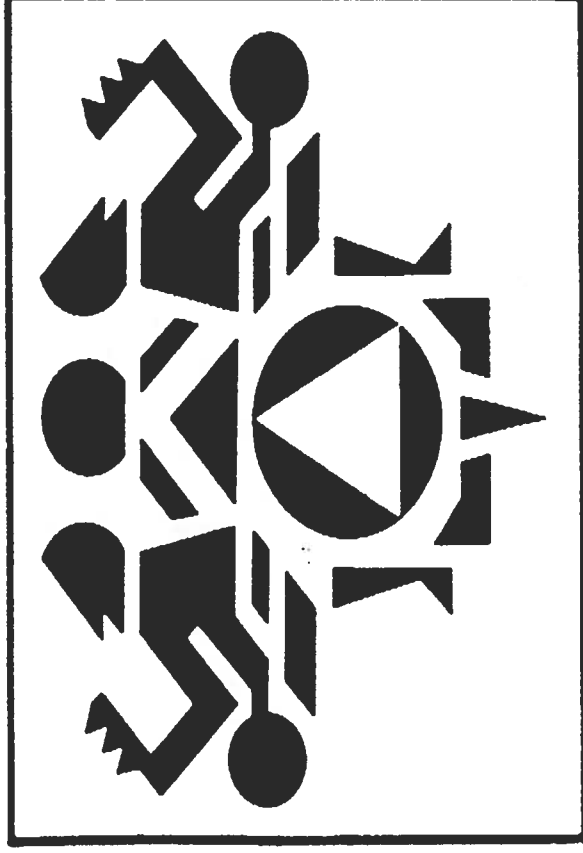


# **SUMMARY OF MINUTES**



## **QUARTERLY BOARD MEETING**

**OCTOBER 21-23, 2013  
SILVER REEF HOTEL CASINO  
FERNDALE WA**

# October 2013 Quarterly Board Meeting

## Summary of Minutes

<b>Issue</b>	<b>Summary</b>	<b>Action</b>	<b>Follow-Up</b>
Area Director Report	Direct Service Tribes – have met with 4 of the 5 direct service tribes.	Once that meeting takes place the Portland Area Facilities Advisory Committee will reconvene to take the next steps.	
Area Director Report	The Fund Distribution Workgroup met 8/20/13. The existing members are: Angela Mendez, Janice Clements, Stella Washines, Dan Gleason, Marilyn Scott, Leroy Jackson, Judy Muschamp, Mark Johnston & Leslie Wosnig.	The charter was updated.	Follow up meeting is forthcoming
Area Director Report	FY14 Continuing Resolution until 1/15/14.	Title I tribes should see money in your accounts by Friday. Title V tribes we have to wait for documents to come from the Self Governance Office in Headquarters. The latest word is that we should have our paperwork by this week and your money will be available first of next week.	
Area Director Report	Types of Space are the trends in M&I funding; we have seen an increase in square footage that we need to support. Nationwide the M&I allocation is going down.	Portland Area footprint has grown by 20% since 2005; the funding has only increased by 7%. With flat funding and inflation that reduces the amount of funds available for maintenance per square meter.	
Area Director Report	Email was received from CMS regarding medical coding training that they would like to bring to the Portland Area. It is a 10-day ICD coding training; 9 days of classroom structure and the 10 <sup>th</sup> day the participants will actually take the exam & will leave as a certified coder. There will be 23 slots open for all IHS, tribal and urban staff.	We will talk with Health Board about hosting it or we may look at Seattle; depends on where the larger amount of folks is coming from. They do provide the funds for all books & training materials, instructor and certification. No funds for the training site.	
FY14 GPRA Targets	22 clinical indicators for FY13; 9 indicators were to establish baseline data. IHS National met or exceeded all 22 indicators.	The Portland Area met or exceeded 15 of 22 indicators. For FY14 the final goals have been published and almost every one of these goals actually has increased from what 2013 success levels looked like.	

