



# Tribal Health ADVISOR

**CRIHB**

Spring/Summer/Fall 2020

**In this issue**

- Notes from CRIHB Central.....4
- Dealing with Anxiety during the COVID-19 Pandemic.....5
- Securing PPE in the Wake of a Global Pandemic.....6
- Dental Support Center Update.....7
- Tribal Child Development News....8
- Nurses: Providing Resiliency during the Time of COVID-19.....9
- Legislative Update.....10
- CTEC's Response to the COVID-19 Pandemic.....12
- Why Telehealth is Important.....13
- CRIHB's COVID-19 Telehealth Initiative.....14
- Tribal Communities Working Together to Combat COVID-19....14
- Tribal Opioid Summit.....15

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## Message from the CRIHB CEO

This year has presented a unique situation that has pushed many of us to challenge the status quo and think outside of the box. As an organization, CRIHB is no exception. However, despite the difficulties resulting from a global pandemic, CRIHB's workforce and members have tightly banded together to acquire additional funding for Tribes and Tribal Health Programs (THPs), develop contracts with various funding agencies for new programs, introduce standardized policies, and conduct advocacy work on Capitol Hill and with the Federal Administration.

In March 2020, for the safety of CRIHB staff and members and in support of California Governor Newsom's orders, CRIHB executives made the difficult decision to temporarily close the building. To ensure essential services continued for our members, a small group of core staff were required to work remotely, while all other staff were on standby at home in the case their supervisor called upon them for assistance.

Despite working remotely, in April and July, the Board of Directors' meetings were successfully conducted via teleconference. In addition, advocacy efforts on the Hill and with the Federal Administration occurred. Funding and equipment specifically for COVID-19 response was obtained through agencies such as the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, Indian Health Service, California Health Care Foundation, The California Wellness Foundation, and The California Endowment. Through such funding, CRIHB was able to provide needed equipment, such as personal protective equipment, face masks and shields, and other supplies; CRIHB also provided technical assistance and training for COVID-19 response and contact tracing; and developed contracts to provide COVID-19 testing, contact tracing, and case investigation to Tribal communities in partnership with Tribal Health Programs.

In late June, California Governor Newsom ordered face masks, coverings, or shields to be worn by all individuals, with some exceptions. As a result, CRIHB developed a new policy regarding the mandatory wearing of face masks, coverings, or shields by all employees while in the office. In August, CRIHB contracted with AB Med to provide COVID-19 testing, contact tracing, and case investigation services to 638-contracted Tribes. Large hubs have been established to offer testing in six regional locations: Big Pine, Santa Rosa, Blue Lake Rancheria (Eureka), Elk Valley Rancheria (Crescent City), Porterville, and Alturas. Smaller testing sites are being coordinated in more rural locations and will continue to progress to areas in need of testing services. As of October, CRIHB's building remains closed, most employees are working remotely, and work-related travel in California is still restricted. *Continued on page 3.*

# CRIHB Member Tribal Health Programs



Mathiesen Memorial Health Clinic



TOIYABE  
INDIAN HEALTH PROJECT

Toiyabe Indian Health Project, Inc.



Tule River Indian Health Center, Inc.



Warner Mountain Indian Health Program



Sonoma County Indian Health Project, Inc.



United Indian Health Services, Inc.



Karuk Tribal Health & Human Services Program



Pit River Health Service, Inc.



Redding Rancheria Tribal Health Center



Greenville Rancheria Tribal Health Program



Chapa-De Indian Health Program, Inc.



Feather River Tribal Health, Inc.



Anav Tribal Health Clinic



K'ima:w Medical Center



Riverside-San Bernardino County Indian Health, Inc.



Table Mountain Rancheria Medical Center



Lake County Tribal Health Consortium, Inc.



Southern Indian Health Council, Inc.



Santa Ynez Tribal Health Clinic

# Message from the CRIHB CEO

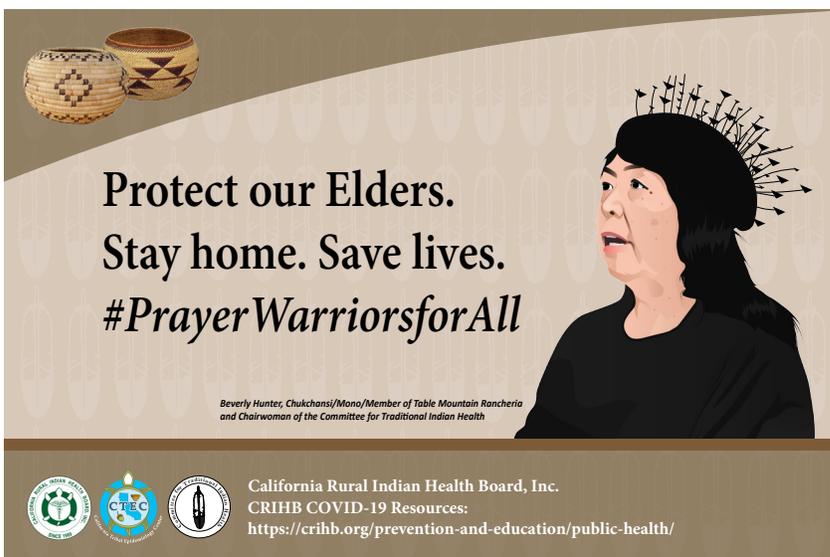
*Continued from page 1*

I commend the professionalism and dedication I see in CRIHB staff, and I am especially proud of the work the CRIHB staff has produced this year under extenuating circumstances due to COVID-19. Public health informational campaigns are ongoing, which include CTEC's recurring COVID-19 Situational Report and updates on [crihb.org](https://crihb.org) as well as utilizing social media to disseminate news, information, and awareness to our Tribal communities. Specifically, the #StayHomeSaveLives print and social media campaign was a successful endeavor that featured portraits from members of the CRIHB's member Tribes and mindful messaging to prevent the spread of COVID-19. Posters were shared on social media and prints were provided to THPs and Tribal offices across California. To see the full print campaign and to order posters, go to [crihb.org/prevention-and-education/public-health/](https://crihb.org/prevention-and-education/public-health/). In addition, we partnered with filmmakers and Tribes across California to produce numerous #OurActionsSaveLives #WeWillEndure public service announcements (PSAs) to help raise awareness and deliver credible public health messaging during the COVID-19 pandemic. You can find the COVID-19 PSAs on [CRIHB's YouTube channel](#) and social media.

