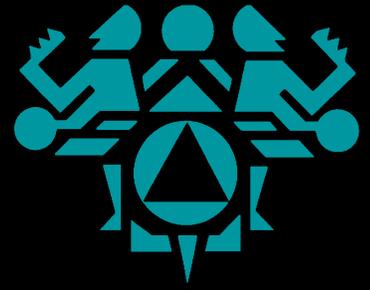


# DELEGATE ORIENTATION PACKET 2016



Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Confederated Tribes of Colville  
Confederated Tribes of Coos, Lower Umpqua, and  
Siuslaw Indians  
Confederated Tribes of Grand Ronde  
Confederated Tribes of Siletz Indians  
Confederated Tribes of Umatilla  
Confederated Tribes of Warm Springs  
Coquille Tribe  
Cow Creek Band of Umpqua  
Cowlitz Indian Tribe  
Hoh Tribe  
Jamestown S'Klallam Tribe  
Kalispel Tribe  
Klamath Tribes  
Kootenai Tribe  
Lower Elwha Klallam Tribe  
Lummi Nation  
Makah Tribe  
Muckleshoot Tribe  
Nez Perce Tribe  
Nisqually Tribe  
Nooksack Tribe  
NW Band of Shoshone Nation  
Port Gamble S'Klallam Tribe  
Puyallup Tribe  
Quileute Tribe  
Quinault Indian Nation  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock Tribes  
Skokomish Tribe  
Snoqualmie Tribe  
Spokane Tribe  
Squaxin Island Tribe  
Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tulalip Tribe  
Upper Skagit Tribe  
Yakama Indian Nation

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
INDIAN LEADERSHIP FOR INDIAN HEALTH





# NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



## New Delegate Orientation

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Connected More Roots  
Tribes Learning  
Proud Health Needed  
Underdog Social Journey Champion  
Impact Job People Knew  
Whole Sweet Tribal Crown Jewel  
Satisfaction Passion Numbers Grateful  
Beginning Waves Place Best  
Carry Know Together Start  
Pride Fly Heart Research  
Being Trust Team Butterfly Duty  
Live Balance See Sovereignty Listening  
Communities Grew Self-Determined  
Honored Feels Hard Life  
Moved Others Justice  
Families Shine  
Bubble Home  
Wellness Good Blessed  
Northwest Leadership



**NORTHWEST  
PORTLAND  
AREA  
INDIAN  
HEALTH  
BOARD**

Burns-Paiute Tribe  
 Chehalis Tribe  
 Coeur d'Alene Tribe  
 Confederated Tribes of Colville  
 Confederated Tribes of Coos, Lower  
 Umpqua, and Siuslaw Indians  
 Confederated Tribes of Grand Ronde  
 Confederated Tribes of Siletz Indians  
 Confederated Tribes of Umatilla  
 Confederated Tribes of Warm Springs  
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 Cow Creek Band of Umpqua  
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 NW Band of Shoshone Nation  
 Port Gamble S'Klallam Tribe  
 Puyallup Tribe  
 Quileute Tribe  
 Quinault Indian Nation  
 Samish Indian Nation  
 Sauk-Suiattle Tribe  
 Shoalwater Bay Tribe  
 Shoshone-Bannock Tribes  
 Skokomish Tribe  
 Snoqualmie Tribe  
 Spokane Tribe  
 Squaxin Island Tribe  
 Stillaguamish Tribe  
 Suquamish Tribe  
 Swinomish Tribe  
 Tulalip Tribe  
 Upper Skagit Tribe  
 Yakama Indian Nation

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 Portland, OR 97201  
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 (503) 228-8182 FAX  
 www.npaihb.org

TO: Tribal Delegates to the NPAIHB

FROM: Andrew Joseph, Jr., NPAIHB Chair

RE: Welcome to the Northwest Portland Area Indian Health Board

Welcome to the Northwest Portland Area Indian Health Board! Your Tribe has authorized you to join the Board as one of its 42 Delegates (or Alternate Delegates). You have now joined one of the nation's most important Indian health organizations. The Board and its Tribal EpiCenter are nationally known for leadership in health policy, health research, and disease prevention and health promotion activities.

As a new Board member, you may be overwhelmed with questions. I hope this orientation manual assists you in finding the answers you need to get started.

The first thing you may ask is: *"How do I participate in the governance of the Board?"* The Board has Quarterly Board Meetings that take place on the third week of January, April, July and October. (June's meeting may be moved due to Canoe Journey commitments.) It is here that you will make recommendations for agenda items, vote on resolutions, and meet and discuss health issues with other Delegates and Board employees. The Board reimburses you for all costs of travel to the meetings.

Our mission is to *"eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare."*

The Board is a Public Law 93-638 Tribal organization and every employee is aware that we work for the Tribes. We are proud of that and I think you will notice the respect our staff has for our Tribes.

As a Delegate, you have the opportunity to serve your Tribe, other Tribes in the Northwest and Tribes nationwide. You are in a position to make a difference in the lives of many Indian people through this work. We look forward to your participation and we welcome your contribution to our common goal of improving health and honoring the commitment of the federal government for quality health care services.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Scope of Activities

#### **Formation of NPAIHB**

The Northwest tribes have long recognized the need to exercise control over the design and development of health care delivery systems in their local communities. To this end, in 1972 they formed the Northwest Portland Area Indian Health Board (NPAIHB). The NPAIHB is a nonprofit tribal advisory organization that represents the tribes of Washington, Oregon, and Idaho on health-related matters and to provide health-related technical assistance.

The NPAIHB represents 43 federally recognized tribes throughout the Pacific Northwest. Tribes become members of the Board through Public Law 93-638 authorizing resolutions passed by the governing body for the Tribe. Tribal governments appoint a delegate to represent them on the Board of Directors of the NPAIHB.

