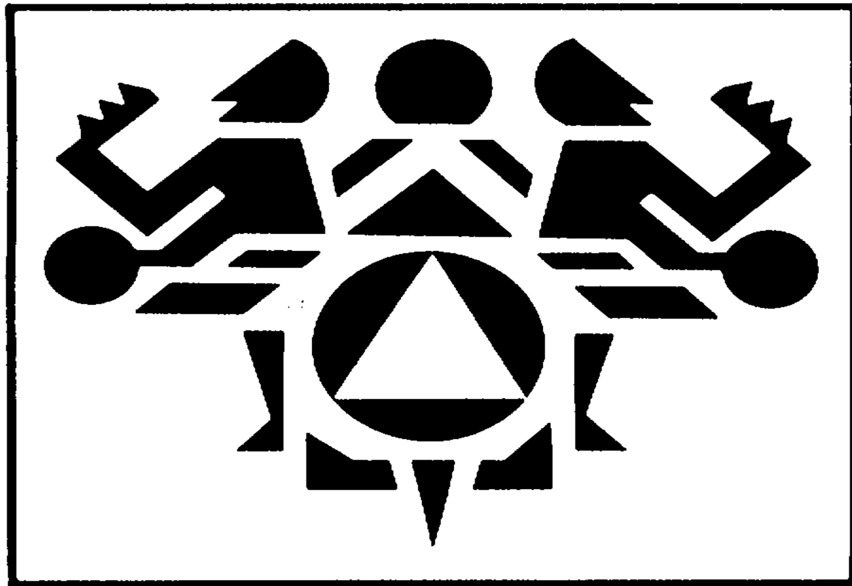
MINUTES

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



QUARTERLY BOARD MEETING

JANUARY 14-16, 2020

TULALIP CASINO RESORT
MARYSVILLE, WA

QUARTERLY BOARD MEETING

Tulalip Casino Resort
10200 Quil Ceda Blvd,
Tulalip, WA

January 14 – 16, 2020

Summary of Minutes

Issue	**Summary**	**Action**	**Follow-Up**
TUESDAY JANUARY 14, 2020			

PORTLAND AREA IHS DIRECTOR REPORT, DEAN SEYLER:	**OFFICE OF CLINICAL SUPPORT**
	
	SDPI
	❖ Upcoming Meetings/Trainings
	❖ Point of contact – CDR Roney Won - roney.won@ihs.gov or 503-414-5555
	    ❖ TLDC Meeting, Washington DC: March 10-11
	    ❖ CME/CE
	        ❖ Diabetes Education: Thinking Outside the Box – Jan 29
	        ❖ Patient-Centered Approach to CVD Risk Reduction – Feb 13
	        ❖ Mindful Eating Basics – March 4
	        ❖ Native Centered Nutrition Education – March 11
	        ❖ Engaging Partners to Address Food Access and Food Insecurity – March 25
	Area Pharmacy & EHR Update
	  ❖ Meetings & Trainings
	      ❖ Integrated Behavioral Health – Jan 13-17
	      ❖ Pharmacy Informaticist – CPOE Boot-camp – Jan 27-31
	      ❖ Third Party Billing – March 4
	  ❖ RPMS-EHR
	      ❖ Electronic Prescribing of Controlled Substances (EPCS)
	          ❖ Implementation to begin at Area RPMS sites		

	❖ US DHHS “Ready, Set, PrEP” Program ❖ Additional information and enrollment may be found at: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program ❖ IHS Adverse Event Reporting System (WebCident) Replacement ❖ Point of contact – CDR Roney Won - roney.won@ihs.gov or 503-414-5555 **Dental, Privacy, Infection Control** ❖ Acting Area Dental Consultant - CAPT Michael McLaughlin, Western Oregon Service Unit Chief Dental Officer ❖ February 3-7 Concepts III : CHEST Infection Control Training in Keizer OR ❖ March 2-6 Concepts I Course for Dental Directors ❖ April 2020- Infection Control Training Opportunity – OSAP IHS BootCamp ❖ June 2020 Annual Portland Area Dental Meeting ❖ Point of Contact – Ashley Tuomi@ihs.gov or 503-414-5555 **Health Information Management** ❖ CMS Coding Training- Review session to obtain/maintain certification ❖ April 20th – May 1st (5 days each week) ❖ Location - Portland ❖ Free Coding Books and Free Exam Fee ❖ 25 from Portland area will be selected ❖ Application Due February 19th to Ashley Tuomi ashley.tuomi@ihs.gov **OFFICE OF ADMINISTRATION MANAGEMENT** ❖ **Catastrophic Health Emergency Fund-FY19** ❖ **Status as of December 18, 2019**		

	❖ 71 total cases ❖ 20 amendments ❖ $2,477,280.00 in reimbursements ❖ $572,041 pending reimbursement ❖ FY 2019 CHEF balance is $22,611,142 – as of November 30, 2019 ❖ We will continue to submit FY19 cases until funding runs out ❖ If you have FY20 cases, please submit to the Portland Area Office and they will be prepared for submission as soon as FY20 is open for reimbursement. ❖ **CHEF Online Tool** ❖ Fully automated paperless process for identifying, documenting and submitting CHEF cases for reimbursement. ❖ Currently implantation is on hold due to needed security improvements. ❖ Tribal programs have the option to opt-in/opt-out ❖ If your site is interested, please contact: ❖ Peggy Ollgaard, Director, Division of Business Operations ❖ (503) 414-5598 ❖ Peggy.Ollgaard@ihs.gov **OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING** **Division of Health Facilities Engineering** ❖ Small Ambulatory Program (SAP) ❖ Four Portland Area Tribes submitted applications ❖ Congratulations to the Cowlitz and Shoshone-Bannock Tribes who received SAP		

	Awards ❖ **Joint Venture Construction Program (JVCP)** ❖ Two Portland Area Tribes participated on the pre-application process ❖ Nationally, 43 pre-applications were submitted, the largest ever response ❖ Congratulations and good luck to the Colville Tribes, one of ten Tribes invited to submit a final application. **Division of Health Facilities Engineering** ❖ **FY 2019 Project M&I Funds (BEMAR)** ❖ $2.766M ($979K for Federal and $1.787M for Tribal Facilities) ❖ Similar to FY18, PAFAC requested to provide input on the allocation procedure. ❖ Working toward having agreements in place by April. ❖ **Annual Combined Supportable Space Data Call** ❖ Requesting Space and Deficiency data updates from all Tribal Health Programs. ❖ Looking to improve response rate: FY18 – 56%; FY19 – 56%; FY20 – 100%? ❖ Response required to be eligible for project M&I (BEMAR) Funding ❖ Packets sent out last week, **Response Due by February 14th** ❖ **Sanitation Facilities Constructing Staffing Update** ❖ **Portland Area Division of Sanitation Facilities Construction (SFC)** ❖ CAPT Alexander Daily will join for the Portland Area IHS SFC as the Division Director for SFC ❖ Mr. Tyler Timmons, E.I.T., joined our team as an Environmental Engineer in the Portland Area Office. ❖ **Olympic District (Washington, West of the Cascade Mountains)**		

	❖ LCDR David Kostamo, PE, Registered Sanitarian, joined our team as a Tribal Utility Consultant in the Olympic District Office.
	❖ Ms. Sierra Schatz, Engineer in Training (E.I.T), joined our team as an Environmental Engineer in the Olympic District Office.
	
	CHIEF MEDICAL OFFICER UPDATE
	❖ **Recent SGMs**
	  ❖ SGM 19-03 IHS Health Care Providers Compliance with IHS Informed Consent Requirements
	    ❖ Reaffirms requirement to obtain informed consent prior to procedures or treatment
	    ❖ Exceptions for urgent/emergent care
	    ❖ Outlines policy for limited exceptions allowing minors to give informed consent
	❖ **Portland Area Survey Readiness Team (ASuRT) Site Visits**
	  ❖ AAAHC Readiness
	❖ **Relevant Local Policies**
	  ❖ Credentialing and Privileging
	  ❖ Peer Review
	❖ **December 5, IHS and AAP CONACH released recommendation on screening diagnosis and treatment of neonatal opioid withdrawal syndrome – NOWS**
	❖ ***Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome***
	❖ **Area Clinical Directors Meeting – Nov 6-8 in Seattle Paramount Hotel**
	  ❖ 22 participants from all 6 federal sites and 13 tribal and urban clinics		

- MAT training – 12 participants from 10 sites
- Topics:
  - HPV (Region X HHS)
  - HCV (WA DOH, NPAIHB)
  - Two Spirit Affirming Care (NPAIHB)
  - Behavioral Health Integration (Lori Raney)
- **Spring 2020 Meeting – April 23-24,**
  - preceded by annual Cancer Update April 22
  - Location and Agenda TBD
  - Joint meeting with Area Nursing Directors

See PowerPoint for additional Influenza graphics

- Influenza activity is high nationally with outpatient visits for ILI and the percentage of respiratory specimens testing positive for influenza at levels similar to what have been seen at the peak of recent seasons. However, this week's data may in part be influenced by changes in healthcare seeking behavior that can occur during the holidays.
- Influenza B/Victoria viruses are predominant nationally, which is unusual for this time of year. A(H1N1) pdm09 viruses are the next most common. A(H3N2) and B/Yamagata viruses are circulating at very low levels.
- CDC estimates that so far this season there have been at least 6.4 million flu illnesses, 55,000 hospitalizations and 2,900 deaths from flu.
- It's not too late to get vaccinated. Flu vaccination is always the best way to prevent flu and its potentially serious complications.
- Antiviral medications are an important adjunct to flu vaccine in the control of influenza.

	Almost all (>99%) of the influenza viruses tested this season are susceptible to the four FDA-approved influenza antiviral medications recommended for use in the U.S. this season. **Portland Area Indian Health Service** • There are many different types of flu vaccine- high-dose for elders, egg-free recombinant, injection, nasal spray… The best flu vaccine is the one that you actually receive!		
INDIAN HEALTH SERVICE, REAR ADM. MICHAL WEAHKEE, PRINCIPAL DEPUTY DIRECTOR:	***See attached transcript and Question & Answers***		
NPAIHB EXECUTIVE COMMITTEE ELECTIONS:	**Chairman Elections:** **Nomination,** Greg Abrahamson, Spokane Tribe, by Shawna Gavin, Confederated Tribes of Umatilla, 2nd by Eric Metcalf, Coquille Tribe **Nomination,** Nicolaus Lewis, Lummi Tribe, made by Lottie Sam, Yakama Nation, 2nd by T.J. Green, Makah Tribe **Vote by paper.** 12 - votes for Nick Lewis, 8 - votes for Greg Abrahamson**, Nicolaus Lewis is elected as Chairman** **Secretary Elections:** **Nomination**, Greg Abrahamson, Spokane Tribe by Shawna Gavin, Confederated Tribes of Umatilla, 2nd by Eric Metcalf, Coquille Tribe	**Nicolaus Lewis is elected as Chairman** **Greg Abrahamson is elected**	

	<u>Secretary Elections:</u> **Nomination**, Greg Abrahamson, Spokane Tribe by Shawna Gavin, Confederated Tribes of Umatilla, 2nd by Eric Metcalf, Coquille Tribe **MOTION to close nominations:** by Nicolaus Lewis, Lummi Tribe; 2nd by Kim Thompson, Shoalwater Bay; **Greg Abrahamson is elected by acclimation.**	**by acclimation.**	

<u>EXECUTIVE DIRECTOR REPORT, LAURA PLATERO:</u>	**Highlights**
	1. Executive Director 60-Day Draft Work Plan
	2. Personnel
	3. Recognitions
	4. Meetings
	5. Strategic Plan Update
	6. 2020 Legislative and Policy Survey
	
	Executive Director 60-Day Draft Work Plan
	• Sets forth focus of my first 60 days as ED
	• Includes my “to do list” in these areas
	    • Finance
	    • Development
	    • Staff
	    • Program
	    • Operations
	    • Outreach
	    • Board and Tribes
	• Has been shared with Executive Committee and Staff		

