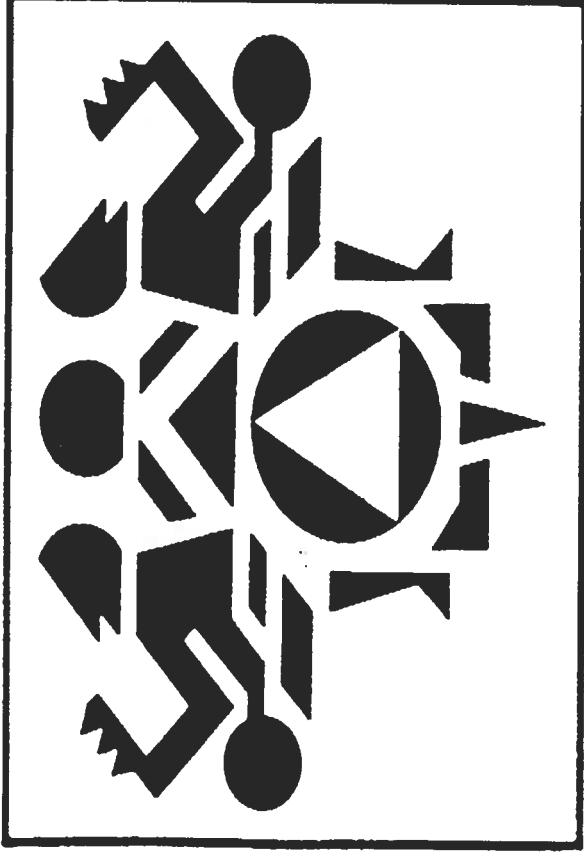


# **SUMMARY OF MINUTES**



## **QUARTERLY BOARD MEETING**

**APRIL 17-19, 2012  
QUINALT BEACH RESORT & CASINO  
OCEAN SHORES WA**

# April 2011 Quarterly Board Meeting

## Summary of Minutes

Issue	Summary	Action	Follow-Up
Area Director Report	<p>Meetings we have held this quarter were 638 Orientation 2/28-29 with 30 participants; Portland Area DST meeting 3/22-23. Held first Urban Directors meeting 3/8-9.</p> <p>Office of Tribal Government Relations Western Region quarterly conference was held 4/10-11 in Spokane &amp; they are going to repeat that session at Grand Ronde in July.</p> <p>The Portland Area Facilities Advisory Committee made a request to Dr. Roubideaux regarding the next level of planning.</p> <p>In March the second IHS Tribal Consultation Summit was held in Washington DC; there was not a large turnout at this one.</p>	<p>Met with VISN 20 Director &amp; her staff about how the urban programs can start looking at their resources because the urban were included in the updated MOA between IHS and the VA.</p> <p>They shared the draft agreement that is currently out for comment and a letter was sent out to tribal leaders with draft and asking that the TVRs give us comments also.</p> <p>There will be another one for the west coast tribes in Denver CO on August 7-8<sup>th</sup>.</p>	<p>May 7, 2012 is the deadline for comments</p> <p>2011 numbers will greatly impact some tribes so we will have data sharing user agreements in place and go through everyone's system and pull the CHS from the data. We will send those numbers back out to you and ask you to verify.</p>
Area Director Report	<p>The Fund Distribution Workgroup met after the Tribal Health Directors meeting to discuss the methodology to disburse the CHS money and also to look at the charter that was last updated in 1998. We provided 3 different scenarios.</p>	<p>They came back with a recommendation that is consistent with what they have done for the past 3 CHS disbursements -- that is to use CHS user numbers. The 2009 numbers were the latest solid numbers we had to work with. The workgroup felt we should update to the 2011 numbers. HIS can do that but it will delay disbursement because the numbers need to be verified.</p>	
Area Director Report	<p>Staffing update: Dr. Charles Marquart, Chief Medical Officer, will be retiring as of June 1, 2012. Angela Boechler, who was hired under the ARRA funds to address the meaningful use requirements for the past 9 months and is stationed at the Health Board, has had her contract extended for at least</p>		

# April 2011 Quarterly Board Meeting

## Summary of Minutes

	another year.			
Area Director Report	The IHS Administrative review will be in May 2012			
Area Director Report	Orthodontic program at Western Oregon Service Unit has been in existence since 1994; at that time there were 6 orthodontists in IHS; now there are only 2 and we have 1 of them. He is retiring	September 30, 2014 is when the program will close. We will work with the patients and make sure they find somebody in the private sector.		
Legislative Report	Contract Support Costs workgroup; the Director has reconvened this workgroup; mostly prompted by the sizeable program increases in 2010 and this year. The first meeting was held at end of January 2012. The technical workgroup cannot participate unless recognized by their Area tribal representative; this was not the case in past years.	They are charged with evaluating the charter of 2007 that Dr. Grim did. The IHS will not release the data for CHS collections for the last 3 years. You really cannot do a policy change without access to data. This has resulted in an impasse between the CHS workgroup and the Director in that the workgroup agreed conceptually that they cannot and will not proceed unless the Agency provides the data.	Andy Joseph was elected chairman of the workgroup. A letter was sent to the Director asking for additional information in terms of when certain decisions related to allocations of 2009, 2010, 2011 distributions were made. Another workgroup meeting is scheduled.	
ICD10	There are 4 phases and we are currently in phase 1. We were asked to create a team that would combine efforts and move forward. A DTL letter from the Area Director was sent out on 1/20/12 asking each site to name an ICD10 point of contact.	Our team consist of Peggy Ollgard; David Battese, IT Specialist; Donnie Lee, Area Diabetes Consultant; Ron Won, CAC/Area Pharmacist; Neil Dial, Area Pharmacy/EHR Consultant; Carol Prevost, our CEO Warm Springs Service Unit; Jamie Furniss, Ft. Hall Service Unit Health Systems Specialistist & Roberta Carlie, IT Specialist.	The new go live date is October 1, 2014	
Region X DHHS	Want to reiterate to everyone that we heard from you were the need in grants for more flexibility, more sustainability & it is not helpful to have a program start and be over in a year. Mary Wakefield, HRSA, heard it significantly and will take it back to HRSA. Also discussion about all the different aspects of HHS and your reporting requirements and reporting		We were capturing the issues that were raised from you all on a spreadsheet to show who said what to whom about the issues at the time, what is the 'going	