The Board of Directors meets quarterly to review Indian Health Service (IHS) policies and activities and to advise the Portland Area IHS from the perspectives of the tribal governments and Indian health care consumers. At these meetings, the Board of Directors also discuss and develop positions on current legislative and budget issues related to Indian health care and provides direction to staff.

#### **NPAIHB Administration**

The Executive Director, Joe Finkbonner, administers the NPAIHB. Other administrative staff include: Jacqueline Left Hand Bull, Administrative Officer; Elaine Dado, Executive Administrative Assistant, and Jim Roberts, Policy Analyst.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Scope of Activities

#### NPAIHB Contracts And Grants

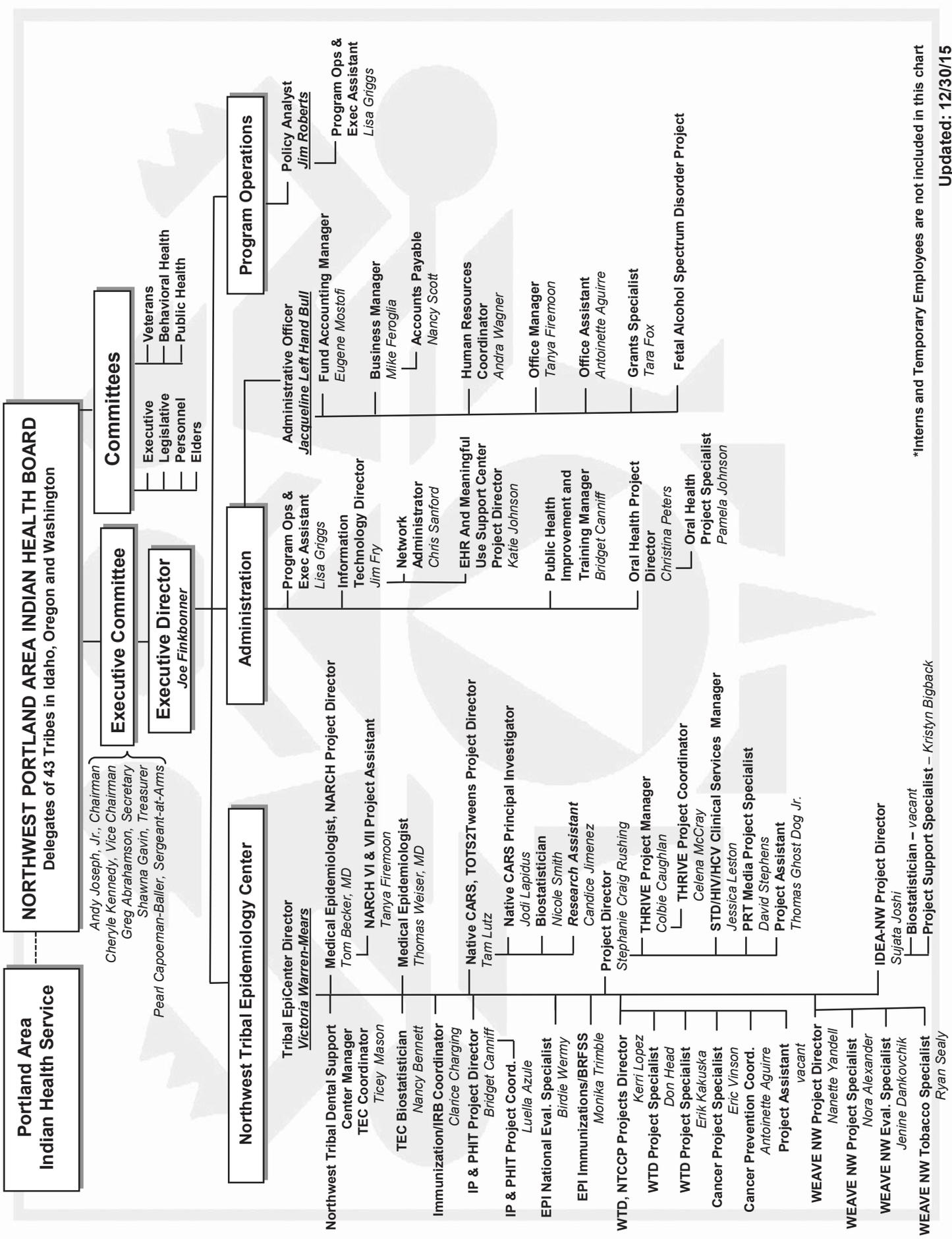
Prioritizing health issues are identified at NPAIHB Board strategic planning sessions. When directed through a resolution of the Board, NPAIHB staff pursues contracts and grants of regional benefit to northwest tribal health programs. Current contracts and grants include:

- Program Operations
- CMS TTAG AI/AN
- EHR Meaningful Use
- Northwest Portland Area Immunization Project
- Methamphetamine and Suicide Prevention Project (MPSI) - THRIVE
- Project Red Talon (PRT)
- weRnative
- Its Your Game Education/Prevention Project
- Injury Prevention
- Northwest Tribal Fetal Alcohol Syndrome Disorder (FASD) Project
- Northwest Tribal Comprehensive Cancer Program
- Special Diabetes Program for Indians
- Western Tribal Diabetes Project (WTDP)
- Native American Research Centers for Health (NARCH)
  - Summer Research Institute
  - Student Training for Research
- Native CARS (Children Always Ride Safe)
- Tribal Epidemiology Centers Consortium
- Northwest Tribal Epidemiology Center
- Improving Data & Enhancing Access - NW
- Northwest Tribal Dental Support Center
- Strengthening Public Health Infrastructure
- Behavioral Risk Factors Survey System
- RPMS Support and Training
- Empowering Native Youth
- Wellness for Every American Indian to View and Achieve Health Equity (WEAVE-NW)
- Oral Health Project

#### Program Operations

Core funding for NPAIHB is provided through a Public Law 93-638 contract with the Indian Health Service. Program Operations staff provide analysis of health-related legislation and Indian Health Service policy which impact tribal health programs. They provide technical assistance and advocate for Northwest Tribes on health issues.





