The California Rural Indian Health Board, Inc. (CRIHB) hosted the 15th Biennial Joint Board of Directors Meeting with our sister organization, the Northwest Portland Area Indian Health Board, Inc. (NPAIHB) on July 15-18, 2019. More than 225 people attended the four-day event. For more than 30 years, CRIHB and NPAIHB have partnered together to share ideas and resources and to work on important policy initiatives for our common goal of improving the quality of health care for Tribes and American Indians/Alaska Natives (AIANs) in the West.

On the last day of the conference, the CRIHB and NPAIHB Boards of Directors, who represent 95 Tribes in California, Oregon, Washington, and Idaho, voted to adopt the following 12 joint resolutions:

- A call to Congress to support advanced appropriations for the Indian Health Service (IHS) and equitable funding for the California IHS Area.
- Full funding for the IHS and equitable funding for the California IHS Area.
- A call to Congress to support mandatory appropriations for the IHS.
- A call to Congress to fully fund section 105(l) Indian Self-Determination, Education, and Assistance Act (ISDEAA) lease obligations to Tribes and Tribal Organizations as a separate line item in the IHS budget.
- A call to Congress to enact mandatory appropriations in support of the National Child Traumatic Stress Initiative.
- Support of enacting legislation to ensure Medicaid fulfills federal trust responsibility to AIANs.
- Establish a Department of Health and Human Services Office of Minority Health AIAN Health Research Advisory Committee.
- Support for increased funding for the special behavioral health pilot program and option for funding through ISDEAA Title 1 and Title V funding agreements.
- A call to the IHS to move the Purchased/Referred Care (PRC) dependent factor in the PRC funding formula to the annual adjustment category.
- Support for legislation that establishes a Department of Veterans Affairs’ Tribal Advisory Committee.
- Support for permanent reauthorization of the Special Diabetes Program for Indians (SDPI) through ISDEAA Title 1 and Title V funding agreements.
- A call to Congress to remove unnecessary (Government Performance and Results Modernization Act) reporting requirements for opioid treatment services provided by Tribes and to increase funding for these services.

“CRIHB and NPAIHB have a long history of working together to advocate for improved health care for American Indians,” said Dr. Mark LeBeau, CRIHB’s CEO. “Passing these twelve joint resolutions allows us to strengthen our voice and increase our leverage when working with lawmakers and administrators to effect change.”
CRIHB Board of Directors Welcomes 13 Additional Tribes and 2 Tribal Health Programs as Members

CRIHB is pleased to welcome the Southern Indian Health Council, Inc. (SIHC) and Lake County Tribal Health Consortium, Inc. (LCTHC) as new members. CRIHB’s Board of Directors voted to confirm the members at the quarterly meeting in July, bringing CRIHB’s total number of member Tribes to 58 and total number of Tribal Health Programs in California to 18. In 2013, there were 30 Tribes and 11 Tribal clinics in the CRIHB membership.

Lisa Elgin, CRIHB’s Chairwoman, said, “On behalf of the CRIHB Board of Directors and staff, we are happy to welcome our new members, the Southern Indian Health Council, Inc. and Lake County Tribal Health Consortium, Inc. to the CRIHB family.”

SIHC is a consortium comprised of the following seven federally recognized Tribes: Barona Band of Mission Indians, Campo Band of Mission Indians, Ewiiaapaayp Band of Kumeyaay Indians, Jamul Indian Village of California, La Posta Band of Mission Indians, Manzanita Band of Kumeyaay Nation, and Viejas Band of Kumeyaay Indians. LCTHC serves a six-member Tribal consortium to include the following federally recognized Tribes: Big Valley Rancheria, Elem Indian Colony, Habematolel, Middletown Rancheria, Robinson Rancheria, and Scotts Valley Band of Pomo Indians.

“CRIHB is proud to partner with 58 federally recognized Tribes and 18 Tribal Health Programs in California,” said Dr. Mark LeBeau, CRIHB’s CEO. “Working together,” Dr. LeBeau added, ”we can accomplish so much more in our shared effort to achieve equitable funding for the California IHS Area and to improve the health and well-being of American Indians.”
SCIHP's Manchester/Point Area Clinic Grand Opening

The Sonoma County Indian Health Project, Inc. (SCIHP) opened its new Manchester/Point Arena clinic in July 2019. The modular clinic replaced the previous clinic that was no longer effective for providing health care services and was closed for several years due to numerous facility and health concerns.