# April 2011 Quarterly Board Meeting

## Summary of Minutes

	same information but different forms for each agency.	SAMHSA and the increasing rates of suicide across all states; this year we heard about increasing numbers of elders committing suicide; not just adolescents.	I have taken it upon myself to ask both AOA & SAMHSA 'can't you combine your two operating divisions to produce a different kind of grant that would address this across the generation approach to suicide & allow the flexibility of tribal communities to deal with it in different kinds of way'.	forward' to do & most importantly who is responsible for doing it. We should be getting the summaries & recordings of the consultation in the next 4 weeks.
		State-tribal relations; underscore the importance of that which was raised to a high level with the Secretary. The Secretary has sent out a letter to all the tribes underscoring the need for recognition of action on that issue and that the Administration holds very highly.	Washington seems to be an example where consultation is working but it requires an incredible amount of energy & effort on the tribe's part to keep that going. Alaska is kind of in the same bucket as Idaho; sometimes it seems to be visible, sometimes who knows. Oregon seems to be moving ahead at rapid speed with its transformation.	We are here for you; I take your concerns to heart and take them to the Secretary when I go back.
Elders Committee	Report Attached			
Veterans Committee	Report Attached			
Behavioral Health & Public Health Committee	Report Attached			
Personnel Committee	A resolution will be presented with the proposed Program Operations Manual changes			
MOTION Minutes	Motion by Dan Gleason, Chehalis Tribe; 2 <sup>nd</sup> by Cassandra Sellards-Reck, Cowlitz Tribe to approve the January 2012 minutes.		MOTION CARRIED	
RESOLUTION #12-03-01	Support for the Submission of a Grant to the CDC for Funding for the NW Tribal Comprehensive Cancer Program – (ratify)		Motion by Dan Gleason, Chehalis Tribe; 2 <sup>nd</sup> by Cassandra Sellards-Reck, Cowlitz Tribe to approve. MOTION CARRIED	

# April 2011 Quarterly Board Meeting

## Summary of Minutes

RESOLUTION #12-03-02	Preventing Violence & Violence Related Injury – (ratify with technical amendment)	Motion by Dan Gleason, Chehalis Tribe; 2 <sup>nd</sup> by Stella Washines, Yakama Nation to approve as amended. MOTION CARRIED	
RESOLUTION #12-03-03	Support for NPAIHB Epi Center Access to the IHS Portland Area-wide RPMS Database	Motion by Dan Gleason, Chehalis Tribe; 2 <sup>nd</sup> by Cheryl Rasar, Swinomish Tribe to approve. MOTION CARRIED	
RESOLUTION #12-03-04	Support for Epi Center Proposal for NIMHD: Social, Behavioral, Health Services & Policy Research on Minority Health & Health Disparities (R01)	Motion by Marilyn Scott, Upper Skagit Tribe; 2 <sup>nd</sup> by Cassandra Sellards-Reck, Cowlitz Tribe to approve. MOTION CARRIED	
RESOLUTION #12-03-05	The Tobacco Regulation Awareness, Communication & Education Program (U1A)	Motion by Stella Washines, Yakama Nation; 2 <sup>nd</sup> by Cassandra Sellards-Reck, Cowlitz Tribe to approve. MOTION CARRIED	
RESOLUTION #12-03-06	CSC Recommendations to Support Funding for New/Expanded Programs; and to Share Data for the Purposes of Developing CSC Shortfall Reports	Motion by Shawn MacAvoy, Samish Nation; 2 <sup>nd</sup> by Cheryl Rasar, Swinomish Tribe to approve. MOTION CARRIED	
RESOLUTION #12-03-07	Reauthorization of the SDPI in the 112 <sup>th</sup> Congress	Motion by Cassandra Sellards-Reck, Cowlitz Tribe; 2 <sup>nd</sup> by Sharon Stanphill, Cow Creek Tribe to approve. MOTION CARRIED	
RESOLUTION #12-03-08	Support \$403 Million Budget Increase for the IHS Budget in FY2013	Motion by Cassandra Sellards-Reck, Cowlitz Tribe; 2 <sup>nd</sup> by Leroy Jackson, Klamath Tribe to approve. MOTION CARRIED	
RESOLUTION #12-03-09	Support NPAIHB Comment Letter on OMB Proposals Published in the Federal Register, Tuesday, February 28, 2012	Motion by Dan Gleason, Chehalis Tribe; 2 <sup>nd</sup> by Marilyn Scott, Upper Skagit Tribe to approve. MOTION CARRIED	
RESOLUTION #12-03-10	Support for the NW Tribal Injury Prevention Action Plan	Motion by Brenda Nielson, Quileute Tribe; 2 <sup>nd</sup> by Dan Gleason, Chehalis Tribe to approve. MOTION CARRIED	
RESOLUTION #12-03-11	Program Operations Manual Revision	Motion by Dan Gleason, Chehalis Tribe; 2 <sup>nd</sup> by Cheryl Rasar, Swinomish Tribe to approve. MOTION CARRIED	



