



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



\$\$\$ ~ Weekly Funding Opportunities Report ~\$\$\$

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To: Idaho Delegates, Oregon Delegates, Washington Delegates, Tribal Chairs and Tribal Health Directors

Greetings! The NPAIHB - Funding Opportunity is provided on the basis that when there is pertinent announcements we are made aware of, have received and/or researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. New posts will be available Friday/Monday (**unless there are no “New” grant announcements**). Please see the **“New” Funding Opportunity Information provided in this “color code”**.

If you have a specific targeted goal or urgent community need and find yourself not knowing where to start --“looking for a grant”, our assistance is available anytime, and we would be very excited to assist you. In addition, at the end of this announcement several funding organizations do not have deadlines and do accept proposals all year round.



Colorado Health Foundation Accepting Applications for Activating Places and Spaces Together Program

DEADLINE: Feb 15, 2018, Jun 15, 2018, Oct 15, 2018

AMOUNT: To be eligible, applicants must be a nonprofit organization with experience working within the community (or communities) targeted and serve a high proportion of youth from high-need/low-income communities.

See the CHF website for complete program guidelines and application instructions.

DESCRIPTION: The program supports locally defined, place-specific efforts designed to get people outdoors and actively engaged in their neighborhoods — together. The goal of the

community’s overall health. Grants will be awarded to support costs associated with project/program planning and/or implementation.

To be eligible, applicants must be a nonprofit organization with experience working within the community (or communities) targeted and serve a high proportion of youth from high-need/low-income communities.

WEBSITE/LINK: <http://philanthropynewsdigest.org/rfps/rfp8198-colorado-health-foundation-accepting-applications-for-activating-places-and-spaces-together-program>



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Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence (R21 Clinical Trial Optional) Department of Health and Human Services/National Institutes of Health

DEADLINE: February 16; June 16; October 16, 2018

AMOUNT: \$200,000

DESCRIPTION: The purpose of this FOA is two-fold: (1) to advance identification of male-female differences in drug and alcohol research outcomes, to uncover the mechanisms of those differences, and to conduct translational research on those differences, and (2) to advance research specific to women or highly relevant to women. Both preclinical and clinical studies are sought across all areas of drug and alcohol research.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PA-18-602.html>

Screening, Brief Intervention and Referral to Treatment

DEADLINE: Wednesday, February 21, 2018

AMOUNT: Up to \$995,000 per year X 5 years. Up to 8 awards.

DESCRIPTION: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2018 Screening, Brief Intervention and Referral to Treatment (SBIRT) grants. The purpose of this program is to implement screening, brief intervention and referral to treatment services for adolescents and adults in primary care and community health settings (e.g., health centers, hospital systems, etc.) for substance misuse and substance use disorders (SUD). This program is designed to expand/enhance the state and tribal continuum of care for SUD services and reduce alcohol and other drug (AOD) consumption and its negative health impact, increase abstinence, reduce costly health care utilization, and promote sustainability and the integration of behavioral health and primary care services through policy changes that increase treatment access in generalist and specialist practice.

The populations of focus are adults and adolescents seeking medical attention and intervention services in primary care and other community health settings (e.g., private non-profit health care or behavioral health care systems such as health maintenance organizations (HMOs), preferred-provider organizations (PPOs), Federally Qualified Health Care systems, hospital systems, and community health or behavioral health centers). These grants support clinically appropriate services for persons at risk (asymptomatic) for SUD, as well as those diagnosed with SUD.

WEBSITE/LINK: <https://www.samhsa.gov/grants/grant-announcements/ti-18-007>



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Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts

DEADLINE: Wednesday, February 21, 2018

AMOUNT: Up to \$400,000 per year, X 5 years, 38 awards.

DESCRIPTION: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2018 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts (ATDC) and Adult Tribal Healing to Wellness Courts. The purpose of this program is to expand substance use disorder (SUD) treatment services in existing adult problem solving courts, and adult Tribal Healing to Wellness courts, which use the treatment drug court model in order to provide SUD treatment (including recovery support services, screening, assessment, case management, and program coordination) to defendants/offenders.

Recipients will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective SUD treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Applicants should propose to increase access and availability of services to a larger number of clients increasing the number of individuals served and the gaps in the continuum of treatment for individuals in these courts who have treatment needs for SUD and/or co-occurring substance use and mental disorders. Grant funds must be used to serve people diagnosed with a SUD as their primary condition. SAMHSA will use discretion in allocating funding for these awards, taking into consideration the specific drug court model (ATDCs and Adult Tribal Healing to Wellness Courts), as appropriate, the number of applications received per model type, and geographic distribution.

WEBSITE/LINK: <https://www.samhsa.gov/grants/grant-announcements/ti-18-008>

Prevention and Treatment Research to Address HIV/AIDS Disparities in Women in the US (R01 Clinical Trial Optional)

DEADLINE: February 28, 2018, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on this date.

AMOUNT: Application budgets are limited to \$350,000 direct costs annually. The scope of the proposed project should determine the project period. The maximum project period is 5 years.

DESCRIPTION: The purpose of this initiative is to support health services, intervention, and implementation research to understand and reduce racial/ethnic, geographic, and socioeconomic HIV disparities in US women. Projects may address HIV prevention, screening and diagnosis, and/or treatment. Projects may involve primary data collection and/or secondary analysis of existing data.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-18-004.html# Section II. Award 1>



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Mechanisms of Disparities for HIV- Related Co-morbidities in Health Disparity Populations (R01-Clinical Trial Not Allowed)

DEADLINE: February 21, 2018, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on these dates.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are limited to \$450,000 direct costs per year maximum.

DESCRIPTION: The purpose of this initiative is to support research to understand the mechanisms and the effect of HIV related co-morbidities on the complexity of HIV/AIDS disease progression, quality of life and overall health outcomes among HIV positive individuals from health disparity populations.

It is well established that HIV disproportionately affects racial/ethnic minorities, including African Americans, Latinos, and American Indians/Alaska Natives. Although the rates of HIV infection overall are going down, disparities among individuals living with HIV still exist. Reports show that people living with HIV although have controlled the infection but as they grow older are more likely to experience a range of non-AIDS-related co-morbidities compared to those without HIV infections. These comorbidities may contribute to HIV associated disparities by increasing the complexity of the HIV/AIDS progression and result in worse health outcomes, especially for patients from health disparity populations.

Comorbidities that may disproportionately affect HIV positive individuals include coinfections with other pathogens, multiple chronic conditions such as dyslipidemia, kidney disease, chronic respiratory disorders, cardiovascular disease, hypertension, liver disease, diabetes, non-AIDS related cancers, and psychiatric and neurocognitive conditions. HIV-positive individuals have higher rates of co-infections such as chronic hepatitis B, hepatitis C virus (HBV, HCV), and tuberculosis. HCV co-infections disproportionately affect racial/ethnic minority populations, with higher rates and worse survival than their non-Hispanic White counterparts. Similarly, chronic conditions such as hypertension, diabetes, cardiovascular disease and chronic kidney disease are reported to be higher in HIV positive individuals, with particularly high prevalence in African Americans. Other concomitant conditions, often related to lifestyle and behavioral risk factors (such as heavy alcohol use, substance use, tobacco smoking, poor diet, obesity or lack of physical activity) can also affect health outcomes and increase the risk of adverse effects. HIV-positive individuals may acquire these co-morbidities earlier in life compared to their HIV seronegative counterparts. These comorbidities can complicate and accelerate the HIV/AIDS disease process, resulting in organ and functional impairment, poorer health-related quality of life, increased likelihood of hospitalization, and death. On the other hand, comorbid conditions may become the principal problems for HIV infected individuals who have viral suppression on effective medications.

Many HIV positive individuals are doing well with their HIV infection, but as they grow older and are living longer, they are developing more chronic diseases. These comorbidities can complicate clinical care in general but especially for health disparity patient populations. Lack of integration and coordination of medical care with multiple comorbidities can lead to gaps and delays in care, including poor adherence, delay in



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treatment of chronic conditions, or adverse drug reactions from multiple medications. Limited access to care or availability of appropriate clinicians or preventive services, may contribute to a greater burden of these comorbidities for health disparity populations which may result in poor health outcomes.

Health disparities populations can be at greater risk for and experience a disproportionate burden of these HIV related comorbidities. Health disparity populations can also experience worse health outcomes because of complex interaction between multiple risk factors (social, behavioral, structural) and these HIV related comorbidities. However, mechanism and pathways that can explain how these comorbidities result in worse health outcomes for HIV/AIDS patients from U.S. health disparity population are unknown.

Research Objectives:

The overarching objectives of this initiative are to understand 1) to what extent do HIV related comorbidities drive worse HIV-related health outcomes in health disparity (HD) populations, and (2) the underlying mechanisms of how these HIV related comorbidities effect the complexity of HIV/AIDS disease progression, poorer health-related quality of life and treatment outcomes among HIV positive individuals from health disparity populations.

Studies for this initiative may include multi-disciplinary translational, population science, epidemiological, behavioral, or health services projects that leverage understanding of the biological factors that may explain worse health outcomes (burden of disease, premature or excessive mortality, poorer health-related quality of life) for HIV positive individuals from health disparity populations. In addition, projects can involve primary and/or secondary data collection and analysis. Because the goal of this initiative is to better understand the mechanisms of disparities for documented co-morbidities associated with HIV/AIDS, studies whose sole purpose is to assess prevalence of co-morbidities in specific populations are non-responsive to this FOA.

NIMHD has a specific interest in projects that will focus on health disparities pathways, explaining HIV/AIDS comorbid health outcomes by examining the impact of different determinants (biological, behavioral, socio-cultural, environmental, physical environment, health system) at multiple levels (i.e., individual, interpersonal, community, societal) on health outcomes in health disparity populations (see the NIMHD Research Framework, <https://www.nimhd.nih.gov/about/overview/research-framework.html>, for examples of health determinants of interest).

Multidisciplinary projects that propose to understand the underlying mechanisms of HIV related comorbidities are expected to utilize human clinical samples along with any available clinical data from HIV-infected individuals. Studies in the clinical setting of HIV treated individuals doing well who develops (or has) multiple chronic diseases, with the focus on clinical care of their comorbidities, is of interest as well. Projects that focus only on animal studies will be considered non-responsive.

Projects should include a focus on one or more NIH-designated health disparity populations in the United States, which include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians and other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities.



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Projects are strongly encouraged to involve collaborations, where appropriate, among relevant stakeholders in U.S. health disparity population groups, such as researchers, community organizations, clinicians, health systems, public health organizations, consumer advocacy groups, and faith-based organizations. As appropriate for the research questions posed, inclusion of key community members in the conceptualization, planning and implementation of the research are encouraged (but not required) to generate better-informed hypotheses and enhance the translation of the research results into practice.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-18-002.html>

Prevention and Treatment Research to Address HIV/AIDS Disparities in Women in the US (R01 Clinical Trial Optional)

DEADLINE: Letter of Intent Due Date(s): January 28, 2018. February 28, 2018, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on this date.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are limited to \$350,000 direct costs annually.

DESCRIPTION: This initiative will support projects to address racial/ethnic, geographic, and socioeconomic HIV disparities in US women, including adolescent girls and adult women. Projects must target documented disparities in HIV incidence, HIV-related service use, and/or morbidity and mortality among women from US health disparity populations. NIH-designated health disparity populations include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians and Other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities. Studies that address intersectionality across multiple health disparity populations are encouraged (e.g. rural African American women). Projects may include intervention research to test new or adapted interventions, health services research to examine the effectiveness of new or existing programs or services, or implementation research to examine the uptake and sustainability of evidence-based interventions or practices.

Projects are expected to use an approach that encompasses multiple domains (e.g., biological, behavioral, socio-cultural, environmental, physical environment, health system) and multiple levels (e.g., individual, interpersonal, community, societal) to understand and address HIV disparities in women (see the NIMHD Research Framework, <https://www.nimhd.nih.gov/about/overview/research-framework.html>, for examples of health determinants of interest). Projects are also expected to involve collaborations from a variety of relevant organizations as appropriate, including but not limited to academic institutions, health service providers and systems, state and local public health agencies, school systems, patient advocacy organizations, community-based organizations, and faith-based organizations.

Applications that do not focus on women from US health disparity populations, do not address a documented HIV disparity in US women, or propose to develop new drugs or devices related to HIV care for women will be deemed non-responsive.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-18-004.html>



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Research on Pre-Exposure Prophylaxis (PrEP) to Prevent HIV in Health Disparity Populations (R01-Clinical Trial Not Allowed)

DEADLINE: Letter of Intent Due Date(s): January 28, 2018. February 28, 2018, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on this date.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are limited to \$350,000 direct costs annually.

DESCRIPTION: This initiative will support community- or healthcare-based research projects that examine PrEP attitudes, use, and adherence in one or more NIH-designated health disparity populations, which include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians and Other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities. Projects may address multiple health disparity populations, a single health disparity population, or a specific group within a health disparity population. Inclusion of segments of health disparity populations at the highest risk of HIV infection (e.g., young men who have sex with men, transwomen, incarcerated populations, etc.) is strongly encouraged.

Projects may involve quantitative and/or qualitative data collection and/or secondary analysis of existing data. Projects are encouraged to involve collaborations with a variety of organizations as relevant, including but not limited to academic institutions, clinician groups, healthcare systems, state and local public health agencies, school systems, patient advocacy organizations, community-based organizations, and faith-based organizations. Results from supported projects are intended to inform interventions, services, and policies to promote PrEP initiation and adherence among health disparity populations at risk of HIV infection.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-18-003.html>

Hillman Foundation Accepting Proposals for Innovations in Care Program

DEADLINE: Applications must be received no later than March 5, 2018. Upon review, selected applicants will be invited to submit a full proposal by June 4, 2018. The foundation will hold an informational webinar on February 13, 2018.

AMOUNT: Two grants of up to \$600,000 will be awarded in 2018.

DESCRIPTION: The mission of the Rita & Alex Hillman Foundation is to improve the lives of patients and their families through nursing-driven innovation. To that end, the foundation cultivates nurse leaders, supports nursing research, and disseminates new models of care that are critical to making the United States healthcare system more patient-centered, accessible, equitable, and affordable.

The foundation currently is accepting proposals for innovative patient- and family-centered approaches that challenge conventional strategies, improve health outcomes, lower costs, and enhance the patient and family caregiver experience. The foundation is



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particularly interested in the areas of maternal and child health, care of the older adult, and chronic illness management.

WEBSITE/LINK: <http://www.rahf.org/grant-programs/hillman-innovations-in-care-program/>

RWJF Accepting Applications for Clinical Scholars Program

DEADLINE: March 14, 2018

AMOUNT: The total award to the grantee organization will be up to \$105,000 per team member for the three-year fellowship program; so, for example, the award for a three-member team would be up to \$315,000. Teams may comprise between two and five individuals; however, the size of the team may not increase during the grant term. The final grant amount includes funds to support the ongoing participation of all team members for all three years, including salary support, project funding, and travel.

DESCRIPTION: The Robert Wood Johnson Foundation is accepting applications for its Clinical Scholars program, a three-year leadership program for clinically active healthcare providers and practitioners.

The program provides participants with the opportunity to build and develop the skills they need to lead communities and organizations toward a Culture of Health. Strong applicants include teams that bring knowledge of and experience in the art and science of health care services, a unique perspective as providers in health and health care systems, and an understanding of the special relationship with patients and communities.

To be eligible, applicants must be an organization based in the United States or one of its territories. In addition, applicant organizations must assemble an interprofessional team of two to five members representing different health professions. Teams may consist of members from within the same or across different organizations.

WEBSITE/LINK: <https://www.rwjf.org/en/library/funding-opportunities/2018/clinical-scholars.html>

RWJF Accepting Applications for Health Policy Research Scholars

DEADLINE: March 14, 2018. RWJF will host an information webinar for interested applicants on February 1, 2018, at 12:00 p.m (EST). Registration is required.

AMOUNT: Each scholar will receive an annual stipend of \$30,000 for up to four years. Participants may continue in the Health Policy Research Scholars program without the annual stipend for a fifth year, or until they complete their doctoral program, whichever occurs first. Scholars also will be eligible for dissertation grants of up to \$10,000 if the proposed dissertation is related to health policy research.

DESCRIPTION: The Robert Wood Johnson Foundation is accepting applications for its 2018 Health Policy Research Scholars program.

The goal of the annual program is to create a large cadre of diverse doctoral students from a wide variety of research-focused disciplines — students whose research, connections, and leadership will inform and influence policy on the road toward a Culture of Health. The foundation specifically aims to recruit doctoral students from a variety of field/disciplines



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(e.g., urban planning, political science, economics, ethnography, education, social work, sociology) who are training to be researchers.

For the 2018 cohort, the program will enroll up to fifty scholars from a disadvantaged background or underrepresented population who are interested in learning how to translate their research into health policy. Examples of eligible individuals include but are not limited to first-generation college graduates, individuals from lower socioeconomic backgrounds, individuals from racial and ethnic groups underrepresented in doctoral programs, and individuals with disabilities.

