Behavioral Health
January 2020

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

Health News & Notes

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Creative Self-Expression Enriches Annual Youth Conference

Celena McCray (Navajo)
Project Coordinator - WA DOH
Parenting Teens & THRIVE

For nine years, the THRIVE project has gathered Native youth together at the annual THRIVE youth conference to learn about health promotion and disease prevention with a focus on suicide prevention and mental health. Our goal of the conference is to provide youth with protective factors (i.e., healthy coping skills, positive communication, connectedness to friends/family, connectedness to culture/spirituality, etc.) as a means to address youth suicide. This year 64 Native youth representing 14 federally-recognized tribes gathered at the Portland State University Native American Student and Community Center (NASCC) in Portland, Oregon for the 9th year of the THRIVE Youth Conference on June 24-28, 2019.

Participants positively expressed themselves through five interactive workshops that incorporated AI/AN culture, traditional learning strategies, skill-building activities, and tips on healthy decision making. Special guest and Native artist, Jared Yazzie (Navajo) from the OXDX clothing line and Tommy Ghost Dog (Burns Paiute/Oglala Lakota, WeRNative Coordinator), led a NEW workshop called *Creative Design w/OXDX*. Youth created four meaningful social marketing campaigns by creating their own logos using digital designs inspired by the environment, culture, body and mind. Native youth amplified the advocacy for: Missing and Murdered Indigenous Women (MMIW); honoring tribal elders and sharing teachings passed down to them; reclaiming tribal identity through their ancestors and; being mindful of the environment and mother earth. These social marketing campaigns also include videos which were launched in November for Native American Heritage Month. Check the videos out at: http://www.npaihb.org/thrive/#1461959216954-454d5e19-bb03.

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Find Sasquatch!

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Chair's Notes

Cheryl Kennedy
Confederated Tribes of Grand Ronde
NPAIHB Vice Chair, Acting Chair

NPAIHB is welcoming the new year with a new Executive Director and some promising initiatives. First, we are pleased to have Laura Platero who has served as our Director of Government Affairs/Health Policy for almost four years take on this role. Laura brings extensive skills and experience to the position. At the same time, we also acknowledge Joe Finkbonner who retired from NPAIHB after 18 years of service. Joe will be honored at our January quarterly board meeting for his tremendous contribution to leading the charge on improving healthcare for Indians in the Northwest and nationwide.

Behavioral Health, with a focus on the relationship between physical, mental, emotional and spiritual health, will be a strong focus of the work at NPAIHB in 2020. NPAIHB has many exciting projects it is taking on including the development of a Behavioral Health Aide training program as part of the Community Health Aide Program expansion effort in the Portland Area. NPAIHB is also developing an innovative indigenous and community-based intervention, called the 49 Days of Ceremony, to prevent or lessen the effects of intergenerational and historical trauma and adverse childhood experiences (ACES), which includes opioid misuse and other health disparities with a focus on wellness and traditional indigenous knowledge. This work has come as a direct response to conversations with leadership, listening circles and strategic work sessions in the Northwest and across Indian Country. This work is an example of how NPAIHB is using Federal opioid dollars in a way that is directed by our Tribes and works for our people.

Although Indian Country as a whole currently lacks the resources to fully address the opioid crisis, NPAIHB and our member tribes have begun to institute promising solutions under SAMHSA's Tribal Opioid Response (TOR) funds. Forty-two of our 43 Tribes have been awarded funds and most are part of NPAIHB's TOR consortium. NPAIHB staff also continue to offer opioid use disorder (OUD) trainings and telehealth sessions designed to assist tribal health teams in using evidence-based practices and effective patient centered treatment approaches for opioid use disorder, including behavioral health interventions and effective use of medications in treating OUD.

Outside of the federal funding available to tribes to address the opioid crisis, many tribes are involved in multi-district litigation to hold pharmaceutical companies accountable for the harms they have caused. The unique standing that Tribes bring to this litigation will ensure that

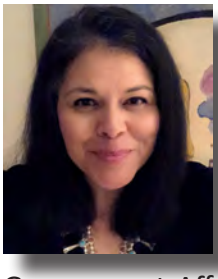
Chair's Notes

our tribes can be heard and recognized as sovereign nations, and will provide an opportunity for a remedy to heal the harms in our communities.

While opioid funding is driving much of the behavioral health work at NPAIHB, we still need comprehensive behavioral health funding that supports all substance use and mental health needs and respectfully remind you to make these asks in your advocacy. In addition, final appropriations for IHS for FY 2020 was nominal compared to our full funding request and we still need renewal of the Special Diabetes Program for Indians beyond May 2020.

These are just my thoughts as we start the year. I wish you all a happy and healthy 2020.

Cheryle A Kennedy
Acting Chair, Northwest Portland Area Indian Health Board
Chair, Confederated Tribes of Grande Ronde



The Northwest Portland Area Indian Health Board (NPAIHB) is pleased to announce the hiring of its new Executive Director, Laura Platero, a citizen of the Navajo Nation. Laura assumed the position in 2020 and comes to the Executive Director position after having served NPAIHB for nearly four years as the Director of Government Affairs and Health Policy. For 18 years, Laura's work and graduate education has centered around serving tribes and American Indian/Alaska Native people and advocating for fulfillment of trust and treaty obligations. Laura served in advocacy or leadership positions at the National Congress of American Indians, Pueblo of Laguna Development Corporation, and National Native American AIDS Prevention Center. She holds a Juris Doctor Degree from the University of New Mexico with a Certificate in Indian. Laura is poised to provide outstanding leadership to fulfill NPAIHB's mission to Northwest Tribes and we look forward to her leadership. Welcome, Laura!

Northwest Portland Area Indian Health Board Staff

Program Operations

Laura Platero, Government Affairs/Policy Director
Sarah Sullivan, Policy Analyst
Lisa Griggs, Program Ops & Exec. Assistant
Katie Johnson, EHR Intergrated Care Coordinator

Northwest Tribal Epidemiology Center

Victoria Warren-Mears, Director
Alexander Wu, CDC Epidemic Intelligence Officer (EIS), assigned to NWTEC
Amy Franco, Grants Management Specialist
Antoinette Aguirre, Cancer Prevention Coordinator
Ashley Thomas, NW NARCH Cancer Prevention and Control Project Coordinator
Birdie Wermy, EpiCenter National Evaluation Specialist
Bridget Canniff, PHIT/Injury Prevention Project Director
Candice Jimenez, MCH-Opioid/Native CARS Research Manager
Celena McCray, WA DOH Parenting Teens & THRIVE Project Coordinator
Celeste Davis, Environmantal Public Health Director
Chelsea Jensen, WEAVE-NW Project Assistant
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Clarice Charging, IRB & Immunization Projects Coordinator
Colbie Caughlan, THRIVE Project Director
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David Stephens, ECHO Project Director
Don Head, WTD Project Specialist
Dove Spector, NDTI Project Specialist
Eric Vinson, ECHO Project Manager
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Grazia Cunningham, NARCH Project Coordinator
Heidi Lovejoy, NWTEC Substance Use Epidemiologist
Jenine Dankovchik, WEAVE Evaluation Specialist
Jessica Leston, STD/HIV/HCV Clinical Service Manager
Jodi Lapidus, Native CARS Principal Investigator
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Luella Azule, PHIT/Injury Prevention Coordinator
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Megan Woodbury, Opioid Project Coordinator
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Morgan Thomas, LGBTQ 2 Spirit Outreach & Engagement Coordinator
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Nicole Smith, Biostatistician
Nora Frank-Buckner, WEAVE FS Project Manager
Paige Smith, Youth Engagement Coordinator
Roger Peterson, Text Messageing Specialist
Rosa Frutos, Cancer Project Coordinator
Ryan Sealy, WEAVE BF Project Manager
Stephanie Craig Rushing, PRT, MSPI, Project Director
Sujata Joshi, IDEA-NW Project Director
Tam Lutz, Native CARS, T2T, WEAVE Project Director
Ticey Mason, Dental Project Director
Tom Becker, NARCH Project Director
Tom Weiser, PAIHS, Medical Epidemiologist, assigned to NWTEC
Tommy Ghost Dog, Jr., weRnative Project Coordinator

NPAIHB Projects

Christina Peters, TCHP Project Director
Miranda Davis, NDTI Project Director
Pam Johnson, NDTI Project Manager
Sue Steward, CHAP Project Director
Tanya Firemoon, TCHP Project Specialist

Indian Health Update

Geoff Strommer
Hobbs, Straus, Dean & Walker, LLP.

This article provides a litigation update on the Affordable Care Act, health legislative and funding updates, Section 105(*l*) leasing developments, as well as an updates on the Department of Health and Human Services' Office of Inspector General Proposed Rule regarding the Anti-Kickback Statute and Medicaid and Medicare issues.

Affordable Care Act Litigation (Texas v. United States)

On December 18, 2019, by a 2-1 vote, a split panel of judges on the United States Court of Appeals for the Fifth Circuit concluded that the individual mandate provision in the Affordable Care Act (ACA) is unconstitutional. *Texas v. United States,* No. 19-10011. The Fifth Circuit remanded the case back to the district court to reconsider whether the entire ACA must be invalidated as a result, or if unrelated parts of the ACA remain unaffected—in other words, if they are "severable" from the individual mandate. Additionally, as discussed below, on January 3, 2020, 21 attorneys general and the U.S. House of Representatives filed petitions for writ of certiorari in the U.S. Supreme Court seeking review of the Fifth Circuit's decision.