## 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  
Quinault Tribe  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock Tribe  
Siletz Tribe  
Skokomish Tribe  
Snoquahmie Tribe  
Spokane Tribe  
Squaxin Island Tribe  
Stl'agunnish Tribe  
Tl'upquamish Tribe  
Winomish Tribe  
Yalalup Tribe  
Yatilla Tribe  
Yppei Skagit Tribe  
Yam Springs Tribe  
Yakama Nation

### Resolution #12-03-03

## "Support for NPAIHB *EpiCenter* Access to the Indian Health Service Portland Area-wide RPMS Database"

**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**, in furtherance of this goal in 1997, NPAIHB established the Northwest Tribal Epidemiology Center (*EpiCenter*) in an effort to improve the quality of American Indian and Alaska Native (AI/AN) epidemiology data; and

**WHEREAS**, the *EpiCenter* receives a grant from the Indian Health Service (IHS) to perform the Agency's statutorily required function to establish an epidemiology center in each IHS Area (see 25 U.S.C. §1621m) and in order for the *EpiCenter* to comply with both the statutory and grant requirements for epidemiology centers, the *EpiCenter* must collect data relating to the health status objectives described in 25 U.S.C. § 1602(b) to be able to carry out this role, the *EpiCenter* must have access to the IHS data included in the Resource and Patient Management System (RPMS).

**WHEREAS**, all forty-three Portland Area tribes have organized the Board as a "tribal organization" under the ISDEAA to carry out certain functions in the provision of their health care services and programs, which includes acting as a grant recipient, through the *EpiCenter*, to carry out the responsibilities of a tribal epidemiology center with the IHS; and

**WHEREAS**, the HHS Secretary is also mandated "to develop sets ... of data for uniformly defining health status for purposes of meeting the objectives specified in section 1602(b)" [see 25 U.S.C. § 1621m(a)(3)(A)], for which such data are required to carry-out the essential role as a tribal epidemiology center and when performing the functions of the Secretary and IHS as mandated under the Indian Health Care Improvement Act (IHCA); and

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www.NPAIHB.org

**WHEREAS**, the Patient Protection and Affordable Care Act (Pub. Law 111-148; or ACA) amends the IHCIA at section 214(e), a provision that deems epidemiology centers "public health agency" status (as defined at 45 CFR §164.501) under HIPAA in order to facilitate acquisition of data and requires the HHS Secretary, acting through the IHS Director, to grant epidemiology centers access to data and protected health information in the possession of the Secretary; and

**WHEREAS**, The *EpiCenter* has gained national recognition for developing and implementing many useful and innovative projects to improve the health and quality of life of Northwest tribes and has served as a national model for other Indian Health Service (IHS) areas to emulate in establishing their *EpiCenter* programs; and

**WHEREAS**, previous research by the NPAIHB *EpiCenter* has shown that public health data for Northwest AI/ANs are under-reported due primarily to misclassification of race in public health registries and vital health records. The correct identification of AI/ANs in surveillance and health claims data systems is essential for understanding the burden and distribution of disease, mortality, and health care utilization for public health planning; and

**WHEREAS**, the Northwest Tribal Registry (NTR) has, with Board approval, performed record linkage studies to identify and correct racial misclassification in various public health registries to better assess burden of disease for Northwest AI/ANs; and

**WHEREAS**, to have the capability to perform ongoing projects that improve the quality and accessibility of health data for Northwest tribes, for example record linkages with cancer registries, vital statistics, hospital and ED data systems, trauma registries, and STD/HIV registries, the NPAIHB *EpiCenter* needs to have ongoing access to the IHS Area wide RPMS database; and

**WHEREAS**, the NPAIHB *EpiCenter* has consistently demonstrated adequate measures to insure the physical security of data and has policies in place to control access to and release of data; and

**WHEREAS**, any dissemination of results to outside audiences will only be done in collaboration with and by approval of NPAIHB, the *EpiCenter*, and the PAIHS IRB.

**THEREFORE BE IT RESOLVED**, that the NPAIHB recommends that the Portland Area Office of the Indian Health Service provide on a recurring basis to the NPAIHB *EpiCenter* the RPMS Area wide database, including but not limited to the following data elements: full name, date of birth, sex, race, social security number, tribe, Indian blood quantum, classification/beneficiary code, primary facility, current community, full address, date of last update, date of death, and Medicaid/Medicare ID numbers.

**CERTIFICATION**

NO. 12-03-03

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for 0 against 0 abstain on April 19, 2011.

Andrew C. Joseph Jr.  
Chairman

\_\_\_\_\_  
Date

Brenda V. Hill  
Secretary







**NORTHWEST  
PORTLAND  
AREA  
INDIAN  
HEALTH  
BOARD**

Burns Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Colville Tribe  
Coos, Siuslaw &  
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Puyallup Tribe  
Quileute Tribe  
Quinalt Tribe  
Samish Indian Nation  
Sault-Smattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock Tribe  
Siletz Tribe  
Tongue Point Tribe  
Toke Tribe  
Tulalip Tribe  
Twana Tribe  
Upper Skagit Tribe  
Wasco Tribe  
Wenatchee Nation

**Resolution No.: 12-03-04**

**"Support for *EpiCenter* proposal for NIMHD: Social, Behavioral, Health Services, and Policy Research on Minority Health and Health Disparities (R01)"**