	Personnel **<u>New Hires</u>** • **Dove Spector,** NDTI Project Specialist II • **Roger Peterson,** Text Messaging Specialist • **Amy Franco,** Grants Management Specialist • **Celeste Davis,** Environmental Public Health Director **<u>PROMOTIONS/Transfer</u>** • **Laura Platero,** Executive Director • **Paige Smith,** Youth Engagement Coordinator **<u>OPEN POSITIONS UPDATE</u>** OR Tribal Public Health Improvement Manager - Closed 1/10; Job offer pending WA Tribal Public Health Improvement Manager - Closed 1/10; Job offer pending Sr. Environmental Health Specialist - Closed 1/10; currently screening applications Environmental Health Specialist - Closed 1/10; currently screening applications Environmental Health Scientist - Closed 1/10; currently screening applications OR Tribal Public Health Improvement Program Analyst - Closes 1/24 Communicable Disease Epidemiologist - Closes 1/24 TCHP & A/P Project Assistant - Closes 1/31 Policy and Programs Director - Closes 1/31 **Recognitions** • **10 years of service** **Colbie Caughlan**, THRIVE & Response Circles • **20 years of service** **Tam Lutz,** WEAVE/TOTS2Tweens/Native Cars Project Director		

	• **Employee of the Year Jamie Alongi,** Network Administrator • **Delegate of the Year Greg Abrahamson,** Vice Chair, Spokane Tribe **Meetings** **1/23** Skokomish Indian Tribe – ED Outreach Meeting **1/27-1/30** Affiliated Tribes of Northwest Indians- Portland **2/10-2/14** National Congress of American Indians ECWS – D.C. Interior Public Witness Hearings – D.C. National Tribal Budget Formulation Workgroup Meeting **2/26-2/27** NIHB 1st Quarterly Board Meeting-D.C. (tent.) **3/17-3/19** NIHB National Tribal Public Health Summit-Omaha (tent.) **3/31-4/1** CMS I/T/U Training – Seattle **4/7-4/8** HHS Annual Tribal Budget Consultation (tent.) **Strategic Plan** • Staff and delegate input has been incorporated • Draft text copy is available for review • Major changes are highlighted in yellow • Please review and send feedback to nfrank@npaihb.org by **January 31st** • Approval of final edits at April QBM **2020 Legislative and Policy Survey** • Survey was sent out to Delegates for initial input • Results will be shared at January QBM Committee Meetings • Committees will have opportunity to review the summary and provide additional input		

	• Youth delegates will have the opportunity to set their own priorities which will be incorporated into the 2020 Legislative and Policy Priorities
	• Priorities will be finalized prior to NCAI ECWS (week of February 10)
	
	2020 Legislative and Policy Survey Ranking of Priority Categories
	• 12 respondents
	• Mainly recommended to move all priorities forward with a few changes or additions proposed
	  • Behavioral Health (Mental Health and Substance Use)
	  • IHS Funding
	  • Elders and Long Term Care
	  • Affordable Care Act/Indian Health Care Improvement Act
	  • Public Health
	  • Special Diabetes Program for Indians
	  • Community Health Aide Program
	  • Workforce Development
	  • Medicaid
	  • IHS Health Care Facility Funding
	  • Veterans
	  • IHS IT Modernization
	  • HCV and HIV		

Policy Priorities for 2020 from committee meetings	• Don Head, Veterans • Bridget Canniff, Public Health • Danica Brown, Behavioral Health		

	• Laura Platero, Legislative • Paige Smith, Youth • Ticey Casey, Oral Health **Vote on the priorities: MOTION:** by Andrew Shogren, Suquamish Tribe, 2nd by Eric Metcalf, Coquille Tribe, **MOTION PASSES** The Priorities will be circulated once complete	**MOTION PASSES**	
LEGISLATIVE POLICY UPDATE, SARAH SULLIVAN, HEALTH POLICY ANALYST:	**Report Overview** 1. Hot Topics 2. Appropriations 3. Legislation 4. New & Pending Federal Policies 5. Litigation 6. Recent and Upcoming National/Regional Meetings 7. DHAT State Legislative Update **Hot Topics** • **Rear Admiral (RADM) Michael D. Weahkee Nomination Hearing** –12/11/19: RADM Weahkee answered questions from Senate Committee on Indian Affairs Committee members on long-standing challenges in providing quality and comprehensive healthcare- from the lack of federal housing for clinicians, chronic issues with provider recruitment and retention, to reoccurring cuts to IHS funding. –NPAIHB sent a letter to the Committee in support of RADM Weahkee 11/19/19 • ***U.S. v. Texas*** **Update** –12/18/19: Fifth Circuit Court of Appeals concluded that the ACA individual mandate provision is unconstitutional. BUT the Court remanded the case back to the district court		

	to consider if there are severable provisions in the ACA. • **FY 2020 Appropriations** –12/19/19: Congress approved and the President signed two measures that funded all 12 appropriations bills through FY 2020, including a roughly 4% Increase to IHS Overall and 5-month extension of SDPI **Appropriations** **FY 2020 IHS Appropriations Enacted** • 12/20/19: H.R. 1865 – Further Consolidated Appropriations Act, 2020 (P.L. 116-94) includes 8 appropriations bills including Interior (IHS) and Labor-Health and Human Services-Education. –H.R. 3052 and H. Rept. 116-100: Manager's Explanatory Statement House bill and report. –S.2580 and S. Rept. 116-123: Manager's Explanatory Statement Senate bill and report. • IHS Total Funding: $6.04 billion, a 4% increase above FY 2019 enacted level. • Congress did not fully fund the Administration's request for EHR modernization, providing $8 million rather than the $25 million requested and $5 million to expand CHAP 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. *****See the PowerPoint for additional Budget graphics*** **Legislation**		

	Advanced Appropriations Bills for BIA/BIE/IHS and IHS only
	• FY 2020 House Appropriations Committee Report directs IHS to report on what changes would be needed to develop and manage advance appropriations for IHS and report back within 180 days.
	• The following bills will carryover into the second session of the 116th Congress in 2020.
	• **S. 229 & H.R. 1128 – Advanced Appropriations for BIA and BIE at DOI and IHS at HHS**
	    • Senate Bill introduced by Sen. Tom Udall (D-NM) on 1/25/19.
	    • House Bill introduced by Rep. Betty McCollum (D-MN-4) on 2/8/19.
	    • Status: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.
	• **H.R. 1135 & S. 2541 –Advanced Appropriations for IHS**
	    • House Bill introduced by Rep. Don Young (R-AK- At Large) on 2/8/19; referred to Committees.
	    • Senate Bill introduced by Sen. Lisa Murkowski (R-AK) and RM Sen. Tom Udall (R-NM) on 9/24/19.
	    • Status: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.
	
	Special Diabetes Program for Indians Reauthorization
	• ***H.R. 1865-Further Consolidated Appropriations Act, 2020***
	    • Extends authorization for several mandatory-funded health programs, including SDPI and Community Health Clinic program through **May 22, 2020**. SDPI has been authorized at $96,575,342 (64% of 150M or equivalent to just under 8 months.
	• **H.R. 2328- Community Health Investment, Modernization, and Excellence Act of 2019** (Rep. Tom O'Halleran (D-AZ)-4 years at $150m)		

	• **Status:** 7/17/19 – Ordered Reported by House E&C
	• **S. 1895- Lowering Health Care Costs Act** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
	  • **Status:** 7/8/19- Placed on Senate Leg Calendar
	Other pending bills:
	• **H.R. 2668 – Special Diabetes Program Reauthorization Act of 2019** (Rep. Diana DeGette (D-CO)-5 years at $200m
	  • **Status:** 6/4/19- House E&C Health Subcommittee Hearing
	• **H.R. 2680 – Special Diabetes Programs for Indians Reauthorization Act of 2019** (Rep. Tom O'Halleran (D-AZ)- 5 years at $200m
	  • **Status**: 6/4/19-House E&C Health Subcommittee Hearing
	• **H.R. 2700 – Lowering Prescription Drug Costs and Extending Community Health Centers and Other Health Priorities Act** (Rep. Michael Burgess (R-TX)- 1-year extension at $150m)
	  • **Status:** 6/26/19- In Committees
	• **S. 192 - Community and Public Health Programs Extensions Act)** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
	  • **Status:** 1/18/19- In HELP Committee
	
	New Indian Legislation
	• **H.R. 5323 – Tribal Elder Care Improvement Act of 2019** (Rep. Tom O'Halleran (D-AZ)
	–Amends the Older Americans Act of 1965 to expand supportive services for Native American aging programs.
	–**Status**: 12/5/19 Referred to the House Committee on Education & Labor.
	• **H.R. 4957 – Native American Child Protection Act** (Rep. Ruben Gallego (D-AZ)		

	–Amends the Indian Child Protection and Family Violence Prevention Act –**Status:** 12/5/19 Ordered to be reported by unanimous consent by the House Committee on Natural Resources • **S. 2871 – Indian Health Service Health Professions Tax Fairness Act** (Sen. Tom Udall (D-NM) –Excludes from gross income, for income tax purposes, payments under the IHS Loan Repayment Program and certain amounts received under the Indian Health Professions Scholarships Program. –**Status**: 11/14/19 Referred to the Senate Committee on Finance. • **H.R. 4908 – Native American Veteran Parity in Access to Care Today Act** (Rep. Ruben Gallego (D-AZ) –Prohibits collection of health care copayment by VA from a veteran who is tribal member. –**Status**: 11/8/19 Referred to House Committee on Veterans' Affairs Subcommittee on Health GAO Report: IHS- Facilities Reported Expanding Services Following Increases in Health Insurance Coverage and Collections • On 9/3/19, GAO issued a report describing (1) significant increases in health insurance coverage and third-party collections at federally operated and tribally operated facilities from FY 2013-2018, and (2) the effects of any changes in coverage and collections. • **GAO Found:** –During FY 2013-2018 patients at federally operated hospitals and health centers reported an average increase of 14% in health coverage. Tribally operated facilities also experienced increases in coverage. –Federally operated IHS facilities' third-party collections totaled $1.07 billion in FY 2018, increasing 51% from FY 2013. Tribally operated facilities also experienced increases in		

	collections. –Facilities have been increasingly relying on third-party collections to pay for ongoing operating (i.e. staff payroll and facility maintenance) and have expanded onsite services (i.e. volume or scope of services offered- adding new providers or purchasing medical equipment). GAO Report: Tribal Programs- Resource Constraints and Management Weaknesses Can Limit Federal Program Delivery to Tribes • On 11/19/19, GAO issued a report describing (1) capacity and funding constraints and budget uncertainty and (2) management weaknesses that limit the effective delivery of federal programs for tribes and their members. GAO made more than 50 recommendations related to its high-risk area and more than 40 recommendations for tribal water infrastructure, tribal self-governance and tribal consultation of which 60 recommendations are open. **GAO Found:** –**High staff vacancies and insufficient staff capacity.** In February 2017, GAO reported that IHS had over 1,550 vacancies for healthcare positions in 2016, and the insufficient workforce was the biggest impediment to providing timely primary care. –**Inadequate funding.** Inadequate program funding to meet tribal needs may limit tribal options for administering federal programs using self-determination contracts or self-governance compacts. Many tribes supplement federal funding, which diverts funding from economic development and services provided. –**Effects of budget uncertainty.** Budget uncertainty arises during CRs and government shutdowns. Impacts on tribal health care programs and operations include recruitment and retention of staff challenges and additional administrative burden and cost. –**Oversight weaknesses.** Found weaknesses in IHS's oversight of timeliness of patient care		

leading to long wait times at IHS facilities. Recommendation that IHS develop standards for patient wait times and take corrective action. IHS has done this and it developing monitoring capacity.