In its decision, the Fifth Circuit held that the district court did not do enough analysis to justify that ruling, and directed the lower court to take up the severability question again. The district court previously held in its December 2018 decision that no portion of the ACA was severable and that because the individual mandate was unconstitutional, the entire law must be struck down. The Fifth Circuit also instructed the district court to consider the federal government's arguments, first raised on appeal, that although the remainder of the ACA is not severable, the relief granted should be narrowed in certain respects.

The Fifth Circuit held that the individual mandate, which requires persons to carry health insurance or pay a penalty (referred to as a shared-responsibility payment), became unconstitutional when Congress reduced the individual mandate penalty to zero as part of the Tax Cuts and Jobs Act enacted in December 2017. Based on the penalty change, the majority panel stated that the U.S. Supreme Court's justification set forth in *National Federation of Independent Businesses v. Sebelius*, 567 U.S. 519 (2012)—upholding the constitutionality of the individual mandate as a legitimate exercise of Congress's taxing power—no longer exists. Because the penalty amount is now set at zero, the court explained that the individual mandate provision no longer possesses the "central attributes" of a tax, including producing "'at least some revenue for the government.'" The court also held that "there is no other constitutional provision that justifies this exercise of congressional power."

Critically, the Fifth Circuit was not convinced by the lower court's holding that because the individual mandate was unconstitutional, the entire ACA must be invalidated as well. The Fifth Circuit remanded the case back to the district court to undertake a detailed analysis on whether the individual mandate provision is severable from the rest of the ACA, and therefore, whether other provisions in the law can survive. The Fifth Circuit noted that severability analysis is "at its most demanding in the context of sprawling (and amended) statutory schemes like the one at issue here[,]" and proceeded to reference several titles contained within the ACA, including the title relating to improving health care for Native Americans that includes the Indian Health Care Improvement Act (IHCIA), as not necessarily related to the regulation of health insurance.[1]

[1] The dissenting opinion also referenced the IHCIA as an example of an unrelated provision of law. The dissent explained that the ACA contains "countless" provisions that are either unrelated to the private insurance market or only tangentially related to health insurance at all. One example provided was the IHCIA, which is characterized as "a decades-old statute creating and maintaining the infrastructure for tribal healthcare services." As such, the dissent indicated that "given the breadth of the ACA and the importance of the problems that Congress set out to address, it is simply unfathomable to me that Congress hinged the future of the entire statute on the viability of a single, deliberately unenforceable provision."

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49 Days of Ceremony: Becoming a Human Being

Danica Brown, MSW, PhD
(Choctaw Nation of Oklahoma)
Behavioral Health Manager

NPAIHB is focusing on developing innovative AI/AN community-based intervention to prevent or mitigate the effects of early adversity as a result of intergenerational/historical trauma and adverse childhood experiences (ACES), which includes opioid misuse and other health disparities with a focus on wellness, called the *49 Days of Ceremony*. NPAIHB, ANTHC and Tribal elders Doug and Amy Modig, with funding through the CDC, are working to develop this cutting-edge community-based health initiative, centering traditional indigenous knowledge.

In considering how to alleviate the unique health risks and problems of AI/AN's it becomes necessary to look for indigenous frameworks that address all aspects of personal and community wellness. Rather than seeing each individual as a unique case and looking for isolated issues or risks. Accessing models such as the medicine wheel "re- conceptualizes societal space in an alternate holistic way to its current divisive Eurocentric formation" (Dumbrill & Green, 2008, p. 497). This holistic understanding of connectivity within a community creates the right framework for addressing the health and wellness of AI/AN communities. By integrating AI/AN practices of learning and experiential knowledge into current learning models, many aspects of wellness and understanding can be improved.

49 Days of Ceremony model

The 49 Days of Ceremony model is based on the traditional indigenous knowledge of the medicine wheel. The medicine wheel can be found in many indigenous cultures around the world, including urban AI/AN communities. It is a universal symbol, and its meaning has been defined by different cultures throughout the ages based on their location, religious beliefs, and tribal practices. The medicine wheel has been used by generations of various AI/AN communities for facilitating health, healing, wellness and balance. The 49 Days of Ceremony model embodies the four directions (Physical, Mental, Emotional and Spiritual), as well as Father Sky (spiritual representation of how we are all related to one another), Mother Earth (physical representation of how we are all related to one another), and Spirit Tree (Volition)--all of which symbolize different aspects of wellness and the cycles of life (birth through death). Movement in the medicine wheel, and in many AI/AN ceremonial traditions, is circular and typically in a clockwise, or 'sun-wise' direction.

The primary goal of this model is to awaken one's will in becoming a human being and living a full and whole life. "When adults are learning, their independent will must be involved as well. Volition can be translated in traditional indigenous knowledge thought into the concept of awakening the will.

Steiner (2019) believed that three drives stir in every human being – the drive for knowledge, the drive for development, and the drive for improvement. This relates to traditional indigenous knowledge and AI/AN people's understanding of the four foundational principles of human development, which are:

- development starts from within;
- no development without a vision;
- individual and community development go hand in hand;
- and a will to learn is activated through this process.

These four principles were first articulated by Elders who gathered in Canada in 1982 and have since been recognized by Alaska Native Elders and are being incorporated into the 49 Days of Ceremony model. We are excited for our intellectual ancestors for conceiving and sharing their knowledge with is and to work on this project with an amazing team.

Image from the 49 Days for Ceremony Work group, held at the NPAIHB office in Portland Oregon, November 19-20, 2019

Maternal Child Health - Opioid Project

Candice Jimenez, MPH (Confederated Tribes of Warm Springs)
Research Manager

In partnership with NPAIHB member tribes, the MCH-Opioid project was recently awarded a 2-year grant from the National Institute on Drug Abuse (NIDA) to fund the 'Investigating Maternal Opioid Use, Neonatal Abstinence Syndrome and Response in NW Tribal Communities,' a collaboration between the NPAIHB and Oregon Health & Science University. Notice of Award was received in late summer 2019 and our staff have been busy forming our project team including preliminary planning of outreach beginning with the January 2020 Quarterly Board Meeting. The project is a response to an urgent need articulated and prioritized by Northwest tribal communities. It is critical to engage tribes to have sustainable impact, and ultimately improve substance use related outcomes for American Indian/Alaska Native (AI/AN) mothers and children. The principles of community-based participatory research (CBPR) closely parallel the values and strengths of Northwest tribes, including the importance of consensus-building, respect for community processes, sincere equal partnership, and the ecological view of the individual as intricately linked with family and tribe – this project will be no exception.

Furthermore, this developmental study will fill the gap by taking into consideration the unique health care system that serves AI/AN communities and begin developing much-needed intervention strategies that are relevant, culturally appropriate, and responsive for Northwest tribes. The activities of the project will prove essential toward designing and launching tribe-based interventions that will have measurable impact in reducing the adverse effect opioids are having on AI/AN mothers and infants in our region.

This study's approach will include the following aims:

Aim 1: Perform an epidemiologic assessment to determine the magnitude and impact of maternal substance use during pregnancy and NAS among AI/AN in the Northwest. We will leverage ongoing and planned work in the Tribal Epidemiology Center to estimate race-corrected rates and trends of maternal substance use during pregnancy and NAS in hospital discharge data. We will also investigate opioid use and treatment in the NW as reported in Indian Health Service's national data repository. We hypothesize there will be geographic variation in maternal and infant health outcomes related to substance use and treatment. Using rigorous statistical methods, we will attempt to disentangle contributions of rurality vs. unique tribal factors.

Aim 2: Describe the environmental, social and organizational structures, processes, and policies, as well as individual behaviors that influence access to, or use of, MAT in Northwest Tribes. Led by tribal input, we will conduct health and social service mapping to characterize the policies and procedures for maternal substance use during pregnancy and post-delivery, highlight treatment options available to AI/AN mothers, and describe the health and social milieu of substance-affected newborns. We will carry out semi-structured qualitative interviews with tribal health staff and Tribal mothers to assess educational, behavioral, ecological, administrative, landscapes that may influence mothers' access or use of treatment services. We hypothesize the results of tribe-driven community mapping and interviewing will be integral to understand context and usability of results as well as an essential guide for PROCEED phases.

Following successful completion of the goals in the MCH-Opioid project, the NPAIHB and member tribes will be poised to implement and evaluate tribal interventions and policies with future funding opportunities such as a Native-focused R01 grant.

If your tribal community is interested in supporting the MCH-Opioid project, please contact Candice Jimenez

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Maternal Child Health - Opioid Project

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(Research Manager) via email cjimenez@npaihb.org or phone 503-416-3264.

Thank you from the MCH-Opioid project team –

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Celebrating our Magic: Two Spirit & LGBTQ Health

Morgan Thomas
Two Spirit & LGBTQ Outreach and Engagement Coordinator

Before colonization, concepts of gender in Native communities were diverse and accepting. Traditionally, Two Spirit and LGBTQ people were respected and valued in their communities—often expected to take on such esteemed roles as warriors, teachers, advisors, or medicine people.