Scholars participating in the program — which is designed to enhance and enrich the doctoral program — will complete the program concurrently with their doctoral program.

WEBSITE/LINK: <https://www.rwjf.org/en/library/funding-opportunities/2018/health-policy-research-scholars.html>

NIJ FY18 Tribal-Researcher Capacity Building Grants - Department of Justice National Institute of Justice

DEADLINE: Apr 23, 2018

AMOUNT: \$500,000

DESCRIPTION: NIJ wants to encourage new, exploratory, and developmental research projects by providing support for the early stages of study development. To help facilitate this process and ensure these projects result in tangible and mutually beneficial studies, NIJ will provide small grants to scientists or technologists who wish to facilitate a new tribal-researcher investigator partnership.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=300400>

Youth Violence Prevention Interventions that Incorporate Racism/Discrimination Prevention (R01-Clinical Trial Required)

DEADLINE: Letter of Intent Due Date(s): April 25, 2018 May 25, 2018, by 5:00 PM. local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on this dates.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are limited to \$500,000 direct costs annually.

DESCRIPTION: The purpose of this initiative is to support research to develop and test youth violence prevention interventions that incorporate R/D prevention strategies for one or more health disparity populations in the US. NIH-designated health disparity populations include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians and Other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities. The target age range includes middle school to high school-aged youth, corresponding to an approximate age range of 11 to 18.



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Research under this initiative may involve examination of (a) the combination of existing violence prevention and R/D prevention interventions, (b) the addition of newly developed R/D prevention elements into existing violence prevention interventions, or (c) the development of new, fully integrated violence and R/D prevention interventions. Relevant pilot data are required, but it is not expected that all intervention elements will have been pilot tested as an integrated intervention.

R/D prevention components are expected to reduce the incidence, frequency, or intensity of interpersonal R/D and/or structural R/D. R/D may be related to race/ethnicity and/or other statuses among youth from health disparity populations, such as gender, sexual/gender minority status, disability status, social class, religion, national origin, immigration status, limited English proficiency, or physical characteristics.

Examples of interpersonal R/D prevention strategies include but are not limited to the following:

increasing awareness of unconscious bias

shifting social norms and reinforcement of inclusive behavior

fostering greater contact and interaction between groups of youth or between youth and adults

Examples of structural R/D reduction strategies include but are not limited to the following:

adjustment of policies or practices that differentially impact certain populations of youth

monitoring to ensure equitable enforcement of policies

cultural competency and diversity training for organizational personnel

Intervention strategies that aim to improve coping or resilience in the face of R/D, in the absence of strategies to directly reduce interpersonal or structural R/D, are not responsive to this FOA.

Projects are expected to use an approach that encompasses multiple domains (e.g., biological, behavioral, socio-cultural, environmental, physical environment, or health system) and multiple levels (e.g., individual, interpersonal, community, societal) to address youth violence (see the NIMHD Research Framework, <https://www.nimhd.nih.gov/about/overview/research-framework.html>, for examples of health determinants of interest). Interventions may be delivered in any variety of settings, such as schools, hospitals, community organizations, faith-based organizations, or juvenile justice settings. It is expected that projects will involve collaborations from a variety of relevant organizations or groups, including but not limited to academic institutions, health service providers and systems, state and local public health agencies, school systems, school-based student or parent associations, community-based organizations, and faith-based organizations. It is also expected the interventions developed will have potential for sustainability in the intervention setting after the project is over as well as scalability to be implemented in other settings.

Baseline data identifying the prevalence of violence or aggressive behavior and indicators and levels of R&D should support the rationale for the selection of the intervention content



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and setting. Research designs should allow for the assessment of mechanisms through which the intervention elements produce changes in the targeted outcomes. Projects should include outcome measures of actual violent behavior at the individual, setting, or community level. Outcomes that are limited only to changes in attitudes or behavioral intentions are not sufficient. Research designs comparing violence prevention interventions with and without R/D prevention components that are strongly encouraged.

Specific Areas of Research Interest

Violence prevention targets of interest include but are not limited to the following:

fighting, bullying, and other school-based violence

electronic aggression

dating violence (including physical and sexual violence)

family violence

violent behavior in juvenile justice settings

R/D prevention targets of interest include but are not limited to the following:

hate crimes,

teacher/classroom practices

school disciplinary practices

law enforcement practices

criminal justice practices

behavior of neighborhood businesses and services

local media messages

Applications that do not focus on youth from US health disparity populations, do not test interventions that address both violence prevention and interpersonal or structural R/D reduction, or do not include violent behavior or aggression as intervention outcomes will be deemed non-responsive and will not be reviewed.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-18-005.html>

Mary Kay Foundation Accepting Applications for Domestic Violence Shelter Grant Program

DEADLINE: April 30, 2018

AMOUNT: Funds awarded by the foundation may be applied to the operating budget of the applicant (with the exception of staff travel). The foundation will award a grant to at least one domestic violence shelter in every state. Any remaining funds will be distributed based on state population. Grant awards will be announced in October in conjunction with National Domestic Violence Awareness Month.



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DESCRIPTION: The goal of the Mary Kay Foundation is to eliminate domestic violence. As a part of this effort, the foundation makes grants to organizations in the United States that operate emergency shelters for survivors of domestic violence.

WEBSITE/LINK: <https://www.marykayfoundation.org/causes>

William T. Grant Foundation Seeks Applications for Inequality Research

DEADLINE: May 2, 2018

AMOUNT: Through its Research program, the foundation will award grants of up to \$600,000 in support of research that focuses on ways to reduce disparities in academic, behavioral, social, and economic outcomes for youth. Priority will be given to projects related to inequality related to economic, racial/ethnic, and language background, but research that explores other areas will also be considered based on a compelling case for its impact.

DESCRIPTION: In recent years, inequality in the United States has become increasingly pervasive. At the same time, prospects for social mobility have decreased. The William T. Grant Foundation believes the research community can play a critical role in reversing this trend.

To that end, the foundation is accepting applications in support of research projects designed to advance understanding in the area of inequalities in youth development and/or increase understanding of how research is acquired, understood, and used, as well as the circumstances that shape its use in decision making.

WEBSITE/LINK: <http://wtgrantfoundation.org/grants#apply-research-grants>

Minority AIDS Initiative – Service Integration

DEADLINE: Monday, March 5, 2018

AMOUNT: Up to \$485,000 per year, Up to 4 years, and Up to 10.

DESCRIPTION: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2018 Minority AIDS Initiative: Service Integration grant program. The purpose of this program is to integrate evidence-based, culturally competent mental and substance use disorder treatment with HIV primary care and prevention services. The population of focus is individuals with a serious mental illness (SMI) or co-occurring disorder (COD)[1] living with or at risk for HIV and/or hepatitis in at-risk populations, including racial and ethnic minority communities. SAMHSA expects that this program will reduce the incidence of HIV and improve overall health outcomes for individuals with SMI or COD.

While there has been an overall decline in new HIV infections in the U.S. from 2008-2014, racial and ethnic minority communities continue to experience disproportionate impacts of HIV. The Centers for Disease Control and Prevention (CDC) reports significantly higher rates for HIV among racial and ethnic minority communities compared to the general population[2]. In addition, rates of HIV and other blood-borne infections have remained higher for individuals with a SMI throughout the epidemic[3]. When untreated, mental disorders affect access to and maintenance in HIV care. A recent study demonstrates a lower rate of HIV testing in some public mental health settings, which serves as an



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indicator of unmet needs for this population[4]. The MAI-SI program objectives align with the National HIV AIDS Strategy[5] and the National Viral Hepatitis Action Plan[6].

WEBSITE/LINK: <https://www.samhsa.gov/grants/grant-announcements/sm-18-004>

Law Enforcement and Behavioral Health Partnerships for Early Diversion

DEADLINE: Monday, March 5, 2018

AMOUNT: Up to \$330,000 per year, Up to 5 years, and Up to 8.

DESCRIPTION: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2018 Law Enforcement and Behavioral Health Partnerships for Early Diversion grants. The purpose of this program is to establish or expand programs that divert adults with a serious mental illness (SMI) or a co-occurring disorder[1] (COD) from the criminal justice system to community-based services prior to arrest and booking. Special consideration will be given to applicants proposing to use grant funding to support early diversion services for veterans.

Data indicate that a significant number of individuals that come in contact with law enforcement and the criminal justice system have a mental disorder. The U.S. Department of Justice, Office of Justice Programs, reported that 1 in 7 state and federal prisoners (14 percent) and 1 in 4 jail inmates (26 percent) reported experiences that met the threshold for serious psychological distress. Approximately one-quarter of a million individuals with serious mental illnesses are incarcerated at any given moment – about half are arrested for non-violent offenses, such as trespassing or disorderly conduct. Approximately one quarter of a million individuals with serious mental illnesses are incarcerated at any given moment—about half arrested for non-violent offenses, such as trespassing or disorderly conduct[2].

Effective diversion programs begins with establishing collaborative partnerships between law enforcement and community providers. Establishing clearly defined and sustainable partnerships is the first of four core strategies in the International Association of Chiefs of Police' One Mind Campaign (<http://www.theiacp.org/onemindcampaign>) and the first element of the Crisis Intervention Team's ten core elements <http://cit.memphis.edu/pdf/> (link is external)

[1] Co-occurring disorder refers to the presence of both a mental and substance use disorder.

[2] U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (2017). Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012. <https://www.bjs.gov/content/pub/pdf/imhprpj1112.pdf>

WEBSITE/LINK: <https://www.samhsa.gov/grants/grant-announcements/sm-18-005>



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Electronic Nicotine Delivery Systems (ENDS): Population, Clinical and Applied Prevention Research (R01 Clinical Trial Optional) - Department of Health and Human Services National Institutes of Health

DEADLINE: June 27, 2018; October 24, 2018; June 27, 2019; October 24, 2019; June 27, 2020), by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on these dates.

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. The maximum project period is 5 years.

DESCRIPTION: The purpose of this funding opportunity announcement is to support studies on electronic nicotine delivery systems (ENDS) that examine population-based, clinical and applied prevention of disease, including etiology of use, epidemiology of use, potential risks, benefits and impacts on other tobacco use behavior among different populations.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PA-18-612.html>

Health Services and Economic Research on the Prevention and Treatment of Drug, Alcohol, and Tobacco Abuse (R01 Clinical Trial Optional)

DEADLINE: June 5; October 5, 2018

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The maximum period is 5 years

DESCRIPTION: This Funding Opportunity Announcement (FOA) encourages R01 grant applications to conduct rigorous health services and economic research to maximize the delivery of efficient, high-quality drug, tobacco, and alcohol prevention, treatment, and recovery support services. Examples of such research include: (1) clinical quality improvement; (2) quality improvement in services organization and management; (3) implementation research; (4) economic and cost studies; and (5) development or improvement of research methodology, analytic approaches, and measurement instrumentation used in the study of drug, alcohol, and tobacco prevention, treatment, and recovery services.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PA-18-569.html>



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COMMUNITY GRANTS

Community Facilities Direct Loan & Grant Program

DEADLINE: Applications for this program are accepted year round.

AMOUNT: (See website.)

DESCRIPTION: This program provides affordable funding to develop essential community facilities in rural areas. An essential community facility is defined as a facility that provides an essential service to the local community for the orderly development of the community in a primarily rural area, and does not include private, commercial or business undertakings. Who can answer questions? Contact your local RD office.

WEBSITE/LINK: <https://www.rd.usda.gov/programs-services/community-facilities-direct-loan-grant-program>

Youth Homelessness Demonstration Program - Department of Housing and Urban Development

DEADLINE: Apr 17, 2018 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: \$15,000,000

DESCRIPTION: NOFA Highlights: HUD will select up to 11 communities to participate in the Youth Homelessness Demonstration Program (YHDP) to develop and execute a coordinated community approach to preventing and ending youth homelessness. Five of the 11 selected communities will be rural communities. [Section I.A.1] Only CoC Collaborative Applicants may apply to this NOFA [Section III.A] Applications are submitted through grants.gov, and are due by April 17, 2018 Communities represented by the CoC Collaborative Applicant must include a youth collaboration board, the local or state public child welfare agency, and a broad array of other partners [Sections III.C.1, III.C.3.b, and V.A] The rating and ranking criteria included in this NOFA will be used to competitively select the communities [Section V.A] The selection of the 11 communities will be announced in the Summer of 2018 [Section V.C] Selected Communities will: Develop and implement a Coordinated Community Plan to prevent and end youth homelessness [Section III.C.3.b] Apply for project funding up to an amount between \$1 million and \$15 million per community, based on each community's youth population size and poverty rate, for a total demonstration amount of up to \$43 million [Section II.C] Request project funding on a rolling [Appendix A] Requests funding for all project types allowed under the CoC Program to support homeless and at risk youth, as well as innovative project types that may require a waiver of CoC Program or McKinney-Vento Act requirements [Appendix A and Appendix B] Request funding for a 2-year grant term that will be eligible for renewal under the CoC Program, as long as the project meets statutory CoC Program requirements [Section II.B] Receive a dedicated team of technical assistance providers to advise the development and implementation of the Coordinated Community Plan [Section II.C.3.b] Participate in an evaluation that will inform the federal strategy for preventing and ending youth homelessness [Section I.A and VI.B.] NOFA Priority The purpose of the YHDP is to learn how communities can successfully approach the goal of preventing and ending youth



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homelessness by building comprehensive systems of care for young people rather than implementing individual or unconnected projects that serve this population. In order to effectively implement a system that addresses the needs of youth experiencing homelessness, Continuums of Care (CoCs) must understand the subgroups of homeless youth & including unaccompanied youth, pregnant and parenting, Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ), and minor age youth & experiencing homelessness and the unique challenges they face within their communities. Additionally, CoCs must ensure that the appropriate type of housing assistance and level of services that are effective in providing safe and stable housing are available within the community and must reach out and partner with a comprehensive set of traditional and non-traditional youth homelessness stakeholders that provide youth with resources and services, advocate for them, and set policy on their behalf. Finally, CoCs must incorporate the experiences of homeless or formerly homeless unaccompanied youth & which is vital to understanding the needs, strengths, and perspectives of the youth in the community & and incorporate those understandings into the YHDP coordinated community plan and awarded projects. All of this will require CoCs to use innovative practices to design better projects and strong comprehensive plans to prevent and end youth homelessness. Background In 2010, the United States Interagency Council on Homelessness (USICH) presented Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness to the President and Congress, identifying youth as one of four special populations and articulating a goal of preventing and ending youth homelessness by 2020. A coordinated community approach lies at the heart of the strategies advocated by Opening Doors[1]. By engaging in a system-wide crisis response, communities can better understand their system level needs and assets, plan for and allocate new and existing resources, prevent and quickly divert youth from homelessness, and identify, engage, and respond to the needs of youth experiencing homelessness. These concepts are described in the 2012 release of the Framework to End Youth Homelessness [2], and Preventing and Ending Youth Homelessness: A Coordinated Community Response by USICH in December of 2015[3]. The 2015 release included a Preliminary Vision for a Community Response; and illustrates the general components believed necessary for each community to prevent and end youth homelessness. Federal partner agencies with a stake in preventing and ending youth homelessness are working tirelessly together to build on that vision. This work together with a commitment to developing and supporting a coordinated community approach, guides HUDs effort to prevent and end youth homelessness, and serves as the cornerstone value for the YHDP. http://dev2.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf <https://www.usich.gov/tools-for-action/framework-for-ending-youth-homelessness> https://www.usich.gov/resources/uploads/asset_library/Youth_Homelessness_Coordinated_Response.pdf

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=300136>



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FY2018 AmeriCorps Indian Tribes Grants - Corporation for National and Community Service

DEADLINE: Wednesday, May 2, 2018 at 5:00 p.m. Eastern Time. CNCS expects that successful applicants will be notified no later than Monday, June 25, 2018.

Intent to Apply: CNCS strongly encourages applicants to submit a Notification of Intent to Apply by Monday, April 2, 2018 by using this link: <https://www.surveymonkey.com/r/2018ACTribesIntent>

AMOUNT:

1. Estimated Available Funds

CNCS expects a highly competitive AmeriCorps grant competition. CNCS reserves the right to prioritize providing funding to existing awards over making new awards. The actual level of funding will be subject to the availability of annual appropriations.

2. Estimated Award Amount

Grant awards have two components: operating funds and AmeriCorps member positions. Grant award amounts vary – both in the level of operating funds and in the type and amount of AmeriCorps member positions – as determined by the scope of the projects.

3. Project and Award Period

The project period is generally one year, with a start date proposed by the applicant. The grant award covers a three-year project period unless otherwise specified. In most cases, the application is submitted with a one-year budget. Continuation funding for subsequent years is not guaranteed and shall be dependent upon availability of appropriations and satisfactory performance.

DESCRIPTION: CNCS Focus Areas

The National and Community Service Act of 1990, as amended by the Serve America Act, emphasizes measuring the impact of service and focusing on a core set of issue areas. In order to carry out Congress' intent and to maximize the impact of investment in national service, CNCS has the following focus areas:

Disaster Services

Grant activities will provide support to increase the preparedness of individuals for disasters, improve individuals' readiness to respond to disasters, help individuals recover from disasters, and/or help individuals mitigate disasters. Grantees also have the ability to respond to national disasters under CNCS cooperative agreements and FEMA mission assignments.