Federal Administrative & Regulatory Policy
HHS OIG Proposed Rule: Anti-Kickback Statute

- Issued 8/26; Comments Submitted 10/25
- The Anti-Kickback Statute (AKS) prevents healthcare providers from entering into arrangements where one provider gives another provider payment or an incentive to bill federal healthcare programs.
- The HHS OIG created a number of safe harbors, however none of the existing safe harbors are designed for Indian healthcare programs.
- New Safe Harbors: 1) Coordinated Care Arrangements; 2) Value-Based Care: Substantial Downside Financial Risk; 3) Value-Based Care: Full Financial Risk; 4) Patient Engagement and Support; 5)
- NPAIHB requested an Indian-specific safe harbor with language from the CMS TTAG.

CMS Proposed Rule: Medicaid Fiscal Accountability Regulation

- Issued 11/18/19; **Comments Due 2/1/20**
- Proposes new reporting requirements for states to provide CMS with more detailed information on supplemental and DSH payments to Medicaid providers.
- Clarifies that permissible state or local funds for the state share include: state general fund dollars appropriated directly to Medicaid; Intergovernmental transfers (IGTs) from units of government (including tribes) derived from state or local taxes, and transferred to the state Medicaid agency; and certified public expenditures (CPEs) reported to the

	state. • **Concern:** Belief that it could negatively affect participation of tribes to perform Medicaid State administrative activities (i.e. in OR and WA). For example, states can or could pay for a portion of the non-federal match on certain services. **IHS Recent DTLLS** • **DTLL on 12/2/19:** Notification of upcoming deadline to file a hardship exception application to CMS for not having access to certified Health Information Technology to meet the Medicare Quality Payment Incentive Program (Application Due 12/31/19) • **DTLL on 11/27/19:** Update on short-term continuing appropriations for FY 2020 that affect tribal health programs with performance periods starting within the CR period for October 1, 2019 through December 20, 2019. • **DTLL on 11/15/19:** Updates on recent developments associated with modernizing Agency Health Information Technology and release of October 2019 final report and roadmap executive summary. **IHS Strategic Options for Modernizing Health IT** • IHS HIT Modernization Project Roadmap provides guidance to HHS and IHS in their efforts to modernize the IHS HIT system. • The Roadmap is an overarching plan to support improved clinical and non-clinical operations across I/T/U healthcare facilities through HIT. • The Project was designed to identify and frame the initial path required to achieve success; however, the proposed modernization program requires an immediate and long-term commitment		

	IHS Strategic Options for Modernizing Health IT Proposals • Charter a HIT Modernization Advisory Committee to support the collaboration to advance innovation for technology improvements for the Indian health delivery system. • Establish a multi-member governing body that interacts regularly with stakeholder groups, both formally through tribal consultation policies and informally through leadership and subject matter expert stakeholder groups. • Leadership must fully understand and establish a long-term commitment to the HIT modernization program through engagement and support for appropriate governance, resourcing, and accountability. • Need for additional evaluation and endorsement of key findings by IHS. **IHS Special Diabetes Program for Indians Update** • FY 2020: short-term extension of SDPI for 5 months, through May 22, 2020. • No funds have been authorized for the next SDPI grant cycle yet (FY 2021-2025) • Tribal Consultation on the Distribution of Funding for SDPI in FY 2021; DTLL 10/2/19; Comments Submitted on 12/2 • 1/10/20: TLDC on recommendations to provide to RADM Weahkee. • IHS will provide decisions for the FY 2021-2025 grant cycle by DTLL in **early 2020**. The FY 2021 Notice of Funding Opportunity released in **Spring 2020.** • **Portland Area Recommendations:** –Proposed changes to the funding distribution for more funds to go to current SDPI grantees and new grantees from undisbursed funds, SDPI Data Infrastructure, and SDPI Program Support. – Generally did not recommend any changes to the national funding formula, but any changes must hold tribes harmless.		

	Active IHS Consultations • **Distribution of funding for IHS Special Diabetes Program for Indians (SDPI) in FY 2021** –Initiated 10/2/19; Comments submitted 11/27/19 • **2010 Memorandum of Understanding and Related Performance Measures between IHS and U.S. Department of Veterans Affairs** – Initiated 9/14/2019; Listening Session 9/16/19 • **Mechanism to Distribute Behavioral Health Initiatives Currently Distributed through Grants** – Initiated 5/18/2018 and 8/2/2019; Comments submitted 10/1/2019 • **FY 2019 Funding Decision for New Behavioral Health Funding to address Opioids- To Develop an IHS Opioid Grant Program** –Initiated 6/19/19; Comments submitted 9/3/19 • **Draft IHS policy to implement, outline, and define a national CHAP** –Initiated 5/18/19; Comments submitted 6/7/19 • **Short- and Long-term solutions to Meet Statutory Requirements of the Section 105(l) leases, ISDEAA 25 U.S.C § 5234(l)** – Initiated 2/29/19 and 3/12/19; Comments submitted 4/26/19 • **Detailed Analysis of Purchased/Referred Care Program Implications and Feasibility for the State of Arizona to be identified as a Purchased/Referred Care Delivery Area (PRCDA), pursuant to IHCIA 25 U.S.C. § 1678** – Initiated 11/20/2018 and 2/27/19; Comments submitted 11/15/19 **Litigation: U.S. v. Texas Update** • Fifth Circuit held that the individual mandate became unconstitutional when Congress		

reduced the individual mandate penalty to zero, as part of the 2017 Tax Cuts and Jobs Act.

- Fifth Circuit was not convinced by the district court's holding that because the individual mandate was unconstitutional, the entire ACA must be invalidated.
- Three Supreme Court Potential Future Actions:
    1) Reject review and allow district court to move forward with the Fifth Circuit separable analysis;
    2) Grant the requested expedited review, which would allow the Court to make a ruling during the current term before the 2020 presidential election; or
    3) Grant review on its typical schedule during the Court's next term that begins in the fall.

Recent and Upcoming National/Regional Meetings
Upcoming Meetings
January-March 2020

- **January 23-24:** IHS Tribal Self-Governance Advisory Committee (TSGAC) 1st Quarter Meeting, Washington, D.C.
- **January 27-30:** ATNI Winter Convention 2020, Portland, OR.
- **February 6-7:** HHS Secretary's Tribal Advisory Committee, Washington, D.C.
- **February 10-13:** NCAI Executive Council Winter Session, Washington, D.C.
- **February 11-12:** IHS Direct Service Tribes Advisory Committee (DSTAC) 1st Quarter Meeting, Arlington, VA.
- **February 13-14:** FY 2022 National Tribal Budget Work Session, Crystal City, VA.
- **February 25-27:** NIHB 1st Quarter Meeting, Washington, D.C.
- **February 25:** NIHB MMPC Face-to-Face Meeting, Washington, D.C.

	• **February 26-27:** CMS TTAG Face-to-Face Meeting, Washington, D.C. • **March 11-12:** IHS Tribal Leaders Diabetes Committee (TLDC) Meeting, Washington, D.C. • **March 12-13:** CDC/ATSDR Tribal Advisory Committee, Chamblee, GA. • **March 17-19:** NIHB National Tribal Public Health Summit, Omaha, NE. **OR State Dental Therapy Legislation** • Oregon is introducing statewide dental therapy licensing bill. Our pilot project expires in May 2021, and legislation is best pathway to allow current DHATs to continue practice and establish the profession in OR for all underserved populations. • OR legislative session starts Feb. 3 and runs for 35 days. • Draft bill language and fact sheet are available and letters of support from Oregon Tribes have been requested and are being generated. • First informational hearing is tomorrow, with NPAIHB, CTCLUSI and Coquille amongst those attending/presenting. • NPAIHB received funding from the Northwest Health Foundation to actively lobby on this bill. **WA State Dental Therapy Legislation** ~ **Miranda Davis Dental Support, Bonnie Bruerd, Consultant** • Washington state legislature convened yesterday, January 13, and many of us are at AIHC lobby day today lobbying for statewide licensing bill that will enable UIPs to employ dental therapists and *should* also remove current CMS argument about reimbursement as services are far less restricted than tribal bill. • NPAIHB received a very generous grant from the Group Health Foundation that allows us to significantly increase our lobbying and paid media on this dental therapy bill.		

	How to engage with dental therapy legislative efforts! • We will be sending weekly legislative updates and action items to delegates and Tribal Health Directors in OR and WA, and anyone interested in following these two bills. • For more information and to get copies of the legislation and supporting materials please contact Pam Johnson, NDTI Manager, pjohnson@npaihb.org, 206-755-4309		
	Janet Nicholson of Colville asked for a Letter of Support for Colville Joint Venture application **MOTION by:** Greg Abrahamson, Spokane Tribe, 2nd by Ernie Stensgar, Coeur d'Alene Tribe. **MOTION PASSES**	**MOTION PASSES**	
	Executive Session:		
Recess @ 4:55pm			
WEDNESDAY JANUARY 15, 2020			
EPICENTER UPDATE, VICTORIA WARREN-MEARS, NPAIHB EPICENTER DIRECTOR:	*See attached PowerPoint*		
YAKAMA NATION ELDER PROGRAM, ARLEN WASHINES, YAKAMA NATION HUMAN SERVICE DEPUTY DIRECTOR:	*See attached PowerPoint*		

TRIBAL VETERAN'S, LAVADA ANDERSON, ACCREDIITED TRIBAL VETERANS REPRESENTATIVE, WDVA:	*See attached PowerPoint*		
NW TRIBAL JUVENILE JUSTICE ALLIANCE UPDATE, DANICA BROWN, BEHAVIORAL HEALTH PROGRAM MANAGER:	*See attached PowerPoint*		
LGBTQ2S PRESENTATION MORGAN THOMAS. LGBTQ 2 SPIRIT OUTREACH AND ENGAGEMENT COORDINATOR:	*See attached PowerPoint*		
NPAIHB TRIBAL OPIOID RESPONSE, JESSICA LESTON, & COLBIE CAUGHLIN:	*See attached PowerPoint*		
	2ND DISCUSSION ON JULY 2020 DATES:		

	After confirming dates with Shoshone-Bannock and the hotel - MOTION by Greg Abrahamson, Spokane Tribe dates of July 13th 16th Motion for the date Andrew Shogren Suquamish Tribe, 2nd by Kay Culbertson, Cowlitz Tribe; MOTION PASSES		
WEAVE-NW, TAM LUTZ, PROJECT DIRECTOR:	*See attached PowerPoint*		
Youth Delegate, Presentation			
Recess at 4:40 p.m.			
THURSDAY JANUARY 16, 2020			
COMMITTEE REPORTS	**Veterans – Jim Steinruck, Tulalip** (A copy of the report is attached) **Public Health – Andrew Shogren, Suquamish** (A copy of the report is attached) **Behavioral Health – Danica Brown, NPAIHB Mental Health Program Manager** (A copy of the report is attached) **Elders Committee – Did not meet** **Personnel – Did not meet**		

	Legislative Report – Sarah Sullivan, NPAIHB Health Policy (A copy of the report is attached)		
Finance Report	**Eugene Mostofi, Account Manager** **MOTION:** by Greg Abrahamson, Spokane, 2nd by Sharon Stanphill, Cow Creek; **MOTION PASSES**	**MOTION PASSES**	
RESOLUTIONS:	***In Support of Ending HIV Epidemic in Indian County*** **MOTION:** by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES** ***Formal Recognition of Tribal Youth Delegates Bylaws*** **MOTION:** by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES** ***Support for the 2020 Tribal Adolescent Action Plan*** **MOTION:** by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES** ***Support for quality care and improved health outcomes for Two Spirit and LGBTQ+ people*** **MOTION:** by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES**	**MOTION PASSES** **MOTION PASSES** **MOTION PASSES** **MOTION PASSES**	
Approval of October 2019 Minutes:	**MOTION:** by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES**	**MOTION PASSES**	
Future Board Meetings	**MOTION to Approve Upcoming Board Meetings MOTION:** by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES**	**MOTION PASSES**	
ADJOURN	at 9:25 a.m. motion by Hunter Timbamboo, NW Band Shoshone, 2nd by Lottie Sam, Yakama		

QUARTERLY BOARD MEETING

Tulalip Casino Resort
10200 Quil Ceda Blvd,
Tulalip, WA

January 14 – 16, 2020

Summary of Minutes

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

QUARTERLY BOARD MEETING
Tulalip Casino Resort
10200 Quil Ceda Blvd,
Tulalip, WA

January 14 – 16, 2020
MINUTES

TUESDAY JANUARY 14, 2020

Call to Order: Greg Abrahamson, Secretary

Invocation: Chairwoman Teri Gobin

Posting of Flags: Tulalip Color Guard

Welcome: Chairwoman Teri Gobin

Roll Call: Shawna Gavin, Secretary, called roll:

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

There were 23 delegates present, a quorum is established.