Celebrating our Magic: Two Spirit & LGBTQ Health

This culture of acceptance has been dramatically altered through colonization and the assimilation process. Because of this, Two Spirit and LGBTQ people today may feel isolated, unsupported by their communities and healthcare providers. For some, this leads to depression and anxiety.

Two Spirit and LGBTQ people who are supported by their communities and able to authentically express themselves are healthy and happy. The following resources from the Northwest Portland Area Indian Health Board are designed for Two Spirit & LGBTQ relatives, their allies, and their healthcare providers, to ensure every Two Spirit and LGBTQ person has that support.

Resources include:

- *There's Heart Here* – This short documentary follows three Two Spirit and LGBTQ people as they journey toward self-acceptance and community support.
- **Text 2SLGBTQ to 97779** - Receive twice monthly messages about Two Spirit and LGBTQ art, music, events, healthcare, and policy.
- *Celebrating our Magic Toolkit* – For trans and Two Spirit youth, their relatives, and their healthcare providers.
- *See me. Stand with me*. – Pamphlets and rackcards for Two Spirit and LGBTQ people, their allies, and their healthcare providers.
- *Our Stories* – Monthly writings by and for Two Spirit and LGBTQ people.

With these resources, you can help your community support its Two Spirit and LGBTQ members, as they lead the way to reconcile the nearly eradicated ancient ways with the more contemporary LGBTQ movement.

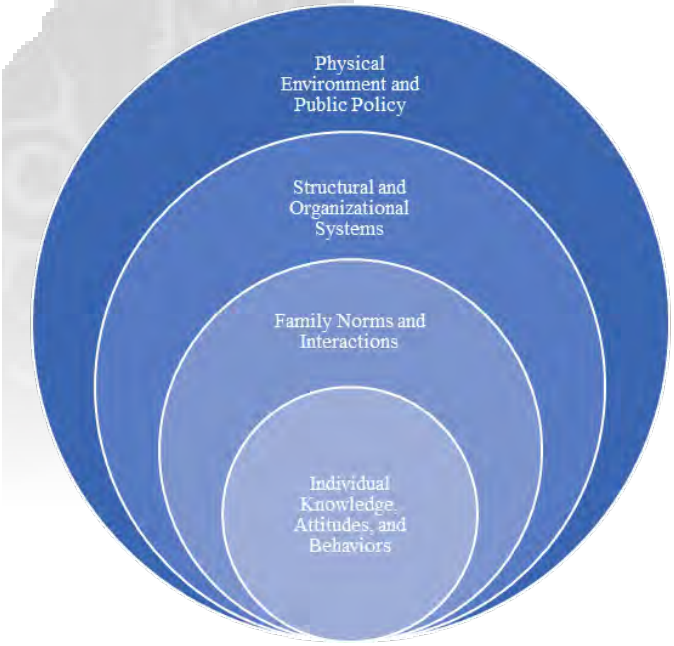
To order print copies of these resources, or if you have any questions or suggestions, contact Morgan Thomas at mthomas@npaihb.org.

An Eight-Year Evaluation of the Annual THRIVE Youth Conference

Allyson Kelley, DrPH, MPH, CHES
Allyson Kelley & Associates PLLC

What is THRIVE? Tribal Health Reaching out Involves Everyone (THRIVE) is a suicide prevention project designed to increase tribal capacity to prevent suicide and improve regional collaborations by using the Zero Suicide Model (ZS), various training and presentations, social marketing campaigns, and the annual THRIVE conference. Developed by the Northwest Portland Area Indian Health Board (NPAIHB) in 2010, one of the primary components of THRIVE is the annual THRIVE summer conference designed for Native youth between the ages of 13-19. THRIVE includes youth from all over Indian Country and helps youth learn about health with a focus on suicide prevention and mental health. Students engage in a series of week-long workshops designed to build knowledge of mental wellness, resilience, and suicide prevention. On the last day, THRIVE ends with student presentations of their work, which are designed to promote resilience and connections that will help youth as they return to their communities.

How do we measure impact? NPAIHB conducted a meta evaluation of THRIVE data from 2011 to 2019. The focus of this evaluation was to measure program outcomes and impacts from the implementation of THRIVE efforts with youth and communities. Two primary assumptions guide the THRIVE conference, one is that behavioral health interventions cannot have a lasting impact on health of a population if they do not influence the social, structural, and environmental stressors that contribute to behavior.[1] The second assumption is that suicide is a complex public health problem, and prevention interventions are most effective when they are offered in conjunction with activities at the individual, community, and policy level with quality health services.[2] The socioecological model (SEM) is useful for understanding behaviors based on interactions between an individual and their environment at the individual/intrapersonal, family/community, systems and policy level.[3] THRIVE conference activities are based on a multi-level approach to target SEM levels using culturally appropriate services, resources, and messages that meet the unique needs of AI/AN youth, Figure 1.



We used a socioecological model to explore different levels of impact and need. The SEM includes the physical environment and public policy, structural and organizational systems, family norms and interactions, individual knowledge, attitudes, and beliefs.

What was the impact? NPAIHB reached 672 youth affiliated with 51 different tribes from 14 states between 2011 and 2019. Family norms include, teach others to make art, share skills with family, help kids, use people skills, respect others, and change family and community. Youth will use knowledge gained, attitudes and beliefs to make better choices, lead people, healthy coping, prepare for college, be confident, and stay organized and goal focused.

[1] Butterfoss, F. D., Goodman, R. M., & Wandersman, A. (1996). Community coalitions for prevention and health promotion: Factors predicting satisfaction, participation, and planning. Health education quarterly, 23(1), 65-79.
[2] Kral, M. J., Wiebe, P. K., Nisbet, K., Dallas, C., Okalik, L., Enuaraq, N., & Cinotta, J. (2009). Canadian Inuit community engagement in suicide prevention. International Journal of Circumpolar Health, 68(3), 292-308.
[3] McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. Health education quarterly, 15(4), 351-377.

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An Eight-Year Evaluation of the Annual THRIVE Youth Conference

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During the 2019 THRIVE conference we asked youth to rate their knowledge of 10 topics before and after THRIVE using a 5-point scale where 1= No Knowledge and 5= A Lot of Knowledge, Table 1.

Table 1. Before and After Knowledge Scores

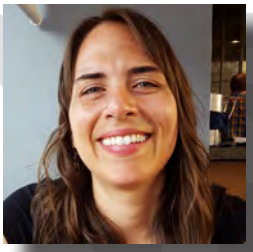
Statement	Mean Before Knowledge	Mean After Knowledge	Difference**
AI/AN Culture	3.27	3.90	+.63
Suicide risk and protective factors in tribal communities	**3.44**	**4.29**	**+.85**
How to prevent suicide	3.60	4.26	+.66
Suicide prevention resources available	3.48	4.27	+.78
How to choose healthy lifestyle choices	3.75	4.45	+.70
Healthy relationships	**3.46**	**4.47**	**+1.02**
How to build new friendships	3.47	4.31	+.84
How to manage difficult emotions like anger, stress, or grief	3.28	4.02	+.73
How to help myself, friend, or family when concerned about safety	3.46	4.12	+.66
Mental wellness	3.46	4.12	+.66

The primary strengths of THRIVE are that youth consistently rate the experience as excellent: 65% (n=342) of youth rated THRIVE overall as excellent. More than half of the youth (57% and n=298) felt that THRIVE gave them opportunities to ask questions and share ideas. Similarly, 62% (n=308) strongly agreed that THRIVE gave them opportunities to practice new skills and techniques and 74% (n=330) will use skills gained in the future. Areas for improvement relate to scheduling, extending the length of THRIVE, and using interactive presenters that know how to talk and engage with youth. Youth also felt that different activities (hands-on and outside) would improve future conference. THRIVE was implemented as planned with limited changes or challenges.

Short-term outcomes demonstrate that youth had opportunities to practice and learn new skills and share their ideas with others. Youth intend to use their knowledge and skills in the future. Medium-term outcomes resulting from THRIVE include consistent NPAIHB staff involvement, youth reporting increased confidence and knowledge about how to prevent suicide, increased knowledge of healthy coping and mental wellness strategies. Long-term impacts of THRIVE and NPAIHB include a shift policies and practices in communities around suicide prevention and mental wellness. Presenters train youth about how to respond to someone who might be thinking of completing suicide. THRIVE improved youth perceptions of self-worth, self- efficacy, and facilitated connections between youth, adults, chaperones, facilitators, and leaders about what it means to be a healthy Native youth.

Why does this matter? THRIVE supports known protective factors of building potential for academic success, self-esteem, positive relationships, self-efficacy, cultural connections, involvement with traditional activities. THRIVE changes youth perspectives, grows confidence, connects youth to culture, and helps them as they work toward their goals and dreams. One chaperone said, “The impact…it makes them feel hopeful. They see a lot of things different in their community like things they never noticed before...they recognize the good things instead of just noticing the bad.”

Tribal Opioid Response Project



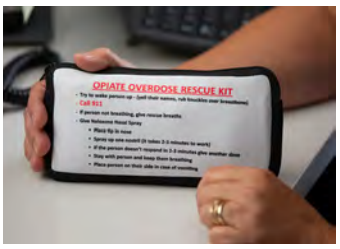
Wendee Gardner, DPT, MPH
Good Medicine Tribal Public Health Services

Opioids have had profound effects on tribal communities. Across Indian Country we have seen families torn apart, jobs lost, the spread of disease, and impacts on community members' ability to participate in their culture.