**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**, in furtherance of this goal in 1997, NPAIHB established the Northwest Tribal Epidemiology Center (*EpiCenter*) in an effort to improve the quality of American Indian and Alaska Native (AI/AN) epidemiology data; and

**WHEREAS**, The *EpiCenter* has gained national recognition for developing and implementing many useful and innovative projects to improve the health and quality of life of Northwest tribes and has served as a national model for other Indian Health Service (IHS) areas to emulate in establishing their *EpiCenter* programs; and

**WHEREAS**, Section 214 of the Indian Health Care Improvement Act (P.L. 110-148) amends current law to continue authority for operation and funding of Tribal Epidemiology Centers and gives *EpiCenters* the status as public health authorities for purposes of the Health Insurance Portability and Accountability Act of 1996, thus granting access to health data needed to perform their mission; and

**WHEREAS**, the correct identification of AI/ANs in surveillance and health claims data systems is essential for understanding the burden and distribution of disease, mortality, and health care utilization for public health planning; and

**WHEREAS**, previous research by the NPAIHB *EpiCenter* has shown that public health data for Northwest AI/ANs are under-reported due primarily to misclassification of race in public health registries and vital health records; and

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**WHEREAS**, the *EpiCenter* has, with Board approval, performed record linkage studies to identify and correct racial misclassification in various public health registries to better assess burden of disease for Northwest AI/ANs; and

**WHEREAS**, the National Institutes of Health's National Institute on Minority Health and Health Disparities (NIMHD) has invited research proposals that innovatively contribute to the measurement and elimination of health disparities; and

**WHEREAS**, a successful proposal for this NIH funding initiative would provide the capability to continue and expand linkage projects that improve the quality and accessibility of health data for Northwest Tribes and contribute to the elimination of health disparities experienced by AI/AN; and

**WHEREAS**, the goals of this initiative are consistent with the goals and objectives of both the NPAIHB and the *EpiCenter*.

**THEREFORE BE IT RESOLVED**, that the NPAIHB endorses and supports an effort by the staff of the *EpiCenter*, under guidance of the Executive Director, to submit a grant application to the NIH requesting funding for the NIMHD research initiative entitled "Social, Behavioral, Health Services, and Policy Research on Minority Health and Health Disparities".

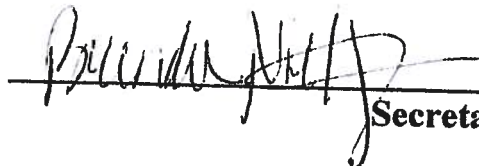
**CERTIFICATION**

NO. 12-03-04

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for 0 against 0 abstain on April 19, 2011.

  
Chairman

\_\_\_\_\_  
Date

  
Secretary





## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Colville Tribe  
Coos, Siuslaw &  
Lower Umpqua Tribe  
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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  
Tlulquaish Tribe  
Wanumish Tribe  
Wahap Tribe  
Walla Walla Tribe  
Wapinitia Tribe  
Wetzel Skagit Tribe  
Winem Springs Tribe  
Yakama Nation

### Resolution #12-03-05

## "The Tobacco Regulation Awareness, Communication, and Education Program (U1A)"

**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**, in furtherance of this goal in 1997, NPAIHB established the Northwest Tribal Epidemiology Center (*EpiCenter*) in an effort to improve the quality of American Indian and Alaska Native (AI/AN) epidemiology data; and

**WHEREAS**, The *EpiCenter* has gained national recognition for developing and implementing many useful and innovative projects to improve the health and quality of life of Northwest tribes and has served as a national model for other Indian Health Service (IHS) areas to emulate in establishing their *EpiCenter* programs; and

**WHEREAS**, AI/AN youth 12-17 have the highest tobacco use rate (24%) and AI/AN women of childbearing ages also have the highest tobacco use rates (37%);

**WHEREAS**, the US Food and Drug Administration (FDA) has invited proposals that aim to promote understanding of the consequences of tobacco use, especially targeting youth and pregnant women; and

**WHEREAS**, a successful proposal for this FDA funding initiative would provide the capacity to develop a tobacco education campaign targeted for tribal communities; and

**WHEREAS**, the goals of this initiative are consistent with the goals and objectives of both the NPAIHB and the *EpiCenter*.

**THEREFORE BE IT RESOLVED**, that the NPAIHB endorses and supports an effort by the staff of the *EpiCenter*, under guidance of the Executive Director, to submit a grant application to the FDA requesting funding for the FDA initiative entitled "The Tobacco Regulation Awareness, Communication, and Education Program".

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Portland, OR 97201  
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(3) 228-8182 FAX  
www.NPAIHB.org

**CERTIFICATION**

NO. 12-03-05

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for 0 against 0 abstain on April 19, 2011.

Andrew C. Joseph Jr.  
Chairman

\_\_\_\_\_  
Date

Brandi Niff  
Secretary






## CERTIFICATION

NO. 12-03-06

**The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for 0 against 0 abstain on April 19, 2011.**

*Andrew C. Joseph*  
Chairman

**Date**

  
Secretary



**Resolution #12-03-07**  
**Reauthorization of the SDPI in the 112<sup>th</sup> Congress**

**NORTHWEST  
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AREA  
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HEALTH  
BOARD**

Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
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Coos, Siuslaw &  
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Siletz Tribe  
Tlaxokomish Tribe  
Toquualmie Tribe  
Wapokane Tribe  
Waxman Island Tribe  
Willaquamish Tribe  
Wicwamish Tribe  
Winemish Tribe  
Yakima Tribe  
Yakima Nation

**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**, it has broadly understood and been demonstrated through statistical analysis that American Indian and Alaska Native (AI/AN) people experience disproportionately higher rates of health disparities than other groups of people in the United States; and