Youth delegate roll call and activity

PORTLAND AREA IHS DIRECTOR REPORT, DEAN SEYLER:

OFFICE OF CLINICAL SUPPORT

SDPI

- Upcoming Meetings/Trainings
- Point of contact – CDR Roney Won - roney.won@ihs.gov or 503-414-5555
    - TLDC Meeting, Washington DC: March 10-11
    - CME/CE
        - Diabetes Education: Thinking Outside the Box – Jan 29
        - Patient-Centered Approach to CVD Risk Reduction – Feb 13
        - Mindful Eating Basics – March 4
        - Native Centered Nutrition Education – March 11
        - Engaging Partners to Address Food Access and Food Insecurity – March 25

Area Pharmacy & EHR Update

- Meetings & Trainings
    - Integrated Behavioral Health – Jan 13-17
    - Pharmacy Informaticist – CPOE Boot-camp – Jan 27-31
    - Third Party Billing – March 4
- RPMS-EHR
    - Electronic Prescribing of Controlled Substances (EPCS)
        - Implementation to begin at Area RPMS sites
- US DHHS "Ready, Set, PrEP" Program
    - Additional information and enrollment may be found at: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program
- IHS Adverse Event Reporting System (WebCident) Replacement
- Point of contact – CDR Roney Won - roney.won@ihs.gov or 503-414-5555

Dental, Privacy, Infection Control

- Acting Area Dental Consultant - CAPT Michael McLaughlin, Western Oregon Service Unit Chief Dental Officer
- February 3-7 Concepts III : CHEST Infection Control Training in Keizer OR
- March 2-6 Concepts I Course for Dental Directors
- April 2020- Infection Control Training Opportunity – OSAP IHS BootCamp
- June 2020 Annual Portland Area Dental Meeting
- Point of Contact – Ashley Tuomi@ihs.gov or 503-414-5555

Health Information Management

- CMS Coding Training- Review session to obtain/maintain certification
    - April 20th – May 1st (5 days each week)
    - Location - Portland

- Free Coding Books and Free Exam Fee
- 25 from Portland area will be selected
- Application Due February 19th to Ashley Tuomi ashley.tuomi@ihs.gov

OFFICE OF ADMINISTRATION MANAGEMENT

- **Catastrophic Health Emergency Fund-FY19**
- **Status as of December 18, 2019**
  - 71 total cases
  - 20 amendments
  - $2,477,280.00 in reimbursements
  - $572,041 pending reimbursement
  - FY 2019 CHEF balance is $22,611,142 – as of November 30, 2019
  - We will continue to submit FY19 cases until funding runs out
  - If you have FY20 cases, please submit to the Portland Area Office and they will be prepared for submission as soon as FY20 is open for reimbursement.

- **CHEF Online Tool**
- Fully automated paperless process for identifying, documenting and submitting CHEF cases for reimbursement.
- Currently implantation is on hold due to needed security improvements.
- Tribal programs have the option to opt-in/opt-out
- If your site is interested, please contact:
  - Peggy Ollgaard, Director, Division of Business Operations
  - (503) 414-5598
  - Peggy.Ollgaard@ihs.gov

OFFICE OF ENVIRONMENTAL HEALTH & ENGINEERING

Division of Health Facilities Engineering

- Small Ambulatory Program (SAP)
  - Four Portland Area Tribes submitted applications
  - Congratulations to the Cowlitz and Shoshone-Bannock Tribes who received SAP Awards
  - **Joint Venture Construction Program (JVCP)**
  - Two Portland Area Tribes participated on the pre-application process
  - Nationally, 43 pre-applications were submitted, the largest ever response
  - Congratulations and good luck to the Colville Tribes, one of ten Tribes invited to submit a final application.

Division of Health Facilities Engineering

- **FY 2019 Project M&I Funds (BEMAR)**
- $2.766M ($979K for Federal and $1.787M for Tribal Facilities)
    - Similar to FY18, PAFAC requested to provide input on the allocation procedure.
    - Working toward having agreements in place by April.
- **Annual Combined Supportable Space Data Call**
    - Requesting Space and Deficiency data updates from all Tribal Health Programs.
    - Looking to improve response rate: FY18 – 56%; FY19 – 56%; FY20 – 100%?
    - Response required to be eligible for project M&I (BEMAR) Funding
    - Packets sent out last week, **Response Due by February 14th**

- **Sanitation Facilities Constructing Staffing Update**
- **Portland Area Division of Sanitation Facilities Construction (SFC)**
    - CAPT Alexander Daily will join for the Portland Area IHS SFC as the Division Director for SFC
    - Mr. Tyler Timmons, E.I.T., joined our team as an Environmental Engineer in the Portland Area Office.
- **Olympic District (Washington, West of the Cascade Mountains)**
    - LCDR David Kostamo, PE, Registered Sanitarian, joined our team as a Tribal Utility Consultant in the Olympic District Office.
    - Ms. Sierra Schatz, Engineer in Training (E.I.T), joined our team as an Environmental Engineer in the Olympic District Office.

CHIEF MEDICAL OFFICER UPDATE

- **Recent SGMs**
    - SGM 19-03 IHS Health Care Providers Compliance with IHS Informed Consent Requirements
        - Reaffirms requirement to obtain informed consent prior to procedures or treatment
        - Exceptions for urgent/emergent care
        - Outlines policy for limited exceptions allowing minors to give informed consent
- **Portland Area Survey Readiness Team (ASuRT) Site Visits**
    - AAAHC Readiness
- **Relevant Local Policies**
    - Credentialing and Privileging
    - Peer Review
- **December 5, IHS and AAP CONACH released recommendation on screening diagnosis and treatment of neonatal opioid withdrawal syndrome – NOWS**

- ***Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome***
- **Area Clinical Directors Meeting – Nov 6-8 in Seattle Paramount Hotel**
  - 22 participants from all 6 federal sites and 13 tribal and urban clinics
  - MAT training – 12 participants from 10 sites
  - Topics:
    - HPV (Region X HHS)
    - HCV (WA DOH, NPAIHB)
    - Two Spirit Affirming Care (NPAIHB)
    - Behavioral Health Integration (Lori Raney)
- **Spring 2020 Meeting – April 23-24,**
  - preceded by annual Cancer Update April 22
  - Location and Agenda TBD
  - Joint meeting with Area Nursing Directors

See PowerPoint for additional Influenza graphics

- Influenza activity is high nationally with outpatient visits for ILI and the percentage of respiratory specimens testing positive for influenza at levels similar to what have been seen at the peak of recent seasons. However, this week's data may in part be influenced by changes in healthcare seeking behavior that can occur during the holidays.
- Influenza B/Victoria viruses are predominant nationally, which is unusual for this time of year. A(H1N1) pdm09 viruses are the next most common. A(H3N2) and B/Yamagata viruses are circulating at very low levels.
- CDC estimates that so far this season there have been at least 6.4 million flu illnesses, 55,000 hospitalizations and 2,900 deaths from flu.
- It's not too late to get vaccinated. Flu vaccination is always the best way to prevent flu and its potentially serious complications.
- Antiviral medications are an important adjunct to flu vaccine in the control of influenza. Almost all (>99%) of the influenza viruses tested this season are susceptible to the four FDA-approved influenza antiviral medications recommended for use in the U.S. this season.

Portland Area Indian Health Service

- There are many different types of flu vaccine- high-dose for elders, egg-free recombinant, injection, nasal spray… The best flu vaccine is the one that you actually receive!

9:44 a.m. **INDIAN HEALTH SERVICE, REAR ADM. MICHAL WEAHKEE, PRINCIPAL DEPUTY DIRECTOR** 33:00

Good morning everyone it's a pleasure to be here and it's good to see you all. I was hoping it would be a little bit more sunny but I made it none the less into Seattle. Great to be here with you all. Thank you Mr. Abrahamson for the kind introduction it's a pleasure be here with the Northwest Portland Area Indian Health Board. I want to thank you all for your continued partnership as we work together to meet the mission of Indian Health Service and provide the best care possible for our patients. Also I wanted to recognize and thank Mr. Seyler it's his 10-year anniversary here at this role and I actually facilitated the interviews when he was selected I can believe it's been a decade since that took place. I also wanted to recognize other members of our Portland Area team who are at this meeting. Also, I want to thank you to Johnathan Merrell who with me who we stole from you all from your office of Quality in the Portland area in our new office at the national level to be Deputy Director for Quality Health Care

I noted at several times that he Portland area is always on the cutting edge implementing improvements and pushing the agenda of innovation and quality and I wanted to thank you for that. Also, Deputy Director of Field Operations Chris Mandregan who was planning to be with us but like many to be here with us as well who flight was cancelled so he was unable to join us. Across Indian Health Service we track many of our organizations and our Urban partners and we believe wholly in the government to government relationships that exist between the U.S. Federal government and our Tribal Governments we are committed to regular consultations and meaningful consultations and collaborations. These partnerships are critical to our mutual success.

I wanted to leave plenty of time to engage in meaningful dialog at the end of this presentation. I wanted to provide some brief updates for you this morning about the things we are working on across the Indian Health system of Care. I am excited to share with you that we have a new additional to our Indian Health Service leadership team Mr. Randy Grinnell whose a member Sac and Fox Nation who many of you will recognize who has been working in our Indian Health system for a while - he has been selected to serve as our IHS Deputy Director for Management and Operations, he'll serve as the principle advisor to the agency for Operations. Mr. Grinnell began his IHS career back in 1976 as a Commissioned Corps officer and held various positions in the Alaska area, the Albuquerque Area, the Oklahoma City Area including as Acting Area Director, and from 2007 to 2009 he was the Deputy Director for Management Operations so were excited to have him back. We really to like him at senior level leadership that we --- fire

I am also, pleased to announce of appointment of Daniel R. Frye who's an enrolled member of the Sault Ste. Marie Tribe of Chippewa Indians. As our new Bemidji Area Director. Daniel's

relatively new to IHS started his career in 2007 at the first as Clinical Service Administer at the White Earth Service Unit and then as their CEO. He has history prior to that working with his own Tribe and their Tribal health programs. So were excited and look forward to his leadership and the experience he brings in this new role as we continue to improve the system and provide access to quality health care services for all our American Indian and Alaska Native patients. Not only in the Bemidji Area but throughout the county. We're excited to have both Randy and Daniel on board we know they'll make a huge impact for the IHS

Just want point out just two and half year ago we were at 36% vacancy rate in our Senior Executive services positions across the county not just at headquarters but all of our Area's and our physicians as well as of today we only have two position that we haven't identified a person and we are currently working through that as SC our qualification review Board process so we're down to two vacant CS position throughout the entire agency. As I'll note that's one criteria that we're being measured against as hear about the GAO high risk list– having stable leadership is one of the key components of getting off that list.