To assist tribes in addressing the opioid epidemic, NPAIHB, along with over 30 Northwest tribal communities, banded together to form the Tribal Opioid Response (TOR) Consortium.
Since its inception the TOR Consortium has worked persistently to expand tribal people's access to culturally appropriate prevention, treatment, and recovery services.

Fortunately, in our work we have seen glimmers of hope, where tribes are successfully applying lessons learned, best practices, and traditional knowledge to effectively combat the epidemic. From these promising tribal case examples flow a wellspring of actionable recommendations and several new resources for AI/AN health educators, healthcare providers, and tribal decisionmakers.

Opioid Strategic Agenda
The Opioid Strategic Agenda is designed to help tribal communities comprehensively address the opioid epidemic. Recommendations are based on advice from tribal policymakers and community members, insights from national and regional experts, as well as feedback from people living with opioid use disorder. Recommendations are practical and span a wide breadth, including 7 key actions that can result in measurable progress.



TOR Media Campaign
The TOR Media Campaign is now available to assist tribal health educators and healthcare providers disseminate important information to prevent opioid misuse, help those in recovery, and empower community members with knowledge so they can advocate for evidence-based treatments and prevention for themselves and their loved ones.

Fact Sheets and an Educational Booklet
How can you reverse an opioid overdose? What's the best way to help someone recover from opioid addiction? You can learn the answers to these questions and more through a series of fact sheets for tribal community members housed at npaihb.org/opioids.

Not only do these fact sheets offer useful information about preventing opioid addiction, they also include tips on helping those in treatment recover, as well as simple steps you can take to save the life of someone overdosing.

Also housed on npaihb.org/opioid is an educational booklet called "A Trickster Tale – Outsmarting Opioids through Education and Action." In many Tribal oral traditions Trickster is a crafty being who manipulates and cheats others. This booklet encourages readers to consider stories of Trickster and think about how opioid misuse can similarly sneak into our communities and result in opioid addiction for our people. Topics in this colorful booklet include: the history of the tribal opioid epidemic, basic information about opioids, signs someone may have an opioid use disorder, reversing an opioid overdose, seeking help for an opioid use disorder, supporting a family or friend who is addicted to opioids, and healing your community through action and education.

Visitors are invited to download these print materials at npaihb.org/opioid or order a limited supply for free by contacting Megan Woodbury, Opioid Project Coordinator at NPAIHB, at mwoodbury@npaihb.org.

Text Message Campaign
For those who learn best visually and like learning from small "jewels" of information, we developed an

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Tribal Opioid Response Project

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educational text message service. Twice a week for 2 months, those who participate in our text message service will receive videos, tips, and quizzes to broaden their knowledge about opioids. Signing up for this service is easy. Just text 'OPIOIDS' to 97779 and follow the prompts.

Videos

Stories are one of the best ways to learn new information. To assist those who appreciate this style of learning, we developed 3 videos about opioids: one for tribal community members, one for healthcare providers, and one about didgʷálič Wellness Center, a tribal treatment center that has applied community knowledge and evidence based practice to turn the tide of the epidemic at Swinomish and cut deaths by opioids in half.

Once available, these videos will be found on npaihb.org/opioid along with print materials and information about our opioid text message service.

Spread the Word

Please help spread the word about these resources through sharing materials with your family members, friends, and colleagues. Encourage those around you to sign up for our text service and stay tuned for the launch of our videos through connecting with the Northwest Portland Area Indian Health Board on Facebook or checking our website npaihb.org periodically.

Together We Are Stronger

NPAIHB is grateful to members of the TOR Consortium who offered their insights and expertise to develop these materials, as well as to the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC) for funding this work.

Get in Touch

Please let us know if we can support your community's use of these exciting new resources. For more information about the anything included in this article, please contact Megan Woodbury, Opioid Project Coordinator at NPAIHB at mwoodbury@npaihb.org or 503-228-4185.

https://www.tribalgoodmedicine.org/

Baby Teeth Matter: Tribal Oral Health Collaborative

Bonnie Bruerd, MPH, DrPH
Prevention Consultant

The Northwest Tribal Dental Support Center, in collaboration with the ARCORA Foundation, launched an initiative for Tribal Dental Programs to improve the oral health status of young Native American children 0-5 years of age, with a focus on keeping young children in their Indian Health Service/Tribal dental home for dental care and treatment. The Collaborative seeks to focus on clinic policies and processes, as well as changes in dental care services to provide a sustainable, continuous improvement-based environment for best possible oral health outcomes. The objectives are to 1) increase dental access for children 0-5 years of age with an emphasis on 0-2 year olds, and 2) increase the number of children who receive comprehensive dental care, including preventive care and minimally invasive dentistry at their tribal dental clinic.

This has proven to be a highly successful collaborative. Twenty of the 36 IHS/tribal dental programs in Oregon, Washington, and Idaho have participated in Baby Teeth Matter. Dental access for 0-5-year olds increased among all participating dental programs and nearly doubled overall. Almost all participating clinics (92%) had a referral rate less than 10 percent one year after participation in the program. This is accomplished through continuing dental education for dental providers on topics of minimally-invasive dentistry, child behavior management, and motivational interviewing and goal setting with the families of young children.

Behavioral health changes are a critical component of oral health. We like to remind families that it is what they do at home that prevents dental diseases. For young children, that includes brushing daily with fluoride toothpaste and limiting the number of daily exposures to sweet foods and drinks. For more information, contact: Ticey Mason - tmason@npaihb.org

We R Native: Designing and evaluating innovative strategies to promote mental health among teens and young adults

Despite the immense cultural resilience of Native youth, many are disproportionally impacted by stress, anxiety, depression and suicide. To better support Native teens and young adults, the Northwest Portland Area Indian Health Board (NPAIHB) built ***We R Native*** – a holistic, multimedia health resource that reaches over 5,000 viewers per day across its messaging platforms (including a website www.weRnative.org, social media channels, and a text messaging service).

While mHealth interventions (delivered via text messaging and social media) have been used to improve help seeking behavior and health outcomes for a variety of topics,3 it was not known to what extent technology-based interventions, like We R Native, could promote mental health among adolescent users. In March 2019, the NPAIHB received funding from the University of Wisconsin-Madison's Social Media and Adolescent Health Research Team, to support this research agenda: Technology and Adolescent Mental Wellness. In collaboration with the ***mHealth Impact Lab*** at the Colorado School of Public Health, our team has been carrying out systematic research to determine the extent to which We R Native's messages foster mental health and resilience, generate coping skills and help-seeking self-efficacy, and promote healthy social norms – all protective factors against suicide and substance abuse.

The first phase of our project involved taking a deep-dive into our Google Analytics and conducting interviews with website users to better understand the impact and utilization of We R Native's current mental health messages. Here is a summary of our findings:

Top Mental Health pages viewed on We R Native
In 2019, our mental health pages on www.weRnative.org received 2.8K pageviews, up 17% from the year before. On average, users viewed 4 pages per session and visited the site for over 7 minutes (far longer than when visiting other sections of the website). The most viewed pages focused on wellness and healing, tips for becoming resilient, ways to improve your mood, and spiritual wellbeing.

Preferred Messaging Channels
We conducted a pre-survey with AI/AN teens and young adults interested in being interviewed about their experience using We R Native's communication channels. Users ranked the channels they'd prefer to get messages on, ranking text messaging and Instagram most favorably.

Quality, Trust and Impact of We R Native's Mental Health Messages:
Interview participants shared numerous ways We R Native's messages had improved their own mental health, cultural connectedness, sense of self-worth, and access to health resources – both for themselves and their loved ones: "I used to believe that mental illness was something to be ashamed about and the way that people look at it on the website – they look at it as a story, and that story can help so many other people – knowing that they're not alone, knowing that there are other people to talk to."

Priority Mental Health Concerns
When asked to reflect on their own mental health concerns, teens 15-17 years-old identified stress, depression, and anxiety. The young adults 18-24 years-old discussed suicide prevention, depression, and unhealthy relationships. Overall, grief and depression were the most common mental health topics discussed by participants, followed by stress and mental wellness skills (e.g. coping mechanisms).

The second phase of the project is now underway. Between September and December 2019, we enrolled over 1,000 AI/AN teens and young adults nationwide (15-24 years old) to participate in a study that will rigorously evaluate whether We R Native's messages improve youth's norms, intentions, self-efficacy and

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We R Native

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behaviors related to mental health, resilience, and cultural pride. To join, youth texted the keyword BRAVE to 97779.

Youth who enrolled in the study were randomized to receive either:

- 8 weeks of BRAVE text messages + role model videos designed to improve mental health, help-seeking skills, and promote cultural pride and resilience, or
- 8 weeks of STEM text messages + role model videos designed to elevate and re-affirm Native voices in science, technology, engineering, math and medicine.

When complete, the two groups will switch study arms and participants will receive the other set of messages. Data collection (4 sets of pre- and post-surveys) will wrap-up in August 2020.

By fulfilling these two aims, the Northwest Portland Area Indian Health Board is improving the relevance, efficacy, and utilization of mental health resources delivered through We R Native' messaging channels and is designing new tools to monitor and evaluate the impact of mHealth interventions in Indian Country.