Kerry Gragg, CRIHB’s Tribal Facility Engineer, and Jonathan Skaggs, CRIHB’s Facility Coordinator, oversaw the planning, design, and construction of the new facility. The clinic is now located next door to the Head Start School. The project was jointly funded by CRIHB, SCIHP, and the Tribe. Due to the remote site location and cost of conventional construction, the facility was developed using commercial grade modular units built to health care standards. Construction of a permanent foundation started in the fall of 2018, and the units arrived in December 2018. The facility was connected to the Tribal water and sewer systems. Connections for power and communications delayed the opening of the clinic. Much of the utilities’ manpower was tied up with restoring systems damaged by the Camp Fire near Paradise, CA. Local contractor Mike Casey constructed the foundation and other site work such as the sewage lift station, emergency generator, entry structures, and parking lot. Mike Casey’s skills and availability were most fortunate for the successful development of the project.

The clinic is now capable of operating during times of a power outage due to the propane fueled emergency generator. Information technology connections and refrigeration of medications are important issues now protected by the generator, which is manually started by local personnel or clinic staff during power outages. A grand opening was held on July 1, 2019, and patient services began in August. The long awaited restoration of patient services is now over.
Highlights from CRIHB and NPAIHB's 15th Biennial Meeting

Our friends from NPAIHB brought wonderful gifts from the Pacific Northwest to include smoked salmon, coffee beans, cranberry preserves, tea, and beautiful Native baskets.

Andrew Joseph, Jr., NPAIHB Chairman, and Lisa Elgin, CRIHB Chairwoman, welcomed meeting attendees.

Kyle Nelson of Quartz Valley Indian Reservation and our next generation of CRIHB Tribal health leaders.

Richard and Debra Myers at Cultural Night.

Cultural Night attendees enjoyed the songs and dances provided by the Torres-Martinez Desert Cahuilla Bird Singers at the CRIHB office on July 16th.

NPAIHB and CRIHB members enjoyed Richard Myers’ presentation on traditional Native fishing at Cultural Night.
The 2019 Tribal Youth Leadership Conference was held July 15-18, 2019, at CRIHB’s office in Roseville, the same week of the 15th Biennial NPAIHB and CRIHB Joint Board of Directors Meeting. Tribal youth, 52 in total, gathered from the Pacific Northwest and California to share knowledge and enhance their leadership skills to further assist their communities through a series of tracks and workshops. The Leadership track consisted of four series from the Native Wellness Institute’s Indigenous 20 Something Project, an inter-Tribal movement to end the negative impacts of historical and intergenerational trauma and to foster leadership and positive impacts in Indigenous families and communities. The Traditional Knowledge track included workshops on medicinal plants, food sustainability and sovereignty, basket weaving and self-care, and bird singing. Participants identified plants in CRIHB’s garden and learned about the plants’ medicinal and healing properties. Youth presented traditional music and participated in traditional styles of preparing and cooking salmon and deer. The Contemporary Issues track provided awareness on teen dating violence, lateral violence and oppression, harm reduction, overdose prevention, and naloxone administration. Two health career professionals shared their personal accounts of overcoming addiction and the obstacles they faced. Youth were inspired to pursue health careers to save lives and to promote wellness in AIAN communities. In addition, these young leaders gained personal and community development skills in workshops such as Art and Activism, Indigenous Youth and Rites of Passage, and U.S. Census: We Count! To wrap-up the conference, youth divided into groups to discuss issues such as inaccessibility, governmental concerns, cultural sensitivity, and they developed strategies for their own respective AIAN communities to ensure everyone is accounted for in the 2020 Census.

The conference attendees chose one of three learning tracks: Leadership, Traditional Knowledge, and Contemporary/Modern Issues.
Each summer the California Tribal Epidemiology Center (CTEC) invites college students and recent college graduates to participate in the Summer Research Assistant Program (SRAP). Indian Health Programs (urban and rural) that hold active Data Sharing Agreements with CTEC can participate as host sites for Summer Research Assistants (SRAs), providing a suitable work environment and a short-term public health-related research project. The CTEC team serves as mentors for each SRA, monitoring their progress, providing necessary guidance and training to ensure SRAs accomplish their summer project goals. This summer is the fourth year of SRAP with seven SRAs, our largest cohort to date. Notably, this is the first year for CRIHB to host a SRA to conduct public health research for CTEC.