**WHEREAS, the National Indian Health Board has requested views of tribes about what should be the position of Tribes on issues in the upcoming reauthorization of the Special Diabetes Program for Indians (SDPI) in the 112<sup>th</sup> Congress; and**

**WHEREAS, the Portland Area Tribes, as well as those nationally, have taken a position on the reauthorization of the SDPI following its expiration in FY 2008 and since only extensions of the program have been granted by Congress without a multi-year reauthorization of the program, than Northwest Tribes continue to stand on the previous resolutions (see attached) adopted by NPAIHB, the Affiliated Tribes of Northwest Indians and the National Congress of American Indians: and**

**NOW THEREFORE BE IT RESOLVED,** Portland Area Tribes continue to support the following legislative objectives for the reauthorization of the SDPI: (1) a reauthorization of the SDPI for a period of five years; (2) that funding allocations for the newly authorized program be made through Tribal consultation, and; (3) funding provided by the SDPI be subject to contracting requirements under P.L. 93-638.

**BE IT FURTHER RESOLVED,** Portland Area Tribes recognize that the current fiscal climate and budgetary needs are challenging and urge that if these requested funding amounts and years cannot be achieved that Indian Country stand firm that the funding level not be lower than the existing \$150 million a year for a period of at least two years.

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(503) 228-8182 FAX  
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**CERTIFICATION**

NO. 12-03-07

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for 0 against 0 abstain on April 19, 2011.

  
Chairman

\_\_\_\_\_  
Date

  
Secretary



## 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  
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Nooksack Tribe  
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Quinalt Tribe  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock Tribe  
Siletz Tribe  
Skokomish Tribe  
Snoqualmie Tribe  
Spokane Tribe  
Squamish Island Tribe  
Stllagnumish Tribe  
squamish Tribe  
Wanumish Tribe  
Wahlip Tribe  
Wamilla Tribe  
Upper Skagit Tribe  
Warm Springs Tribe  
Wakama Nation

### Resolution #12-03-08

### "Support \$403 million budget increase for the IHS Budget in FY 2013"

**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**, the President's request for the Indian Health Service (IHS) FY 2013 budget only includes a \$115.9 million increase over last year's enacted level ; and

**WHEREAS**, the Board estimates that the President's request will fall short by over \$287 million just to maintain current services and that it will take at least \$403 million in FY 2013 to maintain the current levels of health care provided by the Indian health system, anything less will result in Indian health programs having to absorb the mandatory costs of inflation, population growth and increased administrative costs; and

**WHEREAS**, the President's proposed budget to Congress does not provide any funding increases for inflationary costs except for the CHS program with no additional funding requested for inflation, population growth or civilian and Tribal pay cost increases; and

**WHEREAS**, current services calculate mandatory costs increases necessary to maintain the current level of services and these mandatory costs are unavoidable and include medical and general inflation, pay costs, population growth and contract support cost which NPAIHB estimates to be \$403 million in FY 2013.

**NOW THEREFORE BE IT RESOLVED**, that the NPAIHB recommends that Congress support a budget increase of \$403 million for the IHS budget in FY 2013.


**BE IT FURTHER RESOLVED**, NPAIHB recognize a \$403 million increase may seem unreasonable in the current fiscal environment however given the significant health care needs of Indian people our recommendation is realistic. NPAIHB also recognize that in this difficult budget environment, we must all make sacrifices for our Country, but as the historic record on Indians will demonstrate, no one has sacrificed more than Native Americans.

21 SW Broadway Drive  
Ste 300  
Portland, OR 97201  
(503) 228-4185  
(503) 228-8182 FAX  
www.NPAIHB.org

**CERTIFICATION**

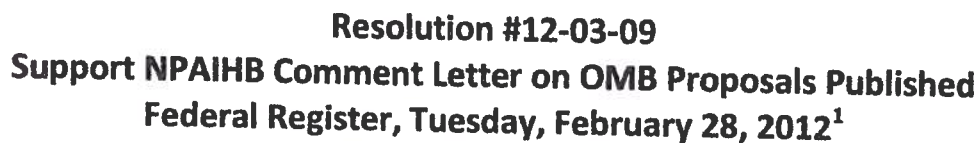
NO. 12-03-08

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for 0 against 0 abstain on April 19, 2011.

  
Chairman

\_\_\_\_\_  
Date

  
Secretary



**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**, on February 28, 2012, the Office of Management and Budget (OMB) published a notice in the Federal Register about preliminary reform proposals related to Single Audits, Indirect Cost Rates (IDC) and Administrative Requirements, with comments due by Monday, April 30, 2012; and

**WHEREAS**, because the OMB notice proposes to change the manner in which IDC and Single Audits are developed, the reform proposals will affect Tribes; and

**WHEREAS**, the NPAIHB has developed a comment letter to be submitted in response to OMB's request for comments or recommendations on the issues that include the following: Single Audits, Cost Principles related to calculating IDC rates, and Administrative Requirements to streamline various provisions regulating ISDEAA agreements.

**NOW THEREFORE BE IT RESOLVED**, that the Portland Area Tribes support the comments and recommendations included in the Board's letter and recommend it be submitted to OMB by the April 30, 2012 comment deadline date.

<sup>1</sup> Federal Register, Vol. 77, No. 39, Tuesday, February 28, 2012. "Reform of Federal Policies Relating to Grants and Cooperative Agreements; Cost Principles and Administrative Requirements (Including Single Audit Act)." [This includes Cost Principles in OMB Circulars A-87 and A-122; Single Audit requirements in A-133; and the Administrative Requirements in A-102 and A-110 among others].