From the Office of the Chief Executive, we thank our employees and members for your commitment to both CRIHB and our community.

Stay safe,

Mark LeBeau, PhD  
CRIHB Chief Executive Officer



One of CRIHB and CTEC's COVID-19 #StayHomeSaveLives print and social media campaign ads that was released in April 2020.

## CRIHB Member Tribes

- Agua Caliente Band of Cahuilla Indians
- Barona Band of Mission Indians
- Bear River Band of Rohnerville Rancheria
- Berry Creek Rancheria
- Big Lagoon Rancheria
- Big Pine Paiute Tribe of the Owens Valley
- Big Valley Rancheria
- Bishop Paiute Tribe
- Blue Lake Rancheria
- Bridgeport Indian Colony
- Cahuilla Band of Indians
- Campo Band of Mission Indians
- Cher-Ae Heights Indian Community of the Trinidad Rancheria
- Chicken Ranch Rancheria
- Cloverdale Rancheria of Pomo Indians
- Death Valley Timbisha Shoshone Tribe
- Dry Creek Rancheria Band of Pomo Indians
- Elem Indian Colony
- Elk Valley Rancheria
- Enterprise Rancheria
- Ewiiapaayp Band of Kumeyaay Indians
- Federated Indians of Graton Rancheria
- Fort Bidwell Indian Community of the Fort Bidwell Reservation
- Fort Independence Indian Community of Paiute Indians of the Fort Independence Reservation
- Greenville Rancheria
- Habematolel
- Hoop Valley Tribe
- Jamul Indian Village of California
- Karuk Tribe
- Kashia Band of Pomo Indians of Stewarts Point Rancheria
- La Posta Band of Mission Indians
- Lone Pine Paiute-Shoshone Tribe
- Lytton Rancheria
- Manchester Band of Pomo Indians of the Manchester Rancheria
- Manzanita Band of the Kumeyaay Nation
- Middletown Rancheria
- Mooretown Rancheria
- Morongo Band of Mission Indians
- Pechanga Band of Luiseno Indians
- Pit River Tribe
- Quartz Valley Indian Reservation
- Ramona Band of Cahuilla Indians
- Redding Rancheria
- Resighini Rancheria
- Robinson Rancheria
- San Manuel Band of Mission Indians
- Santa Rosa Band of Cahuilla Indians
- Santa Ynez Band of Chumash Indians
- Scotts Valley Band of Pomo Indians
- Soboba Band of Luiseno Indians
- Table Mountain Rancheria
- Tolowa Dee-ni' Nation
- Torres Martinez Desert Cahuilla Indians
- Tule River Indian Tribe
- United Auburn Indian Community of the Auburn Rancheria
- Utu Utu Gwaitu Paiute Tribe of the Benton Paiute Reservation
- Viejas Band of the Kumeyaay Indians
- Wiyot Tribe
- Yurok Tribe of the Yurok Reservation

# Notes from CRIHB Central



## Operations Department

CRIHB's Operations Department has been rising to face new challenges amid the current and ever changing COVID-19 landscape. Staff has worked continually on public health outreach campaigns, personal protective equipment (PPE) dissemination, and providing technical assistance on numerous grants and funding opportunities, with a heavy focus on those related to the COVID-19 pandemic. Some featured grants include, FEMA's Public Assistance Program, the Health Services and Resources Administration's Rural Tribal COVID-19 Response Program, CDC's Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response, and the CalOES COVID-19 services funding reimbursement program.

The Operations Department has also been working to develop the system framework for online resources to be used by the membership and staff. This entails backend service updates to our website that implemented the base structure for our membership portal as well as the introductory training and planning for CRIHB's online learning portal via Bridge Learning Management System. Implementing these services is still in the early stages, however, they have the potential to be vital systems that can expand CRIHB's ability to quickly inform, provide assistance, and ultimately, communicate more effectively with CRIHB's member Tribes.

The Tribal Facilities team is moving forward with plans for various clinic building projects and renovations. Surveys, budget analyses, active construction, and design plans are being conducted. As the landscape continues to evolve, so does CRIHB Operations. Our goal is to provide the utmost support, communication, and technical assistance to the CRIHB membership, utilizing the most current information and innovative approaches available.

## Finance Department

On May 7, 2020, the Finance Department hosted the first remote Finance Committee meeting, and CRIHB's 20/21 fiscal year budget was approved by the full Board. The Finance Department has provided technical assistance to THPs and upgraded the current Blackbaud accounting system to Financial Edge NXT. CRIHB received the Welfare Property Tax Exemption for 2020 from Placer County, so CRIHB is exempt from property taxes. CRIHB had a clean fiscal year 2019/2020 Single Audit and calendar year 2019 401k audit. On October 9, 2020, the Finance Department hosted a remote Finance Committee meeting and a remote Audit Committee meeting. The August 2020 Finance Report, 2019/2020 Single Audit, and calendar year 2019 401k Audit were all approved at the CRIHB Board of Directors meeting on October 15, 2020. The Finance Department has continued to work on COVID-19 budgets for funding opportunities.

## Human Resources Department

In order to continue to provide the most current best practices and industry standards in alignment with state or federal law, Human Resources (HR) has continued to work closely with the company's HR legal team and HR risk experts. HR staff has attended trainings/webinars pertaining to COVID-19 and workforce response. HR has conducted five distance trainings with Tribes via online platforms. This is a new process of conducting trainings and CRIHB HR will continue to refine this approach. If you are interested in trainings, please contact the HR department at (916)929-9761.

HR has completed its annual employee benefit review with HUB International, CRIHB's third-party benefits administration partner. HR has also worked with the Office of the Chief Executive to examine our current employee benefits package to ensure that no drastic changes in the plans or large fee increases occur with CRIHB's health insurance carriers due to COVID-19.

# Dealing with Anxiety during the COVID-19 Pandemic

When spending time with family, friends, and other professional helpers is how you usually deal with anxiety and stress, coping during the COVID-19 pandemic can be extremely difficult. While physical distancing and shelter-in-place protects us from contracting the coronavirus, that might make it harder to access our main sources of support. How do we deal with stress and anxiety during the COVID-19 pandemic?