Now I'm going to share with you a little bit about the 2020 Budget for Indian Health Service as you all know Congress finally passed and the President signed a 2020 budget into law on December 20th which was the last day of our continuing resolution. The bill provides a total of $6 billion dollars for the Indian Health Services which is a $243 million increase over the amount we received in fiscal year 2019. The bulk of this increase will support section 105(l) leases payments and it also fully funds staffing for either newly open or soon to be open health care facilities throughout the county. Congress also provided a modest increases to support our Electronic Health records modernizations effort, our newly recognized Virginia Tribes, recruitment and retention efforts, and quality improvement activities. And Congress maintain the funding levels for Health care facilities construction, sanitation facilities construction, maintenance and improvement, while also providing $10-million-dollar amount for small ambulatory program and they identified $5 million specifically for creating infrastructure to be included in our construction projects. These are consolidated appropriations will run through the end fiscal year 2020 so unlike last year these funds expire September 30, 2020.

Last year the Indian Health Service initiated Tribal consultation and Urban confer on distribution of funding with the Special Diabetes Program for Indian for 2021. The current SDPI authorization will expire on May 22, 2020. Providing $96.6 million dollars thought that point and time. We don't know at this point if or when Congress will address authorization for the remainder of this final year of the current SDPI grant cycle. However, we are providing robust support and technical assistance to Congress 40:30 into appropriate as the requested. The Tribal diabetes leaders met in December then again earlier this month to review the input from the consultation and the Urban confer and finalize recommendation regarding the SDPI funding

for fiscal year 2021 and we will continue to keep you posted as this information becomes available while awaiting TLDC recommendation to me which should be forthcoming soon.

With regards to 105(l) lease costs the IHS has received more than 200 lease proposals in 2019 and approximate evaluation of about $100 million dollars. The number of cost of proposals has continued to rise and the number 2019 was quadrupled from what we received in 2018 we initiated Tribal consultation and Urban conferred 2019 take input from you on what the short term and long term options for meeting this requirements and request and all the tribal consultation from 2018 as results the agency will standing up National Budget Formulation workgroup to develop the technical information necessary to have a better understand of the 105(l) leases costs and better project for Congress -.

IHS also is working diligently on the early diagnoses of HIV and Hepatitis C the IHS provides HIV and Hep C care to American Indians Alaska Natives patients in 36 states currently and we see most of our patient in primary care facilities. And we deem – early diagnosis of HIV and Hepatitis C as a priority. Each year Indian Health Service competes for funds though HHS Office of the Assistant Secretary of Health Minority Aids Initiative. Indian Health Service 100% that it has received from this fund through various area, Tribal programs, and our Urban Health Care centers where we see the greatest need. But we know we can't always measure the true burden of HIV and Hepatitis C in every community and because of that IHS funds - around Indian county like Northwest Portland Area Indian Health Board to construct and manage programs and national reach.

Early this year we announced the award of $2.4 million dollars to 9 of our Tribal EpiCenters across the county who were supporting our American Indian and Alaska Native communities in reducing new HIV infections and developing comb morbidities specifically hepatitis C and sexually transmitted infections. I want congratulate the NW Tribal Portland Epidemiology Center with one of those award recipients. These awards were part of implementation of ending the HIV epidemic Plan for American Initiative. The Centers will participate in regional and national coordination, provide technical assistance, and disease surveillance reports to tribal communities and support and development of community plans to end the HIV epidemic in Indian County. Also, part of this initiative at Health and Human Services announced a new program to provide PrEP thought a program called Ready, Set, PrEP. Recipients will not have to pay for PrEP medications in this program. The medications are safe and highly effective in preventing HIV and American Indians and Alaska Natives are eligible for these IHS - who are eligible for Prep can receive them for free of charge. There are a couple of caveats like they can't have health insurance or be covered in some other fashion. For more information on how to access this PREP for those who are at risk for contracting HIV we encouraging everyone to

visit https://www.getyourprep.com/ just as it's spelled out there for more information to accessing that new program.

We also recently announce awards of $15 million dollars in funding to eight Tribes and tribal organizations as part of the small ambulatory grant program to fund construction, expansion, or modernization of their small ambulatory health care facilities. I'd liked to congratulate the Cowlitz Tribe and Shoshone Bannack Tribe for their work under this program. These facilities are important part of the Indian Health Care system and this program is just one way we can help our Tribal partners to expand access to quality health care services for our native people.

As I wrap up my remarks I'd like to tell you about some of the ongoing activities at Indian Health Services as we enter into the new year. I recently shared a video message with all of our partners and stakeholders across Indian County how the IHS accomplishments for 2019. IHS's 2019 accomplishments is a result of robust collaboration between IHS, our Tribes, our Tribal organizations, our Urban Indian partners, academia, and nonprofit organizations who have interest in Indian County. One accomplishment I'm proud of is develop of long term goals for quality implementation and outcomes. The IHS strategic plan is a new five-year that promotes culture of accountability, quality, and patient safety across the system of care. Another accomplishment of the IHS was formally establishing and standing up the IHS Office of Quality. To provide nation leadership and promote concistanency in health care across the agency. The IHS has made significant strides in addressing priority areas for quality improvement including implementing a credentialing and software system across the county. We've hired and IHS credentialing program manager at IHS headquarters. And we've recently awarded a new contract of incident reporting at risk for reporting and tracking system. IHS has also strengthen policies and created new trainings to protect patients from abuse. New professional standards and stronger requirements for IHS employees to report suspected sexual abuse and exploitation of children were implemented nationwide. As far as this policy IHS announced its availability of employee training opportunity protect children from sexual abuse in health care settings. I am happy to see that this is highlighted here our area report as well. It's definitely a priority in mine. The IHS is committed to making improvements and ultimately the removal of the GAO high risk list. All though as of today the Indian Health Services still on the list. GAO decided 14 of their recommendations put us on the list back in 2016 and of the 14 recommendations cited as of today all but three are officially closed with two additional with requested – closure and we are just awaiting that GAO final administrative processes to close that. So we only except to have one open GAO recommendation and it's a relativity new recommendation that was made on health care provider improvement. Although we are proud of what we've been able to accomplish in 2019 we still have a lot of work to do. As we plan for 2020 the IHS remains committed to our mission raising the fiscal, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. I am excited and looking

forward to all that we can accomplish together for the benefit of the American Indians and Alaska Natives across Indian county.

And finally I'd like to mention and remind you all that our next All Tribal and Urban Indian Organization Leaders Call is schedule for Thursday February 6th at 3:30 p.m. Eastern Time. I encourage you all to join us for the latest updates and have opportunity to have your questions answered by someone in Senior Leadership at IHS Headquarters. This meeting is scheduled every month on the first Thursday of the month as call in information is available on the IHS calendar on our IHS.gov website. One more important message I'd like to convey I haven't seen him, there he is in the back of the room. I want to take a moment to recognize Joe Finkbonner and comment on his 18 years of dedicate service to the Northwest Portland Area Indian Health Board. I'd like to thank you Joe for your many years' leadership to the American Indian and Alaska Natives community this is a tremendous accomplishment and I'm honored to be here today in person to wish you continued happiness and success in all your future endeavors, thank you! [applause] I'm looking forward to tonight's event. I'd also like to congratulate the new Northwest Portland Area Indian Health Board Executive Director, Laura Platero! [applause] I look forward to working with you in your new role. Thank you for the opportunity to speak with you here all today and I look forward to our conversations later today, with that I'm happy to take any questions you all might have on anything that I covered, or anything I didn't cover, open session on anything you'd like to talk about. Thank you!

Q: Nick Lewis, Lummi Nation: I did have a question on the HIV/HCV is thing listening to the administration they talked about it being a priority, with funding one of the concerns I have is none of that funding through appropriations went to Indian Health Services to help tackle that specific area what I'm asking is what would be the HIV/HCV funding will be realized or become a reality for FY2021. Speaking specifically about Lummi Nation were fully committed to ending Hepatitis C on our reservation and as I understand it from our medical staff – because of the medical treatment that we are providing now, the needle exchange, the medication that's available and that's coming at cost –frustration to our community to combat that epidemic it has put a lot – on our community. But, we see the need in combating hepatitis C and were committed to doing that and I'd like to see that same level of commitment from IHS in getting the funding out to Indian country.

A: RADM Weahkee: Thank you Mr. Lewis I want identify that IHS is one of several partners in this national initiative – the Center for Disease Control, the National Institute for Health, and the Health resources administration all of which received funding. I think one of the challenges we having is separate appropriations committee is educating, educating about the issues. The HELP committee very specifically on health care we're a small population and we need to be twice as vocal about the needs in Indian county. So we will continue to advocate internally and I

know you all do a great job advocating externally too through the Budget Formulation process for the need across Indian county. Hep C we need a lot more funding I think we protect 36 Nations out there in Indian county who have – and may not know it. So a lot of work we need to do in partnership to obtain the funds we need to address – issues. I think you are also seeing a change in the temperature if you will at the administration level on harm reduction, needle exchange programs we've had both the Assistant Secretary of Health and the Surgeon General come publicly the value of those programs. So you're going to see funding, so your Federal funding start go towards programs that have historically been a "no" "no" I think that's going to be helpful to us. The other area we're starting to see a lot of differences is on the reduction of prescription drug cost, some of the pharmacies companies are seeing the writing on the wall We've not the movement we'd like to see so far but we are seeing a lot of the large companies start to do significant donations of drugs and providing free of charge to individuals access to these drugs there's a lot of discussion about the patents owned by the Federal government and how the Federal government can leverage those patents to reduce the cost of prescription drugs so I think you'll continue to see a lot of discussion in – as well. Of course we want access to any of those cost savings programs or anything that everybody get access to for Indian county. I appreciate your questions Mr. Lewis

Q: Greg Abrahamson, Spokane Tribe: I have a couple questions here Weahkee, with appropriations $8 million of the IHS Health IT modernization and DSTAC we have Tribal council member who sits on that who's involved with it on the committee and want to find out what the funding is for? And the other question is how will funding – impact roadmap

A: RADM Weahkee: Thank you Mr. Abrahamson, $ 8 million dollars is a drop in the bucket in terms of what we're going to need to transition our Electronic Health Records to one that meets our needs. We've had a lot of robust debate and advocacy about the needs and how much is this going to cost as a system overall. That research Modernization Project resulted in a – and there's a lot of decisions points and a lot of infrastructure that needs to be put in place for us to be able to move a long that roadmap. So what's anticipated in this first year is $8 million dollars is a small amount of funds in the grand scope of things in what we need to accomplish is to stand up a management operations team there be – search capacity to begin to develop a plan I wish that Mitch Thornbrugh was here he has a great hour long presentation on this and I encourage you all to – will be participating in the Tribal Self-governance Advisory Committee and the Direct Service Tribes Advisory committee meetings here at the end of the month or early February providing that presentation. But, this is really what we consider -- I anticipate and I think the projection when we look at the BIA has spent on their transition that over a seven to ten-year period the modernization of our EHR is going to cost somewhere between $3 billion to $8 billion dollars so were asking for a ton of money when we look at our appropriation as a whole its $6 billion dollars so to modernize our EHR system it's at least fifty

percent of a single year our budget – period of time. So we will continue the consultation on the HIT modernization continues to be open and just because it's modernization research project concluded doesn't mean the dialog ends. We want to continue to receive feedback from you and we will continue to provide updates on where we're are at with HIT modernization effort there is a portion of our IHS website that has the latest information. Mitch and his team will continue to provide updates as we progress and you can expect to see this in future budget cycles significant increases request for funding to meet this need and we're trying to strategize how to do this without impacting any other part of the IHS budget. The VA was able to negotiate a separate appropriation just for their EHR modernization it didn't impact on their other lines. So we're looking at that and we're trying to educate and point appropriators to here's what you did for the VA why not consider giving us the same treatment and you'll hear me at all my testimonies pointing to the VA parity give us what your giving others if not more since our needs are so much greater. We will get you the latest PowerPoint slides and the areas that we expect to emphasize the use of that $8 billion dollars in 2020.