\*Interns and Temporary Employees are not included in this chart  
Updated: 12/30/15



**NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD**

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## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Resolution Process

#### ***Resolutions: An important mechanism for policymaking, project development, internal governance...***

NPAIHB resolutions are often the building blocks of legislation or Congressional appropriations formed from the ideas of tribal communities expressed in these communities and discussed at Board meetings or other Board sponsored activity. There are multiple examples of this happening: Much of PL 638 (Compacting and Contracting/Self-Determination) legislation, Annual IHS appropriations, tribal Epidemiology Centers, last year's IHS request for RPMS funding, increased diabetes funding, the proposed elevation of the IHS director to assistant secretary of HHS, and our support for a Reauthorized Indian Health Care Improvement Act.

NPAIHB resolutions do not stay solely with the Board. Well over half are 'carried' to the Affiliated Tribes of Northwest Indians (ATNI) meetings for review by the health committee, chaired by the NPAIHB chair, for its review and often commendation for passage by ATNI's member tribes. The Executive Director and Policy Analyst make the decision concerning which resolutions should be offered to ATNI. Well over 75% of ATNI's health resolutions passed over the past 4 years were first Board resolutions. ATNI sends all health resolutions to the National Congress of American Indians (NCAI) meetings held twice a year, a mid year meeting held in the summer and a fall annual meeting held in October/November of each year.

The National Indian Health Board staffs the NCAI health committee; its chair is the chair of the NCAI health committee. NPAIHB chair, Executive Director and Policy Analyst attend these meetings. Over half of all NCAI health resolutions over the past four years were first either NPAIHB resolutions or ATNI resolutions. Over the past five years the Policy Analyst has, as a courtesy of the Board, provided staff support to the NIHB chair upon his/her request.

The National Indian Health Board does not have a committee lead resolution process, but its Board can pass resolutions. The NPAIHB chair, Executive Director and Policy Analyst attend the NIHB annual meeting called the "Consumer Conference," where resolutions are sometimes discussed with attendees prior to passage by the Board. The Policy Analyst has written letters to the President and Congressional leadership for signature during the Consumer Conference in each of the past two years. NPAIHB resolutions were the basis of these letters.

In summary, the Board's resolutions are sometimes used to establish the Board's position on important issues. Sounds simple, but realize most areas of the IHS have no mechanism to establish an area-wide "position." Without a position it is hard to tell Congress or anyone: We oppose, We want, We think, We believe, We're shocked, We agree...etc. Almost more important, our position is legitimate and has authority because tribal leadership has participated in its development at several opportunities, the Board meetings, ATNI, NCAI, and sometimes NIHB. Northwest tribes are widely admired for their ability to develop and support Northwest/Portland Area positions on key and sometimes-controversial health issues. This is not to say we don't reconsider some positions when a member tribe raises a concern about a resolution.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Resolution Process

#### ***Who can submit a resolution?***

A review of Board meetings for the past six years show about an equal number of resolutions proposed by Delegates and staff though in the past two years or so more have come from staff as a result of an increase in the number of Board projects and start of the EpiCenter. Committees are an important source of resolutions. Although staff are asked to submit resolutions prior to Board meetings this is not expected of committee written resolutions. The Policy Analyst and other Board staff are available to assist in writing up committee resolutions. Occasionally a tribe will submit a proposed resolution to the Board and these are also considered for adoption.

Delegates have direct access to all Board staff and there is no expectation that they must first review their questions with a supervisor of any of the Board's staff. Staff are trained to be attentive and responsive to requests of delegates and to give priority to delegates over any other participant or presenter at Board meetings. Delegates don't have to find the 'right' staff person, they can ask any staff person a question.

#### ***When do we need or desire a resolution?***

Resolutions have many important purposes. The Board has passed resolutions to:

- support or oppose legislation
- to request funding for a project or proposal (e.g. CDC project)
- get approval from delegates to pursue funding opportunities,
- get approval to discuss partnerships with other entities (e.g. foundations),
- influence administrative actions by federal and state agencies,
- amend our policies and procedures (establish a lobbying fund)
- authorize a one-time only or ad hoc action by Executive Committee or Executive Director
- adopt a strategic plan
- approve a project's goals and activities
- recommend tribal participation in health promotion disease prevention activities others

#### ***Do we need a resolution to seek funding for a project previously funded?***

We need a resolution for project funding even if that project was previously approved. New funding = new resolution in nearly every case.

#### ***How does one write a resolution?***

Our resolutions are similar to those of many organizations and you may already have the expertise to write whereas statements concerning the issue/activity and a therefore be it resolved on what you want someone to do (the Board or the Congress for example).

Answer this question first: Is a resolution required or desirable to accomplish my goal?

The Policy Analyst can give practical advice and samples and editing too. It might also be important to get advice about when to offer a resolution and which committee should review it.

What most resolution writers do is pattern our resolution after a previous one. Try to use a recent one. The Executive Assistant has copies of previous years resolutions at every Board meeting.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Resolution Process

#### ***Are resolutions ever really debated; are they ever controversial?***

Yes, the resolutions may address an issue that need ample time for discussion, even debate. For example, in January 1999 the Board passed a controversial resolution on distributing \$35 million in contract support costs. Some tribes opposed the measure.

Unlike many resolutions that one required time for discussion and an extended debate. It was important that it not be passed just because people were anxious to get to the airport to fly home. It could have been tabled or opposed. It was passed after an open discussion. If it had passed without discussion, the subsequent discussion of the issue on March 2, 1999 during the budget workshop would have been difficult and acrimonious.

Sometimes we have to insure that a particular resolution be given time for debate.