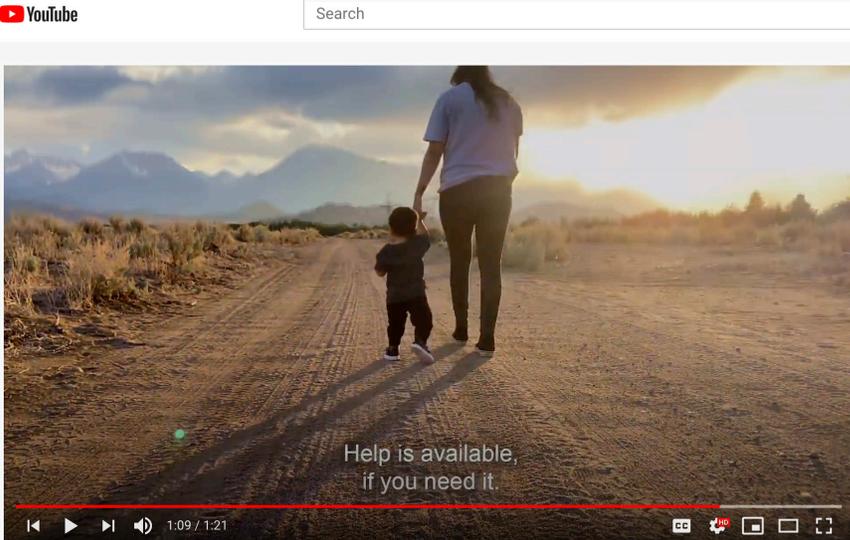
Stress occurs when someone's capacity is challenged by the demands being put on them. Stress is not necessarily bad; it can motivate us to meet deadlines, push ourselves into taking healthy risks, and get out of our comfort zones. However, with the addition of COVID-19-related public health orders and constant news about a global pandemic surrounding us, the stress may feel like too much to handle and may manifest as anxiety. Anxiety is a natural response when we are unsure of the future. We may feel restless, get tired easily, have trouble concentrating on tasks, feel irritable, or have tense muscles. Our days may have added stressors that we may not have been experiencing prior to the COVID-19 pandemic.

It is important to not let the barrage of COVID-19 news, social media posts, television stories, and radio clips overwhelm us. It is healthy to disconnect from electronics

for a little bit and participate in other activities. Exercising, meditating, praying, listening to music or podcasts, watching movies, spending time with people who live in the same household, and participating in traditional arts (weaving, regalia making, carving, beadwork) are all healthy alternatives that can leave us feeling fulfilled rather than drained.

Practicing physical distancing does not mean desolation and reclusiveness. You can still gather in pairs or small groups while maintaining six feet of distance between each person. Being in the company of other people helps alleviate the stress and anxiety people may feel, even if we cannot be within close proximity to each other. Physical distance during hangouts, walks, bike rides, etc. can still happen.

It's normal and understandable to worry and feel stress and anxiety during this time. It's important to understand that fear is totally normal in this situation, and it's OK to seek support from others. Help each other through this time. If you have any questions about healthy coping during the COVID-19 pandemic, contact CRIHB's Behavioral Health Clinical Manager at [ddomaguin@crihb.org](mailto:ddomaguin@crihb.org).

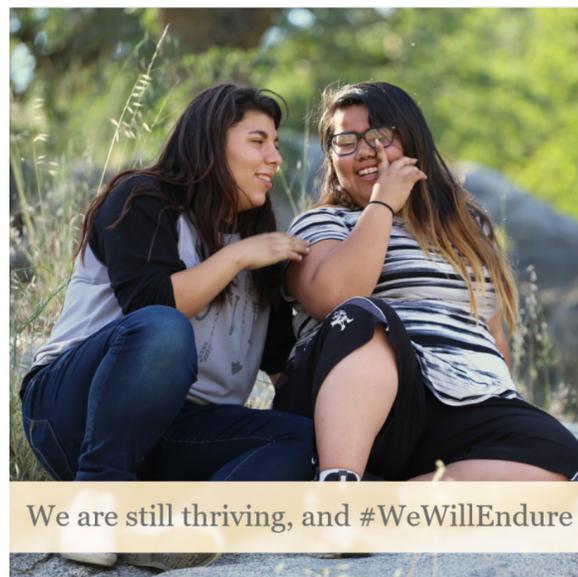


YouTube Search

Help is available, if you need it.

#OurActionsSaveLives #WeWillEndure  
Be a Good Relative and Be Good to Yourself

CRIHB and the CTEC sponsored a series of #OurActionsSaveLives and #WeWillEndure COVID-19 public service announcements (PSAs) beginning in June 2020. Check out the ["Be a Good Relative and Be Good to Yourself"](#) PSA on CRIHB's YouTube channel or social media.



With the COVID-19 pandemic making it difficult for many of us to be close to family, friends, and others who help our wellness, it is important that mental health care is available for everyone, everywhere. If you are thinking about receiving mental health care, contact your local clinic; telehealth appointments may be available.

# Securing PPE in the Wake of a Global Pandemic

The COVID-19 pandemic put an unprecedented strain on the availability of PPE, quickly depleting THP supplies. It became evident that a disruption in the supply chain would also limit the availability of other critical supplies, including procedure masks, gloves, disposable gowns, hand sanitizer, and medical grade disinfectants, which were being used by health care personnel to limit transmission of COVID-19. In just a matter of weeks, clinics had used almost a year's worth of PPE supplies. When clinics sought to restock from the usual medical and dental supply vendors, they were faced with backorders and unknown fulfillment dates as the federal government bought up any and all PPE supplies available from large and small vendors throughout the country.

After a series of frustrating calls with county, state, and federal entities about the need for PPE, it became apparent that these government entities were also faced with great uncertainty and that all clinics would have to wait until hospitals across the country were able to get the supplies they needed. In the wake of a worldwide pandemic, CRIHB had to pivot and shift its focus to procuring much-needed supplies halfway across the world.

CRIHB was able to make an initial purchase of PPE through a couple of leads, including other Tribal community members who are business savvy. CRIHB and member THPs were grateful for this important lifeline that would allow us to provide much-needed protection to our Tribal health care workforce.

Purchasing and the procurement of PPE is temporarily being facilitated by the California Office of Emergency Services (Cal OES) and the Federal Emergency Management Agency (FEMA). While the rest of the usual supply chain gets caught up, hospitals, skilled nursing facilities, and THPs have slowly been able to restock PPE.