Economic Opportunity

Grants will provide support and/or facilitate access to services and resources that contribute to the improved economic well-being and security of economically disadvantaged people; help economically disadvantaged people, to have improved access



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to services that enhance financial literacy; transition into or remain in safe, healthy, affordable housing; and/or have improved employability leading to increased success in becoming employed.

Education

Grants will provide support and/or facilitate access to services and resources that contribute to improved educational outcomes for economically disadvantaged children; improved school readiness for economically disadvantaged young children; improved educational and behavioral outcomes of students in low-achieving elementary, middle, and high schools; and/or support economically disadvantaged students prepare for success in post-secondary educational institutions.

Environmental Stewardship

Grants will support responsible stewardship of the environment, while preparing communities for challenging circumstances and helping Americans respond to and recover from disruptive life events: programs that conserve natural habitats; protect clean air and water; maintain public lands; support wildland fire mitigation; cultivate individual and community self-sufficiency; provide reforestation services after floods or fires; and more. AmeriCorps programs support activities, such as conservation and fire corps, which may also help veterans and others learn new job skills through conservation service.

Healthy Futures

Grants will provide support for activities that will improve access to primary and preventive health care for communities served by CNCS-supported programs; increase seniors' ability to remain in their own homes with the same or improved quality of life for as long as possible; and/or increase physical activity and improve nutrition in youth with the purpose of reducing childhood obesity.

WEBSITE/LINK: <https://www.nationalservice.gov/documents/2018/2018-ameri-corps-indian-tribes-grants>

2018 FEBRUARY

Developing Interventions for Health-Enhancing Physical Activity (R21/R33 - Clinical Trial Optional) - Department of Health and Human Services/National Institutes of Health

DEADLINE: February 16, 2018

AMOUNT: The R21 phase may not exceed \$275,000 in direct costs for the 2-year project period, with no more than \$200,000 in direct costs in any single year of the R21 phase. The R33 phase may not exceed \$750,000 in direct costs for the 3-year project period, with no more than \$250,000 in direct costs in any single year of the R33 phase. The scope of the proposed project should determine the project period. The maximum period of the combined R21 and R33 phases is 5 years, with up to 2 years for the R21 phase and up to 3 years for the R33 phase. Applications with a project period less than 5 years are encouraged where feasible.

DESCRIPTION: The purpose of this Funding Opportunity Announcement (FOA) is to fund highly innovative and promising research aimed at developing multi-level physical activity



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intervention programs acting on at least two levels of the socioecological model and designed to increase health-enhancing physical activity: 1) in persons or groups that can benefit from such activity; and 2) that could be made scalable and sustainable for broad use across the nation. This FOA provides support for up to two years (R21 phase) for research planning activities and feasibility studies, followed by a possible transition to expanded research support (R33 phase) for optimizing the intervention and conducting larger-scale feasibility studies. Transition to the R33 depends on the completion of applicant-defined milestones, as well as program priorities and the availability of funds.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=297931>

2018 MARCH

Research to Evaluate Medication Management of Opioids and Benzodiazepines to Reduce Older Adult Falls Department of Health and Human Services/Centers for Disease Control and Prevention – ERA

DEADLINE: Mar 01, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$750,000

DESCRIPTION: The purpose of this research is to identify, implement, and evaluate the use of effective strategies and tools for provider and patient use to taper and/or discontinue opioids, benzodiazepines, and other medications in which risk outweighs benefits to prevent falls, overdose, and other injuries among community dwelling older adults.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=297573>

Massage Therapy Foundation Accepting Applications for Research Grants

DEADLINE: March 1, 2018

AMOUNT: The maximum award is \$30,000 for a one-year project period.

DESCRIPTION: The Massage Therapy Foundation advances the knowledge and practice of massage therapy by supporting scientific research, education, and community service.

To that end, the foundation is accepting applications from investigators conducting studies designed to advance the understanding of specific therapeutic applications of massage, public perceptions of and attitudes toward massage therapy, and the role of massage therapy in healthcare delivery.

The program supports high-quality, independent research that contributes to the basic science of massage therapy, including applied research investigating massage therapy as a health/mental health treatment and/or prevention modality.

Grants are available to investigators who have experience in the relevant field of research, and are presently associated with or have secured the cooperation of a university, independent research organization, or other institution qualified and willing to function as a sponsoring organization for the purpose of this project.



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WEBSITE/LINK:

<http://philanthropynewsdigest.org/rfps/rfp8193-massage-therapy-foundation-accepting-applications-for-research-grants>

Ryan White HIV/AIDS Program Part C Capacity Development Program

DEADLINE: Mar 09, 2018

AMOUNT: \$2,250,000

DESCRIPTION: The purpose of this program is to strengthen organizational infrastructure to respond to the changing health care landscape and to increase capacity to develop, enhance, or expand access to high quality HIV primary healthcare services for low income, uninsured and underserved people living with HIV (PLWH).

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=295224>

Intervention Research to Improve Native American Health (R01 Clinical Trial Optional) Department of Health and Human Services/National Institutes of Health

DEADLINE: May 14, 2018; (forecast) May 14, 2019; May 14, 2020, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on these dates.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. The total project period may not exceed 5 years.

DESCRIPTION: The purpose of this funding opportunity announcement (FOA) is to encourage exploratory developmental research to improve Native American (NA) health. Such research can include: conducting secondary analysis of existing data (such as databases that the Tribal Epidemiology Centers have collected); merge various sources of data to answer critical research questions; conduct pilot and feasibility studies; and/or assess and validate measures that are being developed and/or adapted for use in NA communities.

For the purposes of this FOA, the term 'Native Americans' includes the following populations: Alaska Native, American Indian, and Native Hawaiian. The term 'Native Hawaiian' means any individual whose ancestors were natives, prior to 1778, belonging to the area that now comprises the State of Hawaii.

Studies should: be culturally appropriate and result in promoting the adoption of healthy lifestyles; improve behaviors and social conditions and/or improve environmental conditions related to chronic disease; prevent or reduce the consumption of tobacco, alcohol, and other drugs; improve mental health outcomes; reduce risk of HIV infection; improve treatment adherence and/or health-care systems adopting standards of care to improve overall quality of life.



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WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=297729>

FORECASTED – READ AND PREPARE FOR THIS ANNOUNCEMENT IN ADVANCE.

Research to Evaluate Medication Management of Opioids and Benzodiazepines to Reduce Older Adult Falls - Department of Health and Human Services, Centers for Disease Control and Prevention – ERA

DEADLINE: Mar 01, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$750,000

DESCRIPTION: The purpose of this research is to identify, implement, and evaluate the use of effective strategies and tools for provider and patient use to taper and/or discontinue opioids, benzodiazepines, and other medications in which risk outweighs benefits to prevent falls, overdose, and other injuries among community dwelling older adults.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=297573>

2018 JUNE

ONS Foundation Accepting Applications for End-of-Life Care Nursing Career Development Award

DEADLINE: June 15, 2018

AMOUNT: One annual award of up to \$2,000

DESCRIPTION: To support continuing educational activities for a registered nurse dedicated to caring for patients and their families during the final stages of life. This award *cannot* be used for tuition in an academic program, to attend the ONS Congress or certification.

WEBSITE/LINK: <http://www.onsfoundation.org/apply/ed/PatMcCue>

NO DEADLINE – GRANT RESOURCE INFORMATION

Elizabeth Taylor AIDS Foundation Seeks Applications for HIV/AIDS Programs

DEADLINE: Strategic Funding – Year round by invitation only. (To be eligible, applicant organizations must have at least three years' experience in delivering HIV/AIDS programs.)

AMOUNT: One-year grants of up to \$25,000 will be awarded for domestic and international programs that offer direct care services to people living with HIV and AIDS. Online



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trainings, curriculum development, and website projects will be a secondary priority for funding considerations.

DESCRIPTION: The Elizabeth Taylor AIDS Foundation was established by Elizabeth Taylor in 1991 to provide grants to existing organizations for domestic and international programs that offer direct care services to people living with HIV and AIDS. Since its inception, the foundation has concentrated on supporting marginalized communities and has grown to also fund innovative HIV education and advocacy programs. To date, ETAF has awarded grants to more than six hundred and seventy-five organizations in forty-four countries and forty-two states in the United States.

WEBSITE/LINK: <http://elizabethtayloraidfoundation.org/apply/>

Evidence for Action: Investigator-Initiated Research to Build a Culture of Health

DEADLINE:

Informational Web Conferences:

Lessons Learned from a Year of Evidence for Action Grant Reviews

February 18, 2016 from 1:30-2:30 p.m. ET (10:30-11:30 a.m. PT)

Registration is required.

Archived Web Conferences

Informational Web Conferences were scheduled for June 3, 2015 and July 22, 2015
Recordings for both events are now available.

June 3, 2015 web conference recording available [here](#).

July 22, 2015 web conference recording available [here](#).

Timing: **Since applications are accepted on a rolling basis**, there is no deadline for submission. Generally, applicants can expect to be notified within 6-8 weeks of their LOI submission. Applicants invited to the full proposal stage will have 2 months to submit their proposal once they receive notification. Full proposal funding decisions will generally be made within 6-8 weeks of the submission deadline.

AMOUNT: Approximately \$2.2 million will be awarded annually. We expect to fund between five and 12 grants each year for periods of up to 30 months. We anticipate that this funding opportunity will remain open for at least a period of three years; however, decisions about modifications to the program and the duration of the program will be made by RWJF at its sole discretion.

DESCRIPTION: Evidence for Action: Investigator-Initiated Research to Build a Culture of Health is a national program of RWJF that supports the Foundation's commitment to building a Culture of Health in the United States. The program aims to provide individuals, organizations, communities, policymakers, and researchers with the empirical evidence needed to address the key determinants of health encompassed in the Culture of Health Action Framework. In addition, Evidence for Action will also support efforts to assess outcomes and set priorities for action. It will do this by encouraging and supporting



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creative, rigorous research on the impact of innovative programs, policies and partnerships on health and well-being, and on novel approaches to measuring health determinants and outcomes.

WEBSITE: http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3uOaFeLLcJROtLce2ecBeg&et_cid=469879

Changes in Health Care Financing and Organization: Small Grants

DEADLINE: Grants are awarded on a rolling basis; proposals may be submitted at any time.

AMOUNT: This solicitation is for small grants of \$100,000 or less.

DESCRIPTION: Changes in Health Care Financing and Organization (HCFO) supports research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include:

examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and

exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.

Eligibility and Selection Criteria

Researchers, as well as practitioners and public and private policy-makers working with researchers, are eligible to submit proposals through their organizations. Projects may be initiated from within many disciplines, including health services research, economics, sociology, political science, public policy, public health, public administration, law and business administration. RWJF encourages proposals from organizations on behalf of researchers who are just beginning their careers, who can serve either individually as principal investigators or as part of a project team comprising researchers or other collaborators with more experience. Only organizations and government entities are eligible to receive funding under this program.

Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

Complete selection criteria can be found in the Call for Proposals.

WEBSITE: <http://www.rwjf.org/en/grants/funding-opportunities/2011/changes-in-health-care-financing-and-organization--small-grants.html>

The National Children's Alliance

Deadline: <http://www.nationalchildrensalliance.org/>

Amount: See website



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Description: The National Children's Alliance has a Request for proposals to help support the development of CACs and Multidisciplinary Teams. NACA encourages all tribal communities to apply. They can offer FREE technical support to help you with your application.

➤ **Common Wealth Fund**

The Commonwealth Fund encourages and accepts unsolicited requests on an ongoing basis. The Fund strongly prefers grant applicants to submit letters of inquiry using the online application form. Applicants who choose to submit letters of inquiry by regular mail or fax should provide the information outlined in a two- to three-page document.

They fund:

- **Delivery System Innovation and Improvement**
- **Health Reform Policy**

➤ **Health System Performance Assessment and Tracking**

<http://www.commonwealthfund.org/Grants-and-Programs/Letter-of-Inquiry.aspx>

➤ **Kaboom! Invites Grant Applications to Open Previously Unavailable Playgrounds**

Deadline: KaBOOM! is inviting grant applications from communities anywhere in the United States working to establish joint use agreements to re-open playground and recreational facilities previously unavailable due to safety and upkeep concerns. (No specific deadline.)

Amount: Let's Play Land Use grants of \$15,000 and \$30,000 will support creation of joint-use agreements between local governments and school districts that address cost concerns related to safety, vandalism, maintenance, and liability issues to re-open previously unavailable playgrounds and recreational facilities.

The \$15,000 grants will support the opening of at least four playgrounds in cities with populations of less than 100,000 people. The \$30,000 grants will support the opening of at least eight playgrounds in larger communities.

Description: Grants can be used for training and technical assistance, utilities and other building related to the extra use of the facility, legal fees, contract security

services, and marketing campaigns related to the joint-use agreement. Grant recipients must commit to opening the playgrounds within twelve months of the grant decision.

Complete grant application guidelines are available on the KaBOOM! website:

http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl

➤ **Meyer Memorial Trust**

Deadline: Monthly (Except January, April and August)



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Amount: Range generally from \$40,001 to \$300,000 with grant periods from one to two (and occasionally three) years.

Description: Responsive Grants are awarded for a wide array of activities in the areas of human services, health, affordable housing, community development, conservation and environment, public affairs, arts and culture and education. There are two stages of consideration before Responsive Grants are awarded. Initial Inquires are accepted at any time through MMT's online grants application. Applicants that pass initial approval are invited to submit full proposals. The full two-step proposal investigation usually takes five to seven months. <http://www.mmt.org/program/responsive-grants>

➤ **Kellogg Foundation Invites Applications for Programs that Engage Youth and Communities in Learning Opportunities**

Deadline: No Deadline

Amount: No Amount Specified

Description: The W.K. Kellogg Foundation is accepting applications from nonprofit organizations working to promote new ideas about how to engage children and youth in learning and ways to bring together community-based systems that promote learning. The foundation will consider grants in four priority areas: Educated Kids; Healthy Kids; Secure Families; and Civic Engagement.

Educated Kids: To ensure that all children get the development and education they need as a basis for independence and success, the foundation seeks opportunities to invest in early child development (ages zero to eight) leading to reading proficiency by third grade, graduation from high school, and pathways to meaningful employment.

Healthy Kids: The foundation supports programs that work to ensure that all children grow and reach optimal well-being by having access to fresh, healthy food, physical activity, quality health care, and strong family supports.

Secure Families: The foundation supports programs that build economic security for vulnerable children and their families through sustained income and asset accumulation.

Civic Engagement: The foundation partners with organizations committed to inclusion, impact, and innovation in solving public problems and meeting the needs of children and families who are most vulnerable.

See the Kellogg Foundation Web site for eligibility and application guidelines. http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfjRk.dpuf

• **W.K. Kellogg Foundation**

Deadline: The Kellogg Foundation does not have any submission deadlines. Grant applications are accepted throughout the year and are reviewed at their headquarters in Battle Creek, Michigan, or in our regional office in Mexico (for submissions focused within their region).



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Amount: NO LIMIT (Please read restrictions/What they won't fund.)

Description: What to Expect Once they receive your completed online application, an automated response, which includes your WKKF reference number, will be sent to you acknowledging its receipt. Their goal is to review your application and email their initial response to you within 45 days. Your grant may be declined or it may be selected for further development.

As part of review process you may be asked to submit your organization's financial reports and/or IRS Form 990. While this information may be required, it is not intended to be the overall determining factor for any funding. You will not be asked to provide any financial reports or detailed budget information during this initial submission. They will only request this information later if needed as part of the proposal development.

If you would like to speak with someone personally, please contact the Central Proposal Processing department at (269) 969-2329. <http://www.wkkf.org/>

✚ **AHRQ Research and Other Activities Relevant to American Indians and Alaska Natives**

<http://www.ahrq.gov/research/findings/factsheets/minority/amindbrf/index.html>

Community Grant Program- WALMART

DEADLINE: The 2016 grant cycle begins Feb. 1, 2016 and the application deadline to apply is Dec. 31, 2016. **Application may be submitted at any time during this funding cycle. Please note that applications will only remain pending in our system for 90 days.**

AMOUNT: Awarded grants range from \$250 to \$2,500.

DESCRIPTION: Through the Community Grant Program, our associates are proud to support the needs of their communities by providing grants to local organizations.

WEBSITE: <http://giving.walmart.com/apply-for-grants/local-giving>

SCHOLARSHIP:

The Meyerhoff Adaptation Project -

The Meyerhoff Scholars Program is open to all high-achieving high school seniors who have an interest in pursuing doctoral study in the sciences or engineering, and who are interested in the advancement of minorities in the sciences and related fields. Students must be nominated for the program and are most typically nominated by their high school administrators, guidance counselors, and teachers. Awards range from \$5,000 – \$22,000 per year for four years.

The Meyerhoff Selection Committee considers students academic performance, standardized test scores, recommendation letters, and commitment to community service. Scholars are selected for their interests in the sciences, engineering, mathematics, or computer science, as well as their plans to pursue a Ph.D. or combined M.D./Ph.D. in the sciences or engineering. Reviewing the freshman class profile may provide an idea of the kinds of students who are admitted to UMBC and the Meyerhoff Scholars Program.