# October 2013 Quarterly Board Meeting

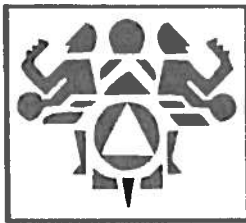
## Summary of Minutes

Legislative Report	16-day government shutdown; there were 800,000 federal employees furloughed. Exempt employees were those who are providing health and social safety and life of the public to provide services; employees working at the federal service unit level.	Continuing Resolution is through 1/15/14 and included the government going back to work as of last Thursday. Repayment for essential works and workers who were furloughed. The new deadline on the debt-ceiling is 2/7/14.	
Legislative Report	FY14 budget – the President's request last February was \$4.4 billion at the \$124 million over the 2012 level. It is a bad budget. The House budget is \$4.1 billion for the IHS & the Senate is \$4.4 billion. The House budget removes the caps for CSC language in recognition of the recent Supreme Court cases.	The Senate provides more money; this is a little unusual, usually the House provides more money. The Senate also provides more facilities construction money	
Legislative Report	IHS resource exemption in the ACA; the resource exemption under the general welfare document & resource exemption for Medicaid are not the same. Generally the Medicaid and IRS resource exemption are pretty close. The general welfare document is more expansive than the personal resource exemption & that final rule has not been published, although we understand that it is forthcoming.	Once we receive the general welfare document it will hopefully bring clarity to the other two areas.	
OHSU Center for Diversity & Inclusion	This is a commitment that OHSU is demonstrating to its outreach to Indian communities both on and off the reservation.	OHSU wants to host the board members in January. There is some good work that could be done over time; there is still a lot of unmet need.	Work with health board to coordinate this effort.
SDPI	Reallocating the Healthy Heart & DDTP funds; the Northwest has been asking for this for years. A recommendation needs to come from TLDC. It is on the agenda for the December meeting.	Dr. Roubideaux recommended that a letter from our tribes or health board to the TLDC formally requesting a consultation to look at reallocating these funds so that all tribes have access to them.	A letter will be sent recommending that the funding from the competitive program be redirected to community & use justifications that we have used in the past

# October 2013 Quarterly Board Meeting

## Summary of Minutes

Advanced Appropriations	The Maniilaq have been the central driver to the advanced appropriations process. We have been involved in the discussion on this. It is a very beneficial thing to do for the Indian health systems; especially going through the recent government shutdown. The Veterans Health Care Program has received advance appropriations since FY09.	There are pros and cons to this process. An advance appropriation may pose operational challenges with some of the IHS accounts. For example, CSC and phasing in staffing at new facilities. There are pending bills in Congress right now to do this	Resolution will be introduced for Board consideration
<b>MOTION Minutes</b>	<b>Motion by Sandra Sampson, Umatilla; 2<sup>nd</sup> by Greg Abrahamson, Spokane Tribe to approve the July 2013 minutes.</b>	<b>MOTION CARRIED</b>	
<b>RESOLUTION #14-01-01</b>	<b>Support for the Adolescent Health Tribal Action Plan</b>	<b>Motion by Rhonda Metcalf, Sauk-Suiattle Tribe; 2<sup>nd</sup> by Greg Abrahamson, Spokane Tribe to approve. MOTION CARRIED</b>	
<b>RESOLUTION #14-01-02</b>	<b>Support Advance Appropriations for the Indian Health Service</b>	<b>Motion by Rhonda Metcalf, Sauk-Suiattle Tribe; 2<sup>nd</sup> by Brent Simcosky, Jamestown S'Klallam Tribe to approve. MOTION CARRIED</b>	
Elders Committee	Report attached		
Veterans Committee	Report attached		
Public Health	Report attached		
Behavioral Health	Report attached		
Legislative/Resolution	Report attached		
Financial Report	The financial report ending 8-31-13 was present	<b>Motion by Greg Abrahamson, Spokane Tribe; 2<sup>nd</sup> by Rhonda Metcalf, Sauk-Suiattle Tribe to approve the financial report. MOTION CARRIED</b>	



## **NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD**

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

2121 SW Broadway  
Suite 300  
Portland, OR 97201  
(503) 228-4185  
(503) 228-8182 FAX  
[www.npaihb.org](http://www.npaihb.org)

### **Resolution #14-01-01 Support for the Adolescent Health Tribal Action Plan**

**WHEREAS**, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

**WHEREAS**, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

**WHEREAS**, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

**WHEREAS**, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS**, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

**WHEREAS**, Native teens and young adults experience a range of health disparities, including higher rates of accidents, unintentional injury, suicide, STD/HIV, teen pregnancy, tobacco use, and drug and alcohol use compared to youth of other race/ethnicities; and