The Board certainly does not shy away from controversial issues, but some need time to be discussed prior to the consideration of a resolution. As a practical matter, controversial resolutions will not have time for necessary discussion if they are proposed the last day of the meeting. By definition, controversy takes time to build understanding and time to search for compromise.

#### ***If I write a resolution do I need to be at the meeting when it is considered?***

It is not required, but is a good idea. You may want to brief someone on the issue before it is considered; for example, the Executive Director, Policy Analyst, a delegate, and best of all a delegate that is on a committee interested in the resolution. You can send documentation to support the resolution.

#### ***Is there such a thing as a bad resolution?***

No, because delegates, as representatives of their tribes, have the authority to propose whatever they want to propose. See Options to Resolutions on page 6. Simply put, a resolution is not the most efficient way to raise issues at the Board. The chair is always responsive to requests to make additions to the agenda or make some time available to discuss a pressing issue.

#### ***Is there a limit on the number of resolutions that can be considered at a Board meeting?***

No. As a practical matter, we can't have an unlimited numbers of resolutions. We had a record high of 13 at Grand Ronde in April 1999. Was this too many? Probably not, but it made it clear we were approaching a limit where resolutions might not receive a fair consideration. People do get anxious to wrap up our meetings by noon the last day. Discussion of resolutions have to be open-ended so no one feels they were forced to vote yes because everyone wanted to go home. This means fewer resolutions is better than more. It follows logically that we should take resolutions seriously and only propose resolutions that are necessary to do what the Board delegates and their Tribes' desire.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Resolution Process

#### *Is there a deadline for resolutions during the Board Meeting?*

No. The Board does not have a deadline for resolutions. Resolutions are voted on the last morning of the Board meeting. Delegates can offer a resolution right up to that part of the meeting. The preferred process is to submit resolutions in advance but staff fully expect that some will be offered during the meeting. Delegates should ‘air’ their ideas in committees or in conversations with other delegates to get a sense if the resolution is required.

Staff generated resolutions should be done in time for them to be copied and inserted in the Board meeting packets. The Policy Analyst can review these prior to copying if you submit them one week prior to a board meeting or sooner. Staff are advised to prepare their resolutions prior to the Board meeting so delegate requests during the Board meeting can be efficiently processed by the Policy Analyst. Delegate resolutions have priority over staff resolutions.

#### *Where do resolutions go?*

The Board forwards resolutions to ATNI and then to NCAI and NIHB. Resolutions are often sent to members of Congress and the Administration. Some are included in funding proposals/grant applications. During discussions of resolutions in committees and on the floor, suggestions can be made about who should receive a copy of the resolution. Sending them to the world is expensive—that is, the Executive Director decides unless the delegates give clear direction on where to send the resolution.

If you are following a resolution that has been referred to ATNI or NCAI, there is a deadline for ATNI and NCAI—usually the second day of their conferences. It is up to the Policy Analyst to submit, not the original author/proposer of the resolution. It gets very hectic at the deadline hour (usually 8 PM) with tired people jockeying for laptop time and the use of the printers and copiers. A resolution from the ‘floor’ is always possible, but difficult to orchestrate---this is where a delegate asks special permission to propose a resolution.

#### *Options to Resolutions:*

Before deciding to utilize a resolution it would be wise to consider other options.

- Letter of Support: The Board can always approve a letter of support for the projects of other organizations.
- The Board could actually circulate a letter for signature by delegates rather than a resolution during a Board meeting. The letter may reference a resolution or simply raise an issue for further discussion later. NIHB, NCAI and ATNI often do this, but the Board seldom uses this approach since its resolution process is so well developed and a letter signed by the Chair has nearly the same effect.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Resolution Process

- **Issue Paper:** The Policy Analyst can assist you in the preparation of an issue paper. These are usually one to four page papers that are that are often supported by a companion resolution to give them more force. An issue paper that is strictly informational would not require a resolution. Be aware that there is a limit to the number of issue papers that the Policy Analyst can prepare on short notice.
- **Executive Permission:** Are you really just seeking approval to do something that the Executive Director or the Executive Committee may be able to grant? Again the Policy Analyst, Executive Director, or Administrative Officer can give advice here.

You many just want an issue discussed at the Board meeting- a delegate can submit it as a possible agenda item. Staff members are discouraged from submitting a resolution just to start a discussion at the Board meeting. The delegates, working with the Executive Director, decide what is discussed at Board meetings.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Resolution Process

1. Identify Grant possibility – Continuation applications are favored, but all funding opportunities will be considered, especially so if there is a history working with the funding organization.

The funding opportunity should meet an identified need of the member tribes and fit with the Board's Mission and Values:

**NPAIHB Mission** – The mission of the Northwest Portland Area Indian Health Board is to *“eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare.”*

**NPAIHB Values** –

- a. Is a tribally driven health organization, which respects tribal leadership, recognizes the diverse needs of tribes, is inclusive and equitable, and seeks to promote the unity of Northwest Tribes.
  - b. Acknowledges, respects and values the wisdom of our tribal elders with guiding hope for our future generations in the fulfillment of health and welfare of our people.
  - c. The Board values consensus decision-making and strives to preserve and enhance the health and quality of life equitably for all Northwest Tribes.
  - d. Has dedicated and committed leadership which strongly advocates Tribal sovereignty through government-to-government relations.
  - e. Empower Indian communities to be physically, mentally, emotionally and spiritually healthy.
  - f. Is a health service organization providing Northwest Tribes with influential and effective advocacy acting as a credible resource for health related training and technical assistance, education, information and coordination, and information technology.
2. Complete NPAIHB RFP Information Sheet (Attachment A).
  3. Meet with the Executive Director for approval to prepare application.

Once approved meet with the Administrative Officer (AO) and Grants Specialist (GS) to discuss next steps and establish Grant Writing team. The GS will distribute the NPAIHB RFP Information Sheet to the proposed Grant Writing team to ascertain availability. The Lead Contact (as identified in the NPAIHB RFP Information Sheet), GS and AO will finalize a list of participants for the grant writing team and submit to the Executive Director for approval.