CTEC’s 2019 SRAP Cohort:

Kathleen Beltran (Pomo), an undergraduate from UC Davis, pursuing a Bachelor of Science in Anthropology, worked at Lake County Tribal Health Consortium to create a database for clinical inputs and measures for Type 2 diabetic patients. CTEC Epidemiologist, Tiffany Ta, served as a mentor for Kathleen.

Cynthia Begay (Navajo/Hopi), a doctoral candidate at the University of Southern California Keck School of Medicine, worked in partnership with United American Indian Involvement to better characterize AIAN homelessness in Los Angeles County. Her work involves identifying and understanding systems challenges, existing best practices for housing homeless AIAN, and to use collected data to drive policy agenda and advocate for improved culturally sensitive services. CTEC Epidemiologist, Alnino Guarino, served as a mentor for Cynthia.

Mai Der Lee, an undergraduate from California State University-Fresno, pursuing a Bachelor of Science in Health Science (Community Health Emphasis), worked with Round Valley Indian Health Center in creating a Wellness Policy for their ACORNS project and conducting community health assessments via focus groups. CTEC Epidemiologists, Zoilyn Gomez and Jillian Jetter served as mentors for Mai Der.

(continued on next page)
Rosario Arreola Pro joins CRIHB as the Health Systems Development Director. Rosario formerly served as CRIHB’s Health Systems Development Director for nine years. Prior to returning to CRIHB, Rosario was the Clinic Operations Manager for Medical Specialties at Dignity Health Medical Foundation. She brings extensive experience working with health care organizations, targeting low-income, immigrant, and hard to reach populations. Rosario is an experienced health care leader, working with a variety of health care safety net providers, including federally qualified health centers, county health departments, social service organizations, Tribal health clinics, and clinic consortia. Rosario has a BA in Molecular and Cell Biology from the University of California at Berkeley and an MPH from Columbia University. In her spare time, Rosario likes spending time with her husband and two kids, gardening, doing fun art projects, and resting by the fire pit roasting s’mores.
CRIHB receives funding from the Centers for Disease Control and Prevention’s Good Health and Wellness in Indian Country (GHWIC) cooperative agreement, which focuses on improving chronic conditions by implementing culturally-tailored and community-driven policies, systems, and environmental strategies. With this funding, CRIHB has implemented the Advancing Opportunities to Renew Native health Systems (ACORNS) and California Indian Tobacco Education (CITE) programs, which provide subcontracts to California Tribes and Tribal organizations who implement projects that address chronic diseases in their community. Examples of these projects include establishing community or clinic-based gardens, creating and sustaining workplace wellness programs and policies, implementing commercial tobacco-free policies, supporting diabetes self-management programs and educational classes, building staff capacity through trainings and certifications, and installing outdoor exercise equipment within the community. Throughout the five years of GHWIC funding, CRIHB has disbursed subcontracts totaling $2,291,386 to 39 California Tribes and Tribal organizations, representing 70 federally recognized Tribes.

Each year, CRIHB hosts an in-person ACORNS/CITE Resource Meeting for their current subawardees. This year, the Resource Meeting was held June 12-13, 2019, at Ya-Ka-Ama Indian Education and Development in Forestville, CA. Representatives from 15 of our 22 grantees and more than 40 participants attended the meeting. The purpose of the ACORNS/CITE Resource Meeting is to have grantees gather to share resources, challenges, and successes as well as to build partnerships and receive training. Building on the feedback received from previous years, and it being the final year of funding, the ACORNS/CITE team celebrated the hard work of our subcontracts, emphasized the importance of incorporating culture and healing into projects, and modeled this at the Resource Meeting.

The most powerful component of the meeting was the presentations. The agenda was filled by ACORNS/CITE and GHWIC subcontracts presenting on their projects and the aspects of their projects that have helped them be successful. Presentations were selected specifically based on how they are working within the community and drawing on culture to promote health in their communities.
Participants heard from elders who shared their involvement and commitment to diabetes prevention through their work on a Diabetes Action Council. They heard from youth who are teaching peers in their community about the risks of commercial tobacco and have encouraged 12 teenagers to commit to quit smoking. A passionate group of young adults, who created an alliance in their area to support the health of their communities, shared their commitment for nation-to-nation building and cultivating partnerships. Participants were taught how to make essential oil hand scrubs and to facilitate a Maori healing massage by community champions who have focused their project work on healing the community healers.