**WHEREAS**, good health and wellness in adolescence provides a strong foundation for health throughout the lifespan; and

**WHEREAS**, adolescent health can be improved by:

1. Decreasing risk factors that contribute to risky behaviors and poor health outcomes
2. Increasing protective factors that contribute to resiliency and healthy outcomes
3. Providing opportunities for young people to successfully meet their developmental needs
4. Building health communities and schools that support and nurture adolescents

**THEREFORE BE IT RESOLVED** that the NPAIHB endorses and encourages the adoption of the *Adolescent Health Tribal Action Plan: A Five-Year Strategic Plan for the Tribes of Idaho, Oregon and Washington, 2014-2018*. The plan is the product of a collaborative, intertribal, planning process initiated by members of the Northwest Native Adolescent Health Alliance. The mission of the three-year Action Plan is to encourage Native adolescents to realize and embrace their full potential for health and development and to enhance the capacity of Northwest Tribes to promote adolescent health, safety and wellbeing.

**CERTIFICATION**

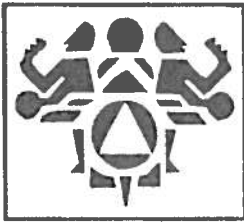
NO. 14-01.01

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 32 for, \_\_\_\_\_ against, \_\_\_\_\_ abstain on October 23, 2013.

Andrew C. Joseph Jr.  
Chairman

10-23-13  
Date

Theresa L. Kennedy  
Secretary



## **NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD**

Burns Paiute Tribe  
Chehalis Tribe  
Cocur d' Alene Tribe  
Colville Tribe  
Coos, Siuslaw &  
Lower Umpqua Tribe  
Coquille Tribe  
Cow Creek Tribe  
Cowlitz Tribe  
Grand Ronde Tribe  
Hoh Tribe  
Jamesstown S'Klallam Tribe  
Kalispel Tribe  
Klamath Tribe  
Kootenai Tribe  
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Shoalwater Bay Tribe  
Shoshone-Bannock Tribe  
Siletz Tribe  
Skokomish Tribe  
Snoqualmie Tribe  
Spokane Tribe  
Squaxin Island Tribe  
Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tulalip Tribe  
Umatilla Tribe  
Upper Skagit Tribe  
Warm Springs Tribe  
Yakama Nation

### **Resolution #14-01-02**

#### **Support Advance Appropriations for the Indian Health Service**

**WHEREAS**, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

**WHEREAS**, the Northwest Portland Area Indian Health Board is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

**WHEREAS**, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

**WHEREAS**, the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS**, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

**WHEREAS**, the Federal health services to maintain and improve the health of AI/AN are consonant with and required by the Federal Government's historical and unique legal relationship with and resulting responsibility to the AI/AN people; and

**WHEREAS**, since FY1998 there has been only one year (FY2006) when the Interior, Environment and Related Agencies appropriations bill has been enacted by the beginning of the fiscal year, in order for Indian health programs to receive their funds at the beginning of the fiscal year; and

**WHEREAS**, the lateness in enacting a final budget during that time ranges from five days (FY2002) to 197 days (FY2011) causes the IHS and tribal health care providers great administrative challenges in planning and managing care programs such as budgeting, recruitment and hiring, retention, provision of health services, facility maintenance and construction effort; and

**WHEREAS**, providing sufficient, timely and predictable funding is needed to ensure the Government meets its obligation to provide health care for AI/AN people and providing IHS funding in an advance appropriation cycle would help to address the administrative challenges associated with receiving late appropriations; and

**WHEREAS**, in FY2010 Congress authorized the Veterans Administration (VA) medical care programs to receive advance appropriations to address the same challenges that the Indian health system experience with late appropriations; and

2121 SW Broadway  
Suite 300  
Portland, OR 97201  
(503) 228-4185  
(503) 228-8182 FAX  
[www.npaihb.org](http://www.npaihb.org)

**WHEREAS, Congressmen Don Young and Ray Lujan have introduced H.R. 3229 and Senators Mark Begich, Tom Udall, Lisa Murkowski have introduced S. 1570; both bills to authorize advance appropriations for the Indian Health Service.**

**NOW THEREFORE BE IT RESOLVED that the NPAIHB supports and recommends that Congress pass H.R. 3229 and/or S. 1570 to authorize advance appropriations for the Indian Health Service.**



**CERTIFICATION**

NO. 14-01-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 32 for, \_\_\_\_\_ against, \_\_\_\_\_ abstain on October 23, 2013.