As a result of collective efforts, including an initial infusion of funding from CRIHB to buy PPE supplies for CRIHB member THPs, CRIHB has forged ahead with providing its membership the additional PPE they need either now or in preparation for a third wave of COVID-19 or seasonal wildfires in the rural communities. CRIHB has worked in partnership with state and federal entities, including FEMA, Cal OES, Indian Health Service (IHS),

Centers for Disease Control and Prevention (CDC), the CDC Foundation, and The California Endowment (TCE) to secure additional funding and PPE. CRIHB has coordinated over 112 shipments of PPE, hand sanitizer, and cloth masks to THPs between March 13-October 15, 2020, and distributed over 500,000 pieces of PPE to 30 THPs and 47 Tribes throughout the state. CRIHB is sending out an additional 100,000 pieces of PPE in the form of 3-ply face coverings and KN 95 masks before the end of October 2020.

CRIHB encourages THPs and Tribes to order PPE directly through Cal-OES. Please note that supplies are limited and that health care facilities are a priority as part of the COVID-19 response, but requests for masks related to the California wildfires are accepted. Cal-OES is providing approximately a two weeks supply of PPE. Programs must provide detailed information regarding their request, including who the targeted recipients are, the need, and the current burn-rate. For further guidance regarding PPE availability and requests for Tribes and THPs, please contact Rosario Arreola Pro, Director of CRIHB Health Systems Development Department, at [rarreolapro@crihb.org](mailto:rarreolapro@crihb.org). You may also submit your request directly to Cal-OES Tribal Affairs via email at [tribalaffairs@caloes.ca.gov](mailto:tribalaffairs@caloes.ca.gov).



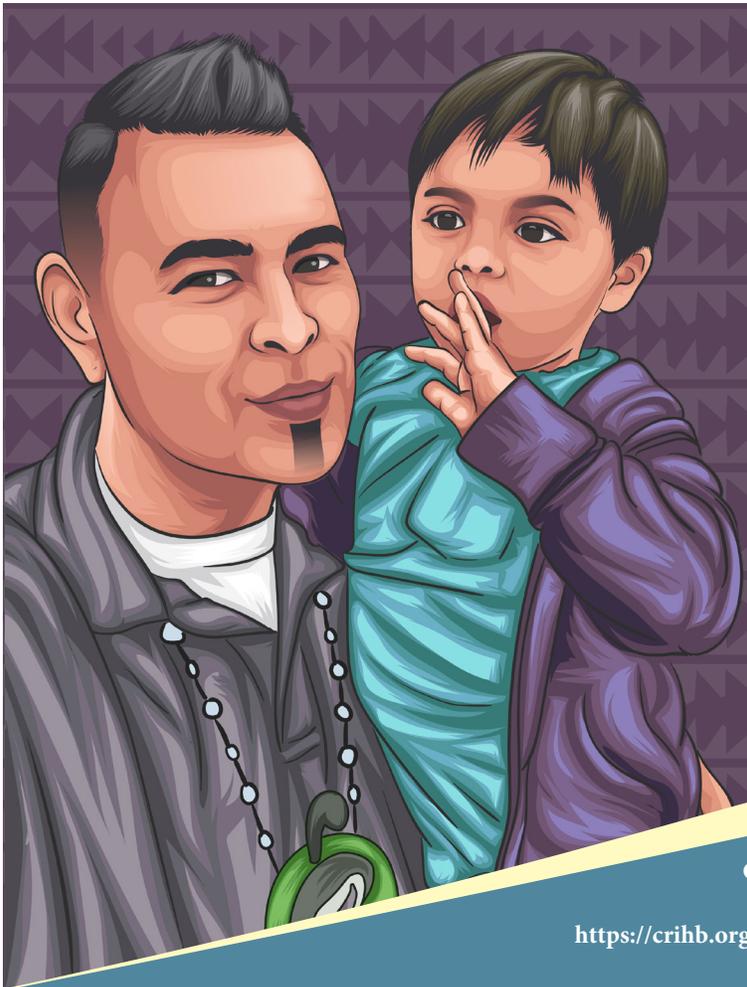
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## Dental Support Center Update



To meet the changing needs of California Indian dental clinics during the COVID-19 pandemic, the California Dental Support Center (DSC) has provided online courses, oral health updates, and electronic dental health education materials. The COVID-19 pandemic has led to the cancellation of in-person state mandated courses, which has posed a problem for some dental health professionals with licenses expected to expire within the next few months. The DSC has collaborated with a certified instructor to offer live, online courses in Infection Control and Dental Practice

Act to dental health professionals throughout California. The live, online courses offered will allow dental health professionals to renew and maintain their licenses. The DSC has also provided and forwarded COVID-19 oral health updates to Indian dental clinics in California. Some of the updates included COVID-19 online meetings and updates on PPE policy and teledentistry policy billing. Lastly, the DSC has provided the Tribal Head Starts with electronic fact sheets and posters on how to talk with American Indian and Alaska Native children about COVID-19. The DSC will continue to provide oral health policy updates regarding the COVID-19 pandemic through newsletters, emails, and Zoom meetings to California Indian dental clinics.



# Protect the Future

## #StayHomeSaveLives

*Silver and Awl-aw-shaw Galleto  
Cloverdale Rancheria  
of Pomo Indians*

California Rural Indian Health Board, Inc.  
CRIHB COVID-19 Resources:

<https://crihb.org/prevention-and-education/public-health/>



This is one of CRIHB and CTEC's #StayHomeSaveLives print and social media campaign posters that featured portraits from members of CRIHB's member Tribes and mindful messaging to prevent the spread of COVID-19. Posters were shared on social media, and prints were provided to THPs and Tribal offices across California. To see the full print campaign and order posters, go to [crihb.org/prevention-and-education/public-health/](https://crihb.org/prevention-and-education/public-health/)

# Tribal Child Development News

The Tribal Child Development Department has been working diligently in providing services to families that are part of the Head Start and/or Child Care and Development Fund (CCDF) programs during the COVID-19 pandemic. Under the guidance of the Office of Head Start and the Office of Child Care, by closing the centers, both programs were able to ensure that the safety of staff and families was priority number one. Per federal guidance, CRIHB has been able to support Head Start staff staying at home, while providing them with their full salaries and equipment to work from home. Even with the physical closures of all the CRIHB Head Start centers located at Elk Valley Rancheria, Manchester-Point Arena Rancheria, Lytton Rancheria, and the Native Start program at Tule River Reservation, the management team designed lesson plans for distance learning. These lesson plans have been designed to ensure that the children will retain the learning levels achieved during the prior months. In addition, each family was provided school supplies to supplement the distance learning lessons.