Burns Paiute Tribe  
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Quileute Tribe  
Quinault Tribe  
Samish Indian Nation  
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Shoshone-Bannock Tribe  
Siletz Tribe  
Tukwila Tribe  
Walla Walla Tribe  
Wasco Tribe  
Wasco-Waiilatpu Tribe  
Wenatchi Tribe  
Winema Tribe  
Yakima Tribe  
Yakima Nation

1 SW Broadway Drive  
E 300  
Hend, OR 97201  
3) 228-4185  
4) 228-8182 FAX  
5) NPAHIB.org

**CERTIFICATION**

NO. 12-03-09

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for 0 against 0 abstain on April 19, 2011.

  
Chairman

Date \_\_\_\_\_

  
Secretary





## Resolution #12-03-10 Support for the NW Tribal Injury Prevention 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**, NPAIHB is established with a delegate appointed with voting privilege and sanctioned through formal tribal resolution from each and every federally-recognized tribe in the Portland Area; and

**WHEREAS**, data suggest that unintentional injury is a significant problem throughout Indian Country; and

**WHEREAS**, nationwide, injury is a serious public health problem leading to premature death, disability and enormous burdens on the health care system; and unintentional injury (UI) includes events that may be unforeseen – such as car crashes, falls, poisonings and drownings – that are neither isolated nor arbitrary, but in fact are often both predictable and preventable; and

**WHEREAS**, the Indian Health Service (IHS) reports that unintentional injury mortality rates for Indian people are about three times higher than for all Americans combined (IHS, Trends in Indian Health 2000-2001); and injury is the leading cause of death for American Indians and Alaska Natives (AI/ANs) ages 1-44, and the third leading cause of death for Northwest AI/ANs of all ages (CDC WISQUARS 2009); and

**WHEREAS**, the Injury Prevention Action Plan is the product of a collaborative, intertribal, year-long planning process initiated by members of the Northwest Tribal Injury Prevention Coalition, and the mission of the five-year plan is to reduce injuries and injury-related death rates among American Indians and Alaska Natives living in the Pacific Northwest by increasing tribal capacity to prevent unintentional injuries resulting primarily from motor vehicles and falls.

**THEREFORE BE IT RESOLVED**, that the Northwest Portland Area Indian Health Board endorse and encourage the adoption of the 2011-2015 Northwest Tribal Injury Prevention Action Plan among its member tribes, and in collaboration with the Northwest Washington Indian Health Board.

**BE IT FURTHER RESOLVED**, that the 2011-2015 Northwest Tribal Injury Prevention Action Plan be actively used by members of the Northwest Portland Area Indian Health Board to guide program planning, support community outreach efforts, and foster a coordinated response to unintentional injury in our tribal communities.

### NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns Paiute Tribe  
Chehalis Tribe  
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Cow Creek Tribe  
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Winema Tribe  
Yakima Tribe

21 SW Broadway Drive  
Ste 300  
Portland, OR 97201  
3) 228-4185  
3) 228-8182 FAX  
www.NPAIHB.org



## CERTIFICATION

NO. 12-03-10

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for, 0 against, 0 abstain on April 19, 2011.

Andrew C. Joseph Jr.  
Chairman

Date \_\_\_\_\_

Brenda N. H.  
Secretary



## Resolution #12-03-11 Program Operations Manual Revisions

### NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Colville Tribe  
Coos, Siuslaw &  
Lower Umpqua Tribe  
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Tulalupa Tribe  
Uquamish Tribe  
Winomish Tribe  
Wisham Tribe  
Wiyat Tribe  
Yakima Tribe  
Yamhill Tribe  
Yakima Nation

**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 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**, the NPAIHB employs a staff to carry out its directives and various projects; and

**WHEREAS**, in order to protect both the NPAIHB and its employees, the NPAIHB has a "Program Operations Manual" that contains the personnel policies of the Board; and periodically reviews and improves the manual; and

**WHEREAS**, in accordance with the NPAIHB By-Laws, the Personnel Committee of the Board has reviewed proposed revisions to the Program Operations Manual and has recommended adoption of the proposed revision as presented in the attached document titled "Program Operations Manual (rev. 4/19/2012).

**NOW THEREFORE BE IT RESOLVED**, that the NPAIHB accepts and adopts the revisions to the Program Operations Manual as presented by its Personnel Committee on April 19, 2012.

21 SW Broadway Drive  
Portland, OR 97201  
Phone: 503-228-4185  
Fax: 503-228-8182  
www.NPAIHB.org

## CERTIFICATION

NO. 12-03-11

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for, 0 against, 0 abstain on April 19, 2011.

Andrew C. Lloyd Jr.  
Chairman

Date \_\_\_\_\_

*[Signature]*  
Secretary

## Elder Committee Meeting Minutes

April 17, 2012

Quinault Casino Resort

Members: Bernadine Shriver-Grand Ronde, Frances de Los Angeles-Snoqualmie  
Bonnie Sanchez-Squaxin Island, Brenda Neilson-Quileute, Twila Teeman-Burns  
Paiute, Leroy Jackson-Klamath Falls, Andy Joseph-Colville, John DeNorbrega-Pete-  
Cowlitz, Dan Gleason/Committee Chair, Chehalis

NPAIHB Staff: Clarice Charging

Chairman Gleason asked Andy to open the meeting with a invocation.

Updates: NICOA Conference will be September 15-18, 2012, Albuquerque, NM.