Andrew C. Joseph  
Chairman

10-23-13  
Date

Cheryl A. Kennedy  
Secretary

**Northwest Portland Area Indian Health Board  
Quarterly Board Meeting  
Personnel Committee**

**October 22, 2013**

Start Time: 12:05 p.m.

Members Present: Rose Purser

Members Absent: Cassandra Sellards-Reck, Shawna Gavin, Martin Estrada

Staff Present: Bobby Puffin

**Decisions:**

Bobby reviewed the Personnel Update for the period between May to October, 2013. As the only Personnel Committee member present, Rose Purser accepted the report from Bobby. There were no recommendations, policy changes, or employee relations issues to be discussed.

There were no decisions made.

End Time: 12:45 p.m.

# Personnel Committee

Tuesday October 22, 2013  
Silver Reef Hotel Casino, Ferndale, WA

Name and Title		Organization	Phone/FAX/E-mail
1	Rose E Pursuer	Port Gamble & Klaskan	9 Am - 2 P.m. 360-297-9663
2	1		
3	Bobby Puffin	Staff	
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## Behavioral Health Committee Meeting

### NPAIHB Quarterly Board Meeting

October 22, 2013

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Attendees: Lisa Guzman – Healthcare Admin., Kalispel Tribe; Charlotte Williams – NPAIHB Delegate, Muckleshoot Tribe; Alan Ham, Grand Ronde Tribes; Cheryle Kennedy – NPAIHB Delegate, Grand Ronde Tribes; Caroline Cruz – Health & Human Services General Manager, Warm Springs; Sam Penney – Tribal Executive Committee Member, Nez Perce Tribe; Bridget Canniff – Injury Prevention Project Director, NPAIHB; Colbie Caughlan – Suicide Prevention Project Manager, NPAIHB

#### Discussion:

- Adolescent Tribal Action Plan will be going through committee to have the resolution passed on Thursday. PRT/THRIVE staff will disseminate this document to Tribes if and after the resolution is passed.
- Bullying was a topic discussed and Caroline from Warm Springs brought up that WS will be implementing the *\*\*Conscious Disciple Approach* to their community. It includes:
  - Starting education at a young age and teaching kids self-regulation
  - Teaching kids that they are responsible for their actions
  - This is a form of mental health promotion
  - This approach looks at risk factors and works to increase protective factors
- Cheryle added that strong support, love and encouragement from family and friends can really help others get through tough times brought on by bullying and cyberbullying.
- Colbie & Caroline gave a quick update about Oregon Tribes' *Tribal Best Practices* which are posted on the OR Addictions and Mental Health website.
  - WA state is moving toward an evidence based practice requirement for state funded programs and OR Tribes' approach should be looked at to get WA Tribes ahead of this requirement.
  - Examples of Tribal Best Practices are the use of Cradle Boards, Native Language, and Canoe Journey.
  - **\*\*Colbie will see if AIHC (American Indian Health Commission) would be willing to take the lead on this topic since it will be an issue all Tribes will be dealing with in the future.**
  - Lisa would like to bring the topic up at other meetings that the State attends as well.
- Lisa would like the **\*\*Board** to help identify the billing requirements for all levels of personnel in WA chemical dependency and counseling departments. i.e. If a Tribe has personnel with a CDP but no bachelor's degree, are they still billable because they have the certification? (Of course that would be billing under the supervising counselor on staff.)

- Cheryle would like to \*\*know if any Tribe (even nationally) has forged ahead with involuntary commitment protocols/laws. This is commitment to mental health facilities when a person is known to be harmful to themselves and others.
  - Caroline believes OR has some legal language surrounding this but is not sure where it is posted.
- Sam brought up the need for Tribal Leaders to address the problems with and that come from bullying and cyberbullying. He would like Tribal Leaders to discuss how they can get involved with this and how to investigate it when it happens in the community or to one of their youth or adults.
  - This is an issue because he is seeing that when cyberbullying occurs many times, the parents and grandparents are getting involved and agreeing with the bullying comments or even posting negative comments themselves.
  - Lisa brought up that many workplaces have Social Media Policies in place to hold people accountable if this happens and to protect the staff if negative comments occur toward the staff through work social media sites or through texting from clients on work phones.
  - Caroline brought up that Social Media Training can help staff understand what goes along with media channels such as twitter and facebook.
  - \*\*Colbie will work with other staff at the Board to research resolution or policy templates that Tribes can adapt and use to take a stand against bullying and cyberbullying in their communities.