Once the Executive Director approves the list, these individuals are assigned to the Grant Writing team. The team officially meets (sample agenda – Attachment B), reviews the NPAIHB RFP Information Sheet and the RFP in its entirety to determine individual assignments and establish a timeline to complete all sections of the application. (Attachment C – Sample Assignment Form)

The GS will coordinate all aspects of the teamwork in order to have a complete, high quality proposal ready for submission ahead of the submission deadline.





**NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
PROGRAM OPERATIONS MANUAL  
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CONTITUTIONS AND BY-LAWS**

**CONSTITUTION AND BY-LAWS**

**STRUCTURE AND GOVERNANCE**

***PREAMBLE***

The Northwest Portland Area Indian Health Board, with the help and the guidance of Almighty God, adopt these constitution and by-laws for the use of the representatives of the Health Board to secure an organized voice and participation in decisions relating to the development and implementation of Indian health legislation, regulations, policies and programs.

**ARTICLE I**

**Section 1. Tribal Representatives**

The basic structure of the Board shall begin in the governing body of the federally-recognized member tribes in the states of Idaho, Oregon and Washington. The governing body of the tribe, or its authorized health committee, shall designate a representative and an alternate representative to serve on the Northwest Portland Area Indian Health Board.

**Section 2. Indian Health Service Unit Board**

The tribal representatives within a service unit may organize themselves into a Service Unit Health Board to provide advice and consultation to service unit directors in carrying out policies of the Indian Health Service. If only one tribe is within the service unit, its governing body or health committee may serve as the Service Unit Health Board for that service unit.

**Section 3. Northwest Portland Area Indian Health Board**

The Northwest Portland Area Indian Health Board shall be composed of the delegates, or alternates, representing all federally-recognized member tribes in the Portland Area of the Indian Health Service.



**NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD**  
**PROGRAM OPERATIONS MANUAL**  
**CONTITUTIONS AND BY-LAWS**

**ARTICLE II - POLICIES & POWERS**

**Section 1.**

The primary purpose of the Service Unit Health Board and the Northwest Portland Area Indian Health Board is to make known the needs and desires of the Indian people in order to establish policies for the guidance of the Indian Health Service in formulating programs and establishing priorities in providing and delivering services which it is incumbent upon the United States to provide pursuant to treaty obligations made to the Indian tribes.

This shall be accomplished through evaluation, research activities, facilitation, information dissemination, and advocacy, as well as through training and educational activities designed to enhance the skills and abilities of Board members and tribal employees. The NPAIHB is organized exclusively for charitable, research and educational purposes. Notwithstanding any other provision of these Articles, the organization shall not carry on any other activities not permitted to be performed by such corporations to retain their tax exempt status.

**Section 2.**

Membership on the Service Unit Health Board or the NPAIHB is not intended to affect or abridge any rights or powers of the Indian tribes recognized by the Constitution of the United States, by treaties, federal or state laws, or otherwise. The Board recognizes that tribes retain all rights and powers possessed by them, or subsequently vested in them to act, confer or negotiate directly with the United States Public Health Service or any other governmental body or agency on any matter directly affecting their respective tribes or members thereof.

**Section 3.**

Participation in the NPAIHB does not preclude any tribe from direct communication at all levels with any personnel of the Indian Health Service.

**Section 4.**

The NPAIHB shall have the power to designate a representative to sit on the National Indian Health Board.

**Section 5.**

The Board shall have the power to employ an Executive Director and all other staff necessary to carry out the directives and policies described by the Board.



**NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
PROGRAM OPERATIONS MANUAL  
CONTITUTIONS AND BY-LAWS**

**ARTICLE III - VOTING**

Each member of the NPAIHB shall have one vote on all matters. Members, or their alternates, must be present to vote. No proxies will be permitted.

**ARTICLE IV – QUORUM**

A majority of the Board members (51%) must be present to constitute a quorum at all levels of the organization.

**ARTICLE V – OFFICERS**

**Section 1.**

The NPAIHB shall elect a chair, vice-chair, secretary, treasurer, and sergeant-at-arms. Only duly designated delegates from tribes shall be eligible to hold these offices. Alternates are not eligible.

**Section 2.**

Officers shall serve for terms of two years, or until their successors are elected.

**Section 3.**

Election of officers shall be staggered with the chair and secretary elected one year and the vice-chair, treasurer, and sergeant-at-arms the following year.

**Section 4.**

The first regular meeting of each calendar year shall be the annual meeting at which the officers are elected. Any vacancy shall be filled by vote at the following quarterly meeting.

**ARTICLE VI - DUTIES OF OFFICERS**

The officers shall have the duties common and appropriate to their respective offices. The officers shall take official action and serve as spokesmen only on matters specifically authorized by the NPAIHB.



**NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
PROGRAM OPERATIONS MANUAL  
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**ARTICLE VII - MEETING DATES**

**Section 1.**

Regular meetings of each Service Unit Health Board shall be held quarterly and in the first two weeks of January, April, July and October.

**Section 2.**

Regular meetings of the NPAIHB shall be held quarterly in the last two weeks of January, April, July and October.

**ARTICLE VIII - SPECIAL MEETINGS - CALLED OR REGULAR MEETINGS**

**Section 1.**

At each regular meeting, the Board shall designate the actual date, hour and place of the next regular meeting.

**Section 2.**

Special meetings may be called by the Chair, or by the Vice-Chair and Secretary, and Treasurer acting jointly, or any seven members of the NPAIHB acting jointly.

**Section 3.**

Adequate written notice stating time, place and purpose must be given of all meetings, regular or special. The written notices shall be mailed, or delivered not less than 10 days, except in case of emergencies, nor more than 30 days before the meeting date.