After discussion, Bernadine made a motion for two elder delegates, Janice  
Clements-Warm Springs and Dan Gleason to attend. Brenda seconded. Motion  
carried. Clarice will accompany as staff support.

Bernadine presented information on the Elder Conference held at Wildhorse  
Resort and Casino, March 2012 and provided contact information for one of the  
presenters. Clarice will follow-up to see if they are available to present during our  
June 2012 quarterly board meeting.

Grande Ronde Elder Honor Day will be July 13, 2012 at Spirit Mountain Casino  
Colville Elder Honor Day will be held in Omak, WA, April 20, 2012. Andy attended  
the IHS Long-Term Care Conference and Region 10 meeting. Hopeful that IHS  
and CMS will meet with the VA to see what they charge for long-term, hospice  
and dialysis care.

Squaxin Island Tribal Council has appointed a task force to handle drug trafficking on their reservation. They have met with tribal elders to receive information and feedback.

Quileute Tribe's Health Week will be May 15-18, 2012 . Their Honor Day dinner will be May 18<sup>th</sup> with traditional foods being served.

Klamath Tribe will start planning for their Elder honor dinner. Tribal elders and youth have spent time together, playing games and preparing meals.

Chehalis Tribe interviewed applicants for their Tribal Health Director position last week.

# Elders Committee

Tuesday April 17, 2012  
Quinault Beach Resort & Casino, Ocean Shores, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	DAN GLEASON	CHENAI'S	360-273-5911
2	Berna Chae Sinner	Quinault Ranch	503-663-7624
3	Frances de la Hoz	Snoqualmie Falls	360 668 2578
4	Andy Joseph	Colville Tribes	509 631 4406
5	Bonnie Sanchez	Squaxin Island	360 432 3941
6	Pete	Clallam County	360-910-6237
7	Grenda Nielsen	Duwamish	540 514-4055 grenda.nielsen@ins.gov
8	LeRoy Jackson Jr	Klamath Tribes	541 882-1487
9	Twila Teeman	Burns Paiute	541-573-7312
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Northwest Portland Area Indian Health Board  
Quarterly Board Meeting  
April 17, 2012  
VETERANS COMMITTEE

Jodi Waters, Visn 20; Michael Fisher, Visn 20; Luckie Joe Boyd Suquamish Tribe; Denise Walker Skokomish, Charity Sabido-Hodges Cowlitz. Staff: Ronda Metcalf

- A discussion about a program that was presented at the VA/TVR Conference that allows nonprofit organizations to purchase repossessed VA home at very low cost to programs that will benefit Veterans. It was decided that more information will be gathered. Luckie shared they are looking at a building in the Seattle area through the same program. If it looks like it may be of benefit for the tribes and funding can be found it might be a good service for the Health Board to consider.
- A discussion on the most recent MOU a question on credentialing that the tribes are not required to be AAA accredited and there should be the same standard as IHS.
- A further discussion regarding clear language, co-pays, and referrals and the actual intent of the MOU. Mr. Fisher agreed that we really need to look and being very clear with the MOU and Sharing Agreements.





## Behavioral Health and Public Health Combined Meeting

Tuesday, April 17, 2012

Quinault Beach Resort and Casino

### **In Attendance:**

Bridget Canniff, NPAIHB  
Kelle Little, Coquille Indian Tribe  
Rachel Ford, NPAIHB  
Elizabeth Buckingham, Makah  
Luella Azule, NPAIHB  
Kerri Lopez, NPAIHB  
Tom Weiser, IHS  
Cheryl Sanders, Lummi Nation  
Colleen Bowls, Stillaguamish  
Michelle Sobel, LCSW IHS-PAO Behavioral Health Consultant  
Marilyn Scott, Upper Skagit Tribe  
Victoria Warren-Mears, NPAIHB

### **Tobacco Education Resolution**

**Kerri Lopez**

Kerri presented about tobacco resolution. FDA grant highly competitive. Tobacco just went under FDA. This grant cannot be for cessation or policy development. The focus of this application is public education, targeted at youth, and/or pregnant women. The application is due May 7<sup>th</sup>, 2012. Kelle Little moved and Colleen Bowles seconded that the resolution 12-03-05 to the Board for voting with the striking of NIH and replacement with FDA on the final whereas statement. MOTION CARRIED unanimously.

### **Injury Prevention Strategic Plan**

**Bridget Canniff**

Injury prevention coalition has been developed under the Injury Prevention Program. It currently has about one dozen committee members, with a new invitation to join by any interested individuals. The plan presented was the 5 year plan of the coalition, which will be updated annually with new partners and potential initiatives.

A resolution was presented with a request for approval by this committee with full support for the Board to consider approval of resolution.

Housing partnership was questioned? How are they involved? To date, no one has come forward from housing for participation. It was also suggested to use EMS and Tribal Emergency Management Council as partners. Recommend Northwest Tribal Emergency Management Council (NWTEMC) on page 7 as a potential partner.

A question was posed about the inclusion of drowning prevention and safety related to participation in the Canoe Journey, and commercial vessels and prevention of drowning. That type of activity should be addressed and included. Bridget indicated that NPAIHB has been collaborating with the NW Washington Indian Health Board. Have a joint coalition meeting on

May 9, 2012 from 8:30 to noon, at NW Indian College at the Log Bldg. We need to address regional issues, including issues related to natural resources (fishing, shellfishing, etc).

The final document will include addressing the housing partnership and our collaborative efforts with the NW Washington Indian Health Board

The resolution for adoption of the injury prevention strategic plan was reviewed.

It was moved and seconded that the resolution be sent to the board with a recommendation to approve. MOTION CARRIED.