\*\*Needs follow-up by Board employees

# Behavioral Health Committee

Tuesday October 22, 2013  
Silver Reef Hotel Casino, Ferndale, WA

Name and Title		Organization	Phone/FAX/E-mail
1	Lisa Guzman Healthcare Admin.	Kalispel Tribe	509-671-6311 lguzman@camashealth.com
2	Charlotte Williams delegate	Muckleshoot Tribe	253-261-3635 charlotte.williams@muckleshoot.nsh.us
3	Alah Hahn	Grand Ronde	503-949-2721 alaham1951@hotmail.com
4	Therese Kennedy	Grand Ronde	- - -
5	Caroline M. Cruz Health & Human Services GM.	Warm Springs	541-615-0140 / 541-553-0497 Caroline.Cruz@wstribs.org
6	Sam Penney Nez Perce Tribal Exec Cmte	Nez Perce	samp@nezperce.org
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\* John Pusey

**NPAIHB Quarterly Board Meeting  
Lummi Silver Reef Casino & Hotel Resort  
Ferndale, WA**

**Legislative Committee Report**

October 23, 2013

**Present:**

Pearl Capoeman Baller, Quinault Nation  
Greg Abramson, Spokane Tribe  
John Stephens, Swinomish Tribe  
Leslie Wosnig, Suquamish Tribe  
Sandra Sampson, Umatilla Tribe  
Steve Kutz, Cowlitz  
Brent Simcosky, Jamestown S'Klallam Tribe  
Kim Zillyet Harris, Shoalwater Tribe  
Helen Fenrich, Tulalip Tribe  
Jim Roberts, NPAIHB  
Linda Frizzell, NPAIHB

**New Business:**

- The Legislative Committee heard an update on Contract Support Cost issues and that the Board is currently negotiating with IHS on settlement of past year's claims.
- Updates regarding implementation activities for the ACA and Medicaid Expansion.
- Report on Whitehouse Tribal Nations Meeting and Board attendance. The Whitehouse meeting will be held on Wednesday, November 13<sup>th</sup>. During this time hill visits will also be worked in with Andy and Jim.

The Legislative Committee also discussed and recommended the following resolutions for action:

1. Support for the Adolescent Health Tribal Action Plan
2. Support Advance Appropriations for the Indian Health Service Budget

Adjourn at 1:00 p.m

# Legislative/Resolution Committee

Tuesday October 22, 2013  
Silver Reef Hotel Casino, Ferndale, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Sandra Sample	V. natilla	sans.sample@hotmail.com
2	Pearl C. Baller	Quinault	
3	Jim Roberts	NPA/HB	
4	Sharon Stanphill	Cow Creek	sstanphill@cowcreek.com
5	Kim Zillyett Harris	Shoalwater Bay	
6	Beent Simcosky	Jamestown	
7	Dr. Linda Frizzell	NPA/HB	
8	Helen L. Fenrich	NPA/HB	Hfenrich@tulaliptribes.us 900
9	Stephen Kutz	Cowlitz	skutz.health@cowlitz.org
10	Greg Abrahamson	Spokane	Gregal@spokanetribe.com
11	Kentli Worsing	Squamish	lworsing@squamishnsn.us
12	Andrew Clark	Calville	
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Public Health Committee  
Tuesday October 22, 2013  
Silver Reef Casino  
12:00 to 1:00 PM

Introductions

Victoria Warren-Mears, NPAIHB  
Rachel Ford, Public Health Improvement Manager, NPAIHB  
Jan Ward-Olmstead, AIHC, Evergreen State College,  
Marsha Crane – AIHC  
Leta Campbell, CDA Tribe  
Thomas Ghost Dog, PH Intern Burns Paiute Tribe  
Kelle Little – Coquille Tribe  
Karen Hanson, Kootenai Tribe of Idaho  
Andrew Shogren, Quileute Nation  
Renee Nose - Sauk – Suiattle Tribe  
Marilyn Scott –Upper Skagit Tribe

Update from Public Health Improvement

Training and TA survey which was handed out to Tribal Health Directors was discussed and handed out to the group. We are requesting advice on training and technical assistance for the next year. A general discussion of what public health TA could be provided. Goal is public health accreditation. Discussed potential collaboration with EpiCenter or Counties to meet Tribes accreditation needs.