Q: Greg Abrahamson, Spokane Tribe: --- is up to Tribes and federal tribes

A: RADM Weahkee: The modernization? It's for everybody in the IHS I/T/U. We want to make sure whatever we select whatever we design that it talks to whatever system you've gone to or use from Cerner, to Epic, NextGen whatever we put in place in the agency needs to be able to communicate with all the different systems so that – no system has been selected yet that has been part of the work in 2020/2021 the other part of the work that that $8 billion dollars is going to do is put together that solicitation of commercial off the shelve system

Q: Sharon Stanphill, Cow Creek: I want to add to what you just mentioned. I'm from the Cow Creek Tribe and we've spent over $2 million dollars getting our Greenway system set up. It talks to PRC, it talks or dose all the audits we need for the State, um it doses our records cycle, it does just about everything we need and we put $100 thousand dollars a year into it and we only have six providers and they all have their own licenses and some providers do share and we purchased ten licenses and it's a $100 thousand dollars a year that we have to contribute and we really like this system. So we're hoping now that we'll be able to get some support for our system to continue to use it despite whatever system the Indian Health system chooses to purchase. Has that been or will that be part of the conversation? Because over half the Tribes here in the Northwest are not on the RPM system and we've spent a lot of money ourselves and have invested in getting those systems set up.

A: RADM Weahkee: Thank you Dr. Stanphill that's defiantly be part of the conversation. It came up big in our consultation across the county. Those Tribes who not waited for the agency and gone out and made the investment to transition into Electronic Health System 1:01 how

are we going to recoup those cost, how are we going support Tribes who – ongoing operational cost. So the dialog continues and one thing I'm pushing for a new IT line item for the IHS. We've always kind of patched out IT funding together from various sources and I've been pushing hard for the appropriators create an IT budget line for the agency.

Q: Shawna Gavin, Confederated Tribes of Umatilla: I wanted to ask about the IHS opioid grant pilot program. So you know the IHS initiated consultation on the opioid grant program to distribute the FY2019 opioid funding and so we have some questions about that or we have some recommendations. Our recommendation is the application process should be streamlined and short and provide enough time for Tribes to apply. Reporting requirements must not be burdensome on providers or patients and must allow Tribes to set up their own meaningful data collections and evaluations matrix and ensure awards are equitable for all our Tribes and actually allow them to hire staff that meets the goals and objectives of the grant program. And we request flexibility on what the funding can be utilized for to be truly used for our patients such as co-occurring substance abuse or mental health disorders. And finally after a pilot period Tribes have the ability to receive funds through Tribal shares. Thank you.

A: RADM Weahkee: Thank you Mrs. Gavin, and the DTLL opioid grant on Tribal consultation should be coming soon. I have not received the final recommendations from the behavioral health department which is the division that is charged with running this particular consultation. But, we have had a lot of comments more than 250 is my recollection and many of the items that you just outline were made in those comments that we received. So that everyone is aware we received $10 million dollars in 2019 one thing that was looked at differently in 2019 is that Congress provided us with two years to extend our 2019 funding so we have until September 30, 202- to spend this $10 million dollars in addition to all our 2019 appropriations. So reporting and matrix, flexibility of the fund so they can be used for opioid and other things that still impact Indian county. Like when amphetamines, alcohol, substance abuse, other comorbidity, mental health issue is an important piece of that. And we – many different tribes about include these funds as part of annual funding agreements not only these funds but mental health services funds. – Congress put into the language that when they provided IHS with this $10 million dollars that we look closely at the mechanism that we use up at the SDPI program for this program as well. That is really seen as the best practice model to provide Tribes and Tribal organizations and Urban organizations with funding and allow them to community specific programs, prevention, or treatment, or whatever they feel their greatest need is. So that is underway at the same time the recommendation was made to SAMSHA with their Tribal Opioid Response grants. But they look at how the IHS put together the SDPI program funds as an example of best practice. So we expect to close out this consultation soon. For those who are Title V self-governance there is already a path for you to take your competitive grant funds from SDPIs specifically into your AFA. Yet you still have to follow all the

regs requirements of reporting etc. but there is a way for Title V to get SDPI into AFAs that's not that same way for Title I so that is something that we have to work with Congress and others to realize and also in the appropriators language they got say something other than get this money out competitive grant process. Because right now this really dictating how funds are to be allocated out.

Q: Kay Culbertson, Cowlitz Tribe: Good morning. I wanted to reiterate that we are not interested in SAMSHA, GPRA SAMSHA guideline they give us for data collecting. It takes me two hours for one patient to go through each one those --- and we're really hoping that you don't do that at all at their direction with the opioid money. I have asked this repeatedly that you work with your sister agency SAMSHA to look at how they can just take the money through Indian Health Services that they gave us for the opioid grants. In the future if something like this comes up again that you coordinate with each so that we are working off the same page. Because if you think about its very difficult to work with them for the amount of money that we receive. Thank you.

A: RADM Weahkee: Thank you Kay, just to comment on that there are some great activities underway and one of those is within HHS specifically a measurement – workgroup so there is representation for each of the agencies to help deal with exactly issues like this where you got SAMSA asking for this set of matrix and IHS or HRSA asking for another set and people who are funding by multiple agencies are happy to expend a modest resource to meet the need of both agencies. This came up with HRSA as well for those who receive 330 funding so there is significant effort underway to make sure to align and to come up with one set data matrix across all agencies throughout all HHS operations divisions. That's being championed by the Deputy Secretary and that's something we're working hard to – I know it will elevate time, energy, and money on our Tribal side. Then at the next level up President Trump and the Executive Order looking at all parts for the Federal government the VA, the DoD, IHS is a part of this on major alignment in the quality matrix and Mr. Barrel (sp?) is our representative to this national workgroup at the White House level on major alignment for Health Care quality matrix so that work is underway I don't remember the Executive Order number off hand but it was just released about four or five months ago.

Q: Nicolaus Lewis, Lummi Nation: I just have one other question. Before we had our meeting this morning we will be able to have our one-on-ones with RADM Weahkee and one of the things we talked about was mid-level providers. When we got our opioid money for Lummi what we utilized that money to hire a two peer-to-peer support workers often times when we see people overdose or have struggles in the community its after hours and we didn't have services necessarily after-hours. So what we were able to do was bring those peer-to- peer support workers on under and put them under our behavioral health so that when there is an

emergency call at night or someone overdoses that service providers are able to respond, right there at that time. But, one of the things that we asked was IHS this morning is while we have the funds that allowed us to hire these positions there are no funds that allow --- us to paid for us to operate those services and we encourage him to advocate for those operational funds for those position they are literally lifesaving. I know you touch on that in our one-on-one I was wondering if you could let the Board know what you had mentioned on that process.

A: RADM Weahkee: Thank you Mr. Lewis. I know our conversation touched on a couple different areas. I know one was on Community Health Aides Program expansion. We got under that umbrella behavioral health aides, dental health aides, and community health aides we do see a lot of States moving towards these alternatives provider types and asking CMS reimburse services under these various provider types so that is one pathway. And then the 4 wall issue – to gain reimbursement for services provided outside a hospital or health center. So we are partnering with CMS and of course the TTAG and others. Other opportunities we have to express the level of services that is being provided outside the hospital and health centers settings and the fact that we can really sustain these programs if we had the appropriate resources for those 1:12:28 so CHAP expansion you all being at the for front of this expansion effort we want to hear what going on in that space I'm not sure if your CHAP/TAG representative is here, here in the room but are this close to the policy being out for public commit to the Federal Registrar. And there will be a Dear Tribal Leader Letter that goes out at the same time to make sure you all are aware that is out so consultation has been very, very helpful as we've identified a few problems and working through those problems finalizing the policy and getting it out. Once that policy is in place we got a few other items that need to be addressed which is the certification boards and the training capacity throughout the country. I'm happy to report at this time that we in the background have been working with the Office Personnel Management to develop a new job series for Dental Health Aide Therapist and that works been concluded we now have OPM approved position descriptions for Dental Health Aides on the Federal side of the House so that's a major mile stone that we can check off that we've been able to accomplish and we have an existing job series for the Behavioral Health Aide and Community Health Aides that we'll be using so those PDs and job descriptions exist for all three job categories now. I was told, when I asked about these, on where are these on finalizing policy its emanate. So we will be posting in the Federal Registrar soon. And Mr. Lewis I hoped that covered a majority of our conversation

Q: Lisa Guzman, CEO of CTUIIR: I was wanting to piggy back on what Nick had to share in regards to Behavioral Health Aids as well as home – Currently I sit on the CHAP committee and we're currently with the Northwest Portland Health Board on developing the – for Behavioral Health Aides to access certain certification for the BHA it's a three-year project and the first two years were developing infrastructure and the last year is recruiting and retaining individuals.

Tribes to set up certification currently at the Umatilla reservation we are utilizing peer-coaches as well a non-traditional workers and the BHA certification – the BHA certification would really support providing case management services to individuals who need advocacy. We have a lot of venerable adults and youth on our reservations and the BHAs would greatly enhance our services as well as work with our states to make these positions billable – so we can sustain our services and it's quite tasking when all of us are sitting there at the
State table working with our Tribal liaison's to create ways and pathways to expand our certifications and licensures for many of our professionals so it is very time consuming. Currently as CHAP community member we'd like to provide a status update on our CHAP expansion progress in the Northwest we have 12 DHATs working within our Tribes and 1 more graduating from Alaska. We have two BHA students in the Alaska education program and we expect to send six more BHA students in August. Work continues to work on the DHAT education program at Swinomish dental clinic and Skagit Valley community college with the first cohort to expected to start in 2021. We have purchase Alaska curriculum we are in the final phase of the Oregon Dental Health Authority grant –BHA education program in Oregon and with our Yellowhawk clinic this is what I was just speaking to and we will coordination with Northwest Indian College in Lummi. Yesterday at the Tribal Health Director's meeting we discussed how what—one thing we'd like to expand is education component to work with our Tribal colleges or any of our colleges near our reservation to develop matriculation – so that any individuals who are seeking out certifications can expand their credentials this – programs – communities because are people respond better to their own people so this is the route that we will be going. I have – asks in regards to the CHAP program. We are curious on the IHS CHAP policy on expansion and we have not heard of any updates since the September CHAP/TAG meeting as you can see on our status update Portland area is very engaged in the advancement of CHAP. Would you provide us with the next steps in the process.

A: RADM Weahkee: Thank you so much I appreciate it so much. And update on where you all are at and then then I'll share the conversions we've had on CHAP. Standard function –a lot of attention not just with provider types like our CHAPs what we discussed here but also our advanced nurses and physician assistants those social services expanding as well over the coming years. That's really industry discussion currently and it's gaining a lot of attraction as it becomes more and more difficult to recruit primary care providers in rural parts of America. Some of the conversations we've had on the training capacity side we've been encouraging our sister agencies like the Office of Minority Health, the Administration on Native American's to utilize grant making authority to support Tribal -- to stand up the training capacity that's going to be specifically for CHAP. We've identified CHAP expansion as the Indian Health Services contribution to the departments rural health focus in 2020 and moving forward so this is going to be getting the attention and resources not only to the Indian Health Services but the entire department so rest assure that CHAP/CHAPs in the lower forty-eight are going to occur. We've

also met directly with the Department of Labor to see how we might be able to leverage their resources, we've talked to them about their apprenticeship program which does seem to have a lot of characteristics that can benefit CHAP expansion but we weren't aware of the the other resources that DOL has under their program that would help us as well. So I encourage you all to reach out to local Department of Labor contacts they have a lot of funding and we're excited to hear what we're doing with CHAPs. In terms of the current policy the policy is with OGC as we speak for the final review before it goes to the Federal Registrar once they give it the "all clear" it's going to go over to the Federal Registrar for Public Notice and it will probably be a 30-day Public notice and once that Public Notice period is completed, commits are addressed, the policy will be finalized. So it we're looking at about three month projectory for finalization of the policy is my best guess estimate.

Q: Greg Abrahamson, Spokane Tribe: I wanted to tag some more on that so when that goes to into the Federal Registry for the DHATs when will they be able to be at the Federal sites, DHATs at the Federal sites?