**ARTICLE IX – VACANCIES**

All vacancies on the Services Unit Health Board and the NPAIHB shall be filled by the tribal governing body, or its authorized representative.

**ARTICLE X - AMENDMENTS**

**Section 1.**

The By-Laws of the NPAIHB, as officially adopted, shall be amended only in accordance with the following procedures:

- a) Only delegates, or their alternates, holding official appointment to the Board may bring a proposed amendment to the By-Laws to the Board for consideration.



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- b) The Board, by majority vote of delegates present at an official meeting, must agree to provide all members holding official appointments a copy of the proposed change (s) and/or amendment(s) to the official By-Laws at least 30 days prior to any official vote on said change(s) and/or amendment(s).
- c) A majority of the total eligible delegates to the Board shall be required to adopt any amendment(s) to the By-Laws of the NPAIHB. A vote to amend the By-Laws must take place at an official regularly scheduled, or special meeting of the NPAIHB

**ARTICLE XI – DISSOLUTION**

Upon the dissolution of the Northwest Portland Area Indian Health Board, the Board shall, after paying or making provision for the payment of all liabilities of the Northwest Portland Area Indian Health Board shall dispose of all assets in compliance with applicable legal requirements.

***ORIGIN***

The Northwest Portland Area Indian Health Board was organized by representatives from Northwest tribal councils on December 2, 1972 at a meeting under the sponsorship of the Indian Health Service.

***DUTIES***

The Board acts as an advisor on Indian health to the Indian Health Service.

The Board provides liaison between the Indian Health Service and the Northwest tribes.

The Board provides professional assistance and services to the Northwest tribes in, but not limited to, the following areas:

1. Promotes and develops active community participation in each phase of operation of tribal, ser vice unit and area health boards.
2. Provides training on health-related topics to Board delegates, Northwest tribal leaders, and tribal staff.
3. Maintains and expands the role of the Board of Directors as an advisory board on health issues.
4. Performs a liaison role in the area of Indian health between Northwest tribes and other organizations.



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5. Provides technical assistance to tribal health programs as requested.
6. Undertakes special projects to improve the health delivery system for all Indian people in the Pacific Northwest.
7. Provides needed information to tribal health programs and IHS.

## ***COMMITTEES***

### **Executive Committee**

- A) Membership  
 The Executive Committee shall be elected from the official delegates to the Board and consist of the Chair, Vice-Chair, Secretary, Treasurer and Sergeant-at-Arms. The Chair shall serve as Chair of the Executive Committee.
- B) Duties of Chair
1. Call meetings of the Executive Committee.
  2. Appoints members of advisory committees.
  3. Represents the NPAIHB to the public or selects other representatives.
  4. Chairs meetings of the Board of Directors.
  5. Provides program direction to Executive Director.
  6. Implements disciplinary actions involving the Executive Director.
  7. Approves out-of-area travel for Executive Director.
- C) Duties of Executive Committee
1. Approves quarterly Board meeting agendas.
  2. Develops long range planning.
  3. Develops and refers policy issues to the Board for approval.
  4. Reviews and monitors Board financial matters.
  5. Reviews, screens and interviews applicants for Executive Director.
  6. Recommends Executive Director candidate to full Board.
  7. Reports quarterly to the Board.
  8. Provides timely notice to the Board of any financial or other administrative problem which may impact the stability of the Board.
  9. Completes annual performance evaluation of the Executive Director.
  10. Final appeal level on personnel grievances.
  11. Approves staff salary scale and cost of living salary increases.
  12. Prepares and submits correspondence to appropriate officials relating the concerns and recommendations of the NPAIHB.



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- D) Voting  
Each member of the NPAIHB Executive Committee shall have one (1) vote on all matters.
- C) Quorum  
A majority of the Executive Committee must be present to constitute a quorum.
- F) Meetings
1. The Executive Committee shall meet quarterly, when required, approximately thirty (30) days preceding the quarterly meeting of the Board of Directors.
  2. The Executive Committee shall schedule additional meetings as needed.
  3. The date and location of this meeting shall be determined by the Committee members.
  4. Conference calls may be considered official meetings.

**Personnel Committee**

- A) Membership
1. The Personnel Committee shall consist of a minimum of three (3) NPAIHB members appointed by the Chair. Vacancies shall be filled by appointment by the Chair. Appointments are by individual Board member, not by the tribal seat.
- B) Term of Office  
Personnel Committee members shall serve for a term of one (1) year.
- C) Duties
1. Make recommendations to the Board relative to the development and revision of personnel/ grievance policies and procedures.
  2. Take action on employee grievances as required by Section D.
  3. Reviews position descriptions for professional staff.
  4. Recommends the NPAIHB salary scale to Executive Committee.
  5. The Committee is responsible to the Executive Committee and the Board and shall make reports as needed.
  6. The Committee will be responsible for any other policy matters pertaining to personnel and employees, as the Board may from time to time direct.
- D) Voting  
Each member of the NPAIHB Personnel Committee shall have one (1) vote on all matters.
- E) Quorum  
A majority of the NPAIHB Personnel Committee members must be present to constitute a quorum.



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**F) Officers**

1. The NPAIHB Personnel Committee shall be chaired by a Committee member appointed by the NPAIHB Chairman.
2. The Chair shall be responsible for the coordination and on-going activities of the Committee.
3. The Chair shall serve as spokesman only on Committee matters.
4. The Chair shall work closely with the NPAIHB Chair and the Executive Director and shall report as required to the Board.

**G) Meetings**

1. The NPAIHB Personnel Committee shall meet as the need arises. Meetings may be requested by Committee members and shall be called by the Chair.
2. The date and location of meetings shall be determined by Committee members.
3. Conference calls may be considered official meetings.

**Resolutions Committee****A) Membership**

The Resolutions Committee shall consist of a minimum of three (3) NPAIHB members appointed by the Chair.