Survey – Upper Skagit health program administrator role. Role has changed. She looked at survey and re-initiated public health programs. New public health RN needed to talk with other staff prior to response. Do you know where national Tribal public health standards are?

- ACTION: Rachel will E-mail a link for standards to Marilyn.

Discussed the 4 part on line accreditation series which has great education. Discussed accreditation demonstration project that the Board had with the Tribes. Is that still on-going? Yes, some were not as engaged as much engaged. The last few weeks have picked up momentum. More interest and more engagement in the last few weeks.

Best Practices in AI/AN Public Health

A single copy of the document was passed to the committee for review. A brief overview of the process of document development was given. The document will be distributed at the January 2014 QBM or before if feasible. One copy will be provided to each delegate to share with their tribe.

Update on the CHP Luncheon

A single copy of the CHP draft was passed to those in attendance, in addition to a general discussion about data and the goal of having three CHPs, one for each state. We also discussed the next step of providing tribal CHSDA based profiles. An invitation to participate in the Wednesday luncheon was extended. It was also requested that all delegates review the document, if possible prior to the luncheon.

Other topics (Marsha and Jan)

AIHC staff presented updates about their projects.

Community Transformation with Washington State. Nutrition and environmental policy changes. Looking at developing health outcome measures, looking at outcomes of data with chronic health diseases in the state of Washington, including physical health, public health and behavioral health. Integration of providers as a part of ACA. Looking at payment system differently. Mtg with Governor who has established priorities from WA results. One was healthy babies. Comes together with health care outcomes and public health and education. Public health is joining physical health and behavioral health to enhance impact on family.

AIHC – Just finished home visiting report. A copy is to be provided to the Board. Department of Early Learning grant. Working about 1 ½ years. MIHEC visiting. Urban/Tribal. State of WA developing an early learning program grants. Home visiting part of early system. 9 evidenced based home visiting models. Haven't shown to be effective in Tribal and urban communities. Looking at those programs and evaluation of gaps and needs being met. Cultural adaptations or promising practices. Report takes this focus. Broad state wide home visiting coalition. Leverage work of this coalition. Department of Early Learning was presented with findings. Increase need for outreach and education. Need to look at best recommendations and move forward with additional funding.

Immunization finalized report regarding health care worker hesitancy around vaccines. The report includes a list of recommendations to move the work forward. Part of work needs to be shared with Tribal and Urban communities. QI project on adolescent immunizations is being undertaken with WADOH and CDC objective with a primary target of Snohomish, Pierce, and King Counties.

Marilyn question regarding behavioral health data. SAMHSA integrated block grant. WA AI/AN data was pretty invisible related to Mental Health Services contracted with RSNS.

- Can we get the IHS data for behavioral health services? Is there a way to get that data. Populate with state data? VA data? Behavioral health services data from the VA? VA agreements? Can we see? Identification of data? IPC care model integration.
  - ACTION: EpiCenter staff will investigate what data is currently available and report back in January.

MIH Workgroup discussion.

Data steering committee

PRAMS response rates are at an all-time low in Washington State. Encourage PRAMS survey to be filled out. Please ask new moms to please respond. It has become more difficult to track people related to cell phones.

# Public Health Committee

Tuesday October 22, 2013  
Silver Reef Hotel Casino, Ferndale, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	VICTORIA WARREN MEARS	NPAIHB	503-416-3283
2	KAREN HANSEN	Kootenai Tribe of IDAHO	208-267-5223 Karen@Kootenai.org
3	Kelle Latta	Coquille	Kelle Latta @ coquilletribe 541-277-0341
4	Thomas Ghost Dog	Burns Paiute Tribe	503-400-8301
5	Leta Campbell	CDA Tribe	208 987 0036
6	Janae Zeman Nise	Pauk-Siahtle Tribe	360-436-2843
7	Marilyn Crane	AIHC	360 942 3300
8	Jill Ward Olinstead	AIHC	360-480-5297 Jill.Olinstead@aihc.org
9	Raechel Ford	NPAIHB	rford@npaihb.org
10	ANDREW SHOGREN	Quileute Nation	360-374-4317 quileute Andrew.Shogren@nation.org
11	Marilyn M. Scott	Upper Skagit Tribe	marilynscott@upper-skagit.com 360 824-7039
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**Northwest Portland Area Indian Health Board**  
**Veterans Committee Meeting Minutes and Notes**