A Native farmer shared his expertise in organic food production and how to connect that food to the community. Cultural leaders guided participants through a visioning of what a healthy Native community looks like. Finally, the meeting was opened and closed with prayer, songs, and a healing session from local elders. There was a resource table, and participants were encouraged to bring resources, photos, and other materials which showcased their project work. Participants reported feeling inspired, hopeful, and motivated after attending the sessions; this is a wonderful reminder that the wisdom and knowledge needed to heal our communities does not have to come from outside experts, rather, it is within each of us, and we all have important lessons and messages to share.

In addition to the presentations, the ACORNS/CITE Resource Meeting included other elements that modeled and promoted health and wellness. The meeting was held outdoors on Indian original land. Ya-Ka-Ama is a beautiful place in Sonoma County that is shared by Tribes from the surrounding counties, including many of the Tribes served by ACORNS and CITE projects. We learned at the conference that the Ya-Ka-Ama land was occupied by Tribal members who were fighting to protect it, and through their persistence, courage, and community support, they were successful in acquiring the land. Ya-Ka-Ama exists because Tribal people before us persisted, which inspired participants as they persisted in their own communities to promote health and wellness. In an effort to honor and respect the land, the meeting supported zero-waste by providing reusable plates, cups, bags, and silverware for meals; digital copies of the conference materials were provided, as were compost, recycling, and landfill receptacles. The food was healthy, mostly organic, and prepared by a local cook. Additional offerings included regular breaks and movement opportunities, a “Family Tent” for parents to care for small children, and a “Healing Area” for people to utilize traditional medicines and healing practices as needed throughout the meeting.

Finally, CRIHB ACORNS hosted staff from the Alabama-Coushatta Tribe of Texas, Chief Kina Tribal Health Clinic GHWIC project, who shared their stories, project challenges and successes, and explained methods of building nation-to-nation bridges. At the end of the meeting, participants exchanged contact information, discussed future collaborations, laughed together, and felt inspired to continue to work for the health and wellness of their people. As we reflect on the last five years of the ACORNS project and what we learned from this ACORNS/CITE Resource Meeting, we cannot underestimate the power that relationships, community support, passion, culture, and connection to the land have on making sustainable improvements in Tribal health outcomes. To learn more about the great work of ACORNS and CITE grantees, the Resource Meeting, or GHWIC, please contact Janeva Sorenson at jsorenson@crihb.org.
This summer, three Tribal Local Opioid Coalitions (TLOCs), funded through CRIHB’s Tribal Medication Assisted Treatment (Tribal MAT) project, planned regional Tribal opioid summits for their communities. The first was the Southern California Tribal Opioid Summit, hosted by Indian Health Council TLOC on May 30th at their clinic on the Rincon Indian Reservation. An opening talk on the personal and community impacts of historical trauma by Julie Osuna, Project Coordinator for Building Iipay Nation, laid the groundwork for the day-long event. Subsequent presentations included behavioral health screening as best practice for health care, use of the California Opioid Dashboard and limitations to currently-available data, administering naloxone, and integrating MAT into clinical work. The afternoon panels brought community voice to the opioid epidemic, including the importance of blending traditional healing into recovery, and how journeys of healing can look different for members of the community.

The Healthy Body, Healthy Spirit Tribal Opioid Summit was hosted by the United Indian Health Services (UIHS) TLOC on June 17th and 18th at the Blue Lake Casino and Hotel. The goal of the summit was to bring awareness, prevention, and treatment through community involvement. The keynote address was given by Dr. Corey Waller, a nationally recognized addiction expert and actively practicing addiction, pain, and emergency medicine specialist; he discussed brain addiction chemistry, providers’ emotional response to those suffering from addiction, and the physiological struggles of patients. In a breakout session, Dr. Waller discussed the evidence practice approach he uses to provide prenatal care to women during pregnancy. The Yurok Tribe Wellness Coalition provided an overview of the issues and obstacles of the opioid crisis through a local lens. Dr. Virgil Morehead, Jr. discussed the issues of Native American mental health and how this relates to the opioid crisis in Native country. During the second day of the summit, Dr. Cutcha Risling-Baldy discussed the importance of acknowledging intergenerational trauma and the long-lasting effects in family dynamics. Tribal members participated in a panel in which they shared their personal stories about their struggle with addiction. All participants had the opportunity to be trained on how to administer naloxone, and those who attended were given naloxone kits. To close the summit, Rob England and Alissa Leigh of UIHS led a community discussion of the next steps to address the opioid crisis. Participants had the opportunity to outline different ways in which the community can engage to bring awareness, prevention, and treatment to the community.

