



**RESOLUTION # 19-04-09
NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**



**RESOLUTION # 341-08-19
CALIFORNIA RURAL INDIAN
HEALTH BOARD**

JOINT RESOLUTION

SUPPORT FOR INCREASED FUNDING FOR THE SPECIAL BEHAVIORAL HEALTH PILOT PROGRAM AND OPTION FOR FUNDING THROUGH TITLE I AND TITLE V FUNDING AGREEMENTS

- WHEREAS,** the Northwest Portland Area Indian Health Board (NPAIHB) is a Tribal organization under P.L. 93-638 that represents 43 federally-recognized Indian Tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of American Indian/Alaska Native (AI/AN) people in the Northwest; **AND**
- WHEREAS,** the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California, is a Tribal organization under P.L. 93-638 that represents 52 federally-recognized Tribes through its membership of 16 Tribal Health Programs in California and is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California; **AND**
- WHEREAS,** the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of AI/AN people; **AND**
- WHEREAS,** the primary goal of the NPAIHB and CRIHB is to improve the health and quality of life of its member Tribes; **AND**
- WHEREAS,** as stated in treaties and other federal issuances with Indian Nations, health care is guaranteed to AI/ANs in perpetuity in exchange for the millions of acres of Indian lands that now make up the United States; **AND**
- WHEREAS,** the Indian Health Service (IHS), an agency within the Department of Health and Human Services, administers health care to 2.6 million AI/ANs residing in Tribal communities across the United States, directly, or through the Indian Self-Determination and Education Assistance Act (ISDEAA), Title I and Title V contracts, or compacts with Tribes and Tribal organizations; **AND**
- WHEREAS,** since 1997, Northwest AI/AN people have had consistently higher drug and opioid overdose mortality rates compared to non-Hispanic Whites (NHW) in the Northwest region; **AND**
- WHEREAS,** from 2006-2012, AI/AN age-adjusted death rates for drug and prescription opioid overdoses were nearly twice the rate for NHW in the region; **AND**

WHEREAS, the Center for Disease Control (CDC) National Center for Health Statistics (NCHS), reported in 2016 that California had the second highest number of total deaths due to overdose and age-adjusted death rate for drug overdose in the United States with 4,654 total deaths; **AND**

WHEREAS, AI/ANs continue to suffer some of the worst health disparities of all Americans and according to the CDC include, but are not limited to:

- Nationally, the AI/AN population has experienced the largest increases in drug and opioid-involved overdose mortality rates compared with any other racial/ethnic groups;
- Misclassification of AI/AN race is known to underestimate AI/AN mortality rates;
- Mortality rates among AI/ANs were 2.7 and 4.1 times higher than rates among NHW for total drug and opioid-related overdoses and heroin-related overdoses, respectively;
- AI/AN communities experience high rates of physical, emotional, and historical trauma and significant socioeconomic disparities, all of which may contribute to higher rates of drug use in these communities; and
- AI/AN face barriers to receiving quality medical and behavioral health care, resulting in part from longstanding underfunding of the IHS, Tribal, and urban Indian clinics, as well as stigma associated with accessing behavioral health care in some communities; **AND**

WHEREAS, according to the SAMHSA 2012 National Survey on Drug Use and Health (NSDUH),

- The rate of substance dependence or abuse among people aged 12 and up was higher among the AI/AN population (21.8%) than among other groups; and
- AI/AN individuals have the highest rate of binge alcohol use (30.2%) compared with other groups; **AND**

WHEREAS, the Consolidated Appropriations Act, 2019 (Public Law 116-6), provided a \$10 million increase to the IHS in the Alcohol and Substance Abuse Program budget line to better combat the opioid epidemic by creating the Special Behavioral Health Pilot Program (SBHPP), modeled after the Special Diabetes Program for Indians; **AND**

WHEREAS, \$10 million is not enough for Tribes to establish pilot programs, however the fully funded amount of \$150 million annually with medical inflation increases after year one is enough to establish pilot programs; **AND**

WHEREAS, while California Area Tribes and Portland Area Tribes have had successful SDPI programs, it is critical that SBHPP funding provide the option for Tribes to receive funding through ISDEAA Title I and Title V funding agreements.

THEREFORE BE IT RESOLVED that the NPAIHB and CRIHB request that Congress fund the IHS SBHPP at \$150 million in FY 2021 with medical inflation rate increases annually thereafter; **AND**

BE IT FURTHER RESOLVED that NPAIHB and CRIHB request that Tribes have the option to receive IHS SBHPP funding through ISDEAA Title I and Title V funding agreements.

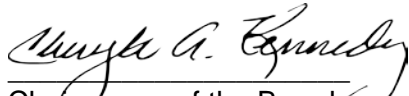
CERTIFICATION

The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Directors of NPAIHB and CRIHB (**NPAIHB** vote 26 For and 0 Against and 0 Abstain; **CRIHB** vote --- For and 0


Against and 2 Abstain) held this 18th day of July 2019, in Lincoln, CA and shall remain in full force and effect until rescinded.

**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**

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Portland, OR 97201
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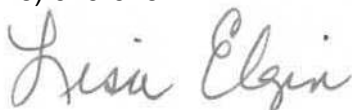
Chairperson of the Board



Attest

**CALIFORNIA RURAL
INDIAN HEALTH BOARD, INC.**

1020 Sundown Way
Roseville, CA 95661
(916) 929-9761



Chairperson of the Board



Attest