THE DATE
California Rural Indian Health Board & CA Indian Health Services
Dental Conference
May 7-10, 2018

DoubleTree by Hilton Hotel
2001 Point W Way
Sacramento, CA 95815
(916) 929-8855

Hosted by the California Rural Indian Health Board's Dental Support Center.
Questions? Call Consuelo Gambino at (916) 929-9761 ext. 1317.



Workforce Development Updates

Clinical Medical Assistant Certification Program

Fifteen students began their Clinical Medical Assistant program this year, administered through San Francisco State University's College of Extended Learning. Through the California Endowment, CRIHB was able to provide full-ride scholarships to a diverse group of Tribal members and Tribal Health Program staff who were admitted into the program. CRIHB congratulates the following participants on taking a step towards a healthcare career:

- Alina Ghessemi Valenzuela from Big Valley Rancheria and Sonoma County Indian Health Project, Inc.
- Alicia Rihanna Stra from Cloverdale Rancheria and Sonoma County Indian Health Project, Inc.
- Andre Maldonado Hopland Band of Pomo Indians and Sonoma County Indian Health Project, Inc.
- Macey Hester from Dry Creek Rancheria and Sonoma County Indian Health Project, Inc.
- Barbara Elaine Gordon, Diane Thompson, Patsy Linda Thompson, and Marta Villarruel from Pit River Tribe and Pit River Tribal Health Service, Inc.
- Dulce Cortez and Sammie Westlake from Fort Bidwell Indian Community and Warner Mountain Indian Health Program
- Jamie Ann Gibson, Ceslie Nichole Villegas, and Sylvir Williams from Tule River Indian Health Center, Inc.
- Maura Hall from Anav Tribal Health Clinic
- Tahvooche Chavez-Saulque from Utu-Utu Gwaitu Paiute Tribe and Chapa-De Indian Health Program, Inc.

Medical Scribe Training Program

CRIHB is launching the Medical Scribe Training Program this year. A medical scribe serves as an additional member to the care team who assists the provider in the exam room and allows the patient and provider to interact without distractions. Scribes document directly into the electronic health records, order labs and imaging tests, generate referrals, and ensure quality measures are met. The program provides initial scribe training, program implementation support, 1-on-1 and team coaching, Nextgen training, clinic workflow assessment and redesign. Benefits of medical scribes include a focus on patient-centered care by providers, increased

staff satisfaction, additional generated revenue, internal workforce development, and accurate and comprehensive data documentation.

For more information on implementing medical scribes at your Tribal Health Program, please contact Christy Tonel, Provider Outreach Coordinator, at ctonel@crihb.org.

Northern California Regional Training

The regional trainings CRIHB provides are designed around topics that Tribal Health Programs and Indian communities have identified as needed in their areas. The trainings are intended to support and enhance Tribal Health Programs and their communities and address their specific regional requests. The Northern Regional three-day training event was held in Yreka, California on February 7-9, 2018. This successful and well-attended event provided training topics ranging from behavioral health and wellness to human resources, compliance, Tribal governance, emergency preparedness, advocacy, and more from thirteen highly trained CRIHB staff. Participants were able to attend sessions each day and most attended all three days. Past regional events were held in Bishop, Alturas, Elk Valley, and Tule River.



Attendees engaging with CRIHB staff at the regional training

CRIHB Welcomes New Clinicians

The Research and Public Health Department is proud to announce that two therapists have been hired as Project Coordinators for programs focused in behavioral health.



Rain McNeill is an Associate Clinical Social Worker who has worked in education and social work for almost 20 years. He was hired as the Program Coordinator for the Domestic Violence Prevention Initiative. Rain joins the three-year program aimed at reducing intimate

partner violence and promoting the development and implementation of evidence-based and practice-based models of domestic violence prevention. Program staff will provide training and technical assistance to member Tribal Health Programs and provide stop-gap mental health therapy services.



Joel Herrera is a Licensed Marriage and Family Therapist who has experience working in community-based settings with incarcerated youth and in an acute psychiatric facility. He was hired as a Project Coordinator for the Native Connections grant to provide direction

and support to participating Tribal Health Programs by providing them with resources that will improve the health and wellbeing of youth in their communities. The goal of Native Connections is to prevent and reduce suicidal behavior and substance abuse, reduce impact of trauma and promote mental health among American Indian/Alaska Native youth.

New Health Systems Development Director



Alana Perez-White started at CRIHB as the Planner/Grant Writer. Since then, she has transitioned to the Health Systems Development Director position with over six years of experience in Indian healthcare administration at the clinic and statewide level. With a strong background in Indian health planning and administrative program management, Alana has been awarded and managed \$50 million in grants over the last five years via federal, foundation, and local government entities. Alana comes to this position with knowledge of Tribal Health and statewide programs, including a large variety of grants, budgeting, program management, internal CRIHB processes, and external knowledge of the Indian health system at both federal and state level. She has developed successful

working relationships with Tribal leadership throughout California and has the knowledge of and experience providing training and technical assistance to CRIHB membership, clinic leadership, and Indian health programs, including Program Directors.