October 22, 2013

Silver Reef Hotel/Casino Events Room

Present: Charity A.S. Hodges, Ronda Metalf, and staffed by Jacqueline Left Hand Bull

The Committee members talked about a number of items, including the effect of being a spouse, family member and also being a friend of a war veteran; access to VA services, Voc Rehab issues, and upcoming meetings of Washington State Veterans' reps training upcoming at Little Creek (Squaxin Island) on October 29-30<sup>th</sup>.

There was also a concern that we have not had recent information on the status of VISN 20.

Most specifically, the fact that the upcoming TVRA (Triple Veteran Representative training) trainees will not be certified and recognized by the VA was discussed. Not being certified means that they are not given access, electronically or by phone, to the information they often need in order to assist veterans. This is an issue of interest to the Veterans Committee because a number of NW Tribes have appointed or identified Veterans' Reps. (They are not recognized, but do most of the work of assisting veterans.)

One of the Committee members agreed to investigate the certification process that the VFW goes through, and learning the difference between accreditation and certification. The purpose of learning how the Veterans' Reps could get certified would be to ask the Board to promote it through a Resolution or other means.

# Veterans Committee

Tuesday October 22, 2013  
Silver Reef Hotel Casino, Ferndale, WA

Name and Title	Organization	Phone/FAX/E-mail
1 Charity A.S. Hodges Cowitz Health Board	Cowitz Indian Tribe	charity.as.hodges@gmail.com
2 Ronda Metcalf	Sauk Seattle	360436-0131
3 Jayveta Lyle Hand Bell	NPA/ITB Staff	
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## **Elders Committee Meeting Minutes**

**October 22, 2013**

**Silver Reef Hotel Casino, Ferndale, WA**

Members: Twila Teeman-Burns Paiute, Andy Joseph-Colville, Bernadine Shriver-Grand Ronde, Frances Kde los Angeles-Snoqualmie Tribe, Patty Kinswa-Gaiser-Cowlitz,

NPAIHB Staff: Mattie Tomeo-Palmanteer, Luella Azule

Andy opened the meeting with a prayer.

Francis motioned to approve the April meeting minutes with a minor duplicate word edit on page two first paragraph, Patty seconded. Motion carried.

Colville: On November 4<sup>th</sup> Colville elders will receive the third annual elder stipend payment from the Wells Dam which is non-taxable.

Snoqualmie: A senior outing took place one hundred elders and their spouse's received their flu shot. Please be sure to get your flu shot!

There is a concern about elders being over medicated. Pain management is the alternative recommendation

Grand Ronde: The health clinic is now accepting non-native tribal employees. The tribe is working through the process of the Obama care health plan and needs support to better understand the process.

A new person is on the Health Committee Allen Ham; he has experience working with Indian Health Service and is an asset to the Health Committee.

Cowlitz: The AOA Title Six Grant renewal is currently taking place; this includes an in-depth needs assessment.

# Elders Committee

Tuesday October 22, 2013  
Silver Reef Hotel Casino, Ferndale, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Twila Teeman	Burns Painte	-
2	Andy Joseph J.	Colville	
3	Bernadine Shriver	Grand Ronde	Shriver
4	Frances K de los Angeles	Snoqualmie tribe	Frances K de los Angeles
5	Patty Kinswa-Gaiser	Cowlitz	Patty KINSWA-GAISER
6	Luella Azule	NPAIHB	
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## Discussion Guide for an IHS Advanced Appropriation

Northwest Portland Area Indian Health Board

Prepared by Jim Roberts, Policy Analyst

A coalition of tribes and national tribal organizations has begun to call on Congress to fund the IHS budget in a more “timely” manner. The inability of Congress to pass appropriations in a timely manner exacerbates the quality of health care provided to American Indian and Alaska Native (AI/AN) people and poses serious operational challenges in managing the Indian health system. Delayed appropriations result in delays in health care services, facility construction and improvements, recruitment and retention of health providers, purchasing needed medical equipment and supplies, and hampers administration in fiscal planning. It is reasoned that an “advanced appropriation” would help to resolve Congress’ inability to pass appropriations bills in a timely manner. The following is intended as a discussion guide on questions that might come up as this policy proposal moves forward.

