



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

MEMO

DATE: July 25, 2018
TO: Tribal Government and Tribal Health Officials
FROM: Tribal Health Representative to CRIHB
RE: July Board of Directors, Tribal Leaders, and Tribal Clinics Meeting

The California Rural Indian Health Board, Inc. (CRIHB) is thankful for the Tribal Leaders, Clinic representatives, federal and state officials, foundation representatives, and all other partners who came out to support CRIHB's Grand Opening on July 19, 2018. It was an honor to have so many guest speakers congratulate CRIHB on the new building and for accomplishing the hard work that allowed the organization to achieve this long awaited feat. CRIHB is very grateful for receiving a number of gifts presented by Tribes and Tribal clinics during the celebrations. A special thank you goes to the CRIHB staff for all the planning and work that went into organizing the Grand Opening celebrations and the following two days of Board of Directors, Tribal Governments Consultation Committee, and Program Directors Meetings.

The following is the list of presenters who spoke at the meetings, along with key content they conveyed.

Lisa Elgin, CRIHB Board Chair, National Indian Health Board (NIHB) Report

Ms. Elgin reviewed the updates from NIHB provided by Stacy Bohlen, NIHB Chief Executive Officer. As a great advocate for Indian country, Ms. Bohlen is always working on legislation and other initiatives to benefit Tribal communities. Ms. Elgin is collecting comments on service needs that can be taken to the August 2018 NIHB board meeting in Washington DC. NIHB's Behavioral Health Conference will be in Washington, DC July 25-27, 2018. The 2018 National Tribal Health Conference will take place in Oklahoma City, Oklahoma September 17-20, 2018. Nominations for the *Heroes in Indian Health* Awards are due July 27, 2018. Ms. Elgin would like to see representation from California, as each region has an award. She highly encourages the CRIHB Board to submit nominations. For more information on this, contact Lisa Elgin at lisa.elgin@yahoo.com.

Mark LeBeau, PhD, CRIHB Chief Executive Officer (CEO) Report

Over the past quarter, Dr. LeBeau and his staff provided oversight of the final stages of the move to the new building. He thanked CRIHB staff for all the hard work and planning that has been accomplished as part of this process. Looking forward, there is still much planning and improvements to be done around the building and on the surrounding property. During the quarterly meeting, Tribal leaders, Clinic Directors, and Board of Directors engaged in deep conversation about how to use parts of the CRIHB property containing natural landscape. Suggestions included, a native garden with medicinal and edible plants, wild tobacco, and native plants from other Tribal communities such as willow and deer grass. The groups discussed possible trainings and classes to learn how to can and dehydrate food, prepare acorn, use plants as medicine, carve a canoe, and develop survival skills for youth. The Tribal leaders emphasized the importance of traditional education for youth and continuing to develop programs that promote youth leadership. More suggestions are welcome for

future planning. Dr. LeBeau also announced that CRIHB was able to give the remaining furniture at the previous office to Tribes at no cost. All the furniture has successfully been picked up by Tribes.

Dr. LeBeau recognized the original Board of Directors for setting the framework for CRIHB's current leaders. It is critically important that CRIHB continue the work of the original board members and fight for the right to equitable funding and services for Tribal communities in California. Clois Erwin, the last surviving original CRIHB Board Member, sent her congratulations to CRIHB on the new building.

The Office of the Chief Executive (OCE) Department participated in a series of Tribal consultations with the Indian Health Service (IHS) regarding Contract Support Costs, Special Diabetes Program for Indians, Indian Health Care Improvement Fund, and Purchased Referred Care. The department was also involved in Tribal consultation with U.S. Department of Health and Human Services Region IX Tribal Consultation and California Department of Health Care Services Medi-Cal Tribal and Designees of Indian Health Programs meeting. OCE worked with partner organizations to oppose proposed elimination of the 340B Drug Pricing Program and the funding for the Community Health Representatives program. OCE is pleased to announce that both proposals ultimately failed. All the contributions to the Darrell Hostler fund are greatly appreciated as they allow CRIHB to continue advocacy work on behalf of the Tribes and Tribal Health Programs.