**The California
Rural Indian
Health Board,
Inc. is hiring!**

Do you have passion for elevating and promoting the health status and social conditions of others?

Are you interested in a career in community health?

If so, visit www.crihb.org to view current employment opportunities with CRIHB!

CRIHB is Moving to Roseville, California on June 8, 2018!

Much progress has been made in the construction and renovation of the new CRIHB office building. The building, located at 1020 Sundown Way in Roseville, CA sits on three acres of land, which includes a creek with protected salmon habitat surrounded by wildlife. Water features have been added to the exterior and interior of the building, and the plumbing, duct work, server room, and office furniture have been installed. The custom designed board room and conference rooms are fully equipped with high-tech wiring for power and Wi-Fi. In the back of the building, large cedar poles for the ceremonial arbor have been set in place and the construction is nearly complete. The 25,000 square foot building fits the needs of the staff and will strengthen the organization going forward. CRIHB staff are eagerly awaiting the big move and have begun cleaning out their work spaces and packing boxes. The final additions to the building includes adding native artwork, photography, and a trellis over the entrance. The Grand Opening is scheduled for the July 2018 Board of Directors, Tribal Leaders, and Tribal Clinic Directors Meeting.

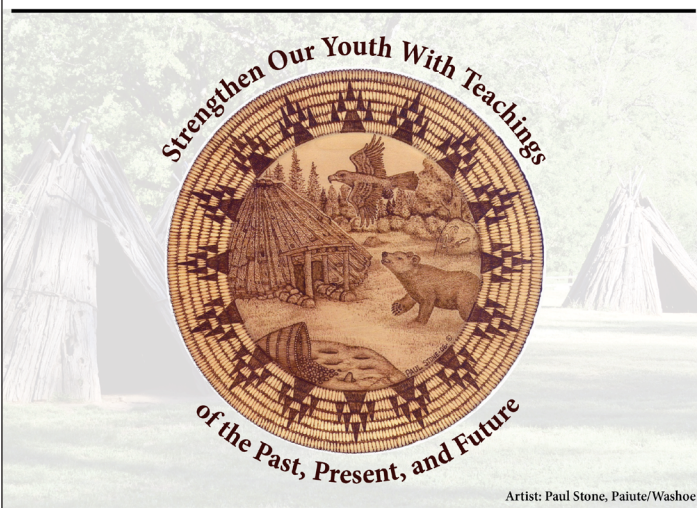


Save the Date: 38th Annual Traditional Indian Health Gathering

The annual Traditional Indian Health Gathering will be held May 18-20, 2018 at the Indian Grinding Rock State Historic Park in Pine Grove, California. In an effort to increase awareness and respect for traditional healing, the Traditional Indian Health Gathering focuses on traditional approaches to health and wellness by educating Tribal Health Program providers and Indian community members about the benefits of traditional approaches to prevention and treatment. The event is hosted by CRIHB's Traditional Indian Health Advisory Committee in collaboration with the Jackson Rancheria Band of Miwuk Indians.

In support of this year's theme, *Strengthening Our Youth with Teachings of the Past, Present, and Future*, the aim of the event is to increase the level of connection between youth and traditional practices. Please invite youth from your area to register and attend the event. A traditional medicine making session will be included and a demonstration on tea making is in the works. For additional information, please contact Adriana Kimbriel, Project Coordinator, at akimbriel@crihb.org or visit our website at www.crihb.org.

38th Annual Traditional Indian Health Gathering



Artist: Paul Stone, Paiute/Washoe

May 18-20, 2018
Indian Grinding Rock State Historic Park
Pine Grove, CA



Sponsored by:
The California Rural Indian Health Board, Inc.
and the Traditional Indian Health Advisory Committee

2018 Calendar of Events

April 3-4	ACORNS / CITE Resource Meeting - CRIHB
April 4-5	Wellness Conference - CRIHB
April 6	Finance Committee Meeting - CRIHB
April 10-12	Annual March on Washington - Washington DC
April 19	Program Directors Meeting - CRIHB
April 26	CTEC Advisory Policy Council Meeting - CRIHB
May 1-2	Annual Billing & Compliance Conference - CRIHB
May 6	Dental Advisory Committee Meeting - Sacramento
May 7-10	CAIHS & CRIHB Dental Support Center Continuing Education Conference - Sacramento
May 11	National Indian Day (Observed)
May 18-20	Traditional Indian Health Gathering - Indian Grinding Rock State Historic Park
May 21-24	IHS Best Practices Conference - Sacramento
May 28	Memorial Day Holiday (Observed)
June 4-8	CAIHS Physiology & Pharmacology - Sacramento
June 22-24	Youth HIV Prevention Training - TBD
June TBD	Finance Committee Meeting - CRIHB
July 4	Independence Day Holiday (Observed)
July 19-21	Board of Directors, Tribal Leaders, & Clinic Directors Meeting - CRIHB
July 19-21	Youth Leadership Conference - CRIHB
August 9-10	CAIHS Culturally Competent Treatment Practices - Roseville
September 3	Labor Day Holiday (Observed)
September 28	CA Native American Day (Observed)
October 18-20	49th Annual Board of Directors, Tribal Leaders, & Clinic Directors Meeting - CRIHB
October 24-26	Tribal Prep Native Youth Leadership Curriculum Training - CRIHB
October TBD	Finance Committee Meeting - CRIHB
November 12	Veteran's Day Holiday (Observed)
November 22-23	Thanksgiving Holiday (Observed)
December 25	Christmas Day (Observed)