The Eastern Sierra Opioid Summit, hosted by the Toiyabe Indian Health Project (TIHP) TLOC, occurred July 22nd and 23rd in Bishop, CA. Once again, Dr. Waller provided the keynote, highlighting the concept that opioid use disorder (OUD) is a disease and not a choice, and created the platform for presenters following to discuss and address various treatment options like naloxone and MAT. Albert Titman, Sacramento Native American Health Center Counselor, and Diana Zamora, CRIHB’s Registered Nurse, offered a cultural perspective to the historical trauma and treatment that reflects the traditions, beliefs, and practices of the Native Community. Eastern Sierra area law enforcement, providers, and community advocates, including Arlene Brown (Northern Inyo Hospital) and Earl Lent III of TIHP participated in the “Local Access to Care” panel, providing insight and information on local resources and efforts currently being implemented. On the second day, Dr. Robert Frey talked about the reality of taking and prescribing opioids. Dr. Waller closed the summit, providing the attendees with information and tools they can apply to their practice. Patient centered care was the message conveyed from the presenters and community throughout this summit. To learn more about the TLOCs’ work, contact the regional MAT Champions: Tamika Bennett (Central CA) tbennett@crihb.org, Jerry Ramirez (Northern CA) gramirez@crihb.org, and Haille Worrell (Southern CA) hworrell@crihb.org.
CRIHB Head Start Program Expands to Full-Day

The Office of Head Start, through the Head Start Performance Standards, is requiring that programs increase the number of hours of instruction for children from three and one-half hours per day to six hours per day. As such, the Office of Head Start worked in partnership with CRIHB to obtain additional funding for the program to meet this new requirement, along with creating new funding for the CRIHB Head Start Program that will be used for the next 5-year cycle.

CRIHB’s Head Start program successfully received additional funding from the Office of Head Start to increase hours of instruction and services for children and families living on or near the Elk Valley Rancheria, Lytton Rancheria, and the Manchester-Point Arena Rancheria. The funding allows for children to attend school from 8:30 a.m. to 2:30 p.m. daily from Monday to Friday. This will provide continuity of care and instruction for children who normally had to split their time between the Head Start program and child care programs.

The funding also increases opportunities for community members to apply to newly added positions for each of the centers, as more staff is required to maintain appropriate levels of student/teacher ratios. It also increases family service workers at each site to provide case management and support to families, update kitchens, add cooks to two of the sites, add an additional bus to the Elk Valley center, and replace the Manchester/Point Arena bus. Work on these projects began on September 1st.

In preparation for this new funding, teaching staff have been attending special classes on case management, special needs services, working with children with autism, site supervisor training, and during the month of August staff received Pre-Service training that covered health, disabilities, governance, education, the Child Adult Food Program, class management, human resources, standards of conduct, and many more applicable Head Start trainings. Tribal Child Development (TCD) management staff will also begin their year-long training with Head Start staff to prepare for the Office of Head Start monitoring session to begin fiscal year 2019. TCD will send out more information on this topic during the fall and winter months. The TCD Department is very excited to offer new services to families so that additional support and resources will be easily accessible by all Head Start families. If you have questions regarding the CRIHB Head Start program, please contact Ann Bonnitto, TCD Director, at abonnitto@crihb.org.
Dental Therapy—Another Tool to Improve Oral Health

California has an oral health care crisis. There are currently 434 dental health professional shortage areas, where the ratio of dentists to the population is so low that the federal government considers the area underserved. One solution that is growing in popularity in the United States is the use of Dental Health Aide Therapists (DHATs). DHATs, also known as dental therapists, are mid-level dental care providers, similar to physician assistants in medical care. DHATs are trained to provide a limited set of preventive and restorative dental procedures. Their training matches the training dentists receive to perform the same procedures. Depending on the state, this is usually followed by a period of preceptorship under the direct supervision of a dentist. After completion of the preceptorship, DHATs function under general supervision.