The CCDF program is a federal program that provides funding to grantees to help Tribal families with child care costs in the form of subsidies paid directly to the child care provider of their choice. CRIHB is a CCDF grantee that administers this program for 15 Tribes. The CCDF program has also been directed by the Office of Child Care to maintain the same level of services prior to the COVID-19 virus, which includes the continued payment of child care subsidies to child providers, even if parents are working from home and cannot take children to child care centers. In addition to keeping families and children safe, the federal regulations require that all licensed providers meet minimum health standards, along with professional development even during this time period. As a result, the grantees had to create plans for this to be accomplished, especially now to address the COVID-19 crisis. The CRIHB CCDF program sent out a survey at the beginning of the pandemic to CCDF families and child care providers, seeking their input in the design of this plan. From this survey, CCDF families indicated that they needed school supplies, family games, basic cleaning supplies, and health safety protective gear to address the pandemic. Many of the families surveyed stated that they were receiving school-issued equipment, but CCDF opted to continue to provide and increase child care subsidies and order those supplies requested by the families.

The program opted to use the funds for all 15 CCDF Tribes to help continue paying child care providers, while parents work from home, or for those families that were still receiving child care bills from licensed child care providers. In order to ensure that child care centers remain open and families do not lose their spots at the center, the program continues to pay the invoices in a timely manner. As many families face employment uncertainty, the program increased the rate of subsidies so families do not have to worry about additional bills.

As of October 2020, the CCDF program has received PPE and cleaning supplies that the staff has begun to distribute. The CCDF families have received educational supplies to help children with virtual learning along with educational family games. The families also indicated that access to Pull-Ups and diapers are limited, as such the CCDF program has been sending out these types of supplies. CCDF will continue to work with families and child care providers during these difficult times.

Both programs are working on safety protocols for the child care and Head Start settings. As more information about the virus is known, the programs will know if the Head Start centers will open, as previously scheduled, or be delayed. The manner in which both the Head Start centers and child care centers provide services may look distinctly different and may still require that some distance learning continue until the incidents of exposure are minimized. The Tribal Child Development Department will continue to share this information as it evolves.

## Nurses: Providing Resiliency during the Time of COVID-19

California sent a message to everyone who had a role in actively preventing further spread of the COVID-19 virus and asked them to continue to seek ways to protect those most at-risk; CRIHB has worked with many THPs in disseminating this message to their communities.

This type of call to action is not new to the nursing field. Throughout history, the nursing profession has played major roles in stepping into times of crisis and providing care and innovation that saves lives while reducing suffering. With that said, we can say that the nurses working in THPs have been on the frontline of the COVID-19 pandemic to ensure a difference is being made in the communities they serve.

The nursing profession's contributions to the public's health during a times of crisis date back to the days of Florence Nightingale. The lessons of Florence Nightingale's nursing practice during the Crimean War are still being applied today during the COVID-19 pandemic — basic handwashing, maintaining standards of cleanliness, learning from the data, and treatment with compassion.

CRIHB has had the privilege of working with member THPs and providing assistance to the Tribal COVID-19 response teams. Since March, CRIHB has assisted medical departments by providing expertise and skills, such as disaster preparedness, infection control, researching and connecting staff with policy and procedures for clinical and field operations, and coordinating the delivery of PPE to Tribal communities in need.

While public health nurses have traditionally been recognized for their efforts during times of a public health crisis, it is quite clear that all nurses are applying evidence-informed public health principles to prevent disease and educate their communities during the time of COVID-19.

Our communities are being led by nurses with considerable expertise in Tribal health care, and CRIHB is extremely proud of the nurses that serve the Tribal communities across California. Our Tribal nurses have shown great resilience during the COVID-19 pandemic.

We all depend on the resilience of nurses — their ability to handle all challenges being thrown their way and still return the next day, or night, to repeat the cycle again. We depend on nurses' conviction, no matter the circumstances, to support their communities every day with their clinical excellence but also to deliver the care and health education with compassion.

Tribal nurses are focusing on skilled communication, true collaboration, effective decision-making, and authentic leadership. As nurses on the frontline, guiding us through the COVID-19 pandemic, we need to shore up their resilience with our gratitude. The gratitude we show as a community is a constant reminder to them that they are making a difference.



Tule River Indian Health Center, Inc.'s Infection Control Coordinator Gabriela Torres (left) and Nursing Director Leah Williams receive a shipment of PPE.

# Legislative Update



Desert Sage Youth Wellness Center, the first Youth Regional Treatment Center (YRTC) located in California, was built in 2017. Currently, the only access to Desert Sage is via Best Road, which is a dirt and gravel road. As this road washes out during flooding season and cracks in dry season, it is cumbersome to those that travel the road daily and those traveling hundreds of miles to receive behavioral health treatments.

On September 25, 2019, Representatives Raúl Ruiz (D-36th) and Ken Calvert (R-42nd), in collaboration with CRIHB, introduced a bipartisan bill, that would improve access to Desert Sage, H.R. 4495: To authorize the Secretary of Health and Human Services, acting through the Director of the Indian Health Service, to acquire private land to facilitate access to the Desert Sage Youth Wellness Center in Hemet, California, and for other purposes.

Tribes, Tribal organizations, and CRIHB advocated for H.R. 4495, resulting in a California cohort of cosponsors from neighboring Congressional districts: Representative Pete Aguilar (D-31st); Representative Paul Cook (R-8th); Representative Doug LaMalfa (R-1st); Representative Nanette Diaz Barragán (D-44th); Representative Tony Cárdenas (D-29th), and Representative Josh Harder (D-10th).

On September 25, 2019, the bill was referred to two committees in the House of Representatives: the Energy & Commerce (E & C) Committee and the Committee on Natural Resources. As both have oversight on various Native Affairs, dual jurisdiction is common. For further review, bills are referred subcommittees. In this case, on September 26, 2019, the bill moved to the Energy & Commerce Subcommittee on Health. On October 3, 2019, it was referred to the Natural Resources Subcommittee on National Parks, Forests, and Public Lands.