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Applicants are expected to have completed a strong college preparatory program of study from an accredited high school. The minimum program of study should include:

English: four years

Social Science/History: three years

Mathematics*: three years

Science: three years

Language other than English: two years

*Students are strongly recommended to have completed four years of mathematics, including trigonometry, pre-calculus, and/or calculus.

Eligibility Criteria

To be considered for the Meyerhoff Scholars Program, prospective students must have at least a "B" average in high school science or math courses, and many applicants have completed a year or more of calculus. Preference is given to those who have taken advanced placement courses in math and science, have research experience, and have strong references from science or math instructors. In recent years, a strong preference has been given to those students interested in the Ph.D. or M.D./Ph.D. (over the M.D.).

Students must meet all eligibility requirements:

Minimum of 600 on the Math component of the SAT

Cumulative High School GPA of a 3.0 or above

Aspire to obtain a Ph.D. or M.D./Ph.D. in Math, Science, Computer Science, or Engineering

Display commitment to community service

Must be a citizen or permanent resident of the United States

WEBSITE:

<http://meyerhoff.umbc.edu/how-to-apply/benefits-and-eligibility/>

~ONLY FOR WASHINGTON STATE UNIVERSITY~

First Scholars – The Suder Foundation

DEADLINE:

AMOUNT: The goal of the First Scholars program is to help first-generation college students succeed in school, graduate, and have a life complete with self-awareness, success and significance. Scholars receive personalized support, including a four-year renewable scholarship of \$5,000. The program is open to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree.



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DESCRIPTION: The First Scholars™ Program is available to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree. Participation in First Scholars™ includes a four-year renewable scholarship, half disbursed in the fall semester and half disbursed in the spring semester. Students can receive the award depending on eligibility requirements for a total of 4 years if program requirements are met.

This scholarship is open to Washington residents who enroll at Washington State University - Pullman full-time during the 2016-2017 academic year. The program requires that the recipients live on campus in a specified residence hall for the 2016-2017 academic year, and outside of the family home the following three academic years in order to renew the scholarship.

First-generation students represent a cross-section of America and college campus demographics. First Scholars come from diverse cultural, socioeconomic, geographic and family backgrounds and experiences. First-gen students are found in all departments and colleges of virtually every major public university across the country. Our affiliate universities have an average 30-50% first-gen enrollment and the number keeps rising. However, the average national graduation rate for first-generation students is only 34%, compared with 55% for the general student population.

WEBSITE: <http://firstscholars.wsu.edu/>

Education Award Applications -The American College of Psychiatrists

DEADLINE: June 30

AMOUNT: (SEE WEBSITE)

DESCRIPTION: The Award for Creativity in Psychiatric Education is open to any creative/innovative program for psychiatric education that has been in operation for at least two years, and has been a part of a U.S. or Canadian approved psychiatric residency training program. Trainees may include: medical students, residents, other physicians, allied mental health professionals, or members of the community. The Committee selects an awardee in the fall; all applicants are notified of the Committee's decision by November 15.

WEBSITE: <http://www.acpsych.org/awards/education-award-applications-deadline-december-1>

(Internship Program/Scholarship Opportunities)

CDC Undergraduate Public Health Scholars Program (CUPS): A Public Health Experience to Expose Undergraduate and Graduate Students to Minority Health, Public Health and Health Professions/Department of Health and Human Services/Centers for Disease Control - OD

DEADLINE: Jun 19, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$850,000



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



\$\$\$ ~ Weekly Funding Opportunities Report ~\$\$\$

February 2018

DESCRIPTION: CDC seeks to fund organizations with the ability to reach undergraduate and graduate students, including sexual and gender, people with disabilities, low socioeconomic status (SES) and those from underrepresented racial and ethnic minority populations. The ultimate goal is to increase the diversity of the public health workforce, improve the representation of underrepresented populations in public health, and increase the quality of public health services nationally.

WEBSITE/LINK: <http://www.cdc.gov/features/studentopportunities/index.html>

DIRECTORS OF HEALTH PROMOTION AND EDUCATION (DHPE)-2017 SPRING HEALTH EQUITY INTERNSHIP

DEADLINE: & AMOUNT: For more information, contact Karen Probert at internship@asphn.org.

DESCRIPTION: DHPE has received supplemental funding to support the Health Equity Internship for an additional year. The funding is from the Centers of Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention (DHDSPP). The mission of the CDC DHDSPP is to provide public health leadership to improve cardiovascular health for all, reduce the burden, and eliminate disparities associated with heart disease and stroke. DHPE is working with the Association of State Public Health Nutritionists (ASPHN) to administer the Internship Program for the 2017 Spring cohort.

College students selected for these cohorts should be interested in an internship project and placement site that focuses on the following:

Cardiovascular Disease Risks Reduction;

Heart Disease Prevention and Education, including Hypertension and Stroke;

Nutrition and Healthy Eating;

Physical Activity and/or Obesity. Interested students should mention their proposed internship site within their application.

Preference will be given to undergraduate and graduate students who attend Minority-Serving Institutions (HBCUs, HSIs and Tribal Colleges), are from racial and ethnic populations, and/or have demonstrated interest in working to achieve health equity in minority and underserved communities.

WEBSITE/LINK: For more information, contact Karen Probert at internship@asphn.org.

Native Student Travel Scholarships: Connecting STEM and Justice

DEADLINE: Apply now for sponsorship to visit Philadelphia and attend the International Association of Chiefs of Police Conference (IACP) on October 21-24, 2017.

AMOUNT: Funding includes registration, airfare, lodging, ground transportation, baggage, meals, and incidental expenses. You would fly from your home airport to Philadelphia on October 20, 2017, and return on October 25, 2017. Decision notices will be sent to all applicants by August 30, 2017.



February 2018

DESCRIPTION: Are you an American Indian or Alaska Native student in science, tech, engineering, or math (STEM)?

The National Institute of Justice is looking for five qualified undergrad or grad students to attend this conference, which brings together thousands of professionals from federal, state, local, and tribal organizations.

Attendance will aid you in exploring applications of your STEM training to issues of criminal justice and public safety. You will have the opportunity to interact with scientists and attend panel discussions on the most urgent issues facing communities and innovative, evidence-based solutions.

WEBSITE/LINK: https://nij.gov/topics/tribal-justice/Pages/native-student-travel-scholarships.aspx?utm_source=eblast-govdelivery&utm_medium=email&utm_campaign=adhoc

VETERANS

VFW Accepting Applications From Veterans for Emergency Financial Assistance

DEADLINE: Open

AMOUNT: Grants of up to \$5,000 will be awarded to active and discharged military service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity or natural disaster....

DESCRIPTION: As the nation's largest organization of combat veterans, we understand the challenges veterans, service members and military families can face and believe that experiencing financial difficulties should not be one of them. That's the premise behind the VFW's Unmet Needs program.

Unmet Needs is there to help America's service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity. The program provides financial aid of up to \$5,000 to assist with basic life needs in the form of a grant -not a loan- so no repayment is required. To further ease the burden, we pay the creditor directly.

Since the program's inception, Unmet Needs has distributed over \$5 million in assistance to qualified military families, with nearly half of those funds going directly toward basic housing needs.

The needs of our veterans, service members and their families should never go unmet. Let us offer you a hand up when you need it!

Please review the Unmet Needs eligibility criteria to see if you or someone you know qualifies for a grant through the Unmet Needs program.

WEBSITE: <http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAiAhPCyBRctwMDS5tzT03gSJADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyyK PRoCB4Hw wcb>



February 2018

RWJF: Submit a Pioneering Idea Brief Proposal - Throughout the year, we welcome Pioneering Ideas Brief Proposals that can help us anticipate the future and consider new and unconventional perspectives and approaches to building a Culture of Health.

DEADLINE: Open

AMOUNT: See site

DESCRIPTION: The goal of the Pioneering Ideas Brief Proposal funding opportunity is to explore; to look into the future and put health first as we design for changes in how we live, learn, work and play; to wade into uncharted territory in order to better understand what new trends, opportunities and breakthrough ideas can enable everyone in America to live the healthiest life possible.

While improving the status quo is vital to the health and well-being of millions of Americans now, the Pioneering Ideas Brief Proposal opportunity reaches beyond incremental changes to explore the ideas and trends that will influence the trajectory and future of health. Ultimately, we support work that will help us learn what a Culture of Health can look like—and how we can get there.

What is a Pioneering Idea?

Good question! We don't want to provide a checklist that limits your thinking—or ours. We do want to give you as clear a picture as we can about the kinds of proposals we hope to see, so you can best assess whether submitting an idea through our Pioneering Ideas Brief Proposal process is the right next step for you. Our application form allows you to introduce your idea; if it seems to be a fit for our portfolio we will reach out for more information.

We share some examples below of Pioneering Ideas we have funded in the past to give you a sense of where we've been. Keep in mind that ultimately, we need you to challenge us, and to tell us where we should be going and what ideas have the most potential to transform the way we think about health. As you review the examples below, you may notice some shared themes or characteristics which:

Challenge assumptions or long-held cultural practices.

Take an existing idea and give it a new spin—or a novel application.

Offer a new take or perspective on a long-running, perplexing problem.

Apply cutting-edge ideas from other fields to health.

Explore the potential for emerging trends to impact our ability to build a Culture of Health.

WEBSITE/LINK: http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjIL9Zh7yWU63VdhdaVE2UAc&et_cid=639126

IDAHO & WASHINGTON - ONLY



February 2018

ASPCA Northern Tier Shelter Initiative Coalition Grants

DEADLINE: No Deadline

AMOUNT: Grant amounts will vary depending on project. A site visit may be required as part of the review process or as a condition of receiving the grant funds. Consultation services may be offered as part of a grant package.

DESCRIPTION: Priority will be given to coalitions working toward long-term, systemic, and sustainable community/regional improvements in animal welfare services. This may include (but not limited to) programs that:

Increase capacity to provide quality animal care and services by:

Improving protocols around vaccination on intake, disease spread prevention, decreased length of stay, physical and behavioral care of sheltered pets

Improving capacity to provide basic health services including spay/neuter and vaccines for animals at risk in the community.

Increase coalition live release rate via:

Fee-waived adoption programs and policies

High-volume adoption events

Foster programs

Relocation initiatives within the seven Northern Tier target states

Decrease shelter intake via:

Lost and found programs

Return to owner in the field

Pet retention assistance, such as safety net programs

Re-homing assistance

WEBSITE: <http://aspcapro.org/grant/2016/05/06/aspcanorthern-tier-shelter-initiative-coalition-grants>

Healthy Native Babies Outreach Stipend Application

DEADLINE: Applications will be accepted on a rolling basis as funds are available.

AMOUNT: \$1500

DESCRIPTION: The Healthy Native Babies Project, a project of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), has created culturally appropriate materials with safe infant sleep messages for American Indian and Alaska Native communities. These materials can be tailored for local communities by selecting various photos, graphic designs, and phrases in Native languages from the Healthy Native



February 2018

Babies Project Toolkit Disk. Outreach stipends are available for printing customized outreach materials to disseminate in your community. Recipients must be from one of the following Indian Health Service (IHS) Areas: Alaska, Bemidji, Billings, Great Plains, and Portland. Information on IHS Areas can be found at: <https://www.ihs.gov/locations/>.

WEBSITE/LINK: <http://files.constantcontact.com/913a319f001/8e50ceae-d3be-462e-be3d-3216455225bc.pdf?ver=1470849886000>

Good Sports Accepting Applications for Sports Equipment Program

DEADLINE: *ROLLING FUNDING*

AMOUNT: While the equipment, apparel, and footwear received through the program are free, recipients are expected to pay shipping and handling costs, which amount to roughly 10 percent of the donation value, with a maximum fee of \$1,500.

DESCRIPTION: Good Sports helps lay the foundation for healthy, active lifestyles by providing athletic equipment, footwear, and apparel to disadvantaged young people nationwide. By working closely with teams, coaches, and community leaders across the United States, the organization is able to focus on the respective needs of each individual program and help offset the main factors causing the greatest challenges.

Good Sports is accepting applications from organizations and schools for equipment, apparel, and footwear for a wide range of sports. Organizations that are approved will have access to equipment, apparel, and footwear inventory for a two-year period. During that time, organizations can make up to six separate donation requests — as long as need is well documented, donations will be granted. There is no need to resubmit a full application again during the two-year period.

To be eligible, applicants must directly serve youth between the ages of 3 and 18; serve youth in an economically disadvantaged area; be located in North America (the U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Schools must apply as a whole; applications for individual programs within a school will not be considered. Donation requests for short-term events such as sports camps and tournaments or to individual athletes will not be considered.

Applications are reviewed on a rolling basis. It is recommended, however, that organizations apply at least eight weeks prior to the start of their particular season or program to ensure the desired equipment can be accessed and shipped on time.

WEBSITE/LINK: <https://www.goodsports.org/apply/>

Good Sports Accepting Applications for **Athletic Equipment Grants**

DEADLINE: *ROLLING FUNDING*

AMOUNT: You will be required to sign a release form and pay a shipping and handling fee with each donation. This will always equal 10% of the total retail value of the items; for example, if the total value of your items equals \$2,000, you will be asked to provide \$200, etc.



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\$\$\$ ~ Weekly Funding Opportunities Report ~\$\$\$

February 2018

DESCRIPTION: Good Sports in Quincy, Massachusetts, is a nonprofit whose mission is to increase youth participation in sports, recreation, and fitness activities.

To that end, the organization provides sports equipment, apparel, and footwear to youth organizations offering sports, fitness, and recreational programs to youth in need.

To be eligible, organizations must directly serve youth between the ages of 3 and 18 in an economically disadvantaged area; be located in North America (U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Winning organizations may make up to six equipment requests within a two-year period. Winners will be responsible for operational costs, including equipment shipping, up to \$1,500.

WEBSITE/LINK: <http://www.goodsports.org/apply/>

Voya Foundation Grants

DEADLINE: Grant requests are reviewed throughout the year. Grant applicants should check the online system for quarterly deadlines, which are subject to change.

AMOUNT: Value of grant requests must be a minimum of \$2,500.

DESCRIPTION: The Voya Foundation, the philanthropic arm of Voya Financial, works to ensure that youth are equipped with science, technology, engineering, and math (STEM) expertise and financial knowledge necessary to compete in the twenty-first century workforce and make smart financial decisions that lead to a secure retirement.

To that end, Voya is accepting applications from organizations that provide innovative and experiential K-8 STEM learning opportunities that promote an early interest in STEM career fields and improve teachers' capabilities in STEM; or that provide financial education curriculum to grade 9-12 students focused on navigating major financial milestones such as student debt, credit, home ownership, financial products and services/financial capability, and family needs.

1) STEM Education: The foundation supports organizations that fund high-quality experiential STEM learning opportunities for children in grades K-8. Programs are evaluated based on improvements in covered STEM concepts and increased interest in STEM careers generated over the course of the program.

2) Financial Literacy: Voya's financial literacy grants support organizations that provide financial literacy curriculum to students in high school (grades 9-12). Programs must cover student debt, credit, home ownership, investing, and understanding of financial products and services (financial capability), and family financial planning.

To be eligible, applicants must be considered tax exempt under Section 501(c)(3) of the Internal Revenue Code.

WEBSITE/LINK: <http://corporate.voya.com/corporate-responsibility/investing-communities/voya-foundation-grants>

COMMUNITY



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



\$\$\$ ~ Weekly Funding Opportunities Report ~\$\$\$

February 2018

FY 2017 Economic Development Assistance Programs - Application submission and program requirements for EDA's Public Works and Economic Adjustment Assistance programs. Department of Commerce

DEADLINE: There are no submission deadlines under this opportunity. Proposals and applications will be accepted on an ongoing basis until the publication of a new EDAP NOFA.

AMOUNT: \$3,000,000

DESCRIPTION: Under this NOFA, EDA solicits applications from applicants in rural and urban areas to provide investments that support construction, non-construction, technical assistance, and revolving loan fund projects under EDA's Public Works and EAA programs. Grants and cooperative agreements made under these programs are designed to leverage existing regional assets and support the implementation of economic development strategies that advance new ideas and creative approaches to advance economic prosperity in distressed communities, including communities and regions that have been impacted, or can reasonably demonstrate that they will be impacted, by coal mining or coal power plant employment loss, or employment loss in the supply chain industries of either. EDA provides strategic investments on a competitive- merit-basis to support economic development, foster job creation, and attract private investment in economically distressed areas of the United States. This EDAP NOFA supersedes the EDAP Federal Funding Opportunity dated December 23, 2016.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=294771>

ACF Funding Opportunities

Please see ACF funding opportunities below.