A: RADM Weahkee: in addition to the policy there are a couple other items that need to be addressed. One is the certification Board's need to be stood up both the Regional and National level, local and national level. And we also need that training capacity so for those of you who have already sent some of your community members up to Alaska to obtain training we'll often times actually with all our protections we got reciprocity with those certifications from State to State and region to region so they should be able to fast track. But we'll have a large bolus of individuals throughout the county that will need to be trained and so standing up that training capacity is going to be one of the items that we are working hard to resource and move forward on. The other thing we need to do is work with some of our sister agencies we mention CMS with the reimbursement of CHAP, CHAP programing but we also need to work with HRSA on Provider type we're getting push back on identifying CHAPs as a different Provider type not included in the other category so that would be an important endeavor that we need to partner on as well. So our CHAPs are categorized appropriately.

Q: Marilyn Scott, online; Upper Skagit Tribe: Thank you, this Marilyn can you hear me?
A: RADM Weahkee: We can hear you loud and clear, yes ma 'me

Q: Marilyn Scott, online; Upper Skagit Tribe: I wanted to make a commit about the Behavioral Health Aide and the importance and I am going to – that we need to get the policy the National policy done to move forward and the certification board at the National as we as well as the Regional level. But here in the Portland Area we have been working very hard on partnering with Northwest Indian College as well as the project at that Lisa just talked about that the Oregon Tribes are working with the State of Oregon. But its so important that we make the

investment with our own community's members because they're going to be the ones that can connect with our Tribal population with the services that they need around the integration of Behavioral Health and caring for the community members with their medical care as well as their behavioral health care and the community members that need we have two Washington State Tribal participants that are participating in Behavioral Health Aide training in Alaska currently and the Tribes of Washington have been working with the State Washington to prepare for potential the authorization for being able to get the reimbursement for this level of provider. But the key date out is the funding that we need to stand up the certification board as well as the curriculum to be able to sustain the training to get the community members trained and then be able to sustain the program within our community. I can't emphasize enough the importance of recognition and getting the funding specifically to those areas that are moving forward with this opportunity available within our communities. Thank you.

A: RADM Weahkee: Thank you Mrs. Scott I appreciate your commits as we've consulted across the county on CHAP expansion we have, we have really heard that there are different regions of the country that are a lot more have expressed a lot more interest while other are more and timid and real cling to their community health representative model not wanting to loss what they got so hearing what I heard was a commit about prioritizing funding and resource for those who are ready to move forward with CHAP and get those certification boards stood up and training capacity in place. There are different regions in the county who are doing very similar work to what you all are doing here. Up in the Michigan area as an example the Sioux St. Marie Tribe working with one of their local Tribal colleges to stand up CHAP training capacity so again not just relying on IHS resource but to leverage resource across Federal government I'm not yet – with – it makes sense to me that we should we should be knocking on every door that has grant making ability to support our Tribal colleges and other training entities to get this capacity stood up.

Q: Chantel Eastman, Nez Perce Tribe: Hello my name is Chantel I have a few commits pertaining to the CHAP program for the Idaho situation – hasn't quite been address yet so part of the ask Northwest Portland CHAP – is for IHS to develop a National certification board to create systems to improve various standards and procedures as well as – share, --share and creating documents. But, the situation in Idaho currently to even get in the CHAP program off the ground –currently under attack before we are getting started, getting a bill approval for DHATs Dental Health Aide Therapist this last year and currently we're going through the – which will go through committee's tomorrow. This is currently being attacking it could possibly fail due to funding – Tribes are actually looking to utilize CHAP providers specifically in DHATs right now the funding is so detrimental that the Tribes don't have any pathways so quickly --- we need assistance with that or basic planning would be piloted as as for the CHAP programs to continue through Behavioral health or community health off the ground --- maybe these

programs aren't the solution even for our own communities being attack as of right now – if the DHATs fails then the rest of the CHAP program --. Then I had a commit on Health IT modernization were on of the Tribes at Nez Perce is one of those small ambulatory we're also hoping for transitioning out and really looking forward -- reimbursement line items, we're currently in the process of transitioning out to Greenway as well. I also had a commit towards you mentioned about the IT $5 million for creating infrastructure and a question on what the criteria is for that – 1:31:14 --- recruitment and retention---.

A: RADM Weahkee: thank you Mrs. Eastman I'll start with the top of your list the challenges you all are facing in standing up the DHAT portion of CHAP expansion within Idaho I think we can all say unfortunately Congress gave us the authorization for CHAPs they required that the States approve the use of DHATs within their States before we can stand that up so that is a challenge that Tribes across the county are continue with going through that State local process to get DHATs authorized. That doesn't keep you from standing up the other pieces the Behavioral Health Aides the Community Health Aides any everything up to that DHATs level training program. We know that CMS is somewhat on standby especially those of you in the State of Washington they want the IHS to stand up the program officially you already had a State Plan Amendment move forward with them we know that's going back and forth I think it a little bit of the chicken and the egg CMS waiting for us to stand up the policies so they can take another look at that State Plan Amendment. But we do have a number of Tribes that have met with success in Arizona and Michigan I think we're up to about a dozen or thirteen States that have now authorized DHATs and just a reminder that we have a strong lobby that we are working against in the American Dental Association who dosen't want to see the DHATs what we realized that there are challenges that are now – in some States more so than others. But I encourage you to keep moving along because Tribes are having a lot of success and the news of other provider types is getting a lot attention no just within Indian County but outside as well National Public Health Association and other advocacy organizations are really pressing the use of alternative provider types to meet the needs of rural health care. On IT modernization I got you listed as reimbursement to Tribes for making those IT investments, thank you Nez Perce there and regards to the $5 million dollars for creating infrastructure that's specifically for IHS construction projects and I'm not sure what the criteria is for how that's going to be incorporated into those projects it is $5 million specifically for 2020 my guess who be for a project that's already underway that can benefit from some LED investment that those will likely what those dollars are dedicated. Recruitment and retention are root cause for many of our issues across Indian County when we cant get clinicians we can't get executive leaders in set positions. We are taking a multipronged approach to recruitment and retention asking Congress through legislative fixes to scholarship and loan repayment plans we have not been successful in getting that picked up the last two years IHS will make that recurring our next budget cycle asking Congress to address the tax issue of our scholarship and loans and provide

us with the same flexibility HRSA has the National Health Service Corps scholarship and loans. Which is flexibility in the pay back so that clinicians can provide part-time clinical and part-time administrative or they can provide pay back on a longer time period perhaps half-time over four years as opposed to strait two years' fulltime payback so those are the types of things we're asking. We're asking for Title 38 authority for all clinical positions within the IHS which will better able for us to compete and we're also looking to leverage training opportunities so some of our sister agencies like HRSA and the VA in providing authorities and we're hoping that soon to be providing funding to stand up more residencies programs in Indian County I'm very much appreciate I like to tout as soon as possible with leadership with our Tribal partners in play in standing up their own medical schools. Cherokee Nation as a good example they have partnered with the Oklahoma State University College in Medicine to stand up a medical school in Tahlequah Oklahoma and they'll be training 50 providers per year to thought that program. So they will be training specifically in Indian based medicine so that's something that I share as often as I can to those academia partnerships are important. I think you all here have several medical school here between Oregon and Washington and many of you already have active relationships with and whatever else opportunities exist that maybe we can that we can point to things around the rest of Indian County and say what about this? We need something like this and getting resource to that. I can talk recruitment and retention probably a half a day we do have a lot of things we are working on in that space but that is significant area of emphasizes for us.

1:37:14 **Q: Sadie Olsen, Lummi Nation:** I am curious about what will be offered as support for communities that value environment to health in community healing. I am cofounder of a non-profit organization we have a lot of ideas of what is helpful for our communities but also I just wanted to knowledge all the youth that came together while we were in California last QBM we made a youth action plan and we knowledge that we do value our connection to the environment, we value our connection to our communities, we value our connection to our elders, and support people within our communities and we also want access to positive resources and sexual health care, and health care in general, primary health care. I wanted to mention this social determines of health by the Health People by 2020 --, economic stability, education, social community context health help with heath care and neighborhoods and built community or build environment excuse me. So are there any are we able to utilize this by November 2020 to create --- really important aspect of – we ae rooted in our place and our communities are are rooted in our place I'm rooted for so long its caused so much trauma that we see the disparities and now were trying to repair it and I feel like we are always just move in more traditional ways. I know that the abuse in the elders we want to work together so I was wondering if there are any Tribes that have resources where the – work together and results for Hep C because I consider that traditional education. I also wanted to suggest assistance in developing daily structure and routine as a way of building social community context because

it's a form of leadership when you take care of yourself and you can take care of your community better when you take care of yourself. That's of value that's important to me so Thank you. Oh and two rebound questions what will be offered as support for communities that do value environmental health and community healing?

A: RADM Weahkee: Thank you Ms. Olsen. And your speaking my language when mention social determents of health one of the talking points you talked we would not be in this situation addressing acute issues in our hospitals and our health centers if we had additional resource focus on social determents. Jobs availability, transportation, healthy food availability all items you referenced here that need attention that people have hope they don't turn to unhealthy coping mechanism like drugs and alcohol so putting some resource for social determents is a key strategy that we should all be using which on the back end alleviate some of the pressures on our health care system. There's not a lot conversation at this point in climate change in I guess probably more so at the Centers for Disease Control side on food and maybe US Food Agriculture on health food availability. So your question about environmental health community healing I think right now the major program under Environmental Health system is our Injury prevention program but I'm going to follow up tomorrow, I'm looking to Marcus's who's in the room OEH Director from the Portland Area to let us know of any other Environmental Health services related programing that can address some issues that Ms. Olsen has brought up. I'm not aware of anything else outside the prevention space that doesn't mean that we shouldn't be talking about these issues.

A: OEH Director: At this time, I'm not aware of any either, at this time the Portland area Health Board is our partner now in Environmental Health Services Program they operate it, a majority of it, that so before Portland partner we can…

A: RADM Weahkee: As I mention in my talking points the mission of the Agency is very board with focus on fiscal, mental, social, and spiritual health so that umbrella is wide and we always need to remind Congress and others in the Federal government that the IHS is not the only answer to the health care needs for Indian County that it's the responsibility to all the Federal government to meet those needs. We need to leverage those resources from our sister agencies like USDA, Environmental Protection Agency, and others to help us meet and identify those needs for Indian County. I look forward to partnering with you and if you have more specifics you'd like to work on I'd be interested in learning more about the scope of your non-profit and how we might be able to partner.

A: RADM Weahkee: Who's facilitating here I see a lot of hands

Q: Online question from Cassandra Sellards-Reck, Cowlitz: 1:44:24 after some technical difficulties she's connected
I'm sorry --- RADM Weahkee I appreciate [inaudible] I wanted to make a comment on [um excuse me Cassie we're having a little bit of trouble hearing you] …SDPI…[inaudible] …allowing TLDC IDEESA Title V Tribes the option with contracts and compacts …[inaudible]… that is something that NTAC…[inaudible]… to go that way and the Portland Area is working nationally to push that idea in many of the Areas …[inaudible]…grassroots level and we also ask …[inaudible]…

A: RADM Weahkee: 1:48:11 Thank you Mrs. Sellards-Reck I do look forward to our conversation later today I don't know the specifically I TLDC reps. We have internally sharing the Tribal desire to move from its $150-million-dollar level which has been in place for over 15 years to something more than that. We've heard the same numbers you have $200 million and we adjust for medical inflation that should be around $237 or so to my recollection. So we contintue to share what we're hearing from our Tribal partners and the fact that we go how many new Tribes in those 15 years that don't have access to the SDPI program? Because opening that competition or opening that formula means others get less so those are important points for us all to continue to share with our Congressional stakeholders. And I appreciate you highlighting the comments that have been received or been made about SDPI and other funding like the opioid grants being made available via their annual funding agreements so that is something we are taking into account. You also mentioned on the TLDC taking a look at the data money and the administrative money that's going to grants, grant offices, and regional consulting's that that's and opportunity that might be able to be folded back into community grant awards I appreciate that and look forward to your conversation later this afternoon.