- What is an Advance Appropriation and how does it work? Generally, appropriations are passed by Congress and begin on October 1 of the fiscal year. There are three types of appropriations that don’t follow this pattern:
  1. Advance Appropriations: new budget authority that becomes available one or more fiscal years beyond the fiscal year for which the appropriations act was passed. New budget authority for an advance appropriation is scored in the fiscal year in which the funds become available for obligation.
  2. Advance Funding: budget authority provided in an appropriation act to obligate and disburse in the current fiscal year funds from a succeeding year’s appropriation. Advance funding is a means to avoid making supplemental requests late in the fiscal year for certain entitlement programs where the appropriations may be insufficient.
  3. Forward Funding: is budget authority that is made available for obligation beginning in the last quarter of the fiscal year for the financing of on-going activities during the next fiscal year. This funding is used mostly for education grant programs, so that obligations for grants can be made prior to the beginning of the next school year.
- Are there other federal agencies that receive an advance appropriation? Yes, the Veteran Health Care Program (VA) has received an advance appropriation since FY 2009(?).
- Some may claim that a draw-back might be in those years in which IHS received an advanced appropriation and Congress decided to include a larger budget increase for programs. IHS might not be able to renegotiate this increase, and would have to live within the appropriation provided.
  - The chances of this are remote and the benefits of an advance appropriation outweigh this disadvantage. The economic loss and opportunity costs of repeated CRs would cut into the utility of any additional increase that might be provided.
  - It is possible that Congress would take this into consideration in future appropriations and make IHS whole by providing the similar increases in future years.



- The opposite effect of this would be for those years that Congress decided to pass an across-the-board rescission. Might IHS be insulated from such cuts?
  - The Veterans Health Administration (VHA), Corporation for Public Broadcasting, and during certain years the Low-Income Home Energy Assistance Program (LIHEAP) received advance appropriations. All were subject to rescissions when used by Congress. So likely, based on this experience IHS would not be exempt.
- An advance appropriation may pose operational challenges with some of the IHS accounts. For example, Contract Support Costs (CSC) and phasing in staffing at new facilities.
  - The CSC process is a retrospective and prospective process. Audits are used to validate past year's allocations and then adjustments are made. This is a detail that could be resolved by Tribes and IHS. The benefits of an advance appropriation outweigh the disadvantages of this. If Tribes are overly concerned about this, a solution would be to exclude the CSC account from the advance appropriation.
  - Phasing staffing at new facilities might be a challenge in those years that projects are completed early. Congress would likely address this by making additional funds available. An advance appropriation would benefit the facilities construction process by having a set budget well ahead of time. Projects would not have to be stopped or halted due to budget constraints.
- Would all IHS accounts be subject to an advance appropriation or just certain line items?
  - Having the entire IHS appropriation subject to an advance appropriation would be ideal. However Congress may not be willing to do this for all IHS accounts and tribes would have to prioritize which accounts should be included.
  - The VA is funded through four appropriation accounts: (1) Medical Services; (2) Medical Support and Compliance; (3) Medical Facilities, and; (4) Medical and Prosthetic Research. The Appropriations Committees also include Medical Care Collections.
  - Not all VA budget line items are included in their advance appropriation. To attain Congressional support, IHS and Tribes might consider a similar strategy.
  - Similar to the VA, IHS is funded through four accounts: (1) Clinical Services; (2) Preventive Health; (3) Other Services, and (4) Facilities.
  - There are 20 sub-sub accounts within these four categories. At a minimum the following 14 sub-sub accounts should be considered in an advance appropriation:
    - All Clinical Services accounts: (1) Hospitals & Clinics; (2) Dental Services; (3) Mental Health; (4) Alcohol & Substance Abuse, and; (5) Contract Health Services.
    - All Preventive Health accounts: (6) Public Health Nursing; (7) Health Education; (8) CHRs, and; (9) Immunizations.
    - Other Services: (10) Urban Indian Health Program, and; (11) CSC.
    - Facilities: (12) Maintenance and Improvement; (13) Sanitation & Facilities; (14) Health Facilities Construction.