- HHS
Department of Health and Human Services
Administration for Children and Families - ACYF/CB Tribal Court Improvement Program Synopsis 1
<https://www.grants.gov/web/grants/view-opportunity.html?oppld=298124>
- HHS
Department of Health and Human Services
Administration for Children and Families - ANA Social and Economic Development Strategies -SEDS Synopsis 1
<https://www.grants.gov/web/grants/view-opportunity.html?oppld=298007>
- HHS
Department of Health and Human Services
Administration for Children and Families - ANA Social and Economic Development Strategies for Alaska-SEDS-AK Synopsis 1
<https://www.grants.gov/web/grants/view-opportunity.html?oppld=298008>
- HHS
Department of Health and Human Services
Administration for Children and Families - ANA Native Youth Initiative for Leadership, Empowerment, and Development (I-LEAD) Synopsis 1
<https://www.grants.gov/web/grants/view-opportunity.html?oppld=298009>
- HHS
Department of Health and Human Services
Administration for Children and Families - ANA Native American Language Preservation and Maintenance Synopsis 1
<https://www.grants.gov/web/grants/view-opportunity.html?oppld=298010>
- HHS
Department of Health and Human Services
Administration for Children and Families - ANA Native American Language Preservation and Maintenance-Esther Martinez Immersion Synopsis 1
<https://www.grants.gov/web/grants/view-opportunity.html?oppld=298039>
- HHS
Department of Health and Human Services
Administration for Children and Families - ANA Environmental Regulatory Enhancement Synopsis 1
<https://www.grants.gov/web/grants/view-opportunity.html?oppld=298045>
- Rose Weahkee, Ph.D.
Acting Director
Office of Urban Indian Health Programs
Indian Health Service
5600 Fishers Lane
Mailstop: 08E65C
Rockville, MD 20857
E-Mail: Rose.Weahkee@ihs.gov
Direct Line: (301) 480-3184
Mobile: (240) 994-9361



June 11 - 15, 2018

Advocate Training



Mark your Calendars!

SATF Advocate Training is a 40-hour comprehensive basic sexual assault training for those seeking advocate certification or those providing other support services to sexual assault survivors. The training covers the foundational topics of sexual assault advocacy in supporting adult and adolescent survivors. Participants will learn how to provide a survivor-centered, trauma informed response to survivors in their community.

Keep an eye out for the scholarship application in early March.

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Our mailing address is:

taskforce@oregonsatf.org

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JUST A FRIENDLY REMINDER

**TIME IS
ALMOST UP!**

apply today: oregonsatf.org



Apply Today! SANE/SAE Clinical Skills Training Opportunity

The Oregon Attorney General's Sexual Assault Task Force, in collaboration with the Oregon Department of Justice and the Office for Victims of Crime Training and

Technical Assistance Center, is offering scholarship applications to send a limited number of SANE/SAEs in Oregon to an **out-of-state clinical skills training facility**. **Eligible SANE/SAE's must have completed the 40-hour didactic adult/adolescent SANE/SAE training.**

We have already coordinated travel for 8 SANEs to travel to St. Paul, Minnesota and Houston, Texas to complete their clinical skills training this year. We're committed to sending more with support from our funders.

Priority will be given to providers who practice in regions of Oregon where access to medical-forensic care is limited and to SANE/SAEs who are actively pursuing their certification. Scholarships will cover registration, air-fare, baggage, lodging, and per diem at the federal rate, up to \$1,000 per participant.

Applications must be submitted by January 29, 2018

Apply by January 29th!

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Our mailing address is:

taskforce@oregonsalt.org

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#)



2018 RECOGNITION OF EXCELLENCE CEREMONY

Nomination Packet

February 2018

Area Director's Awards

The Portland Area Director recognizes individuals or groups of employees whose special efforts and contributions, beyond regular duty requirements, have resulted in significant benefits to Indian Health Service (IHS) programs, priorities, or customers and fulfillment of the IHS mission.

Nominations are to be submitted for one of the following award categories based on the nature of the act, service, or performance occurring in calendar year 2017.

- Director's Award
- Fostering Relationships
- Leadership

Award Nominations

The Portland Area Director's Award nominations must be initiated and signed by the nominator and the award nominee's supervisor, then concurred by the Area Director.

The Area Awards Coordinator will coordinate the receipt and review of all nominations to ensure completeness and forward for review and approval.

All submissions can be submitted electronically to the [Portland Area Recognition Committee](mailto:POR_AORecognitionCommittee@ihs.gov) (POR_AORecognitionCommittee@ihs.gov)

Deadline for submissions: COB February 23, 2018

“In our every deliberation, we must consider the impact of our decisions on the next seven generations.”

- Iroquois Maxim



Award Categories

- Portland Area Director's Award
- Portland Area Award for Customer Service
- Leadership Award



Portland Area Director's Award

Purpose:

This award recognizes service significantly advancing the IHS mission and goals through enhancements supporting IHS priorities; these include renewing and strengthening Tribal partnerships; bringing reform to the IHS; improving quality and access to care for IHS patients; and ensuring transparency, accountability, fairness, and inclusion.

Eligibility:

All IHS employees or teams of employees, including Tribal and Urban employees and contractors. Teams may consist of employees from the same organization or from a number of different organizations.

Criteria:

- Exceptional initiative and leadership in carrying out projects to improve program operations
- Unusual acts of competence, compassion, or heroism
- Outstanding contributions to a committee or task force addressing IHS-wide policies, procedures, or operations
- Outstanding efforts in applying technical or clerical support skills to accomplish the IHS mission
- Skill and leadership in administration, knowledge dissemination, technology transfer, or skill building
- Displays of management ability, proficiency, and customer service performed in such a manner that the employee and/or team performed significantly above those with similar duties, and that the results of these efforts were distinctly beneficial to the Agency
- In all cases, performance should clearly exceed expectations





Portland Area Director's Award for Fostering Relationships

Purpose:

This award recognizes service that has significantly advanced the IHS mission, goals and priorities through fostering relationships. This award is designed to recognize innovation and exceptional performance and/or exemplary actions resulting in quality service to patients and their families, colleagues/other units or departments, and/or partners of the IHS.

Eligibility:

All IHS employees or team of employees, including Tribal employees and contractors. Teams may consist of employees from the same organization or from a number of different organizations.

Criteria:

- An act of outstanding service that clearly required an in-depth understanding of the needs of the patient and their families.
- An achievement that demonstrates a technical understanding, capability and imagination to devise creative solutions to challenging problems confronting our patients.
- Instances or situations where the nominated individual or team has gone beyond expectations to serve our patients and their families and/or service to colleagues/or other units or departments:
 - Fully understand a customer's situation
 - Seek out an effective way to address the customer's needs; and
 - Follow up to ensure that the needs have been met and that the customer is happy with the result
- Instance of promoting self care (relationship to self).
- Performance should clearly exceed expectations



Leadership Award

Purpose:

To show the highest level of those characteristics which define leaders in Indian health. Those characteristics include humility, drive and the ability to empower others.

Eligibility:

All IHS employees, Tribal and Urban employees and/or contractors are eligible. This annual honor is reserved for an individual whose professional and/or community involvement demonstrates the kind of leadership that the Area exemplifies. Nominees for this award must demonstrate exceptional initiative and have made the most of the advantage and opportunities available to them.

Criteria:

- The award is given for demonstrated leadership
- Achievements with the potential to make a positive difference in the lives of American Indian and Alaska Native people

Nomination Procedures:

Performance period is calendar year **January-December 2017**.

Qs & As

Q1: Who can nominate?

Anyone. However, the nomination has to be reviewed and signed by the nominee's supervisor. The nomination will be submitted forward for Area Director's review. He will review supervisor's comments regarding the nomination and make final decision.

Q2. Where to submit my nomination?

1. E-mail to

POR_AORecognitionCommittee@ihs.gov

2. **Mail to:** 1414 NW Northrup Street, Suite 800, Portland, OR 97209

3. **Fax to:** (503) 414-5554

Q3. When is the deadline for submission?

Friday, February 23, 2018

Q4. When is the Ceremony?

The Ceremony will be held in Portland on **June 8, 2018**.

NOTE: Nominations must be complete and signed or may be disqualified.

PORTLAND AREA INDIAN HEALTH SERVICE
AREA DIRECTOR'S RECOGNITION OF EXCELLENCE PROGRAM
 NOMINATION & APPROVAL FORM, DUE [February 23, 2018](#)

1. Please Select the following: <input type="checkbox"/> Individual <input type="checkbox"/> Group # of Employees (Group Award)	2. Name of Nominee or Group
--	------------------------------------

Please list full name of the Nominees **as it will appear on the plaque or certificate**, include credentials if applicable (max 3). For a group award attach a list of group members.

3. Nominee Organization	4. Nominee Address & E-mail
--------------------------------	--

5. Period Covered in Nomination in CY17 From:	To:
Month Year	Month Year

6. Select Category that applies:

Area Director's Award
 Fostering Relationships
 Leadership

7. Award Justification (250 words or less)

8. Citation Summary: Summarize nominee(s) contributions in 25 words or less. This summary statement will be read at the awards ceremony.

9. Nominator & E-mail:

Name	Title	Signature	Date
------	-------	-----------	------

10. Award Nominee's Supervisor & E-mail:

Name	Title	Signature	Date
------	-------	-----------	------

Dean M. Seyler, Director, Portland Area Office			
Name	Signature	Date	

E-mail Nominations to: POR_AORecognitionCommittee@ihs.gov

Good Morning/Afternoon,

We are pleased to announce that the Region X Health Equity Council (RHEC X) is **now accepting applications for new members** from Alaska, Idaho, Oregon, and Washington states.

RHEC X is one of 10 regional health equity councils formed to achieve health equity in the US as part of the [National Partnership for Action to End Health Disparities](#) (NPA). The RHECs welcome members from diverse sectors and expertise, such as community-based and faith-based organizations, foundations, health professionals, local and state government, and research and academia.

We currently are seeking committed and dedicated individuals to serve on and actively contribute to the work of RHEC X.

The application will remain open through February 9, 2018. If you would like to join a dynamic and committed team that represents citizens in your region, works to eliminate health disparities and create regional, inter-sectoral leadership and partnerships, please consider applying!

For more information and to apply, please visit <http://region10.npa-rhec.org/get-involved>.

Zannah Herridge-Meyer, MPH

National Partnership for Action to End Health Disparities (NPA) Outreach Coordinator

Office of the Director

Office of Minority Health, U.S. Department of Health and Human Services



Phone: (240) 276-8846

Email: Zannah.Herridge-Meyer@hhs.gov

Website: www.minorityhealth.hhs.gov

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**REGISTRATION & CALL FOR ABSTRACTS
OPEN NOW**

2018 Contemporary Northwest Tribal Health Conference

Sponsored by:

Northwest Native American Research Center for Health (NW NARCH)
Northwest Portland Area Indian Health Board (NPAIHB)
Prevention Research Center, Oregon Health & Science University (OHSU)

April 27-28, 2018

Portland State University
Native American Student & Community Center
Portland, Oregon

Register online: <http://bit.ly/NWNARCH18reg>

***No registration fee
Lodging support available***

Submit an abstract: <http://bit.ly/NWNARCH18>

Deadline: Wednesday, February 28, 2018

If you are conducting health research in AI/AN communities in the Pacific Northwest (Washington, Oregon, Idaho), we invite you to share your research and experiences. Oral and poster presentations can be on any health-related topic or theme, but should be limited to AI/AN-focused research taking place in the Northwest.

For more information, see the Events Calendar at www.npaihb.org
or email th-conference@npaihb.org.

Location:

Northwest Portland Area
Indian Health Board
Portland, Oregon

Sponsored by:

National Cancer Institute
Native American Research
Centers for Health (NARCH)
OHSU Prevention Research
Center
Northwest Portland Area Indian
Health Board

Save the dates: 2018
June 17-29th

**TRIBAL RESEARCHERS' CANCER
CONTROL FELLOWSHIP PROGRAM**

For more information and to apply:

Visit www.npaihb.org/training/narch_training
Email Ashley Thomas at thomaas@ohsu.edu



Topics will include (not limited to):

- Cancer control study design
- Cancer epidemiology
- Cancer screening
- Cohort studies among American Indians
- Community-based chronic disease programs
- Cultural considerations in cancer epidemiology
- Focus groups
- Grant writing
- Implementing a Native comprehensive cancer prevention and control project

To apply:

Applications are encouraged from American Indians and Alaska Natives with a demonstrated interest in cancer prevention and control.

Application Period

Available: January 31st

Deadline: March 23rd

Accepted Fellows will:

- Attend a two-week training in June 2018
- Attend a one-week training in Fall 2018
- Receive peer and career mentorship to develop and implement cancer control projects
- Receive financial support to attend trainings and present research findings
- Be connected to a network of experts in cancer control and prevention in Indian Country



**TRIBAL RESEARCHERS' CANCER
CONTROL FELLOWSHIP PROGRAM**
2018 Application



APPLICANT INFORMATION								
Last Name	Click here to enter text.		First	Click here to enter text.		M.I. Click here to	Date	Click here to enter text.
Street Address	Click here to enter text.					Apartment/Unit #	Click here to enter text.	
City	Click here to enter text.		State	Click here to enter text.		ZIP	Click here to enter text.	
Phone	Click here to enter text.		E-mail Address	Click here to enter text.				
EDUCATION								
Undergraduate Institution(s)			Degree(s)			Degree Date(s)		
Click here to enter text.			Click here to enter text.			Click here to enter text.		
Click here to enter text.			Click here to enter text.			Click here to enter text.		
Graduate Institution(s)								
Click here to enter text.			Click here to enter text.			Click here to enter text.		
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Click here to enter text.			Click here to enter text.			Click here to enter text.		
TRIBAL AFFILIATION(S)								
Click here to enter text.								
Click here to enter text.								
PREVIOUS PROFESSIONAL POSITION(S)								
1. Click here to enter text.								
2. Click here to enter text.								
3. Click here to enter text.								
CURRENT PROFESSIONAL POSITION								
Title	Click here to enter text.							
Organization	Click here to enter text.							
Address	Click here to enter text.							
City	Click here to enter text.		State	Click here to enter text.		Zip	Click here to enter text.	
Phone	Click here to enter text.			E-mail	Click here to enter text.			

PLEASE DESCRIBE IN BRIEF YOUR CURRENT JOB RESPONSIBILITIES

Click here to enter text.

IF A FELLOWSHIP IN CANCER CONTROL RESEARCH IS OFFERED TO YOU, HOW WILL YOU BE ABLE TO APPLY THIS NEW KNOWLEDGE TO YOUR COMMUNITY AND CURRENT POSITION?

Click here to enter text.

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- A copy of your CV or resume
- A letter of support from the community or organization with whom you plan to work in cancer control activities
- A brief letter from your employer ensuring that you will have three weeks available to attend training in Portland, OR
- A personal statement that you are able to complete the three-week training

PLEASE RETURN THIS FORM AND ALL OTHER APPLICATION MATERIALS BY MARCH 23, 2018 TO:

Ashley Thomas
Oregon Health & Science University-Portland State University
School of Public Health
3181 SW Sam Jackson Park Road, CSB 648
Portland, OR 97239
Phone: (503) 494-2907 Fax: (503) 494-7536 E-mail: thomaas@ohsu.edu

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CONTROL FELLOWSHIP PROGRAM**
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SAVE THE DATE

August 20-21, 2018

Dental Health Aide Therapist (DHAT)
2nd Annual Update Meeting



Host:
Native Dental Therapy Initiative (NDTI)
Northwest Portland Area Indian Health Board (NPAIHB)

Location:

Tulalip Resort Casino
10200 Quil Ceda Blvd.
Tulalip, WA 98271

More Details to Come.....

Christina Peters, NDTI Director cpeters@npaihb.org
Pam Johnson, NDTI Specialist pjohnson@npaihb.org
Tanya Firemoon, NDTI Coordinator tfiremoon@npaihb.org

Agenda At-A-Glance:

Monday 8/20:

12:00 pm – 1:00 pm Lunch Provided
1:00 pm – 5:00 pm General Session

Tuesday 8/21:

8:00 am – 9:00 am Breakfast Provided
8:30 am – 12 pm General Session
12:00 pm – 5:00 pm 2018 Portland Area Dental Meeting,
Northwest Tribal Dental Support
Center (ends 8/23)



wren 2018

Ashland, Oregon

The Western Regional Epidemiology Network (WREN) 2018 Conference Planning Committee invites you to the May 3-4, 2018 conference to be held in Ashland, Oregon.

Call for abstracts

Topics may include various issues in environmental, occupational, and injury public health, chronic disease prevention, emergency preparedness and response, toxicology, exposure assessment, epidemiology, and policy.

Abstract submissions should include:

1. **Your name, affiliation, address**
2. **Coauthor(s)**
3. **Presentation title**
4. **Brief description** (<300 words)

Please submit your abstract by filling out the form at <https://goo.gl/forms/EwTL8p01oZi6jf9n2>

If you have any difficulties with the registration form, you may also email your abstract with the above information to wren@wrenconference.org.

Abstract due date: **March 30th**.

Registration

Please pre-register by filling out the registration form at <https://goo.gl/forms/EwTL8p01oZi6jf9n2> by **May 1st**. You may register at the conference for the same registration fee, but pre-registering helps us plan.

If you have any difficulty with the registration form, you may email your information to wren@wrenconference.org.