On December 2, 2019, the bill was referred to another Natural Resources Subcommittee: the Subcommittee on the Indigenous Peoples of the United States (SCIP). Tribes, Tribal organizations, and CRIHB educated lawmakers, advocated for H.R. 4495, and provided letters of support to the California delegation. Typically, each Congressional subcommittee holds a hearing for each bill that will be considered on the House floor for a vote.

On February 5, 2020, SCIP held a hearing for H.R. 4495, and CRIHB's health policy analyst testified in support of the bill. Typically, after a hearing is held, a bill will be marked up prior to a vote. To increase likelihood that a bill will be considered for a vote, one Committee can waive jurisdiction for a bill. CRIHB collaborated with the E & C committee staff to waive their jurisdiction for H.R. 4495, which would place it solely under Natural Resources. However, due to the COVID-19 crisis, the bill did not move to the floor. Instead, it was included as Amendment 822 in H.R. 2, the Moving Forward Act. On July 1, 2020, the House of Representatives passed the Moving Forward Act. It is in the Senate for consideration.

On September 10, 2020, Senator Feinstein introduced, S. 4556, a bill to authorize the Secretary of Health and Human Services, acting through the Director of the Indian Health Service, to acquire private land to facilitate access to the Desert Sage Youth Wellness Center in Hemet, California, and for other purposes. It has bi-partisan support and is currently under consideration in the Senate Committee on Indian Affairs (SCIA). Tribes, Tribal organizations, and CRIHB continue to advocate for S. 4556.

# Protect our Elders. Stay home. Save lives.



*“Not too long ago, our communities endured new diseases such as small pox and other infections. We protected ourselves and our people to the best of our abilities. We must do this again in response to the newest coronavirus.*

*Please consider staying home, washing your hands often, and wearing a mask when around other people if you must go out. If you think you may be experiencing fever, cough, shortness of breath or other concerning symptoms, call your health clinic provider for advice.”*

*– Beverly Hunter, Chukchansi/Mono/Member of Table Mountain Rancheria and Chairwoman of the Committee for Traditional Indian Health*

**#PrayerWarriorsforAll**

California Rural Indian Health Board, Inc.

CRIHB COVID-19 Resources:

<https://crihb.org/prevention-and-education/public-health/>



# The California Tribal Epidemiology Center's Response to the COVID-19 Pandemic



As of October 15, 2020, the California Department of Public Health has reported 858,401 positive cases and 16,757 deaths from COVID-19. In order to provide timely and accurate surveillance data on the pandemic, the California Tribal Epidemiology Center (CTEC), housed within CRIHB, immediately created a COVID-19 Situational Report. The COVID-19 Situational Report is produced daily Monday through Friday and is made available to all of our Tribal partners on [crihb.org](http://crihb.org). A total of 151 reports have been produced as of October 15, 2020. The report includes data on distribution of cases in the United States, cases in California, and cases reported from the Indian Health Service. In addition, the report presents the racial distribution of cases and deaths in California and discusses racial disparities. Tribal state of emergency and shelter in place declarations are also tracked in the report.

In addition to the report, CTEC launched its initial COVID-19 educational campaign in February 2020. As part of this initial response, CTEC developed two educational materials for Tribal communities in California. One of these materials was a call to action community poster that outlined three actions that can be taken by individuals to protect themselves against coronavirus. The other educational material was a COVID-19 patient brochure that provided information on the outbreak in the United States, how the virus is spread, its symptoms,

treatment, and prevention. As cases continued to increase globally, nationwide, and in California, CRIHB decided to expand its emergency response to the pandemic and formed a COVID-19 Task Force in early March 2020. To date, CTEC and the other members of this Task Force have developed a multitude of educational materials and guidance to prevent and control the spread of COVID-19 in Tribal communities. These materials have included COVID-19 guidance for mass gatherings, sweats, community health representatives, Tribal staff working in childcare programs, Tribal casinos and hotels, and Tribal Head Start Programs.

Contact tracing has been another area of focus for CTEC. CTEC created a COVID-19 case investigation and contact tracing training specifically tailored for THPs and Tribes in California. Multiple trainings have been offered to Tribes and THPs in California. CTEC has also provided technical assistance on COVID-19. Contact tracing technical support includes development of case investigation and contact tracing forms, scripts, and spreadsheets to enter and manage the COVID-19 data collected.

Despite our best efforts, we continue to see COVID-19 cases in our communities. As our fight against this pandemic goes on, CTEC remains committed to providing high quality public health and epidemiology support to Tribes and THPs in California with the overall goal of protecting the lives and well-being of American Indian and Alaska Natives.

**CORONAVIRUS DISEASE 2019 (COVID-19) SITUATIONAL REPORT #151 OCTOBER 15, 2020**

**DAILY HIGHLIGHTS**

Globaly, COVID-19 cases have surpassed 18 million with more than 1.8 million deaths. The total number of cases in the U.S. increased from 7,815,007 as reported on Wednesday 10/15/2020 to 7,894,768 reported today. The number of deaths in the U.S. increased from 215,194 to 216,025.

The National Institute of Health, working in collaboration with the Biomedical Advanced Research and Development Authority (BARDA), announced on October 6, 2020, a final round of contract awards for scale-up and manufacturing of first COVID-19 testing technologies. The six new Rapid Identification of Diagnostic (RAD) Initiative contracts total \$98.35 million for point-of-care and other novel test approaches that provide new modes of sample collection, processing and return of results. Innovations include integration with smart devices, enable lab processing that can be deployed to COVID-19 hot spots, and test results available within minutes. To read the full article, click [HERE](#).

According to CNBC and other credible news sources, a 25-year-old man in the U.S. state of Nevada has contracted the coronavirus on two separate occasions, a study in the Lancet Infectious Diseases journal showed, with the patient becoming seriously ill following the second infection. It is the first confirmed case of U.S. patient becoming re-infected with COVID-19, and the 8th known case reported worldwide. He has now since recovered. To read the full article, click [HERE](#).

The World Health Organization (WHO) released an article today talking about the impact of COVID-19 on people's livelihoods, their health, and our food systems. To read the full article, click [HERE](#).