**B) Vacancies shall be filled by appointment by the NPAIHB Chair. Appointments are by individual Board member, not by the Tribal Service Unit seat.****C) Term of Office**

Resolutions Committee members shall serve for a term of one (1) year.

**D) Duties**

1. Accepts resolutions, reviews and edits them for clarity, and recommends them to the NPAIHB for votes at Quarterly Board meetings.
2. Works with the Executive Director to develop resolutions and/or position papers in response to Board mandate.
3. Make recommendations on the distribution of Board resolutions.

**Other Committees**

New standing committees of the Board may be established as needed by a majority vote of the Executive Committee with ratification by the full Board at the next Quarterly Board meeting. Ad-Hoc committees may be established, as needed, by the Board Chairman.

Unless otherwise stipulated, all committee appointments are by individual rather than tribal seat.



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**ALLOWANCES AND REIMBURSEMENTS TO BOARD MEMBERS**

**Allowances**

At the present time the NPAIHB is not paying allowances to members of the Board or its Committees.

**Reimbursements**

1. Board members shall be reimbursed at Federal government travel rates for expenses incurred as a result of attendance at authorized meetings.
2. Reimbursements for travel other than Quarterly Board meetings must be approved by the Executive Committee.
3. Reimbursements for lodging may exceed the Federal government rate if no reasonable lodging is available at the Federal rate. Written justification showing that no reasonable alternative was available must be provided.
4. Federal rates may also be exceeded if the negotiated conference rate is higher than the Federal rate and the conference site is preferable for efficiency and expediency. Documentation of conference rate must be provided. Prior approval of the Executive Director is required to exercise these options (3 &

**Reimbursable Expenses**

1. Actual cost of transportation to and from official meetings by the least expensive commonly used method of transportation (including taxis, tolls and parking fees).
2. Meals and lodging when and if necessary will be paid on a per diem basis at the rates established for Federal employees.
3. Reimbursement for car rentals will only be made when written justification is provided showing that no other form of ground transportation is available or that a car rental is less expensive than all other available ground transportation. Approval for car rental assumes approval for the cost of insurance coverage.
4. Delegates are reimbursed for mileage only for attendance at Service Unit Health Board meetings.



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### **Claims for Reimbursements**

Each claim must be submitted on the NPAIHB travel reimbursement form, documented as to actual expenses incurred and signed by the traveler. Receipts for lodging and other claimed expenses (except meals) must be submitted with the claim.

#### **Travel Advances**

### **Travel Advances**

Members of NPAIHB's Boards and Committees who travel on Board business may request an advance of not more than 80% of their projected expenses. If the member does not take the trip for which the advance was issued, the total amount of the advance shall be promptly returned to the NPAIHB. Travel Reports are to be submitted within 15 days following completion of travel. Travel advances will not be issued until all previous travel reports have been submitted.

### **Representation at Meetings**

The NPAIHB Chair is the primary representative of the Northwest Portland Area Indian Health Board to the public. The Chair has the authority to select, and/or approve, other delegates or staff to serve as a representative for the Board on committees and at meetings, conferences, or other public activities.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Committee Activities

#### IHS National Committees:

##### 1. Tribal Leader Diabetes Committee

The IHS Director established the Tribal Leaders Diabetes Committee (TLDC) in 1998 to assist in developing a successful partnership between IHS and Tribal diabetes programs and in deciding the process for distribution of resources from the Balanced Budget Act of 1997 Special Diabetes Program for Indians (SDPI). The TLDC is comprised of one elected tribal official from each IHS Area and one member-at-large. The IHS Chief Medical Officer and one elected Tribal leader serve as Co-Chairs of the Committee. The TLDC meets quarterly with intermittent conference calls as needed.

Portland Area Representative:	Cassandra Sellards-Reck, Cowlitz Tribe
Portland Area Alternate:	Sharon Stanphill, Cow Creek Tribe
NPAIHB Technical Staff:	Jim Roberts, Policy Analyst

##### 2. IHS Budget Formulation Workgroup

The IHS organized the Budget Formulation Workgroup to assist the agency in formulating upcoming fiscal year budgets. The Workgroup is comprised of Tribal representatives from the 12 IHS Areas and representatives from the National Indian Health Board, National Congress of American Indians, Tribal Self-Governance Advisory Committee, and the National Council on Urban Indian Health. The workgroup develops program priorities, policies, and budget recommendations by ensuring active participation of Tribal Governments and Tribal organizations in the formulation of the IHS budget request and annual performance plan.

Portland Area Representative:	Andy Joseph, Colville Tribe
Portland Area Alternate:	Steve Kutz, Cowlitz Tribe
NPAIHB Technical Staff:	Jim Roberts, Policy Analyst

##### 3. CHS Workgroup

Portland Area Representative:	Andy Joseph, Colville Tribe
Portland Area Alternate:	John Stevens, Swinomish Tribe
NPAIHB Technical Staff:	Jim Roberts, Policy Analyst

##### 4. CHEF Workgroup

Portland Area Representative:	Kim Zillyett-Harris, Shoalwater Bay Tribe
Portland Area Alternate:	Leslie Wosnig, Suquamish Tribe
NPAIHB Technical Staff:	Jim Roberts, Policy Analyst

##### 5. IHS Health Promotion/Disease Prevention Policy Advisory Committee

Dr. Charles Grim established the Health Promotion and Disease Prevention (HP/DP) Policy Advisory Committee to provide oversight and policy guidance to the agency. The charge to the HP/DP Policy