NPAIHB Tribal Youth Delegates

The NPAIHB Tribal Youth Delegate Program is a year-long initiative for young Native American leaders working toward health equity in their communities. The Program connects emerging Native leaders from Idaho, Oregon and Washington to people, institutions, and other resources that can amplify Youth Delegate's voices within broader movements. The Program is funded by the Administration for Native American's I-LEAD grant. Tribal Youth Delegates will convene at summer and winter Quarterly Board Meetings and virtually, to learn from tribal and non-tribal organizations and leaders in the health sector. The 2019-2020 class of NPAIHB Tribal Youth Delegates will be meeting, attending, and presenting at Winter QBM 2020. To learn more about their work efforts, click http://www.npaihb.org/youth-delegate/

Second Year Delegate

Nakota Brown (Quinault). I am 15 years old and going to be entering into the 10th grade at Hoquiam High School. I became involved with NPAIHB Youth Delegates to gain knowledge and experience in the issues that plague our many Nations today. I believe mental health and physical fitness are important factors in our overall well-being. I want to help youth see that going to counseling or seeking help when they need it is healthy and normal. I am very thankful to NPAIHB for this opportunity to work within a group that is like-minded and while I am young within this group, I am learning a lot from my fellow delegates and our mentors.

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NPAIHB Tribal Youth Delegates

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Jeidah DeZurney (Siletz). I am currently going to be a junior at Willamette University where I am Vice President of the Native Indigenous Student Union. I am studying Anthropology and minoring in Environmental science. I am serving as a 2019-2020 earth ambassador for the United National Indian Tribal Youth conference. I originally applied to be able to learn more about health policies, what it takes to make them, and bring the knowledge back to my community. I recently interned at NPAIHB, an opportunity brought to me because of the delegate program. We have already accomplished so much, but there is still so much we can do.

Adilia Hart (Umatilla). She currently attends Nixyaawii Community School, a tribal charter school in Pendleton, Oregon. She would like to collaborate to share her voice on health programs and policies, and learn more about health and wellness careers.

Cheydon Herkshan (Warm Springs). I am 17 years old and am in my senior year at Bridges High School in Madras, OR. I participate in many community activities and try my best to do services that will help better my communities. After I graduate, I plan to travel and then attend college.

William Lucero (Lummi). I am 22 years of age and a recent graduate from Eastern Washington University with a bachelor's in criminal justice with a minor in American Indian Studies. I applied for the Tribal Youth Delegate Program because health has always been a focus point of mine. For 11 years, I had been actively involved with tobacco prevention through Lummi Nation's Teens Against Tobacco Use youth group. Heath is more than mental and physical, it's also, emotional and spiritual. In addition, health is impacted in different ways and possessing a degree in Criminal Justice brings perspective for a wide range of conversation.

Maiya Martinez (Spokane). I am currently enrolled as a Freshman at Saint Martins University in Lacey, WA. I decided to reapply to be a Tribal Youth Delegate because I want to learn more about what goes into building the structure of Indian health. I also wanted to continue pushing my comfort zone with my fellow delegates to grow confidence and become more prepared for my future and to serve others.

Sadie Olsen (Lummi). Sadie is 17 years old and enrolled at Northwest Indian College as a running start student through Ferndale High School on a pathway to achieving a Bachelor's degree in Indigenous Environmental Science. She hopes she can share her knowledge with her own local, tribal communities to be a healing factor in the cycle of historical trauma within aboriginal communities. She also has a life goal of bridging the gap between Western and Indigenous knowledge and social structure, as well as the boundaries of countries because spirit knows no borders.

Lindsey Pasena Little Sky (Pueblo of San Felipe – Umatilla Representative). I am 15 years old and a sophomore at Pendleton High School. I currently serve as the Vice Chair for the Confederated Tribes of the Umatilla Indian Reservation Youth Council. I have served among my peers for three years on the Youth Council. I have learned many leadership qualities such as teamwork, patience, and public speaking. My future goal is to continue to advocate for our tribal communities on a variety of critical issues vital to our survival. I also plan to

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NPAIHB Tribal Youth Delegates

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prepare for college in the area of law, climate change, and health.

Josiah Spino (Warm Springs). I am 16 years old and an early graduate of Madras High School. I come from a long line of Hunters, Fishers, Gatherers and Weavers. I grew up in a very traditional and outsider lifestyle which taught me how to walk both in the native and white man's world. During my free time I like to participate in rodeos. I compete in Professional Wild Horse Racing and is always willing to give a helping hand to my family when it comes to ranching needs.

First Year Delegate

Thea George-Garcia (Colville). I am 20 years old and a senior at Eastern Washington University, majoring in Interdisciplinary Studies with an emphasis on Health Services Administration, Sociology, and American Indian Studies. At EWU, I am invovled with the Native American Student Association. This past summer, I did an internship with my tribe, where I got to engage with our elders. I applied to be a Tribal Youth Delegate because I am interested in learning more about Indian Health services, health policies, and strengthening my communities.

Isabelle Grout (Grand Ronde). I am 16 years old and a Junior at Willamina High School. I currently serve as Senior Miss Grand Ronde and on our Youth Council as Chairwoman. My future plans are to become a Pediatric ICU Nurse, this is one of the biggest reasons I applied to become a NPAIHB Youth Delegate. Some issues that are close to my heart are helping teens like myself to cope with Anxiety/Depression. Helping others love and accept each other whether they are LGBTQ+, in recovery, struggling with mental illness or just need a friend is one of my main focus's in life. I hope that serving on this Delegation will help me broaden my skills to help others wherever my adventures lead me.

Miranda Matt (Colville). I am 19 years old. During my time serving as a youth delegate, I'd like to learn how the Heath policies work for our native people while also wanting to bring some positive changes back to my community. I'm grateful for this opportunity to connect with other tribal youth & leaders to see what we as youth delegates can bring to the NPAIHB.

Savanna Rilatos (Siletz). I am 21 years old, currently attend Brown University in Providence, Rhode Island, and will graduate in 2020 with degrees in Political Science and Ethnic Studies with a focus in Native/ Indigenous Studies. I'm applying to the 5th year Masters or Art (MAT) in teaching for the fall of 2020, and then want to go on to law school to eventually pursue a career in law and policy. I currently serve as Miss Siletz, a 2019 UNITY Peer Guide, and was selected as a member of UNITY's 2018 cohort of 25 under 25.

Isis Sanchey (Yakama). I am 17 years old, a senior at White Swan High School while also attending Heritage University studying nursing. I have participated in the Pacific Northwest University's Roots-to-Wings medical program for six years and am currently in my second summer as a youth intern at the medical university.

Creative Self-Expression Enriches Annual Youth Conference

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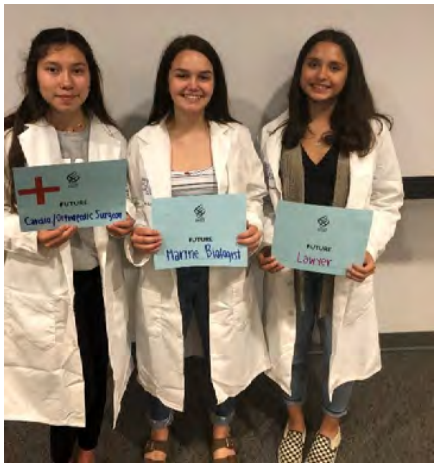
Another NEW workshop included *Storytelling in Graphic Novels (culture as prevention)* lead by Dr. Danica Brown (Choctaw Nation of Oklahoma, *Behavioral Health Program Manager*) and Corey Begay (Navajo, *We R Native Media Specialist*). Youth developed a graphic novel using indigenous storytelling, the Trickster story to discuss and learn the impact of substance use disorders in Native communities. Each story represented oral teachings from their respective communities passed from generation to generation.



The science and health track with Oregon Health & Science University (OHSU) was guided by Susan Shugerman, Jordan Carlman and Dove Spector (Nez Perce, NDTI Project Specialist). This workshop exposed youth to different health and science fields throughout the OHSU campus and provided a connection for youth who are interested in health professions and becoming future healers. Youth expressed interest in the respective fields of pharmacy, dentistry, medicine, ophthalmology, pediatrics, nursing, research, chemistry, therapy, nutrition, psychiatry, and public health.

The Traditional Foods Workshop (culture & nutrition) facilitated by Nora Frank-Buckner (Nez Perce/Klamath, *WEAVE-NW Project Manager*) and Tana Atchley-Culbertson (Modoc/Paiute/Karuk), partnered with Friends of Tryon Creek with Oregon State Parks. Youth prepared a healthy snack using traditional foods, hiked through an urban forest making connections with indigenous plants, and participated in a service learning project to remove invasive species and protect biodiversity and water quality.

Our most popular workshop, the Beats, Lyrics, Leaders (BLL) music track led by recording artist J Ross Parrelli and a team of talented mentors, guided youth to share their powerful voices and stories. Each participant created their own musical lyrics, beats and rhythms, engaged in public speaking, and collaborated in developing an electrifying music video called "So Native." This unified video is very powerful in sharing cultural pride and resiliency. You can find the songs and music video on the THRIVE webpage.

The annual Cultural Night included special guests Dyami Thomas (Klamath/Ojibwe) and Rebecca Kirk (Klamath/Ojibwe) who served as master of ceremonies and shared songs and creative entertainment. Highlights from the cultural sharing night included a suicide prevention public service announcement (PSA) developed by students, round dance songs, live screen printing for all participants with OXDX, and live painting with Corey Begay and a youth participant who raffled their artwork on the last day of the conference.