Simultaneous outbreaks of the novel COVID-19 will strain the state's health care resources. Getting a flu shot protects you and your family. To find a flu shot near you, click [HERE](#).

**UNITED STATES**

**COVID-19, U.S. at a Glance\***

- Total cases: 7,894,768
- Total deaths: 216,025
- California: 858,401 positive cases; 16,757 deaths; District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands.

\*As of April 15, 2020, CDC cases and death counts include both confirmed and unconfirmed cases. CDC unconfirmed cases are based on reports from state health departments. The number of unconfirmed cases is based on reports from state health departments. The number of unconfirmed cases is based on reports from state health departments. The number of unconfirmed cases is based on reports from state health departments.

A confirmed case or death is defined by meeting confirmatory laboratory evidence for COVID-19.

A probable case or death is defined by meeting confirmatory evidence with or without laboratory testing performed for COVID-19 or by meeting presumptive evidence of COVID-19 clinical criteria OR epidemiologic evidence of an meeting and results criteria with no supporting laboratory testing performed for COVID-19.

**National Laboratory Testing Data**

- Total tests reported: 124,901,889
- Positive tests reported: 9,711,527
- Percent of positive tests: 7%

**CORONAVIRUS DISEASE 2019 (COVID-19) SITUATIONAL REPORT #151 OCTOBER 15, 2020**

**NEGATIVE CASES POSITIVE CASES TESTED**

STATE	NEGATIVE CASES	POSITIVE CASES	TESTED
ALABAMA	1,000	1,000	2,000
ALASKA	1,000	1,000	2,000
ARIZONA	1,000	1,000	2,000
ARKANSAS	1,000	1,000	2,000
CALIFORNIA	858,401	16,757	1,000,000
COLORADO	1,000	1,000	2,000
CONNECTICUT	1,000	1,000	2,000
DELAWARE	1,000	1,000	2,000
FLORIDA	1,000	1,000	2,000
GEORGIA	1,000	1,000	2,000
HAWAII	1,000	1,000	2,000
ILLINOIS	1,000	1,000	2,000
INDIANA	1,000	1,000	2,000
IOWA	1,000	1,000	2,000
KANSAS	1,000	1,000	2,000
KENTUCKY	1,000	1,000	2,000
LOUISIANA	1,000	1,000	2,000
MAINE	1,000	1,000	2,000
MARYLAND	1,000	1,000	2,000
MASSACHUSETTS	1,000	1,000	2,000
MICHIGAN	1,000	1,000	2,000
MINNESOTA	1,000	1,000	2,000
MISSISSIPPI	1,000	1,000	2,000
MISSOURI	1,000	1,000	2,000
MONTANA	1,000	1,000	2,000
NEBRASKA	1,000	1,000	2,000
NEVADA	1,000	1,000	2,000
NEW HAMPSHIRE	1,000	1,000	2,000
NEW JERSEY	1,000	1,000	2,000
NEW YORK	1,000	1,000	2,000
NORTH CAROLINA	1,000	1,000	2,000
NORTH DAKOTA	1,000	1,000	2,000
OHIO	1,000	1,000	2,000
OKLAHOMA	1,000	1,000	2,000
OREGON	1,000	1,000	2,000
PENNSYLVANIA	1,000	1,000	2,000
RHODE ISLAND	1,000	1,000	2,000
SOUTH CAROLINA	1,000	1,000	2,000
SOUTH DAKOTA	1,000	1,000	2,000
TENNESSEE	1,000	1,000	2,000
TEXAS	1,000	1,000	2,000
UTAH	1,000	1,000	2,000
VIRGINIA	1,000	1,000	2,000
WASHINGTON	1,000	1,000	2,000
WEST VIRGINIA	1,000	1,000	2,000
WISCONSIN	1,000	1,000	2,000
WYOMING	1,000	1,000	2,000

**CALIFORNIA**

As of October 14, 2020, there were a total of 858,401 positive cases and 16,757 deaths in California.

**Ages of all confirmed positive cases:**

- Age 0-17: 90,299 cases
- Age 18-49: 313,952 cases
- Age 50-64: 161,957 cases
- Age 65 and older: 91,359 cases
- Unknown/Missing: 894 cases

**Gender of all confirmed positive cases:**

- Female: 433,299 cases
- Male: 418,201 cases
- Unknown: 6,897 cases

Lab tests reported statewide: 16,517,812

Twenty-five public health labs in California are testing samples for COVID-19. These labs include the California Department of Public Health Laboratory in Richmond, Alameda, Butte, Contra Costa, Fresno, Humboldt, Imperial, Long Beach, Los Angeles, Monterey, Napa-Solano, Yuba-Marysville (located in Solano), Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Shasta, Sonoma, Tulare and Ventura County public health laboratories. The Richmond Laboratory will provide diagnostic testing within a 48-hour turnaround time. This means California public health officials will get test results sooner, so that patients will get the best care.

Click [HERE](#) to find your nearest testing site.

**INDIAN HEALTH SERVICE CALIFORNIA AREA**

21,296 Tribal or Urban Indian Health Program patients in the California Area have been tested for COVID-19 as of 10/15/2020.

Of these, 1,370 patients have tested positive for COVID-19 and 19,473 have tested negative for COVID-19.

**CA CENSUS 2020**

**BE COUNTED, CALIFORNIA**

The California Tribal Epidemiology Center publishes the 10-page COVID-19 Situational Report daily Mondays through Fridays. The reports can be accessed at [crihb.org/prevention-and-education/public-health/](http://crihb.org/prevention-and-education/public-health/).

## Why Telehealth is Important Now

In response to the COVID-19 pandemic, THPs have rapidly responded to protect patients with pre-existing conditions and elders who are at high risk for becoming severely ill from COVID-19. In these efforts, many have turned to expanding the use of telehealth when possible in order to keep susceptible patients out of clinics. Since 2017, CRIHB has offered a telehealth program that provides specialists in endocrinology, adult psychiatry, pediatric psychiatry, pain medicine, and counseling. Due to COVID-19 restrictions, some THPs have begun using CRIHB's telehealth platform to provide primary care to patients at home as well.

In March, the U.S. Department of Health and Human Services loosened restrictions on Health Insurance Portability and Accountability Act (HIPAA) compliant methods of providing telehealth, to allow health care providers to use any non-public facing remote communication product. Health care providers have worked hard to find ways to connect with their patients, some of whom may not have access to WiFi or other technologies. For some, CRIHB's telehealth platform has been a useful resource in scheduling appointments and connecting to patients via HIPAA-compliant, password-protected Zoom meetings.