**Social, Behavioral, Health Services, and Policy Research for Minority Health and Health Disparities (R01)**  
**Victoria Warren-Mears**

Marilyn looking at data for AI/AN in Washington state. SAMHSA block grant needs MH and Substance abuse data to prepare for the current consolidation initiative. MH is poorly tracked while WA state chemical dependency services is documented through Target Data System. Very much supports this. Continued need for expansion. Will need to look at additional data. Specific data is highly useful.

It was moved and seconded that the resolution be approved as written and moved to the entire Board for approval. MOTION CARRIED.

**Public Health Accreditation**

**Rachel Ford**

Rachel updated on PH Accreditation training. Presented attendance and topical areas that were presented in the last quarter in the areas of evaluation of readiness and self-assessment training. The basic parts that are needed for accreditation are: Community Health Assessment, Agency Strategic Plan, Community Health Improvement plan. It was noted that while this is a valuable accreditation, there is a lack of funding to allow planning time for this accreditation. Concerned about HHS lack of funding for public health activities need funding to get public health. There is a high cost for accreditation which can be burdensome for tribes, however most of the attendees like idea conceptually.

Tom Weiser questioned if all tribes get funding for PHNs? About \$2,000 per year. CDC needs to provide additional funds. Tribes need to be included in the Federal to State fund transfer directly.

**2011 Immunization Report**

**Tom Weiser**

Immunizations report 2011 was handed out by Tom Weiser.

Immunization coordinators received improvement plan request for Pertussis improvement plan due April 20 deadline.

**Next meeting June 19, 2012 Noon Great Wolf Lodge Chehalis (Grand Mound, WA)**

# Public Health Committee

Tuesday April 17, 2012  
Quinault Beach Resort & Casino, Ocean Shores, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Bridget Canniff Proj. Dir, TESC	NPAIHB	503-416-3302/bcanniff@npaihb.ore
2	<del>Rachel Ford</del>	<del>NPAIHB</del>	
3	Rachel Ford	NPAIHB Cognitive Indian Trib	416-503-3282
4	Elizabeth Buckingham	INRAK-AT	elizabeth.buckingham@isr.g
5	Linda Azule	NPAIHB	503-416-363
6	Kenneth	NPAIHB	
7	T. Wilson	1415	
8	Cheryl Sanders	Lummi Nation	Cheryl.S@lummi-nsn.gov
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# Behavioral Health Committee

Tuesday April 17, 2012  
Quinault Beach Resort & Casino, Ocean Shores, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Gailen Bowls Health	St. Ignace Mission	CBowls@StIgnaceMission.com
2	Elizabeth Lickering (11/11)	IVH/11/11	elizabeth.lickering@ivh.org
3	Michelle Sobel (LSD)	IHS PAO (13th consultant)	Michelle.Sobel@ihs.gov
4	Marilyn M. Scott	Upper Skagit Tribe	marilyn@upper-skagit.com
5	Cheryl Sanders	Ummi Nation	cheryl@ummi-nation.gov
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**NPAIHB Quarterly Board Meeting  
Quinault Beach Casino Resort  
Ocean Shore, WA**

**Legislative Committee Report**

April 19, 2012

**Present:**

Pearl Capoeman Baller, Quinault Nation  
Andy Joseph, Jr., Colville Tribes  
Leslie Wosnig, Suquamish Tribe  
Cheryl Raser, Swinomish Tribe  
Kim Zillyet Harris, Shoalwater Bay Tribe  
Ed Fox, Port Gamble S'Klallam Tribe  
John Stephens, Swinomish Tribe  
Joe Finkbonner, NPAIHB Executive Director  
Jim Roberts, NPAIHB  
Linda Frizzell, NPAIHB

**Business:**

The Committee reviewed and approved ten resolutions:

1. 12-03-01 Support for Grant Submission to CDC for Northwest Tribal Comprehensive Cancer Program
2. 12-03-02 Support for Preventing Violence and Violence Related Injury Project
3. Support for grant submission to FDA for Tobacco Regulation Awareness, Communication, and Education Program
4. Support for CSC Recommendations for New/Expanded Programs and Sharing CSC Data for Purposes of Developing CSC Shortfall Report
5. Support \$403 million increase for IHS Budget in FY 2013
6. Injury Prevention Plan Reso
7. Support NPAIHB Comment Letter on OMB Proposals Published in Federal Register
8. Support for EpiCenter Access to the IHS Portland Area RPMS Data
9. Reauthorization of the SDPI in the 112<sup>th</sup> Congress

The Legislative Committee also received an update on the recent hill visits during NCAI. Discussed emerging CSC issues from the recent CSC Workgroup meeting. Discussed state issues related to insurance exchange planning and Medicaid updates.

Adjourn at 1:00 p.m.



# Legislative/Resolution Committee

Tuesday April 17, 2012  
Quinault Beach Resort & Casino, Ocean Shores, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Dr. Linda Frizzell	NPA/HB	Lfrizzell@npa-hb.org
2	Katie Welling	Sequim/TML	KWelling@sequimtbl.com 360 594 8466
3	Cheryl RASAR	Swinomish	
4	Andy Joseph	Colville	
5	Pearl Capuena	Quinault	pballer@quinault.org
6	Kim Zillyette Davis	Shoalwater Bay	kzillyette@shoalwaterbay-nsn.gov
7	Edith THD	Br. Council of Indians	etd@brsdc.us
8	John Stephens	Swinomish	JStephens@swinomish.usn.us
9	Joe Finkbonner	NPA/HB	
10	Shawn MacAvey	Samish	ShawnMacAvey@samishbe.usn.us
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