Guest Speakers throughout the week included StrongHearts Native Hotline, Mallory Black (Navajo) who led an

Creative Self-Expression Enriches Annual Youth Conference

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interactive session on healthy relationships and the connection with cultures and traditions. Jared Yazzie, OXDX, shared his journey on becoming a native artist and using his work to bring awareness to indigenous issues. Dyami Thomas & Rebecca Kirk provided hopeful messages for Native youth on being proud of their identity and helpful tips for dealing with depression. N7 Youth Movement's Jesse Schwarz & Tyler Hogan provided youth with an inspiring activity in brainstorming ideas on creating stronger communities and ways to apply for the N7 youth movement grant. Dove Spector from We Are Healers encourage Native youth to keep ahold of their vision in becoming health professionals and shared personal stories from other Native health professionals.

Last but not least, THRIVE also incorporated chaperone workshops that provided chaperones with culturally-appropriate programs and resources, interactive activities for those working with Native youth, and opportunities to collaborate to promote adolescent health. Workshops included a Question Persuade Refer (QPR) Training, Youth Engagement Session, Healthy Native Youth Brainstorming Session, NW Native Adolescent Health Alliance meeting, and the Northwest Tribal Juvenile Justice Alliance to learn and understand the needs of AI/AN youth involved in the juvenile justice system. Meeting minutes and resources can be found here: http://www.npaihb.org/thrive/#1450666045349-b7192b03-b3ae.

In addition to the links to workshop products above, you can view all the final products from the workshops at: http://www.npaihb.org/thrive/#1461959216954-454d5e19-bb03.

THRIVE staff would like to say 'thank you' to PSU NASCC and their staff for hosting the 9th Annual Conference. Thank you also to all the partners, facilitators, presenters, volunteers, staff, and chaperones who took the time to invest in these talented youth!

We are very excited and looking forward to our 10th year of the THRIVE conference! Please save-the-date for the 10th Annual THRIVE conference on June 22-26, 2020 at the PSU NASCC in Portland, OR. Additional information can be found on our NPAIHB THRIVE page at www.npaihb.org/thrive.

** Funding for this conference was made possible (in part) by grant number SM61780 from SAMHSA and the Methamphetamine & Suicide Prevention Initiative (MSPI) grant awarded by the Indian Health Service (IHS). The views expressed in written conference materials or publication and by speakers and moderators do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS; nor does it mention trade names, commercial 36 practices, or organizations imply endorsement by the U.S. Government*

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In addition, the Fifth Circuit instructed the district court to consider in the first instance the federal government's new argument that, while the entire ACA is now invalid, the "relief in this case should be tailored to enjoin enforcement of the ACA in only the plaintiff states—and not just that, but that the declaratory judgment should only reach ACA provisions that injure the plaintiffs." As noted by the Fifth Circuit in a footnote to its opinion, the federal defendants have not specified which provisions they believe "injure the plaintiffs" and which do not, and it is unclear how the federal defendants believe a narrowed relief could work in practice.

On January 3, 2020, attorneys general for 20 States and the District of Columbia along with the U.S. House of Representatives filed petitions for writ of certiorari in the U.S. Supreme Court seeking review of the Fifth Circuit's decision in *Texas v. United States*. Motions for expedited consideration of the petitions were also filed requesting that the Supreme Court hear the case during the current 2019-2020 term. The cases are *California v. Texas*, 19-840, and *U.S. House of Representatives v. Texas,* 19-841.

The petitions for review filed by the state attorneys general and House of Representatives contend that immediate Supreme Court review of the case is necessary to remove the uncertainty hanging over the nation's health care system, and remanding the case back to the district court to conduct a severability analysis would take a considerable amount of time to resolve. Specifically, the attorneys general petition asserts that the "actions of the lower courts have cast doubt on hundreds of other statutory provisions that together regulate a substantial portion of the nation's economy." The attorneys general further note that "States, health insurers, and millions of Americans rely on those provisions when making important—indeed, life-changing—decisions" and the "remand proceedings contemplated by the panel majority would only prolong and exacerbate the uncertainty already caused by this litigation."

The House of Representatives' petition explains that the Fifth Circuit created an "intolerable situation by abdicating its responsibility to decide the severability issue that was properly before it." The House further asserts that "[u]nless this Court steps in now, the Fifth Circuit's refusal to deal forthrightly with the severability question will produce years of protracted, unnecessary litigation in the lower courts."

In effect, there are three paths forward for the case. The Supreme Court could: (1) reject review and allow the district court to move forward with the severability analysis as directed by the Fifth Circuit; (2) grant the requested expedited review of the case, which would allow the Court to make a ruling in the case during the current term and before the 2020 presidential election; or (3) grant review on its typical schedule, which would likely mean that oral argument and briefing would come sometime in the Court's next term that begins in the fall.

Granting certiorari in a case requires the vote of four of the nine justices, while granting expedited review requires the vote of five justices. It is not clear if the Supreme Court will grant expedited review of the case due to the large number of cases on the current docket involving major issues, including abortion, immigration, and LGBT rights.

FY 2020 Indian Health Service Appropriations Enacted

After nearly three months into fiscal year 2020 during which time the Indian Health Service (IHS) and other federal agencies were funded via Continuing Resolutions at fiscal year (FY) 2019 funding levels, Congress approved and the President signed two measures that funded all twelve appropriations bills through FY 2020 (September 30, 2020). The IHS funding is included in H.R. 1865 which was signed on December 20, 2019, as Public Law 116-94 and entitled "Further Consolidated Appropriations Act, 2020". It incorporates eight appropriations bills including Interior and Related Agencies and Labor-Health and Human Services- Education.

The total funding for IHS is $6.04 billion, a 4 percent

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increase above the FY 2019 enacted level.

The Manager's Explanatory Statement serves as the conference report for the final bill. It provides that unless the Statement says otherwise, the House and Senate Appropriations Committee reports stand. The House bill and report are H.R. 3052 and H. Rept. 116-100. The Senate bill and report are S. 2580 and S. Rept. 116-123.

Rejection of Proposed Cuts. Congress rejected the Administration's proposals for reductions to Community Health Representatives, Indian Health Professions, supplemental funding for village clinics, facilities construction, and for elimination of funding for Health Education and Tribal Management programs.

Partial Funding of Proposed Increases. Congress did not fully fund the Administration's request for modernization of electronic health records, providing $8 million rather than the $25 million requested and $5 million to expand the Community Health Aide Program (CHAP) to the lower 48-states, rather than the $20 million requested.

The proposed increase of $25 million as part of the Administration's HIV/Hepatitis C initiative was not approved.

Other key items include:

- Two Year Funding –The Act continues the IHS Services account bill language from FY 2019 that funds can be used within two fiscal years instead of one year—under the Act, funds will remain available until September 30, 2021.
- Contract Support Costs (CSC) – The Act continues IHS funding at "such sums as may be necessary," which is estimated at $820 million. See below for more discussion on CSC developments.
- Urban Indian Health – Funded at $57.7 million, a $6.4 million increase.
- Indian Health Professions – Funded at $65.3 million, a $7.9 million increase.
- Level-Funded Programs – Among the programs whose funding was not increased over FY 2019 are Purchased/Referred Care and the Alcohol and Substance Abuse program (continues $10 million for the Opioid Behavioral Health pilot project).

Advance Appropriations Initiative

The most recent development on the effort to provide IHS funding on an advance appropriations basis is the enactment of FY 2020 IHS appropriations. That then put into play the House Appropriations Committee Report language directing the IHS to report on what changes would be needed to develop and manage an advance appropriations for the IHS and to report back within 180 days of enactment. The Senate Report did not address advance appropriations, although Interior Appropriations Subcommittee Chairman Lisa Murkowski (R-AK) and Ranking Member Tom Udall (D-NM) each introduced legislation which would authorize advance appropriations for the IHS.

In 2019, four bills were introduced that would provide advance funding for IHS, and in some instances, Bureau of Indian Affairs/Education – these bills will carry over into 2020, the second session of the 116th Congress. These bills are H.R. 1135 (Rep. Don Young, R-AK), H.R. 1128 (Rep. Betty McCollum, D-MN), S. 229 (Sen. Udall), and S. 2541 (Sen. Murkowski). Also in 2019 there was a House Natural Resources Subcommittee hearing on IHS/Bureau of Indian Affairs (BIA) advance appropriations and the issue came up frequently during hearings on Interior and Related Agencies appropriations.

Special Diabetes Program for Indians Extended Through May 22, 2020

Besides including discretionary funding for federal agencies the Further Consolidated Appropriations Act, 2020 extends authorizations for several mandatory-funded health programs through May 22, 2020, including the Special Diabetes Program for Indians (SDPI) and the Community Health Clinic program. This timeframe is designed to encourage enactment of longer-term authorizations before the May 22

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deadline.

Tribes and tribal organizations have been advocating for a long-term or permanent reauthorization of SDPI at a $200 million annual level. Rep. O'Halleran (D-AZ) introduced H.R. 2680 which would reauthorize SDPI for five years at $200 million annually. However, legislation approved by the Senate Health, Education, Labor and Pensions Committee and the House Energy and Commerce Committee would reauthorize SDPI at its current funding level of $150 million. Advocacy will continue for enactment of legislation to increase funding and the authorization time line for SDPI.