Request for Community Events!

Have any upcoming events in your area that you would like CRIHB department staff to attend?



Please send your health/wellness fairs, walk/runs, or any other community events information to CRIHB.



Attn: Rita Hiralez, Admin Assistant/Receptionist
rhiralez@crihb.org
Ph: 916.929.9761
Fax: 916.929.7246



Save the Date!

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

CALIFORNIA PROVIDERS' CONTINUING MEDICAL EDUCATION


with **DIABETES DAY**

May 21-24, 2018

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

Reserve your guest room now at our group rate by calling (916) 446-0100 and mentioning group code QPR or, to reserve your room online, [click here](#).
DEADLINE: April 6, 2018

For questions/comments, please contact CAOGPRA@ihs.gov.



SAVE THE DATE

SEPTEMBER 17-20, 2018

**National Indian Health Board's
35th Annual
National Tribal Health Conference**

Oklahoma City, Oklahoma
National Indian Health Board



Local Host: Southern Plains Tribal Health Board



2018 Annual March on Washington

DATE April 10-12, 2018

LOCATION Washington, D.C.

EVENT INFO Travel days will be a departure on Monday, April 9 and a return on either Thursday, April 12, or Friday, April 13, depending on our meeting schedule and your availability.

CRIHB will arrange a series of meetings with Congressional representatives and administrative officials. Each year, the advocacy work put in during these annual trips directly assists in benefiting Tribal health services in California.

CONTACT Leah Hawkins
(916) 929-9761 ext. 1011
lhawkins@crihb.org



The California Rural Indian Health Board, Inc.
4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841
(916) 929-9761

Save the Date!

ANNUAL BILLING & COMPLIANCE CONFERENCE

May 1-3, 2018

Conference Location

Best Western Plus
Orchid Hotel & Suites
130 N. Sunrise Ave
Roseville, CA 95661

Hotel Accommodations

Holiday Inn Express
1398 East Roseville Parkway
Roseville, CA 95661
916-774-6060
Group Code: CRIHB

Register Now: <http://billingcomp18.eventzilla.net>

EVENT DETAILS

The 2018 Annual Billing and Compliance Conference is a two-and-a-half-day event, which includes a billing & coding track and a compliance track. Attendees will engage in many informative discussions, including topics on Auditing and Monitoring for Compliance, Coding and CDI Compliance, Developing Compliance Work Plan, Behavioral Health Billing and Coding, and much more.

Contact

Anthony Pena-Crittenden
916-929-9761 ext. 1401
acrittenden@crihb.org



The California Rural Indian Health Board, Inc.
4400 Auburn Blvd., 2nd Floor
Sacramento, CA 95841
(916) 929-9761

Save the Date!

California Rural Indian Health Board, Inc.

Quarterly Program Directors Meeting

Thursday, April 19, 2018 – 9:00 am to 5:00 pm

LOCATION:
CRIHB Office
4400 Auburn Blvd.
Sacramento, CA 95841
(916) 929-9761

CONTACT:
Faleena Martinez
(916) 929-9761 ext. 1301
fmartinez@crihb.org

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





CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
 4400 Auburn Boulevard, 2nd Floor
 Sacramento, CA 95841
 1.916.929.9761, phone
 1.916.929.7246, fax
 www.crihb.org

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SIGN UP FOR OUR NEWSLETTER!

Contact: Melissa Barham
 mbarham@crihb.org
 (916) 929-9761 Ext. 1102

CRIHB MEMBER TRIBAL HEALTH PROGRAMS

Anav Tribal Health Clinic
 9024 Sniktaw Lane
 Fort Jones, CA 96032
 530.468.4470

K'ima:w Medical Center
 P.O. Box 1288
 Hoopa, CA 95546
 530.625.4261

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

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

Mathiesen Memorial
 Health Clinic
 P.O. Box 535
 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
 & Human Services
 P.O. Box 1016
 Happy Camp, CA 96039
 530.493.5305

Riverside-San Bernardino County
 Indian Health, Inc.
 11980 Mt. Vernon Ave.
 Grand Terrace, CA 92313
 909.864.1097

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