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Committee Activities

Advisory Committee is to review the findings of an IHS Preventive Task Force and to determine priorities and policies to guide the Initiative; to identify partners both in the Federal and non-Federal arena; and to promote the findings and strategies across the IHS Tribal and urban programs. The HP/DP Committee is made up of 12-14 federal and tribal leaders including representation from the National Institutes for Health and the Centers for Disease Control and Prevention as well as the Office of the Secretary. The federal co-chair of the committee is Mr. Don Davis, Area Director for the Phoenix Area, IHS. Mr. Greg Pyle from the Choctaw Nation will be the tribal co-chair. There are also members from the Tribal Self Governance Advisory Committee, National Indian Health Board, National Council of Urban Indian Health, and National Congress of American Indians;

Portland Area Representative:	Marilyn Scott, Upper Skagit Tribe
Portland Area Alternate:	Cassandra Sellards-Reck, Cowlitz Tribe
NPAIHB Technical Staff:	

#### 6. Direct Service Tribes Committee

The IHS Director has established the Direct Service Tribes Committee to address health service delivery issues and concerns important to Direct Service Tribes. The work of the committee is specifically aimed at the areas of trust, data and budget. The Committee works each year to host a conference that focuses on DST issues.

Portland Area Representative:	Greg Abrahamson, Spokane Tribe
Portland Area Alternate:	Janice Clements, Warm Springs Tribes
NPAIHB Technical Staff:	Jim Roberts, Policy Analyst

#### 7. Facilities Advisory Appropriation Board

The Facilities Advisory Appropriation Board (FAAB) is charged with evaluating existing facilities policies, procedures, and guidelines and recommending changes if necessary. The FAAB participates in the development and evaluation of any proposed new policies, procedures, and guidelines of facilities construction priorities. In addition, should any of the recommendations necessitate changes in law, this group will recommend desired legislative changes. The FAAB is a standing committee of Tribal and IHS representatives. It shall be composed of 12 tribal representatives nominated by the Areas in consultation with Tribes and 2 IHS members for a total membership of 14 people.

Portland Area Representative:	Pearl Capoeman-Baller, Quinault Nation
Portland Area Alternate:	Andy Joseph, Colville Tribe
NPAIHB Technical Staff:	Jim Roberts, Policy Analyst

#### 8. CMS Tribal Technical Advisory Group

The Tribal Technical Advisory Group (TTAG) serves as an advisory body to CMS, providing expertise on policies, guidelines, and programmatic issues affecting the delivery of health care for American



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Committee Activities

Indians and Alaska Natives served by Titles XVIII, XIX, and XXI of the Social Security Act or any other health care program funded (in whole or in part) by CMS. Membership on the TTAG is limited to elected tribal leaders from each of the 12 IHS Areas, or their designated employees with authority to act on their behalf and leadership of Washington associations representing tribal governments. One alternate per each appointed member is authorized to attend on behalf of the principle member when that member cannot attend. Additionally, one representative from each Washington association including the National Congress of American Indians (NCAI), the National Indian Health Board (NIHB), and the Tribal Self-Governance Advisory Committee (TSGAC) is authorized.

Portland Area Representative:	Pearl Capoeman-Baller, Quinault Nation
Portland Area Alternate:	Jim Roberts, Policy Analyst
Technical Members:	John Stephens, Swinomish Tribe
	Ed Fox, Port Gamble Tribe
	Joe Finkbonner, Executive Director

#### 9. CDC Tribal Consultation Advisory Committee (TCAC)

Primary Representative:	Shawna Gavin, Umatilla Tribes
Alternate Representative:	Joe Finkbonner, Executive Director
NPAIHB Technical Staff:	Joe Finkbonner, Executive Director

### Portland Area Indian Health Service Committees

#### 10. Fund Distribution Work Group

The Fund Distribution Work Group (FDWG) is sponsored by the Portland Area Indian Health Service and is facilitated by the Northwest Portland Area Indian Health Board. The FDWG was established in 1994 to provide the PAO Area Director analysis and recommendations concerning IHS budget and distribution of funds. The FDWG is composed of three Tribal representatives from direct service programs, three representatives from Title I programs, and three representatives from Title V programs.

#### Title I Representatives

Dan Gleason, Chehalis  
Marilyn Scott, Upper Skagit  
Leroy Jackson, Klamath

#### Title V Representatives

Judy Muschamp, Siletz  
Mark Johnson, Grand Ronde  
Barbara Finkbonner, Lummi

#### DST Representatives

Angela Mendez, Sho-Ban  
Janice Clements, WS Tribes  
Stella Washines, Yakama

#### 11. Portland Area Office Facilities Committee

The current Portland Area (PAO) Facilities Committee members was appointed in April 1996, to promote, support and continuously improve comprehensive health service systems. The Facilities Committee members review and analyze the programs, services, and functions of the PAO Office of Environmental Health and Engineering. The Facilities Committee advocates for the tribes of the Northwest before the IHS



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Committee Activities

Headquarters' Office of Environmental Health and Engineering. The Committee provides recommendations and resolutions to the full NPAIHB, the Title I Area Shares Work group, Fund Distribution Work Group, on issues related to all IHS and tribal health facilities.

#### **Membership:**

Gene Kompkoff, Federal	Rena Gill, Member
Marcus Martinez, Federal	
Andrew Joseph	Pearl Capoeman-Baller
Dan Gleason	Mark Johnson
Angela Mendez	Sharon Stanphill
John Stephens Ron Suppah, DST Member	
Joe Finkbonner	Jim Roberts, Technical Advisory

#### **NPAIHB Committees:**

1. NPAIHB Executive Committee  
Andy Joseph, Chair  
Cheryle Kennedy, Vice Chair  
Shawna Gavin, Treasurer  
Greg Abrahamson, Secretary  
Pearl Capomen-Baller, Sergeant-at-Arms
2. Legislative/Resolution Subcommittee  
Staff: Jim Roberts, Policy Analyst
3. Elders Subcommittee  
Staff: Clarice Charging
4. Veterans Subcommittee  
Staff: Don Head
5. Behavioral Health  
Staff: Stephanie Craig-Rushing
6. Public Health  
Staff: Victoria Warren-Mears





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