Stacy Bohlen, MA, NIHB Chief Executive Officer; NIHB Update

Ms. Bohlen attended the Senate Democratic Caucus on July 18, 2018 and discussed sovereignty/ treaties/trust, opioid direct funds to Tribes, Good Health and Wellness in Indian Country, and Medicaid expansion/work requirements. Ms. Bohlen testified to the House Appropriations Subcommittee on Labor requesting to increase the Fiscal Year (FY) 2019 funding for the Good Health and Wellness in Indian Country program. The Subcommittee funded the program at \$32 million. For FY 2019, IHS is funded at \$5.5 million and Community Health Representatives stay funded with \$63 million. NIHB is working to include Tribal priorities in the Opioid Crisis Response Act amendment. A \$50 million opportunity for Tribal Opioid Response grants was posted on Grants.gov. Applications are due August 20, 2018. The Centers for Medicare & Medicaid Services (CMS) will consider state proposed accommodations for American Indians and Alaska Natives from work requirements on a state-by-state basis. NIHB's Behavioral Health Conference is July 25-27, 2018. The Annual NIHB National Tribal Conference is September 17-20, 2018.

Ron Moody, CRIHB Chief Financial Officer; Treasurer's Report

As of May 31, 2018, the Darrell Hostler Fund contributions totaled \$91,000. The Tribal Medi-Cal Administrative Activities reimbursements totaled \$5,270,560 to participating Tribes and Tribal Health Programs. The CRIHB Care and CRIHB Options program totaled \$7,118,413. Return on investment is \$5.71 for Full Members and \$2.19 for Associate Members. CRIHB Care/CRIHB Options total \$7,551,597 to Tribal Health Programs.

Kristin Fox-Smith, MPA, Visante, Inc. Senior Vice President; Visante Pharmacy Webinar and Discussion

CRIHB has a contract with Visante to provide 340B and pharmacy technical support for Tribal health programs. Visante has conducted 340B Integrity Audits since 2012. They have experience in auditing more than 500 covered entities of all types. The company protects organizations from compliance and financial risk, preserves the benefits of the program to the patients, positions the organization for a Health Resources and Services Administration Integrity Audit, and defends the program from critics both inside and outside of

Congress. For more information, contact Alana Perez-White, Health Systems Development Director, at awhite@crihb.org.

Lane Terwilliger, JD, Division of Tribal Affairs, Children and Adult Health Programs Group Centers for Medicaid & CHIP Services – CMS; CMS Update

CMS recently opened a 30-day public comment period on Medicaid's workforce requirement. The posting period ends August 18, 2018. CMS disapproved a state plan amendment submitted by the State of Washington requesting coverage and reimbursement of services provided by Dental Health Aide Therapists in Tribal communities. A hearing is set for July 27, 2018. Services can still be reimbursed from Federally Qualified Health Centers after the state eliminates a program. CMS will issue guidance and Ms. Terwilliger will assist with processes that are too complicated.

Jodi Krumm, Crisis Connection International; iCrisis: Suicide Prevention and Intervention App

iCrisis is a patented app that can be downloaded onto a smartphone. It locates the closest nationally accredited crises center with professionals who are trained in cultural sensitivity. Accredited hotlines answer the calls, create a safety plan for callers, and provide follow-up if needed. The app allows the caller to contact a variety of organizations designed to help individuals who are in crisis or suicidal. Licenses are available to purchase for Tribes and Tribal Health Programs.

Tiffany Ta, MPH, CRIHB Research and Public Health Department Epidemiologist; ZIKA Virus Update

In June 2018, NIHB, in collaboration with CRIHB and with support from the Centers for Disease Control and Prevention, hosted state-specific meetings to address the Zika virus/vector-borne diseases with Tribal, state, and local organizations to discuss ways to foster improved partnerships. The collaboration promotes efforts to protect communities against Zika transmission and preparation for the possibility of local Zika cases.

Tribal Governments Consultation Committee Roundtable Discussion

Tribal leaders discussed opioid-related projects including Tribal Medication Assisted Treatment, Supplement to Building Public Health Infrastructure in Tribal communities, Tribal Opioid Response Grant funded by Substance Abuse and Mental Health Services Administration, and Tribal Public Health Capacity and Quality Improvement Supplement funded by Centers for Disease Control and Prevention. The group further discussed ideas for developing CRIHB's property, including adding Tribal flags in the parking lot, educational walking trails, starting a farmers market, building a sweat lodge for cultural events, and developing a seed bank. Emphasis was put on youth involvement and starting a traditional gathering specifically for youth at CRIHB. Tribal leaders are concerned how the iCrisis app will affect youth in Tribal communities. They would like CRIHB to further look into the app before deciding to purchase licenses. The challenges of Tribal courts and jurisdiction issues with local counties was also discussed.