Registration fee

A nominal registration fee (**\$30**) will be charged per attendee to cover the rental of the conference room and other logistics. The \$30 fee covers both days of the conference. The fee does not cover the cost of meals; the conference room is located a short walk from downtown Ashland restaurants. Registration fee payment options will be emailed with registration confirmation.

Lodging

In Ashland and Yreka, a block of rooms will be reserved. Lodging information will be emailed with registration confirmation.

More information

Please check <http://wrenconference.org/default.htm> for updated information on the agenda, registration, lodgings, and activities. We will be launching the new WREN website soon!



Follow up for the event **Event: American Indian and Alaska Native Behavioral Health Webinar Series: Tackling the Opioid Epidemic in the Chickasaw Nation.**

We are sorry that you were unable to participate in the event.

We look forward to you joining us in a future event.

Webinar Recording:

<https://explorepsa.adobeconnect.com/po1q2clceu15/>

Webinar Power Point Presentation can be downloaded from to the webinar information page:

https://explorepsa.adobeconnect.com/aian-january-2018/event/event_info.html

Thank you!

Webinar Support Team



If you've never used Adobe Connect, get a quick overview: <http://www.adobe.com/products/adobeconnect.html>

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**NNPHI Awards Program
Call for Nominations
Now Open**

**5 Award
Categories**

**Deadline:
February 26**

**May 22-24
New Orleans**

REGISTER NOW FOR THE HHS REGION 10 ANNUAL TRIBAL CONSULTATION!

May 2, 2018

Little Creek Casino Resort

Shelton, WA

The U.S. Department of Health and Human Services (HHS) Region 10 will conduct its annual Tribal Consultation for Tribes in Alaska, Idaho, Oregon, and Washington on **Wednesday, May 2, 2018**, at the **Little Creek Casino Resort, 91 WA-108, Shelton, WA 98584**.

We will also hold 1-1 meetings with Tribal Leaders upon request on Tuesday, May 1, 2018, at the same location. If you do not request such a meeting, you do not need to attend Day 1.

Outline of Events

Day 1 (Tuesday, May 1) – OPTIONAL One-on-One Meetings: These short meetings are an opportunity for Tribal leaders and organizations to briefly share specific concerns and information with federal officials from HHS operating divisions. It is not intended to be a formal consultation. **If you register for a one-on-one meeting, please send your issues AS SOON AS POSSIBLE to Nicholson.massie@hhs.gov so we can be prepared to respond.**

The schedule for 1:1 meetings will be developed based upon requests. Please anticipate approximately a 20 minute meeting between 8:00AM PT and 6:00PM PT. **Please register for 1:1 meetings as soon as possible so we can set the schedule.**

Day 2 (Wednesday, May 2) – Tribal Consultation: The agenda for Day 2 is in development but will include Opening and Tribal Blessing, Regional Welcome, Tribal Leader Introductions, Open Tribal Leader Comments, and Closing Remarks.

We anticipate Day 2 will run from 9:00AM PT until 5:00PM PT, but is subject to change.

To Register for the Consultation Follow These 2 Simple Steps:

Step 1: Register to attend the May 2 Consultation through the link below by Monday, April 16, 2018.

<https://www.surveymonkey.com/r/8T6GJJY>

Use this link if you would like to schedule a one-on-one meeting for Tuesday, May 1. If you are not scheduling a one-on-one meeting, you do not need to attend on Day 1. There are limited slots for one-on-one meetings; once we finalize a schedule we will confirm the time and location for your meeting.

Step 2: Secure hotel accommodations at the Little Creek Casino Resort by Saturday, March 31.

Please visit the Little Creek Casino Resort reservations website at https://uslcc.webhotel.microsdc.us/bp/search_rooms.jsp and use **Group Code 050118USDE**. Please secure your accommodations by **Saturday, March 31, 2018**, to receive the special rate of \$93/night.

If you have any questions about the Consultation session, please contact Nicki Massie at Nicholson.massie@hhs.gov.

NCCDPHP

Good Health and Wellness in Indian Country TRIBAL RESOURCE DIGEST

Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of January 30, 2018. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.



In this issue:

- [Announcements](#)
- [Webinars](#)
- [Funding Opportunities](#)

Announcements

13th Annual Tribal Leader/Scholar Forum

The NCAI Policy Research Center's (PRC) Annual Tribal Leader Scholar Forum provides an opportunity for researchers, practitioners, community members, and others to present research and data findings to tribal leaders, policymakers, and tribal members during the NCAI Mid Year Conference. Read more [here](#).

When: June 5, 2018

Where: Kansas City, MO

Save the Date — National Rural Grocery Summit VI Strengthen Community; Strengthening Health: The Rural Grocery Store

Millions of rural residents now face limited choice and low quality in their retail food choices. Eight percent of the U.S. rural population—approximately 4.75 million people—live in communities lacking access to healthy foods. Registration will open early 2018. Read more [here](#).

When: June 25-26, 2018

Where: Manhattan, KS

Place-Based Food Systems Conference

Place-Based Food Systems 2018: Making the Case, Making It Happen is a two-day conference highlighting the critical efforts of, and synergies between, researchers and community innovators who are working to forge vital place-based food systems. Proposals are now being accepted. Read more [here](#) and [here](#).

Submission Deadline: March 31, 2018

When: August 9-10, 2018

Where: Richmond (Metro Vancouver), British Columbia, Canada

National Council of Urban Indian Health: Open Positions

NCUIH is recruiting for the following FT positions: Director of Government Affairs and Policy Associate. Positions are based in Washington, DC. Open until filled. Apply [here](#).

In A Good Way: Indigenous Commercial Tobacco Control Practices

This report intends to highlight tribally-based strategies developed over a 10-year period through the Centers for Disease Control and Prevention's (CDC's) formerly national Tribal Support Centers and through ClearWay Minnesota's Tribal Tobacco Education and Policy (TTEP) grantees initiatives. This wonderful resource is included on the webpage. Read more [here](#).

APHA 2018 Call for Abstracts

The 2018 Call for Abstracts is now [open](#)! We invite you to submit an abstract for [APHA's 2018 Annual Meeting and Expo](#) in San Diego, Nov. 10-14. The 2018 theme is "[Creating the Healthiest Nation: Health Equity Now.](#)" Submit an abstract related to the theme or from any area of public health.

Submission Deadline: Feb. 19-23, depending on the topic area

Abstract Status Notification: June 4, 2018

Registration and Housing open: June 4, 2018

You do not have to be an APHA member to submit an abstract. However, if your abstract is accepted for presentation, the presenting author must become an individual member of APHA and must register for the Annual Meeting by the Advance Deadline. Learn more about [deadline requirements for presenters](#).

On the look-out for photos!

Send any GHWIC related photos to AQUIROZ@cdc.gov. If you wish to feature a community garden, event, team meeting, etc., this is the place! Send your photo with a short description.

Prevalence and Disparities in Tobacco Product Use Among American Indians/Alaska Natives — United States, 2010–2015

Providing evidence-based, population-level, and culturally appropriate tobacco control interventions could help reduce tobacco-product use among American Indians and Alaska Natives.

American Indians and Alaska Natives (AI/ANs) have one of the highest rates of tobacco-product use among all racial/ethnic groups in the United States. During 2010–2015, current (past 30-day) tobacco-product use was significantly higher among AI/ANs than non-AI/ANs for any tobacco product (43.3 percent vs. 27.7 percent); for cigarettes (37.3 percent vs. 23.0 percent); for roll-your-own tobacco (7.1 percent vs. 3.5 percent); for pipes (1.9 percent vs. 0.9 percent); and for smokeless tobacco (6.6 percent vs. 3.5 percent). Among AI/ANs, prevalence of any tobacco product use was higher among males, persons aged 18–25 years, those with less than a high school diploma, an annual family income of \$20,000 or less, those who lived below the poverty level, and among those who never married. Link: https://www.cdc.gov/mmwr/volumes/66/wr/mm6650a2.htm?s_cid=mm6650a2_w

Tips from Former Smokers™

The *Tips From Former Smokers* campaign features real people suffering as a result of smoking and exposure to secondhand smoke.

http://www.plowsharegroup.com/media_downloads/cdc_tobacco_education.php

Webinar

NNN & IHS HP/DP: “Nicotine Cessation Services Access Workgroup”

Date: **January 31, 2018**

Time: **3—4 PM, EDT**

Registration: <https://attendee.gotowebinar.com/register/3186447757609385987> Read more [here](#).

Funding Opportunities

Indian Health Service Health Professions Scholarship Program

The IHS Scholarship Program provides qualified American Indian and Alaska Native health professions students an opportunity to establish an educational foundation for each stage of your pre-professional careers. Read more [here](#) and [here](#).

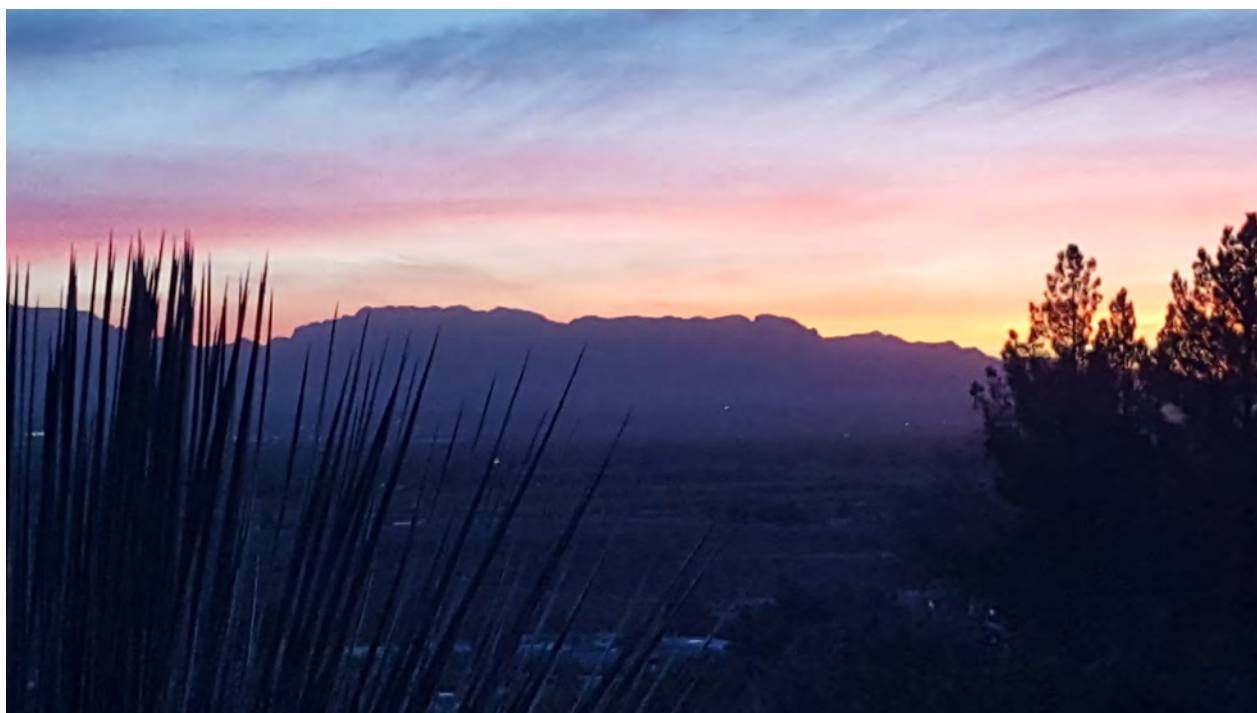


Photo Caption
Sunrise over the Organ Mountains, October 2017 - photo courtesy Mary Hall

Contact Information:

National Center for Chronic Disease Prevention and Health Promotion

Office of the Medical Director

4770 Buford Highway, MS F80

Atlanta, GA 30341

(770) 488-5131 / <http://www.cdc.gov/chronicdisease/index.htm>

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

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Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of February 5, 2018. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.



Announcements

Take a look at the new resources available from CDC's Division of Diabetes Translation.

—New content—

Find the Right Workout Buddy

<https://www.cdc.gov/diabetes/library/spotlights/workout-buddy.html>

Do You Mark Your "Diaversary"?

<https://www.cdc.gov/diabetes/library/spotlights/diaversary.html>

Managing Insulin in an Emergency

<https://www.cdc.gov/diabetes/library/spotlights/managing-insulin-emergency.html>

But You Don't Look Like You Have Diabetes!

<https://www.cdc.gov/diabetes/library/spotlights/dont-look.html>

Getting Screened: What Does it Mean?

<https://www.cdc.gov/diabetes/library/spotlights/getting-screened.html>

In this issue:

- [Announcements](#)
- [Webinars](#)
- [Funding Opportunities](#)

Georgia Tech—Urban Honey Bee Project Bee-INSPIRED Summer Program

Are you an undergraduate STEM major interested in honey bees and their role in urban agriculture? Would you like to gain cutting-edge experience in research or design and be engaged in community service projects? Then the Bee-INSPIRED summer program is for you! This 10-week research and service experience will be held May 20-July 27, 2018 on the campus of Georgia Tech in Atlanta, Georgia. Read more [here](#).

Free Online Training: Best Practices in Program Planning for Local Obesity Prevention

Evaluators from the Arizona Supplemental Nutrition Assistance Program - Education Arm (SNAP-Ed) provide an overview of their program planning process, specifically as related to re-evaluating and defining the focus of their obesity prevention initiative. This course presents examples of conducting a root cause analysis, developing a logic model, and utilizing the Socio-Ecological Model throughout the process of program planning and evaluation. Read more [here](#).

Free Online Training: Improving Community Food Security through Community and School Gardens

A food system consists of the entire process from which food moves from farm to fork. This includes the production of food such as growing and harvesting, processing the food to increase its value, and packaging raw and processed food. This training is designed to provide knowledge and tools needed to improve community food security using community and school gardens. Read more [here](#).

In A Good Way: Indigenous Commercial Tobacco Control Practices

This report intends to highlight tribally-based strategies developed over a 10-year period through the Centers for Disease Control and Prevention's (CDC's) formerly national Tribal Support Centers and through ClearWay Minnesota's Tribal Tobacco Education and Policy (TTEP) grantees. This wonderful resource is included on the webpage. Read more [here](#).

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KU Law's 22nd Annual Tribal Law & Government Conference

This conference will discuss tribal collaborations with localities and states. Register [here](#).

Date: March 9, 2018

Location: University of Kansas School of Law

On the look-out for photos!

Send any GHWIC related photos to AQUIROZ@cdc.gov. If you wish to feature a community garden, event, team meeting, etc., this is the place! Send your photo with a short description.

Webinars

No webinars this week.

Funding Opportunities

Robert Wood Johnson Foundation's Change Leadership Programs

Four change leadership programs, designed by the Robert Wood Johnson Foundation to extend the influence and impact of leaders working to build a Culture of Health. The Interdisciplinary Research Leaders Program has a rural focus in 2018. Application deadline is February 21, 2018. Read more [here](#).

Indian Health Service Dental Externships

Externships for dental students interested in a career with the Indian Health Service Division of Oral Health or a Tribal State. Application deadline is February 28, 2018. Read more [here](#).

Indian Health Service Pre-Graduate Scholarship Program

Provides scholarships for American Indian and Alaska Native students to enroll in courses leading to a bachelor's degree in pre-medicine, pre-dentistry, pre-podiatry, or pre-optometry. Application deadline is March 28, 2018. Read more [here](#).

Indian Health Service Health Professions Scholarship Program

The IHS Scholarship Program provides qualified American Indian and Alaska Native health professions students an opportunity to establish an educational foundation for each stage of your pre-professional careers. Read more [here](#) and [here](#).

Indian Health Service Preparatory Scholarship

Provides scholarships for American Indian and Alaska Native students to enrolled in undergraduate or preparatory courses in preparation for entry to health profession schools. Application deadline is March 28, 2018. Read more [here](#).

Online Sexual Violence Training for Community Health Workers/Promotoras

A 4-hour online course that provides an introduction to basic knowledge and skills useful in assisting and responding to victims of sexual violence. Applications accepted on an ongoing basis. Read more [here](#).



Ellen Provost, Amy Groom, and Diana Redwood—Alaska Native Tribal Health Consortium
- photo courtesy David Espey

Contact Information:

National Center for Chronic Disease Prevention and Health Promotion
Office of the Medical Director
4770 Buford Highway, MS F80
Atlanta, GA 30341
(770) 488-5131 / <http://www.cdc.gov/chronicdisease/index.htm>

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Idaho Tribes/Idaho Medicaid Meeting Quarterly Meeting Agenda

February 22, 2018

3232 Elder Street, Boise ID 83705

CO Elder Medicaid Conf Rm D East

10:30 a.m. – 3:00 p.m.