Section 105(l) Leasing

In 2014 and 2016, the landmark *Maniilaq* cases established that section 105(l) of the Indian Self-Determination and Education Assistance Act (ISDEAA) required IHS to enter into—and fully fund—leases for facilities controlled by tribal providers and used to carry out ISDEAA agreements.[2] That ruling opened the door for tribes and tribal health organizations to seek full compensation for the operation and maintenance of their clinics.

Beginning in FY 2017, IHS has funded 105(l) leases from a supplemental appropriation for tribal clinics. Although this appropriation has rapidly grown, it has not kept pace with the booming popularity of 105(l) leasing. Because full lease compensation is a legal mandate, as established by the *Maniilaq* cases, IHS must reprogram funds if the supplemental tribal clinics appropriation comes up short. In FY 2018, IHS initially allocated $5 million for these leases, but ended up having to reprogram an additional $25 million of its medical inflation funding to cover 105(l) lease compensation, denying tribes needed program increases to keep pace with the cost of living. In FY 2019, Congress boosted the tribal clinics appropriation to $36 million, of which IHS allocated $30 million for 105(l) leases. (IHS used $6 million for increases to the Village Built Clinics program in Alaska.) But this figure fell well short of the $101,600,000 needed for the year,[3] and IHS again had to reprogram from elsewhere in its budget.

In FY 2020, Congress provided $125 million—a whopping $89 million increase over the prior year—reflecting the growing importance, and cost, of these leases. In the reports accompanying the appropriations bills, Congress expressed concern over the escalating lease costs and directed IHS to explore long-term solutions. In the Manager's Explanatory Statement (essentially a conference report), the appropriations committees explained that the Maniilaq decisions "appear to create an entitlement to compensation for 105(*l*) leases" that is typically funded through mandatory rather than discretionary appropriations. The committees directed IHS (and the Department of the Interior, to which 105(*l*) also applies) to consult with Tribes and work with the Office of Management and Budget and House and Senate committees to formulate long-term strategies, including "whether, in light of the Maniilaq decisions, these funds should be reclassified as an appropriated entitlement." Another possible solution that Tribes have advocated, and that the House raised in its earlier report on the FY 2020 Interior and Related Agencies Appropriations Act bill, would be to fund 105(*l*) lease compensation with a separate, indefinite appropriation like contract support costs.

Indian Safe Harbors to the Anti-Kickback Statute

The Anti-Kickback Statute (AKS) is intended to reduce fraud by prohibiting the exchange of anything of value for referrals for services paid in full or in part

[2] *Maniilaq Ass'n v. Burwell*, 72 F. Supp. 3d 227 (D.D.C. 2014); *Maniilaq Ass'n v. Burwell*, 170 F. Supp. 3d 243 (D.D.C. 2016). Section 105(*l*) is codified at 25 U.S.C. § 5324(*l*).

[3] This figure comes from an IHS presentation on 105(*l*) leasing to the United South and Eastern Tribes on November 5, 2019.

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by a federal healthcare program. The AKS prevents healthcare providers from entering into arrangements whereby one provider gives another provider payment or some other incentive to bill federal health care programs. It is written quite broadly, and as a result the Department of Health and Human Services (HHS) Office of Inspector General (OIG) has created a number of safe harbors from the rule. If an arrangement falls within a safe harbor, it is permissible.

None of the existing safe harbors are designed for Indian health care programs. Since 2012, the Tribal Technical Advisory Group (TTAG) to the Centers for Medicare and Medicaid Services (CMS) has advocated for the creation of a tribal safe harbor and offered draft regulatory language fashioned after the existing safe harbor for Federally Qualified Health Centers. The OIG has not taken the TTAG up on its proposal, however. Instead, late last year, the OIG issued a proposed regulation that contain new safe harbors. However the new safe harbors will not work for Indian health care providers either. The TTAG provided comments on the rule, which were due on December 31, 2019. The TTAG hopes to be able to meet with OIG in the coming year to discuss the Indian-specific safe harbor.

Medicaid/Medicare Issues

Medicaid Managed Care Issues

The Medicare, Medicaid and Health Reform Policy Committee (MMPC) and TTAG are working on two sets of managed care issues: (1) issues involving non-Indian Medicaid managed care plans not paying Indian health care providers; and (2) developing best practices for Indian Managed Care entities.

Non-Indian Managed Care Issues

For many years, Indian health programs have had issues with Medicaid managed care plans because many do not promptly pay Indian health programs at the correct rate. The TTAG now has a managed care subcommittee dedicated to working through these issues. CMS leadership has also committed to looking at whether it can develop guidance or best practices for States to use in ensuring that managed care plans comply with the American Recovery and Reinvestment Act of 2009 (ARRA) requirements, which are spelled out in the Indian provisions of the Medicaid Managed Care rule, 25 C.F.R. § 438.14.

At the most recent TTAG meeting, Calder Lynch, the Deputy Administrator and Director of the Centers for Medicare and CHIP Services, recommitted to working on these issues and ensuring managed care plans comply with the requirements of the law, and CMS Division of Tribal Affairs is working to organize a managed care symposium this year. The symposium will involve TTAG members and managed care organizations. To prepare for the meeting, the TTAG is working to create a set of best practices for managed care plans to ensure they are complying with the ARRA provisions. One proposal under consideration would be to require managed care plans to treat all Indian health care providers as in-network providers (whether they are in-network or not) in their billing systems. That way, when a claim comes in, the plans' internal systems would recognize the Indian health care provider claim as one that should be paid.

Indian Managed Care Committee

The MMPC has created an Indian managed care subcommittee that has been tasked with developing best practices for Indian tribes and tribal organization to use in developing their own Indian managed care entities. Indian managed care entities were specifically authorized in Section 5006 of ARRA. Section 5006 states that tribes and tribal organizations can restrict enrollment in an Indian managed care entity to IHS eligible individuals, and defines Indian managed care entity as a managed care entity that is controlled by the IHS, a tribe or tribal organization, an Urban Indian Organization, or a consortium of those entities.

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Indian Health Update

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The MMPC Indian managed care subcommittee is working on a white paper analyzing the pros and cons of using the different types of managed care entities authorized under existing law in CMS's managed care rules at 42 C.F.R. Part 438. The goal of the committee is to develop a set of tools tribes and tribal organizations can use in creating their own Indian managed care entities.

Medicare Part C - Payment by Medicare Advantage Plans at OMB Rate

The TTAG is also working to ensure Medicare Part C plans pay Indian health care providers adequately, and stop engaging in predatory recruiting tactics in Indian country. TTAG representatives met with representatives from CMS Medicare Part C, and the results were encouraging. CMS staff said they believe that Medicare Advantage plans are legally required to reimburse Indian health care providers, but had not yet determine what rates they must pay. The TTAG is preparing a memo outlining its thoughts on what the rate should be and the legal basis for that rate.

Full Reimbursement of Medicare Payments

The TTAG ACA policy subcommittee and the IHS are working to request that Medicare stop deducting the 20 percent Medicare patient co-pay responsibility. The IHS Office of Information and Regulatory Affairs (OIRA) is collecting data from IHS facilities across the country to show how much IHS is losing by not getting complete payments from Medicare. The MMPC is working to cooperate with IHS on this issue.

Medicare Part D Reimbursement

Tribal facilities across the country are getting hit with steep discounts in their reimbursements from pharmacy benefit managers (PBMs) based on tribes' ability to access drugs at discount rates under programs like the 340B program and due to Part D Direct and Indirect Remuneration (DIR) fees. PBMs are asking tribal facilities if they are accessing discounted pharmaceuticals, such as under the 340B program, and then discounting reimbursements based on the amount of the discount. PBMs are also reducing payments instead of passing along bonuses when they receive DIR fees. These efforts effectively take these benefits away from tribes and keeps them for the PBMs. CMS is looking into the issue and whether existing authorities can be used to put a stop to this practice.

Sponsorship of Part B Plans

The TTAG has raised the issue of being able to sponsor and directly pay for Part B premiums for their members directly with CMS leadership. Currently, tribes are able to reimburse individuals for the cost of Part B premiums, but the individuals themselves first have to pay the premiums. Tribes would like to be able to simply pay Medicare the cost of the premiums for all the individuals they are sponsoring in one lump sum payment. States can do this, and the TTAG believes tribes should be able to do so as well.

Equitable Relief from Part B Penalties

The TTAG also raised the issue of getting equitable relief from Part B penalties for American Indians and Alaska Natives (AI/ANs) who enroll in Part B with CMS. Part B imposes penalties for individuals who delay enrollment once they are eligible. The TTAG requested that IHS eligibility should be deemed creditable coverage so that AI/AN Part B enrollees are not subject to any otherwise applicable Part B penalties.

Find Sasquatch!

Newsletter fun, can you find Harry the Sasquatch? To have a little fun for this quarter, there are seven hidden Harry's' throughout Health News & Notes. Remember, like the brand new chap-stick you bought, like the TV remote you swear you put on the couch, like your charger you let your cousin borrow, like the friend who said they'd be there in 5 minutes, like the $20 your uncle owes…… Sasquatches are VERY elusive.