CRIHB provided 638-contracted member THPs access to compliant Zoom accounts to maintain access to health care services during the current public health emergency. As a result of these efforts, three out of nine THPs have added primary care services into their telehealth offerings: Tule River Indian Health Clinic, Sonoma County Indian Health Project, and Warner Mountain Indian Health Project. An 1135 Waiver, approved by the Centers for Medicare and Medicaid Services (CMS) for the public health emergency duration, allows the State of California to reimburse THPs for the telehealth provided to Medi-Cal members. The temporary reimbursement of telehealth services minimizes the financial impact of reduced patient visits for THPs implementing social distancing measures to prevent the spread of COVID-19 among clinic patients and staff. Even as stay-at-home orders are slowly being lifted across the state, telehealth visits will continue to be vital in providing primary and specialty health care to vulnerable populations. For more information on CRIHB's telehealth program, contact Provider Outreach Coordinator Kara Hetrick at [khetrick@crihb.org](mailto:khetrick@crihb.org).

## I Count: 2020 Census

On March 14, 2020, an 18-year-old Yurok Tribal member completed her household's census questionnaire and was the first person in California to be officially counted in the 2020 Census. Since that time, COVID-19 has significantly impacted census outreach, and the deadline to respond to the census was extended to October 31, 2020. Census responses are used to determine representation in Congress and funding decisions for many programs that directly impact Tribal communities. In the 2010 Census, the Census Bureau found that American Indians were the most undercounted population group. As the economy is greatly fluctuating due to the COVID-19 pandemic and funding for government programs is expected to decrease, having an accurate count of Native people throughout California is critical. Thank you for submitting your household's census questionnaire promptly and ensuring that American Indian and Alaska Native people are counted in California in 2020.





## **CRIHB's COVID-19 Telehealth Initiative**

CRIHB has been using Telehealth for over 10 years through an outsourced company. However, the Telehealth services technology potential was never fully realized as the third party solution had customization restraints on their product due to having many different customers other than CRIHB. As a result, CRIHB member participation was low (even for members who had the necessary hardware and service), and the service was not used to the fullest extent of the product's ability. With the outbreak of COVID-19, CRIHB decided to bring telehealth under its own service catalog and rebranded it as "CRIHB Telehealth." This new service was finalized and launched in May of 2020. Telehealth.crihb.org has been deployed to over 135 users, which is a 309% increase over CRIHB's previous product. With the new Telehealth.crihb.org service, providers can connect virtually with patients and use technology to conduct examinations and provide diagnoses in real-time, using a computer, tablet, or mobile device. Patients can be monitored from home and still have the benefit of a face-to-face consultation with their providers and specialists. By bringing Telehealth under the CRIHB service catalog, CRIHB will be able to better manage and respond to the needs and requests of our coordinators and providers. This will also enable data sharing across multiple platforms to cut down on the amount of data entry needed and provide support for more peripherals, such as different scopes and cameras, mobile diagnostic services, and remote in-home monitoring. CRIHB Telehealth is a user friendly service portal that connects physicians, patients, and specialists for regular or urgent care appointments. This solution will help bring the needed care to patients when and where they need it, while actively engaging them in their own health care. With CRIHB Telehealth, the future of care will be about the ease of access, communication, and connectivity. Using technology and dedicated customer service, CRIHB looks forward to bringing the needed quality of care to California's rural Tribal communities.

## **Tribal Communities Working Together to Combat COVID-19**

In response to the COVID-19 pandemic, in the spring of 2020, CRIHB assisted THPs with enhancing their infection control practices. The THPs responded to this challenge with an admirable effort in training, creating new workflows, and adjusting their services to prepare for a surge. In recent weeks, as we have seen pockets of ongoing COVID-19 transmission in rural areas, CRIHB has been working with THPs to transition from being exclusively a clinical service site to becoming a hybrid clinical-public health service. Tribes are leaning on their clinics in a wide range of ways, from counsels and Tribal governments to being given public health authority to conduct investigations and create isolation orders. Regardless of what role the THPs have been given, CRIHB has walked alongside them through providing training and technical assistance. Trainings in contact tracing are particularly valuable because most COVID-19 cases found in, or around a Tribal community, will necessarily involve both the Tribe and county working together. Tribes often prefer to have their own contact tracers work in their communities because they understand the culture and are known by community members. In addition, in the event of a large cluster of cases, having a THP/Tribal contact tracing team ensures that this service is provided in a timely and effective way when the county is stretched thin. CRIHB has also provided technical assistance in the areas of epidemiology, surveillance, public health law, testing strategies, infection control, and many others. CRIHB does this through direct one-on-one assistance to medical directors, health boards, and Tribal governments as well as through webinars on topics such as standing up a community isolation site, risk communication, jurisdictional issues in emergency response, and others. CRIHB is committed to this ongoing work and is focused on expanding clinical services and assisting THPs as they advise Tribes on reopening services and businesses.

# Third Annual California Tribal Opioid Summit

Thursday, December 10, 2020

To register for this free,  
virtual event, go to:

<https://rb.gy/4ogcvo>

For more information,  
contact Daniel Domaguin  
at (916)929-9761, ext. 1520  
or [ddomaguin@crihb.org](mailto:ddomaguin@crihb.org)

## Tentative Agenda

- 8:30 a.m.**            **Opening Plenary**
- 8:45 a.m.**            **Tribal-Defined Best Practices**  
-Success Stories from across Indian Country  
-Funding Opportunity Kickoff
- 10:00 a.m.**          **MAT Learning Community Launch**
- 11:15 a.m.**          **Breakout Sessions A**  
-Opioid Overdose Prevention Project: Successes and Lessons Learned  
-Comprehensive Approaches to Polysubstance/Stimulant Use Treatment
- 12:15 p.m.**          **Lunch**
- 1:15 p.m.**            **Breakout Sessions B**  
-Engaging Youth in Substance Use Disorder Prevention  
-Integration and Teamwork Through Coordinated Care
- 2:30 p.m.**            **Opioid Use Disorder, Homelessness, and Native Residential Treatment:  
Findings and Next Steps**
- 4:00 p.m.**            **Closing Plenary**



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