Conference Line: 1-877-820-7831 – Guest Passcode: 626553#

Time	Topic	Speaker
10:30 AM	Welcome and Introductions	George Gutierrez, Deputy Administrator Division of Medicaid
10:45 AM	Medicaid Updates Policy Changes and Tribal Letters Pre-session Update	George Gutierrez, Deputy Administrator Division of Medicaid
11:00 AM	Follow up on Indian Managed Care and Outside the Four Walls/Tribal SPA HCBS F/U / 1115 Updates	
11:25 AM	I/T/U Pharmacy Encounter Rates – CHIP Update	Tami Eide, Medicaid Pharmacy Manager Tiffany Kinzler, Bureau Chief, Medical Care, Division of Medicaid
11:40 AM	Optometry Hardware Update	(Speaker needed – suggestions??)
Noon	Working Lunch	
12:15 PM	NPAIHB Update - STAC Update / Tracker Tool	NPAIHB – Laura Platero
12:45 PM	Division of Public Health Update	Jamie Delavan Health Program Specialist Division of Public Health
1:15 PM	Medicare-Medicaid Coordinated Plan – Statutes Nursing Facilities Update	Alexandra Fernandez, Acting Bureau Chief, Long Term Care, Division of Medicaid
1:30 PM	Optum Update	David Welsh, Program Manager, Division of Medicaid
1:45 PM	Break	
2:00 PM	GAIN Assessment Update – Ross Edmunds	Ross Edmunds (tentative) Division of Behavioral Health
2:30 PM	Medicaid Managed Care Update – Complex Medical Needs Statute Follow-up / NEMT MTM Update	Tiffany Kinzler, Bureau Chief, Medical Care, Division of Medicaid
2:45 PM	Next Meeting topics and schedule	George Gutierrez, Deputy Administrator Division of Medicaid
3:00 PM	Adjourn	

IDAHO TRIBES/STATE OF IDAHO QUARTERLY MEETING
Idaho Dept. of Health and Welfare Offices
111 Bever Grade Rd, Lapwai, ID 83540,
Nimiipuu Health Large Conf Room (on the Community Health side of the building)
November 8, 2017

Attendees: George Gutierrez (DHW), Pam Reisdorph, Gary Grogan, Joyce Broadsword (DHW), Molly Schnebly, Eva Davison, Angie Sanchez, Kristi Keufuss, Eva Hayes, Mildred Penney, Jonae Scabby Robe, Artrette Sampson, Kyle Penney, Leodora McDougle, Jamielou Delavan(DHW), Norma Wadsworth, Johanna Pokibro, Wanda Dixey, Jenifer Williams, Laura Platero, Tiffany Kinzler (DHW)

On Call:

Sheila Pugatch (DHW - for Ali Fernández), Sara Sullivan

Welcome and Introductions – George Gutierrez, Deputy Administrator, Division of Medicaid

George welcomed all in attendance

Minutes from the last meeting - correct Eva Davidson to Eva Davison - Minutes approved

Medicaid Updates–George Gutierrez, Division of Medicaid – handout

SPA's

- **Alternate Payment for FQHC's for Graduate Medical Education (GME)**
 - Related to the primary care resident physicians at FQHC's
 - Alternate payments are limited to FQHC's who are part of the GME program – provides moneys to help fund the resident in the facility
 - Tribal notice posted on April 28, 2017 and
 - SPA submitted to CMS September 29, 2017
 - 90 day clock ends in December
- **1915i YES services**
 - Services put in place in response to the Jeff D lawsuit
 - 1915i will provide Medicaid the authority to offer new benefits that are part of the service array we will be implementing in the coming years
 - Respite care is the first service we are offering
 - Tribal notice posted August 15, 2017
 - Submitted to CMS October 5, 2017
 - Questions from CMS November 6, 2017
 - 90 day clock in January '18
 - July is the earliest this will be in effect
- **Pharmacy II**
 - Submitted but CMS had us withdraw it to make some changes and had to be resubmitted
 - Clarifying language, regarding the use of pricing methodologies to determine reimbursement for clotting factor drugs and physician administered drugs
 - Clarifies that drugs acquired through the federal 340B drug pricing program and dispensed by 340B contract pharmacies are not covered
 - Tribal notice posted July 21, 2017
 - Submitted to CMS August 24, 2017
 - Submitted final pages November 6, 2017
- **HCBS Adult DD 1915(i) Renewal State plan option**
 - Current one expires June 30th
 - Include changes required by CMS in their review
 - Clarifications on the provision and limitation on services and changes required as part of the quality assurance review process

- Tribal notice was posted in September 27, 2017
- **What questions did CMS present back to the state? George Gutierrez will provide**
- **Outside the Four-Walls FQHC Issue**
 - Provide the authority for clinics to change their provider status with Medicaid to FQHC status and, with offsite contract non-tribal providers, to deliver services to tribal members and be reimbursed at the FQHC rate
 - The SPA is in DRAFT stage - in process (more discussion/clarification in the agenda for today)
 - Tribal notice posted on October 27, 2017

SPA's COMING SOON

- **ITP EPSDT SPA**
 - Change the requirements between Medicaid and Family and Children's services to address an access issue for service for children between 0-3 years old
 - Better support the services delivered in the home for these children
 - Allow for different billing mechanism
 - Services provided are different for 0-3 year old children
 - Ensuring the children are getting what is needed when it is needed
- **RCO (Regional Care Organizations) SPA**
 - Provide the structure to implement shared savings
 - Starting with Healthy connections – PCMH2 – Second Phase
 - Begin establishing Regional Care Organizations around the state to look at overall care for participants
 - Allows for shared savings when services exceed select quality standards

Waivers

- **A&D Wavier Amendment**
 - Being changed to reflect an updated reimbursement methodology
 - Attendant Care, Homemaker, Companion Service, Respite and Chore Services
 - A result of a cost survey of Personal Assistance Agencies that provide these services in 2016
 - In early 2017 identified a need to modify the reimbursement methodology – to provide a more accurate account of costs.
 - Would like to implement the reimbursement rates by January 1, 2018
 - Proposing an increase the reimbursement rates for this type of provider, to improve access for the A&D Waiver participants. Rate increase also applies to PCS rates.
 - Tribal notice posted November 2, 2017
 - Comment period ends COB December 8, 2017

Statutes

- **Nursing Facility Statute change – Sheila Pugatch**
 - Changing statutes related to assessment of nursing facilities and intermediate care facilities for intellectually disabled (ICFID) – it is referred as an assessment, but it's really a tax
 - Tax collected in order to pull down a federal upper payment limit payment (calculation based on the difference of what Medicare would have paid on the services that Medicaid paid).
 - When we pull it down from the federal government we are able to pay that gap payment to the nursing facilities and ICFID
 - Making changes to the Idaho code so we can provide a quality measure that the nursing facilities and the ICFIDs have to meet in order to be able to obtain all of the upper payment limit payment – they have to work for it
 - Currently all they have to do is provide services for Medicaid participants and they receive that payment
 - Hope is to improve quality outcomes for our participants in the future
 - Able to measure those outcomes and hold medical facilities accountable to quality
 - Nursing Homes participating in managed care insurance products
 - Have a Medicare/Medicaid Coordinated Plan (MMCP) – about 10 years

- People have both Medicare and Medicaid can voluntarily sign up with Blue Cross and get their Medicare coverage as well as some Medicaid coverage, including nursing facility and personal assistant services in the community covered through Blue Cross of Idaho
 - The changes we are making to the Idaho Code are so the managed care insurance product will be able to measure the quality of the nursing homes, in order to pay them additional money
 - Similar to the upper limit payment
 - The nursing home will be able to provide quality outcomes for those participants that are in the Managed Care Insurance Product
 - Facility is measured on the quality measures obtained, set a standard and gradually increase the standard to improve overall quality care
- **Complex Medical Needs Statute – Tiffany Kinzler**
 - The statute change is a companion to the two waivers we have recently posted
 - The Department of Insurance and the Division of Medicaid have taken a very innovated look at how do we provide stabilization for our qualified health plans through the exchange because the rate of increase for the premium continues to go up every year
 - How do we provide some coverage, to the people in Idaho, who are the working poor under 100% of the federal poverty guidelines?
 - The companion waivers are:
 - On the Medicaid side is called the 1115 Demonstration Waiver –Have submitted an initial draft to CMS
 - It defines a new population group targeted through Medicaid – individuals, under 400% of the federal poverty guideline that who have a complex or serious medical need
 - 1332 Waiver on the Department of Insurance side
 - Idaho Medicaid will take the really sick complex people, who cost the insurance companies a lot of money, onto Medicaid
 - By moving them onto Medicaid it allows the marketplace to expand coverage, under ACA provisions, to US citizens who have earned income under 138% of the federal poverty guidelines
 - Allows US citizens to enroll on the exchange for insurance, a qualified health plan, as long as they have earned income
 - Public hearings and provider meetings are being scheduled
 - **Follow up on whether it is earned or taxable income**
 - <http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/1115%20Waiver/IdahoHealthCarePlanSummary.pdf>
 - Both Waivers posted on November 1st – With a mandatory 30-day comment period, which has been extended to 45-days due to complexity
 - Public hearings:
 - Coeur D’Alene – December 12th
 - A provider meeting the night before
 - Pocatello – December 7th
 - Tribal Engagement:
 - Meet with Nez Perce Tribes – December 12th 10-12 am
 - Meet with Coeur D’Alene Tribes – December 12th afternoon
 - Meet with Shoshone-Bannock Tribes – December 8th at 9 am

Tribal Notices

- 1915(i) HCBS Adult DD and A&D Waiver Renewals – Posted Sept 27, 2017

- The Residential Habilitation (ResHab) service rate methodology change for A&D and Adult DD HCBS Services – Posted Oct 27, 2107
- 1915(i) HCBS Renewals Second Notice – Posted Oct 27, 2017
- Tribal FQHC – Outside the Four Walls issue – Posted Oct 27, 2017
- 1915(c) A&D Waiver to reflect changes to the Medicare/Medicaid coordinated plan – Posted Oct 31, 2017
- Complex Medical Needs, Demonstration 1115 Waiver – Posted Nov 1, 2017

Rules

- School Based Services – changing the time frame required for approval or signing of plan by the physician prior to payment – 30 days to get physician signature published in the December bulletin
- Mental Health Parity – Changing rules related to benefit services in the mental health side vs the medical surgical side – neither can be more restrictive than the other
- Infant Toddler Program – Propose a new model to provide early intervention services to 0-3 year old's – changing the billing process switching the billing to Medicaid to take advantage of federal match
- KW Lawsuit – changing the assessment tool that is used to determine eligibility and level of care – changing language to state “Department Approved Tool.”
- Behavioral Care Units (BCU) – change the reimbursement methodology for BCU's to allow them to shorten the self-funded portion to deliver those services – shortens waiting period to 60 days
- KW Lawsuit – removes restriction on the exception review related to the budget for supported living services – will allow all eligible participants to take advantage of that exception review
- YES Services – (Jeff D Lawsuit) change the enhanced benefit plan to give the authority to deliver new services under the settlement agreement and to initiate the independent assessor
- KW lawsuit – remove the assessment tool language – SIB-R
- Governing contested case proceedings – change to allow for more options and consistency on how the hearings are handled across the state and have more clarity in the process so participants know the next steps
- YES Services – related to the cost sharing piece to implement a cost sharing mechanism for individuals from 185%-300% of the federal poverty level – based on family income

Tribal Managed Care - George Gutierrez

- Tribal managed care concept paper that was sent out September 29, 2017 – posted on the website
 - Gives options and descriptions of how Tribal managed care might work here in Idaho
 - The actual design is up to the Tribes
 - Have been in contact with Helo
 - Question asked about how the PMPM would work – there was a reference to doing an analysis at this point we are not anticipating putting in a risk agreement – still early in the stages
 - Next steps: to see if there is any interest and open to suggestions based on analysis of benefits

Regional Care Organization (RCO) Update - Jeff Crouch

- Very deep high level policies are occurring now - changing how we pay for health care - Fee for service – every service has a code and describes how much to be paid
 - Statewide – create 3 or 4 regions – incentives to join RCO
 - Implement a set of quality measures and cost metrics
 - Budget for regions – shared savings potential
- Just released a draft contract document and white paper
 - Program design to implementation – to get approval
- In January '18 will put out formal announcement to the market
- Sign the first contract in April to go live in January of the following year
- Primary care providers to be introduced to it in July
- Separate RCO for Tribal Health Centers – PCMH shared savings as a group
- **Send Jeff an email if you would like him to send you links to information**

- Jeff was given Laura's email address – cc'd Matt Wimmer and Lisa Hettinger – asked him to get you the white paper and convene a conference call where it could be discussed

I/T/U Pharmacy Encounter Rates – Tami Eide and Tiffany Kinzler (Medicaid) (moved ahead in agenda)

- Reference handout in packet (ITU Pharmacy Encounter Reimbursement evaluation.docx)
- CMS made some significant changes to pharmacy reimbursement
- Pharmacy to get paid on actual acquisition costs
- Idaho is very proactive – started doing this in 2011 – led the rest of the nation
 - CMS also wanted to look at all types of pharmacy payments – so they included 340B and the Tribal pharmacies in their recommendations and put into the SPAs
 - Spa was approved pretty early
- Reimbursement was not changed for Tribes
 - If 340B submit 340B for costs
 - If not, then they would use the actual acquisition costs
 - Professional dispensing fees – 3 different levels
 - Depending on the amount of prescriptions a pharmacy does - determines dispensing fee
- Option to use the encounter rate – some states use outpatient pharmacy encounter rate – based on the OMB set rate – does not include those who have other commercial insurance or are dual eligible – some states dispense the regular rate then cost reconcile at a later date
- Looked at what we are reimbursing now, the 3 pharmacies that we do have enrolled as providers, the number of claims, and what the cost is of those claims (reference table on second page of document)
 - Current OMB rate is \$391 – most of what we paid out now is well below that rate
 - Increases the total cost upfront by a fairly high percentage – increase about \$3 million a year that we pay out but the federal match is 100%
 - CMS would allow a rebate even though we paid the encounter rate
 - Issues:
 - Requires enhancements and reprogramming to our MMIS system to do the payments
 - Requires changes to our State Rule and State Plan – not until 2019 session
 - Paying upfront large amount of money before the reimbursement is paid
 - OMB rate comes out several months after the first of the year but is retrospective so claims that have gone through on the last year's OMB rate have to be re-processed
 - Cost shifting occurred - patients getting very low priced prescriptions (i.e. antihistamines) then getting the full rate but then the higher rate medications (i.e. for hepatitis C) were being sent out
 - Pros/Cons
 - It would give additional funds to the tribes
 - Federal match is 100%
 - Federal rebates can still be collected by the state
 - Initial efforts with setting up the systems
 - Performing the State Plan and State Rule changes
 - Would this encounter rate be regardless of how they are enrolled as a 340B clinic? --Could not use their 340B provider number; it would be a different option for them
 - Other states reimburse up to 4 some actually are looking into unlimited refills at the encounter rate – Is Idaho open to considering more than one reimbursement at the encounter rate because other states are doing it? – We would have to cost it out but we would consider it
 - Good for the tribes here to see the benefit from other tribes that have been doing it for a while (like Oklahoma who have seen significant revenue increases) – provide a presentation (PowerPoint available - Laura) to the tribes so they can see the benefit
 - Need an analysis by our contractors to tell us what all is entailed in changing the system to allow this to happen and happen correctly – system impact analysis

- Neutral at this point – in the Information gathering stage right now – identifying advantages/benefits
- Get the information to and from the tribes regarding the advantages instead of Medicaid/pharmacy sources
- Might be able to do a webinar with one of the Oklahoma tribes – so we can show the benefit - send the invitation to others that are interested

NOTE: Sara Freeman-Sullivan (on the phone) – has been helping with some of the policy work sending out the federal regulations and legislation – have more time and can be more available now

Outside the Four Walls – George Gutierrez

- Tribal FQHC
 - All have had the chance to read the information published by CMS
- First thing they published in February of 2016, state health official letter (SHO) providing an update on the payment policy for federal funding of services provided by Medicaid to American Indians and Alaska Natives.
 - Discussion on what payment can be, Tribal facilities, coordinated care, contracts with non-tribal providers, etc...
 - Letter was fairly broad in the language that was used
- Issued a follow-up document on January 18, 2017, titled “Frequently Asked Questions”, for federal funding received through an HIS/Tribal facility.
- After reviewing these documents there are a couple of issues that need discussed:
 - What services can and can not be provided to tribal members outside of the Tribal facilities and what rates they are reimbursed
 - What has to be done in order to provide those services with a non-Tribal provider outside the four walls of the facility and be reimbursed at a different rate that would be applicable to all the members that are served
- Four walls issue is related to the delivery of service outside the facility by a non-Tribal provider.
- Tribal clinics can enter contracts with non-Tribal providers and receive payment for those services but it would be limited to that payment that that facility would normally qualify for
 - There is an option available that allows facilities to change their designation with Medicaid to FQHC which changes reimbursement rate to the encounter rate
 - FQHC - Established contracts or coordinated care agreements with non-Tribal providers outside the four walls of the facility could be reimbursed at the encounter rate for those services typically provided within the walls.
 - There are a couple of differences on how it is billed – it affects reimbursement
 - Non-Tribal provider can deliver a service to a Tribal member and bill Medicaid directly – reimbursement is the State Plan amount they would get per their provider type – would qualify them under Care Coordination Agreement for treating a Tribal member – 100% FMAP – we pay up front then Fed reimburse states
 - Non-Tribal provider sends service information to the Tribal facility then the Tribal facility bills Medicaid – reimbursement would be set at the encounter rate. Tribal organization would then reimburse the contracted care provider at the rate established under their contract
 - Potential technical issues related to how the billing process is set up:
 - Non-Tribal provider sends all the claims for all patients they serve through a tribal facility – the tribal facility has to sort it out by Tribal vs. Non-Tribal and bill Medicaid. Non-Tribal members do not get the encounter rate, they are reimbursed at the standard rate for that provider and service.
 - Can only send those bills for Tribal members that fall under the encounter rate to the Tribal facility
 - Providers would have to maintain two separate billing records; one for Tribal members getting the encounter rate and another for non-Tribal members who are Medicaid