Kathy Waurig, Billing Specialist; Managed Care & Credentialing

Ms. Waurig discussed Managed Care billing changes, the right questions to ask and how to collect funds that may currently be left behind. A key message to the group was that clinics need to advocate and share information with CRIHB so issues can be resolved proactively and collaboratively. Tribal Health clinics should be aware of the two types of credentialing and privileging: Medical Credentialing and Insurance Credentialing. Managed Care Reconciliation Reports are still required with the new Office of Management and Budget (OMB) payment methodology.

Erik Lyon, MFT, Feather River Tribal Health; Vision of the Wellness Center

Mr. Lyon discussed the vision behind the Wellness Center which will address substance abuse and other mental health issues. The center has been developed to address community needs and will operate for the next two years with funding from the Methamphetamine and Suicide Prevention Initiative. The Wellness Center will utilize a holistic approach treatment that will address the ‘whole person.’

Program Directors Roundtable Discussion

The Tribal Health Program Directors discussed the following topics: Comments were made that the Physician Comparability Allowance should be extended to all partners. It was noted that the retention incentive is handled in various ways at different clinics. Governor Brown’s Budget includes one-time funding to address programs for the homeless and seriously mentally ill populations; however, funding is not allocated to Tribes. The state is working with the Office of Statewide Health Planning and Development on criteria for distribution. Definitions and benefits of a Federally Qualified Health Center were discussed, including allowable billed services. CRIHB has developed a Policy and Procedures Sharing Library that outlines all of the current policies and procedures. CRIHB encourages all clinics to provide information that can be added to this list. To request a specific document from the sharing library, contact Alana Perez-White, Health Systems Development Director, at awhite@crihb.org. CRIHB is pleased to report that IHS has broken ground on the Northern California Youth Regional Treatment Center. Future updates on the progress will be provided. Precise Telehealth is a chronic care management program that provides ancillary support for billing services. CRIHB is further exploring their services to ensure they meet the needs of Tribal communities. There will be a webinar in August 2018 to further discuss the benefits of Precise Telehealth. Programs for workforce development include the Medical Scribe Program, Medical Assistant Training Program, Community Health Representative Program, and Certified Professional Coder Training. The California department of Public Health and the Office of Emergency Services invited CRIHB Board Members, Tribal leaders, and Program Directors to tour the state of Emergency Call Center in Sacramento, California. CRIHB will organize a tour for the annual October 2018 meetings.

Christina Snider, Tribal Advisor of the Office of Governor Brown

Ms. Snider is a member of the Dry Creek Rancheria of Pomo Indians. The intent of her position is to have a representative from a Tribal community to carry out policies related to Native issues. Ms. Snider works with agencies to get more Tribal input and consultation and facilitates issues at the state level. Tribal nations need to be elevated and Native youth need to take on leadership positions. She encourages youth to get involved and let their voices be heard.

Daniel Domaguin, MPH, CRIHB Behavioral Health Clinical Manager, Youth Presentations

The theme of this year's Tribal Youth Leadership Conference was #GetLoud. Youth attendees represented CRIHB member programs and mini-grantees. The youth participants shared speeches on intimate partner violence, substance use, and sexual health to the CRIHB Board. The Board Members and audience engaged in deep conversation about each topic and recommended the youth continue to be involved in these meetings and legislative meetings. Donations were also collected to help fund the next Youth Leadership Conference.

Aiko Pandorf, Consultant; Strategic Plan 2018-2023 Proposed Strategies and Goals

The CRIHB Board Members discussed the six strategies for the 2018-2023 Strategic Plan and wrote down their comments and suggestions. The three external strategies include, Enhance the Quality and Effectiveness

of Tribal Governance and Tribal Health Programs, Strengthen the Network, and Continue to Forge the Native American Voice. The three internal strategies include, Enhance Internal Capacity and Collaboration, Develop CRIHB Leadership, and Enhance CRIHB's Value. The next steps are to review the suggestions collected from the Board Members and refine the six strategies to meet the needs of the organization.

Vanesscia Cresci, MSW, MPA, CRIHB Research and Public Health Director; California Tribal Epidemiology Center Update

The California Tribal Epidemiology Center (CTEC) assists in collecting and interpreting health information for American Indians and Alaska Natives. CTEC's current projects include Building Public Health Infrastructure (BPHI), Enhanced Community Health Profile, Data Linkage, Data Briefs, ongoing Trainings and Technical Assistance, and evaluations for grant funded programs. New projects include BPHI Supplemental funding and a Tribal Public Health Capacity Building and Quality Improvement Umbrella.

The next CRIHB Board of Directors Meeting will be held October 18-20, 2018 at 1020 Sundown Way, Roseville, California.