DHATs currently operate in 13 states. They have functioned successfully in more than 50 countries since the 1920s. In 2003, the Alaska Native Tribal Health Consortium built upon the Community Health Aide Program to be the first in the U.S. to introduce dental therapists. A 2018 study of Alaska DHATs found a 284% decrease in children having their four front teeth extracted and adults having a 26% decrease in extractions. Studies of dental therapists worldwide show that the services they provide are performed safely and competently. One study in Canada compared the quality of restorations by dental therapists and dentists. Result: the quality of work of dental therapists was equal to or better than that of dentists. Surveys of states currently using dental therapists show an overall increase in dental office productivity and profitability. The patients are highly satisfied with the care they receive from DHATs.

Ideally, DHATs are recruited from underserved communities to which they will return to practice. There are many advantages to this. The DHAT is likely to remain in the underserved community for years to come. As a member of the community, the DHAT has a level of cultural competence that outsiders do not possess. Having dental therapy provides job opportunities for a community. Most importantly, communities with DHATs see reductions in dental decay and increases in oral health. A campaign to authorize dental therapy in California is beginning. As more people learn about the advantages of having mid-level dental providers, momentum is building to join the 13 states that currently authorize dental therapists.

From left Shannon Jones and Jessica Courts from Karuk Tribal Health & Human Services and Mayra Ramos and Monica Reid from Anav Tribal Health Clinic at the 2019 Continuing Dental Education Conference.

2019 Continuing Dental Education Conference

The California Dental Support Center (DSC) and the California Area IHS hosted the 2019 Continuing Dental Education Conference from May 6-9, 2019, in Sacramento, CA. This four-day conference for dentists, dental hygienists, dental assistants, front office personnel, and billing staff supported continued education in the dental and health professions. With more than 400 attendees from Tribal and Urban Indian Health Programs, participants were able to network, receive the latest information, and have fun. There were 37 sessions and a total of 78.75 American Dental Association/Continuing Education Recognition Program (ADA/CERP) units offered to attendees. The 34 dental vendors sponsored the breakfast and lunch reception on Tuesday, May 7th and were able to exhibit their product and connect with attendees. Karuk Tribal Health & Human Services shared their oral health outreach project on increasing access to care during the poster sessions, “Promoting Oral Health: Tribal Clinics and Beyond.” The DSC would like to thank the DSC Advisory Committee and staff for planning another successful event and hopes to see everyone next year.
The 50th Annual
Board of Directors, Tribal Governments
Consultation Committee, and Program
Directors Meeting

TENTATIVE SCHEDULE

MONDAY, OCTOBER 21, 2019
8:00 A.M.—9:00 A.M.      REGISTRATION
9:00 A.M.—4:30 P.M.      TRIBAL GOVERNMENTS
                         CONSULTATION COMMITTEE
9:00 A.M.—4:30 P.M.      PROGRAM DIRECTORS
1:30 P.M.—2:30 P.M.      CREDENTIALS COMMITTEE
2:30 P.M.—3:30 P.M.      AUDIT COMMITTEE
3:30 P.M.—4:30 P.M.      GRIEVANCE/COMPLIANCE
                         COMMITTEE

TUESDAY, OCTOBER 22, 2019
9:00 A.M.—4:30 P.M.      BOARD OF DIRECTORS
5:00 P.M.—7:00 P.M.      CULTURAL EVENING

WEDNESDAY, OCTOBER 23, 2019
9:00 A.M.—3:00 P.M.      BOARD OF DIRECTORS
5:00 P.M.—8:00 P.M.      ANNUAL AWARDS DINNER
8:00 P.M.—10:00 P.M.     TWICE AS GOOD BAND

THURSDAY, OCTOBER 24, 2019
8:00 A.M.—10:00 A.M.     BREAKFAST BUFFET
8:00 A.M.—11:00 A.M.     ELDER STORYTELLING
11:00 A.M.—12:00 P.M.    PLENARY SESSION
12:00 P.M.—1:00 P.M.     BUFFET LUNCH
1:00 P.M.—3:00 P.M.      PLENARY SESSION CONTINUED
3:00 P.M.—3:30 P.M.      BOARD ELECTIONS
3:30 P.M.—3:45 P.M.      BOARD PICTURES

LOCATION
Thunder Valley Resort
1200 Athens Ave.
Lincoln, CA 95648
(916) 408-7777
Room code: 18101CRIHB