- beneficiaries who are reimbursed at the provider rate – 100% FMAP would not count for Non-Tribal patients
 - Tribe can provide services to non-Tribal members - have to maintain the Care Coordination Agreement - have to have a referring provider at the Tribal facility, that refers and monitors the care, incorporates results into the treatment plan, and follows-up – managing the care
- Included in packet, list of all of the Tribal facilities in Idaho and their current designation
 - Two with dual designations
- Deadline (January 18, 2018) that is referenced in FAQ document – potential unclarity with that direction – may apply only to Tribal organizations who have previously been billing outside the four walls using the incorrect facility designation – those providers would need to switch to FQHC to continue, by Jan 18, 2018.
 - Designation change clarification – George sent an email
 - Use January 18, 2018 as our date, until we get clarification from CMS.
- Started working on a potential SPA to allow this to happen in Idaho
 - Even though it is available to Tribes, they do not have to do it
 - Moving forward with preparedness that this may happen – putting system in place for Tribes changing over – available as an option for Tribes
 - Letter of intent – for those tribes interested in making the change to FQHC status due January 18, 2018 unless we get clarification on due date from CMS – **research targets for non-Tribal – prepare for the billing**
 - Collecting information on what it would take for it to be ready in our system
 - Reached out to Molina to provide an analysis on what changes would have to take place, what they would require, and how long would it take – cost
 - Working on a manual system, to make the change over in the interim – monitoring for correct payments going out and following guidelines
- **Set follow-up conference call ~30 days out – Discuss in February's meeting**
- **Send George information about Oregon's system to review – Laura Platero, have not received anything**
- Is there a set time/date that this needs to be done? – found no evidence of requirement for timing to make the shift – Letter of intent (LOI) was the only item with a timeline – use LOI as a placeholder – Medicaid can not force Tribes to do this
- Educate care provider facilities about finding out who is Tribal (self-declared) – specifically nursing homes and newborns – forms do not ask nationality – each Tribe is different – possibly put in bulletins
- Tribal affairs group – presentation about this - another FAQ letter to be coming out for FMAP and Four Walls – currently under review, awaiting approval
- Home visit support services – Community Health Nurses (RN/LPN) with orders from a physician – included in outside the four walls would be covered – follow-up care
 - **Resources available for us to read and research – send to George – none have been received at this time.**

NPAIHB Policy Updates – Laura Platero

- Quarterly Board Meeting is the week of January 15th in Portland
- IHS budget status – Congress passed the budget to be funded through December 8th, the President's budget proposed a 5.2% decrease below FY 2017 for HIS budget
 - House budget proposed 4.2% increase
 - Senate has not yet marked the budget
 - Supposed to have happened at the end of October but has not happened yet
 - Determine what the increase should be based on population growth and medical inflation rates

- Should be \$246.5 million above FY 2017 – less than half or 1/3 of what the House proposed – continue to advocate for more funding
 - Asked for \$140 million for program increases – oral health, mental health, substance abuse – increases based on analysis
 - FY 2019 and 2020 IHS Budgets
 - Recommendations are available on NIHD’s website
 - Proposed and we support HIS to be funded at \$32 billion – graph showing what would get the budget up to that amount over a 12 year period
 - FY 2020 Budget Formulation meeting is going to be in Portland on November 30th
- Current and pending policy issues
 - Submitted comments on the HHS draft strategic plan basically asking for Tribal consultation for all aspects of the plan
 - It came out and Tribes were not included – asked them to honor the government relationship
 - Did not write in IHS for most of the items
 - Supposed to be a comprehensive plan – IHS left out on various objectives
 - IHS should be held accountable to the same standards as everyone else
 - CMS policies
 - Medicare Diabetes Prevention proposal - rule came out that allows for a Medicare reimbursement of the CDC National Diabetes Prevention Program
 - Initially asked that the STPI be reimbursable and all STPI programs be grandfathered in – they have not supported that - Tribes across the country have requested this – Tribes will have the opportunity to participate in this program – do not like that is requires a 5% weight loss to continue in the program – should be other health factors considered to keep someone in the program
 - Medicaid - policy is supposedly coming out with some kind of guidance where they are open to reimbursing certain STPI activities – more flexible than Medicare
 - New Medicare card project – new cards with no SSN – instead new identifiers –public service announcement early next year – start issuing new cards early next year – issued April 2018 to 2019 – not alphabetical but by state – make sure participants Medicare/SSN address is up to date – after 18 months not able to bill under SSN
 - Four Walls (just talked about that extensively)
 - CMS New Direction for Innovation Center – related to what Idaho is doing with the SIM process (2:55:38) SIM Initiatives – CMS is asking for comments on the innovation center – coming up with a template for everyone to submit comments – specifically ask for Tribal consultation – be sure Tribes are on governing boards
 - IHS Policies – contract support policy has been in effect for a while now workgroup continues to meet to workout the details of the worksheets – listening session asking for comments VA is moving to VISTA – ask that IHS have a consultation with our area to give specific recommendation on what needs to get done – are they going to still do patches for RPMS? Or, have all of the Tribes switch to a new system? – Tribal consultation before any decision is made
 - Updating the strategic plan – first step of a 2 month process – workgroup convening with two individuals plus technical advisors – but allow others to sit in audience wherever the meetings are going to take place – 30 day comment period going into January – agency will review it and then publish it some time before the end of February
 - Legislation –
 - List of bills currently pending – tons more (share a new tool)
 - Appropriations for FY 2018 –
 - IHS has not been marked up by the Senate – tax reform higher priority
 - Secretary’s Minority Aides Initiative Fund – funding for HCV and HIV prevention and treatment – board gets about \$1 million to provide services and support to the Northwest Tribes and

national Tribes or national organizations – “We Are Native” is one of the projects covered along with other amazing projects

- Special Diabetes Program for Indians – extended to the end of the year – a bill is pending now that extends STPI into 2019 - \$150 million for 2018 and 2019 – currently pending but did pass the House
 - Children’s Health Insurance Program (CHIP) – supporting a 5 year funding extension that passed the House – there is a Senate bill that is still pending
 - Native Health and Wellness Act of 2017 – presented in September – creates a Tribal block grant that can be used for preventative health that addresses various health disparities in the Indian countries –is also a grant for Natives to get education to enter into Health professions
 - Native American Act for Suicide Prevention – amends the Public Service Act for states receiving grants for statewide suicide prevention initiatives to collaborate with Tribes – mandates that states work with Tribes on suicide issues
 - Drug Free Indian Health Service Act of 2017 – no movement on this; not sure when or if there will be
 - Restoring and Accountability in Indian Health Service Act of 2017 – received quite a bit of support in Indian country – 2 bills; 1 in the Senate, 1 in the House – addresses quality of care issues – applies to direct service programs – provides incentives for recruitment and retention of health care professionals – also can establish housing and vouching provisions – with some revision could improve overall Indian Health System in Tribal Clinics
 - Trauma and Foreign Care for Children and Families Act of 2017 – 2 bills; 1 in the Senate, 1 in the House – no movement in a while – establishes a Native American technical assistance resource center for children and families who have been victims of trauma
 - Special Diabetes Program for Indians Re-Authorization of 2017 – proposing a 7 year re-authorization of STPI – for 2018, \$150 million then after that apply medical inflation for every following year – has not seen an increase for a very long time
 - Independent Outside Audit of Indian Health Service Act – requires an independent outside audit of Indian Health Services – comes out of the Great Plains area due to quality of care issues in that area – our position is that not all areas should be subject to this – could be limited to direct service tribes - asking for more clarity
 - VA Bills - VA is looking to permanently establish a choice program called the Care Act – national network of providers reimbursed at a standardized rate – right now the Tribes have these MOU’s and VA wants to move away from that to essentially reimburse at a lower rate – would rather formalize MOU’s that exist and continue to reimburse at the encounter rate (no less than that)
- HHS Secretary’s Tribal Advisory Committee Meeting – took place in September in Cherokee Nation – last meeting with Secretary Price attending – future of the STAC is uncertain - meeting planned for January - **who was chosen for the alternative or open positions on the STAC? Laura to check on this**
 - Upcoming dates for the next meetings
 - A lot of states are moving to having work requirements for their 1115 Waiver Demonstration – opposed to that
 - Indiana and Utah both have an exemption from the work requirement – work program in place at their tribe - look into this
 - Tax Reform Bill – benefit in the House tax bill is it would make loan repair – worried about Obama Care Individual mandate amendment and the possibility of large Medicaid/Medicare cuts
 - Demonstration of the Tracker – 1115 Waiver and 1915 (c) tracking – **Laura/Sara to provide the link to the tool** – updated every 2 weeks or so – includes links to the documents and comments
 - Laura/Sara - Schedule a call to go over the deadlines and details and how to use the tool

Division of Public Health Updates – Jamie Delavan (Handout in packet)

- Adolescent Pregnancy Prevention - WISE GUYS SUBGRANT SOLICITATION - to provide adolescents with evidence-based curricula and resources to improve their sexual health - Wise Guys: Male Responsibility Curriculum© is an evidence-informed curriculum designed to engage males in the prevention of adolescent pregnancies (link in handout)
- March of Dimes – Community Grants – Idaho - fund for 2018 is approximately \$20,000 for one year – exclude Shoshone Paiute Tribes – work around Group prenatal care, Birth Spacing, and Tobacco Cessation
- Local Highway Technical Assistance Council (LHTACT) Grants - RFP's for Child Pedestrian Safety Funding (state funds) and Transportation Alternatives Program (TAP) funding to support connectivity, mobility, access, safety, and maintenance projects on roadways
- Resources:
 - Hypertension and Diabetes Prevention and Management Resource List
 - Idaho Wellness Guide - <http://wellness.idaho.gov/> - different than 211
 - Tobacco Cessation - Project Filter – Commercial Tobacco Prevention and Control – American Indian trained counselors

Medicare-Medicaid Coordinated Plan Changes – Alexandra Fernández - Medicaid

- Sheila provided most of the information regarding Statutes for Nursing Facilities. Ali is out sick today.
- Due to illness, unable to cover MMCP at this time – if there are any questions/concerns related to MMCP, email them to George
 - If Ali has more information to convey it will get sent to everybody

Optum Update – David Welsh – Medicaid

- Tiffany – YES Project with Children's Mental Health Services is the main focus with Optum – expanding their Intensive Outpatient Program (IOP) – a few clinics throughout the state that are up – for adults and children
 - First YES service that will be implemented is respite – up to this point respite has been covered by the Division of Behavioral Health so this is a change for families and providers –
 - Currently recruiting providers who are already enrolled in the Div of Behavioral Health – ready to go January 1st
 - Nothing changes for the providers from Jan 1st to Jul 1st
 - Except expectation to have better training – i.e., specific course for treating children with SED
 - Jul 1st take on a different model for children respite care – providers will be agency based
 - Skill Building outside of what we are doing for YES

Behavioral Health - Crystal Campbell (Handout in packet)

- Due to budget issues, moratoriums have been placed on new referrals for the Adult, IVDU and Adolescent populations – no new referrals at this time
- Link to quarterly newsletter provided in handout
- Recovery Month in September was amazing – have several links – received Idaho Champion of Recovery Award – want to represent what happened across the state – please provide photos to Crystal
- Idaho's Response to the Opioid Crisis (IROC)
 - Prescription drop box program – using IROC funding available now
 - Mini-grant announcement - provide Naloxone for first responders
 - ODP released First Responders Guide to Naloxone
 - Medication Assisted Treatment (MAT) services are available for individuals with Opiate Use Disorder (OUD)
 - 70 to 80 individuals in the IROC program getting this treatment right now
 - Sub-grant – with Recovery Idaho - signed and services can start – through local recovery centers – detox companions and recovery coaches to help people who are in crisis in the hospital or discharging from jail
 - IROC website is up www.iroc.dhw.idaho.gov
- YES Update – reimbursement to respite care – meeting with health boards - provided in handout

- IDAPA and Legislative Rules Proposals for this year - provided in handout
- Alternative assessment project – exempting Tribes from the GAIN assessment – try to find someone who can represent the Tribes – should make sure that Donna Honena is contacted by Alacia or Emily to follow-up – Alacia Handy’s email address was provided – student interns were involved in the initial workgroup – request someone from each Tribe to help – need to set a deadline

Medicaid Managed Care Update – Tiffany Kinzler – Medicaid

- MCNA dental contractor started on February 1st of this year seem to be going strong and continue to add dentists to their network – not closed network like previous contract – proactive with making sure the provider list on the website is accurate – if it says dentist is accepting patients it truly is – MCNA is following up on dentists taking new patients – concern about an instance where 6 dentists were given but none were available (for various reasons) – email detailed information to Tiffany – Call MCNA if there are issues with getting appointment – they will get one set – David Taylor is the contract monitor for MCNA –email address for David (David.Taylor2@dhw.idaho.gov)
- NEMT – non-emergency medical transportation – VEYO requested an early release from the contractual agreement – last day is March 5th
 - Currently working with the department of purchasing for re-procuring a contractor – under 120 days and do not have a contractor yet
 - Working quickly due to the complexity of the contract expectations – not able to report anything new but are very committed to making a smooth transition to a new contractor – can go to the #2 contractor if the option is available – not going out to RFP
 - Want the new contract to read in a way that is better suited to our needs
 - No break in service until March 5th
 - VEYO plan (Uber-like) did not fit our state. Preference is for fleet with employees
 - Some providers are willing to provide transportation – Tribes were getting reimbursed for the transport services – but there was some conflict with previous contract
 - Need to look at regulations regarding if there has to be affiliation to an agency
 - Go term by term in the contract to be sure there is clear understanding and agreement

Topics for next meeting:

- **Update on the Outside the Four Walls issue** – more research to do – Laura to look into the Oregon and Washington folks and let us know what they do – Kitty Marx (CMS)
- **Follow-up on the ITU Pharmacy issue**
- **Update on the Complex Medical Needs issue** – should be emailed to everyone along with details of the impact
- **Update on the NEMT for the Tribal members**
- **Optometry** (Medicaid provider that has the hardware) – have a single contractor – contract changes over in March – supplies should be provided to Tribal members – hard for Tribal members to leave the reservation to get the hardware
- **GAIN assessment update and follow-up/committee** – department approved comparable tool – what is the name of the assessment tool – **Ross Edmunds**

Meetings in 2018:

- February 22, 2018 – Boise



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – Director

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DIVISION OF MEDICAID
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January 29, 2018

Dear Tribal Representative:

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid State Plan Amendment (SPA) or waiver likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare (Idaho Medicaid) seeks your advice on the following matter.

Purpose

Idaho Medicaid intends to submit two (2) State Plan Amendments (SPA's) to the Centers for Medicare and Medicaid Services (CMS) to streamline the process by which children within the Idaho Medicaid program receive early intervention services provided in coordination with our IDEA Part (C) lead agency, the Idaho Infant Toddler Program (ITP).

This change will allow services provided to children with special healthcare needs (who are between 0 – 3 years old) and currently provided by the ITP, to be billed to Medicaid and will allow the State to leverage federal funds to better support those services.

Anticipated Impact on Indians/Tribal Health Programs/Urban Indian Organizations (ITU)

We anticipate the SPA's to improve access to Medicaid services for some resident members of tribes in Idaho.

The State intends to submit the SPA's to CMS on or about March 30, 2018 with a proposed effective date of July 1, 2018.

Comments, Input, and Tribal Concerns

Idaho Medicaid would appreciate any input or concerns that Tribal Representatives wish to share regarding the SPA's. In order to allow for a timely submission to CMS, Please submit any comments prior to March 15, 2018, to Cindy Brock, Alternative Care Coordinator at cindy.brock@dhw.idaho.gov.

Idaho Medicaid's development of the SPA's will be reviewed as part of the Policy Update at the next quarterly Tribal meeting, currently scheduled for February 22, 2018 in Boise, Idaho.

Sincerely,

MATT WIMMER
Administrator

MW/af

Save the Date - May 31, 2018

Oregon HPV Summit

Salem Health

890 Oak St SE, Salem, OR 97301

8:00 AM - 4:00 PM

The goal of the HPV Statewide Summit is to reduce the number of HPV-associated cancers by supporting improved vaccine uptake and HPV vaccination rates at county and state levels through education and collaboration.

Breakout session topics:

- Data
- Policies & Systems Integration
- Communication
- Health Disparities
- Collaboration



**Agenda and Registration details to follow*