Harry can be lurking in the chairman's notes, or the Indian Health Update. The first 3 people to find ALL Seven (7) Harrys', will win a We R Native fanny pack with some extra goodies inside.

Show them to Lisa Griggs to claim your prize!

6

New Faces

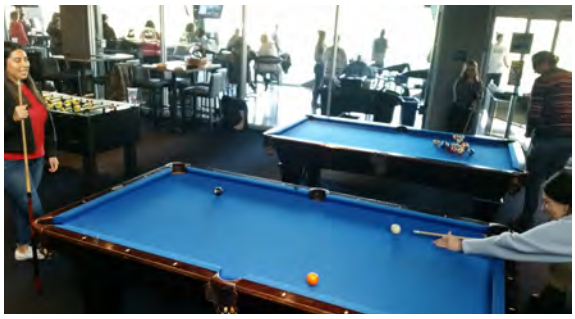
Dove Spector is a member of the Nez Perce tribe and grew up in Portland, Oregon. She received her Bachelor of Science from Portland State University in 2016 with a focus on Health Sciences. She then spent 3 years with the Northwest Native American Center for Excellence at Oregon Health & Sciences University as the Project Coordinator for Tribal Engagement and Native Scholar Enrichment. There she was able to develop innovative partnerships between academic and tribal organizations to support the next generation of Native American health professionals. In 2019 Dove joined the Native Dental Therapy Initiative at the Northwest Portland Area Indian Health Board. Dove brings a unique skill set of cultural understanding and respect in addition to her keen eye for collaboration, project management and team building.

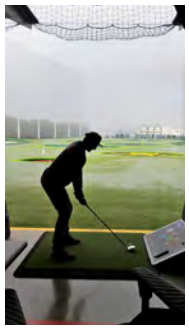
Hello, My name is Roger Peterson and I'm excited to be working with the NPAIHB as the new text messaging coordinator! A little bit about myself, I grew up in Portland, OR and am a member of the Siletz Tribe. I attended LaSalle High School in Clackamas (go Falcons!), and Stanford University for International Relations and German Language (go Card!). For the past year I've been building websites as a freelance designer, and am likewise excited to use some of my skills in my new role. Some of my hobbies include photography, traveling, sports, and snowboarding - though my 8 month old dachshund now occupies a lot of my free time. Please feel free to come and say hi, I'm always happy to talk!

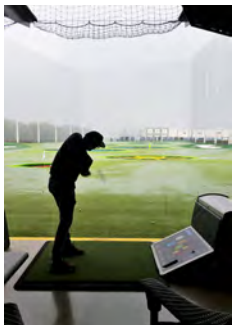
NPAIHB Holiday Party 2019










We welcome all comments and Indian health-related news items.
Address to:

Health News & Notes/ Attn: Lisa Griggs or by e-mail at lgriggs@npaihb.org
2121 SW Broadway, Suite 300, Portland, OR 97201
Phone: (503) 228-4185 FAX: (503) 228-8182

For more information on upcoming events please visit www.npaihb.org

Upcoming Events

Click on flyer for hyperlink

Northwest Diabetes Management System Training

Sponsored by..... Northwest Portland Area Indian Health Board
Instructors..... Don Head, Erik Kakuska (WTDP STAFF)

Training dates/times: (Please check the box beside the training you are interested in attending)
or click on this link to go to our online registration.

☐ March 3-5, 2020
☐ June 2-4, 2020
☐ September 22-24, 2020
☐ December 1-3, 2020

Day 1: 8:30 AM – 4:00 PM
Day 2: 8:30 AM – 4:00 PM
Day 3: 8:30 AM – 11:30 AM

☐ Please Check If Attending Online

Location: Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300, Portland Oregon 97201
[The training room will be open to participants by 8:00am.]

Course Description: Participants will receive hands-on instruction in the Diabetes Management System package for RPMS (BDM) in both the "roll and scroll" interface and the Visual DMS graphical user interface (GUI). Topics include building and maintaining diabetes and pre-diabetes registers, editing patient information, and running register and quality assurance reports. Additional topics include using QMAN for custom searches to meet needs that commonly arise for diabetes programs, creating panels of patients in iCare, and performing the annual IHS Diabetes Audit with WebAudit. Instruction is hands-on using a training server with mock patient data.
Target Audience: Diabetes Coordinators, CHR's, Nutritionists, Health Care Providers, Data Entry Personnel

Please Fax registration to: (503) 228-4801
You may also email your registration information to:
wtdp@npaihb.org

You must have registrations and/or cancellations submitted at least TWO weeks prior to training. Please contact: **Western Tribal Diabetes Project** (800) 862-5497, to confirm training time, attendance, and registration.

Registration for RPMS DMS Training

Name:_____ Title:_____

Organization:_____

Address:_____

City:_____ State:____ Zip:_____

Phone (required):_____ Fax:_____

E-mail (required):_____

Upcoming Events

Click on flyer for hyperlink

SAVE THE DATE
2020 NORTHWEST TRIBAL HEALTH CONFERENCE
February 21-22, 2020

Highlighting various health research efforts in American Indian/Alaskan Native (AI/AN) communities through oral and poster presentations, sharing best practices and lessons learned, and providing time for networking.

Location:
Native American Student & Community Center
Portland State University
710 SW Jackson Portland, OR 97201

For more information:
Please visit the NPAIHB website at www.npaihb.org
Additional questions can be addressed to Chelsea Jensen at cjensen@npaihb.org

The Conference is supported by an NIH/NIGMS grant to the NW NARCH Program.

NPAIHB Indian Leadership for Indian Health
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM EPIDEMIOLOGY CENTER
CTEC California Tribal Epidemiology Center

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD QUARTERLY BOARD MEETINGS

JANUARY 14 - 16, 2020	APRIL 14 - 16, 2020	TENTATIVE DATES July 14 - 16, 2020	OCTOBER 20- 22, 2020
AT	AT	AT	AT
TULALIP RESORT CASINO 10200 Quil Ceda Blvd. Tulalip, WA 98271	**GREAT WOLF LODGE 20500 Old Hwy 99 SW, Grand Mound, WA 98531**	**SHOSHONE-BANNOCK Hotel and Event Center 777 Bannock Trail, Fort Hall, ID 83203**	**SPIRIT MOUNTAIN CASINO 27100 SW Salmon River Hwy, Grand Ronde, OR 97347**
Reservations: 888-272-1111	Reservations: 866-941-9653		Reservations: 800-760-7977
Rooms are blocked under the group name of **"Northwest Portland Area Indian Health Board or Group ID 14367"**. Hotel rooms are $ 115. 00 per night plus 10.6% occupancy taxes. **Please call by December 13, 2019** to receive the group rate. Reservations received after this date will be accepted on a space available basis and at the regular room rate.	Rooms are blocked under the group name of **"Northwest Portland Area Indian Health Board or Group #2004NPAI"**. Hotel rooms are $ 139.00 per night plus 10% occupancy taxes and $29.99 daily fee. **Please call by March 13, 2020** to receive the group rate. Reservations received after this date will be accepted on a space available basis and at the regular room rate.		Rooms are blocked under the group name of **"Northwest Portland Area Indian Health Board"** Hotel rooms are $ 69.00 per night plus 10% occupancy taxes. Please call by **September 20, 2020** to receive the group rate. Reservations received after this date will be accepted on a space available basis and at the regular room rate.

If you have any questions, please contact Lisa Griggs, Executive Administrative Assistant at (503) 416-3269 or email lgriggs@npaihb.org

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Upcoming Events

Click on date for hyperlink

JANUARY - HAPPY NEW YEAR!

January 20-23
Tribal Self Governance Advisory Committee
Washington, DC

January 27-31
RPMS EHR for Pharmacy Class
Portland, OR

January 27-30
ATNI 2020 Winter Convention
Portland, OR

January 30
World Health Organization - Share Your Films - Health For All
ENTRIES DUE!

FEBRUARY

February 4-6
Alaska Native Health Board Mega Meeting
Juneau, AK

February 5-7
Secretary's Tribal Advisory Committee Meeting
Atlanta, GA

February 10-13
National Congress of American Indians Executive Council Winter Session
Washington, DC

February 18-21
ACOG 6th International Meeting on Indigenous Women's Health
Albuquerque, NM

February 21-22
NW Contemporary Tribal Health Conference
Portland, OR

February 25-27
1st Quarterly NIHB Board of Directors Meeting
Washington, DC

MARCH

March 3-5
RPMS/DMS Training
Portland, OR

March 11-12
Tribal Leaders' Diabetes Committee Meeting
Washington, DC

March 17-19
NIHB 2020 National Tribal Public Health Summit
Omaha, NE

March 29 - April 1
NICWA 38th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect
Denver, CO

APRIL

April 14-16
NPAIHB Quarterly Board Meeting
Grand Mound, WA

April 21-23
IHS Injury Prevention Course
Portland, OR

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD OCTOBER 2019 RESOLUTIONS

RESOLUTION #20-01-01
NPAIHB Vaping Ban

RESOLUTION #20-01-02
NWHF OR DHAT Legislation

RESOLUTION #20-01-03
WA ACH Funding for NDTI and BHAP

RESOLUTION #20-01-04
NIH TEC Health Disparities Research Grant

RESOLUTION #20-01-05
TCHP General Operating Funds

Photo credit: E. Kakuska - Dancing in the Square Powwow 2018