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CRIHB's Legislative Recap

Many Indian health programs and services have been historically under-funded or remain flat-funded under the Indian Health Service (IHS). In order to provide quality health care to Tribes, CRIHB and the Northwest Portland Area Indian Health Board passed twelve joint resolutions at the 15th Biennial Joint Board of Directors meeting in July 2019. These joint resolutions addressed funding shortages and discrepancies at Congressional and Agency levels to ensure existing and sustainable funding is maintained or increased according to program need and adjusted for medical inflation. We also requested that new and existing initiatives be shifted from grant funding and moved into Title I and Title V funding agreements through the Indian Self-Determination and Education Assistance Act to provide a more congruent stream of funding for Tribal health programs.

Next Steps: Reauthorization of the Special Diabetes Program for Indians (SDPI)

We are working closely with the National Indian Health Board (NIHB) to garner support for H.R. 2328, the Reauthorizing and Extending America’s Community Health Act. This Act would renew the SDPI at $150 million a year for the next four years. Historically, this incredibly successful program has been reauthorized for two or three year periods. A four-year renewal would provide a great deal of stability for the diabetes programs in Tribal communities across the United States. The SDPI has an expiration deadline of September 30, 2019. To find your House Representative and contact information, go to https://www.house.gov/representatives/find-your-representative.

Advanced Appropriations

During this session of Congress, three bills have been introduced for Advanced Appropriations. H.R. 1128/S. 229, the Indian Programs Advanced Appropriations Act would provide the Bureau of Indian Affairs, Bureau of Indian Education and the IHS with Advanced Appropriations. Also, H.R. 1135, the IHS Advanced Appropriations Act of 2019 focuses solely on advanced funding for the IHS. CRIHB, Tribal Leaders and Tribal Health Program Representatives have written to federal lawmakers in support of Advanced Appropriations as advanced funding would allow for a more stable and sustainable model with which to operate Tribal Health Programs, including programmatic planning, recruitment and retention of health care professionals, and construction and maintenance of facilities.

Desert Sage Youth Treatment Center

The Desert Sage Youth Treatment Center in Hemet, California, is one of two in-state facilities that provides substance abuse disorder services specifically meeting the unique cultural needs of Native youth. Previously, American Indian Alaska Native (AIAN) youth received residential chemical dependency treatment out-of-state at non-IHS or non-Tribal facilities. Representatives Ruiz and Calvert worked during the August recess to introduce a bi-partisan bill that would improve access to Desert Sage. The main road connecting the treatment center, Best Road, is currently a dirt and gravel road that needs paving. CRIHB is working in conjunction with both offices and gaining support from others within the California Delegation to pass legislation to fund the paving of Best Road.

Medicaid Eligibility

Indian Country is working collaboratively on a legislative proposal to address gaps in access to quality health care services, which would allow states to extend Medicaid eligibility to all AIANs with a household income of up to 138% of the federal poverty level. For Medicaid eligible AIAN patients, we are pushing for full Medicaid reimbursement to Indian Health Care Providers. Additionally, to protect Indian-specific Medicaid provisions, we wish to clarify that State Medicaid programs cannot override these provisions.
CRIHB is excited to offer the following FREE course to our members

**Infection Control Coordinator Training**

**November 15, 2019**
8:00 a.m. - 5:00 p.m.
CRIHB office in Roseville

The course will educate Tribal Health Program staff on information needed to meet Accreditation Association for Ambulatory Health Care and Indian Health Service standards for a credible infection prevention and control program. The following topics will be addressed:

- Components of an effective infection control program
- Safe practices in a health care workplace setting
- Infection control quality improvement projects
- Bloodborne pathogen prevention for health care workers
- Facility infection control surveillance using ATP meters

Lodging will be provided. Please contact Diana Zamora at 916-929-9761 or dzamora@crihb.org to request an application.

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**The 2nd Annual**

**California Tribal Opioid Summit 2019**

**December 3-4, 2019**

Location: Pala Casino Spa & Resort
11154 Highway 76
Pala, CA 92059

For more information, visit the registration website, or contact Michelle Frase at mfrase@crihb.org or 916-929-9761, ext. 1501

FREE for CRIHB Members.
Limited space available.
Registration deadline is November 4, 2019. Register at: https://bit.ly/2YEEEx20