Q: Sharon Stanphill, Cow Creek: So for the sake of our Board here we asking as the Board would quickly make mention of the recommendations that we had for the consultation that was initiated on October 2nd and December 2nd we meet not once but twice so we put many many hours into our consultation and I believe that over half the comments that you received and will receive from TLDC came from the Portland Area. So many many tribes submitted about 70% of the commits that you'll see are not necessarily in line with the TLDC vote that you're going to get so we really hope that you'll take into consideration not just the vote at TLDC and the commits and you'll look at the summary that the National Indian Health Board who provides technical assistance to that body also. We'll be providing to you from the meeting last Friday our final vote for you and we can discuss that with you later today as well in more detail. This body real wants and we are glad you are hearing it across the nation we are asking for $200 million and yes medical inflation. However, the reality is were going to probably get $150 and if we get $150 I think the bottom line take home message that our Board wanted you to know is that we don't believe that newly funded Tribes and Tribes in general will have that

don't have the grants shouldn't be excluded that we should all be eligible for these funds and the fact that we have to have a score of 60 and we know that Indian Health Service cannot provide technical assistance on those applications they can do webinars, they can walk us through each section, they can't actually help in more detail. So there is no reasons why any Tribe in this county should not have the SDPI. It's so effective and it's the most effective diabetes prevention program in the entire world there's no reason why in this nation they shouldn't have access to it because we can't figure out how to save money out of the $150 to a least get them the start up. So I would hope that would be you really hear us supporting all Tribes in the Nation. We have five Tribes right here in the Northwest doing really good and have the opportunity to have SDPI in their Tribe. So I'll hold up and won't say any more about that cause you've heard it everything else but our tech is one of the best in the country and our Epidemiology Center and there are 12 across the county and we outlined in our consultation recommendations to you where we think those funds can be freed up from the $150 it's basically IHS. There is a lot of recommendations that you'll see that Tribes across the country would like and increase and that can be done too because our techs are able to do the data. We can have congressional reports every couple years which we don't have now and we would be able to take and work with Congress 1:53:10 we believe we'll get $200 and we know that IHS can't advocate for us anyway so we appreciate the support. But, we really are wanting you to know our EpiCenters can do that work and just like with Good Health and Wellness we can go out for bid and have one or two of nationwide. Thank you.

A: RADM Weahkee: Thank you so much I look forward to our conversation.

Q: Andrew Shogren, Suquamish Tribe: Good morning RADM Weahkee, Andrew Shogren, Suquamish I serve as the Clinic Director I also serve as the Chair for the Northwest Portland Area Indian Health Board I serve as Chair on CHAP workgroup. Just a couple questions about CHAP or comments about CHAP. First, would be we really encourage IHS to make Portland a demonstration site and enter into an interagency agreement to certify outside Alaska. And the second is that Congress has approved $5 million dollars for CHAP expansion and as you've heard the Portland Area Tribes need funding, reoccurring funding to continue to advance CHAP within the Northwest and for all areas in the lower 48. Portland needs a minimum of $2.5 million dollars to –the Portland Area certification board to create to operate our training programs 1:54:34 we understand the work ahead for IHS is develop and National CHAP certification Board to create a system to approve areas standards and procedures as well as house and share credentialing documents would be strongly encouraged to use and allocate funds for the Portland Area. So we can get this stood up continue to make CHAP progress, thank you.

A: RADM Weahkee: Thank you Mr. Shogren and I have written down $2.5 million to stand up Certification…?
Q: Andrew Shogren, Suquamish Tribe: Correct that for the Portland Area CHAP Certification Board
A: RADM Weahkee: okay, thank you so much.

Q: TJ Green, Chairman for Makah Tribe: Certainly support the comments on Roundtable from the Tribal leaders and people representing their communities. The issues that have been brought up regarding some of the programs of Chronic Illnesses and those sort of issues, the IT issues, and certainly violence as well, and being able to have adequate funding, we hear you that you perceived it's just a drop in the bucket but certainly want to support your ask what you're asking for and that process in which you get your funding. I want to state that some programs brought on board here a little earlier the small ambulatory funding joint venture programs the Makah Tribe received small ambulatory funding in the past and have done some great things with them like building a health center that houses, houses some of our alternative medicines and therapy, behavioral health, and mental health, chemical dependency counseling, so that was greatly needed in our community - at that time we were compacted small ambulatory clinic and created some great opportunities our membership to add to their health care. We did that over bits it's probably been over a decade ago. Since then we keep looking at and we need to expand our primary care facilities and funding so these programs is something we're certainly concerned about and we realize that these are not only competitive programs there a large need across the country and certainly want to advocate for support for those programs not just the increased funding that's needed but also some of the evaluations for qualifying for those funds. At times its – for a Tribe like us that's independee or we did things I guess as far as building this wellness center – additional programs and primary care facility was needed at the time as well and we didn't have the funding that was sensible at that time until we started looking at joint venture program come to find out that because we have this other facility that we don't score as high, don't score as high in that process that joint venture program – so if there is a way to look at those things – Tribes that are in that type of position – I sure we aren't the only ones across the country that we have to make decisions to move forward and we can't wait around for providing these services for our people and some of these conditions in the process that rate these facilities can prevent us from moving forward so right now we're in a situation where the Tribe is looking at its programs where to see where we tap into utilize some but we're moving forward with 1:58:47 as far as planning the rest of that campus when we built the Wellness Center we built it with expansion in mind and provide structure at that time to expand our primary care facility which will house both our administration, doctors, and our dental clinic. So that at Makah that's important to us in addition to what I said and what's mentioned around the room here. We just recently in our Tribal budget increase, increase our services to our community regarding Mental Health

counseling, regarding behavioral health and counseling for our youth around suicide prevention and also chemical dependency counselors and peer-to-peer that has been mentioned here earlier as well. These are good things that we are doing with the funding that's available to us and programs that allow us to make available through different systems that can generate much revenue and support those programs – so with that I thank you for your time in listening and the health representatives issues from the hard working board Tribes we have here and certainly work hard to push some of the not just the trending issues I don't want to say it that way– and things that are really forward thinking to move, move health care forward throughout the Nation so thank you.

A: RADM Weahkee: 2:00:36 thank you Mr. Green and I think is many of the items you covered point to the need for additional tools in the Indian Health system tool belt. Small ambulatory program did receive about $10 million dollars in 2020 to fund some new projects that are proposed. Joint Venture we had the most applications ever, that we received ever, this program this year with 43 received, 10 of those projects making it to phase two, including Colville at the Omak clinic so there's that with that funding and support for alternative facilities types. The facilities appropriation -– Indian Health Service has taken on the task of developing the criteria for different facility types at this point we've only taken proposals for hospitals or Health Centers but at time developing criteria for long-term care facilities, nursing homes, dialysis centers, inpatient mental health, residential treatment, and regional specialty referral centers which I know is near and dear to you all. These are viable facility types are currently approved or authorized under the Indian Health Improvement Act but we've not stood them up and not issued requests for funding. But many Tribes are coming to us asking for funding to develop the capacity for these types of facilities. We're also in a place now 2019 just passing, we got funding in all the 1992 Health Care Facility construction grandfathered list all the facilities on that list now have some level of funding so we are now starting to see the light at the end of that tunnel and Congress told us that we can't fund any other projects until, through the Health Care facilities construction program – until that list is completed. So working with FAAB looking forward seeing that light at the end of the tunnel and developing the criteria for us to ask Congress for money for these other facility types and now, now two years ago we got 105(l) available that we got funding through that mechanism so Tribes can establish capital fund, if you will to do more with their facilities and have that discretion to use those funds for ongoing support for their facilities. As well and we anticipate good news coming for future ---105(l) – congress so we will continue to advocate internally for the additional tools in the tool belt and we know that you all have ears to the ground in the communities about what type of services are needed we've heard through the just the two consultations I've been in this morning the TDMs if you will, that there is a lot of need for elder services, and a lot of need for impatient, mental health, and residential treatment, detoxification services, so we'll continue to remind Congress about the need in Indian County and the capacity that's not there currently.

GREG ABRAHAMSON: One more question to be respectful of his time

Q: Shawna Gavin, Confederated Tribes of Umatilla: Thank once again for your time, I wanted to talk about the section 105(l) leases IHS has reprograming inflation increases impact on our IHS tribal facilities. Our facilities rely on inflation increases to maintain current services unless additional funding is provided in IHS appropriations then additional funds required to fund 105(l) leases will come at the expense of the overall health program and will result in cuts in services for both direct services and self-governance Tribes. What is, well I have three asks. One what is the total amount of proposals? What has IHS done to fully to address 105(l) leasing obligations? And cause IHS has worked proactively with Congress to insure full payment asking in definite appropriations?

A: RADM Weahkee: 2:05:24 Thank you Mrs. Gavin and completely agree with everything you just said let me start with number one. The update on the as of the end of 2019 so October 1st we'll say we have received 201 proposals across the country at the evaluation of about $100 million dollars that was a quadrupling from what we had in 2018 when we had about $25 million as the end estimate that year. We anticipate that $100 million dollars to at least as more and more Tribes become aware of the availability of the 105(l) lease option. What have we done this past year through the consultations we have identified the Tribes desire to have separate and indefinite appropriations similar to the Contract Support Costs line item but we made sure that was well known to our partners with the Assistant Secretary Financial Resources and the White House Office Management Budget and we have been requested from both the House and Senate appropriation staff members to provide them with technical assistance to help them identify what the cost will be. As you might expect it difficult for us to project what that outliner might be we have no inventory of the buildings own by the Tribes that are being used for health care purposes and not just the health care facilities its self it the hospital or the health clinic. But we're also receiving proposals for things warehouse and other supportive structures that's supporting the health care. So from – I can tip the hat yet until February on 2021 budget I would point to what I consider a good signal which is Congress has been providing us with funding to meet this 105 lease cost each year and continues asking for updates what the current projection and providing that level. So when the House mark was completed in several months in advance of the Senate mark we had a certain dollar amount we shared with the House appropriation staff and then when the Senate mark come out that increase to a different number you can tell by the conversation in point and they are actually hearing us and there are identifying funding to meet that need. Because they don't want us see us taking away from our direct services health care operations to meet those needs either. There was a lawsuit and now the courts have said IHS you will pay this so will help us meet that need and I think we are getting good support from the appropriators to do that.

Q: Lisa Guzman, CEO of CTUIIR: RADM Weahkee I here with Shawna Gavin as our delegate I wanted to interject some of our experiences that we have with the 105(l) leases and I actually spoke to number clinics who have gone through this process of negotiation and working with IHS on intent to renewal and the process has been lengthy and at the beginning of your presentation you had mentioned your creating a sub group committee to address the 105(l) I was hoping you could expand a little to let us know. During our negotiations with were told about the ways that we could negotiate and calculate the 105(l) lease there where three ways that were identified. One was based on actual cost to operate and maintain the building. Two was based on paying market value, or three was a hybrid of the two. So when we provided those different ways of calculating cost and to negotiate it's a long process its getting IHS staff together, your tribal staff together, your attorney's together and then go back and forth for a period of time. We are currently now at our third negotiation and nots real clear as to intent to renewal process. The first year that we negotiated we review we selected to go with the first route based on actual cost to operate and maintain the building and there was no process to takes us through this and I understanding this and then later on starting asking other Tribal health clinics about what they were doing. We were told right at the end if you don't get this in if you don't get this completed you're going to miss out on money because they were closing out the negations for Tribes so we scrabbled. So we received about quarter of our money that was allowed to us. The second year we negotiated and that was a long process then we received our money about a year later, about nine to 12 months later. So, I think what I really want to emphasis here as a new clinic our maintenance and improvement cost are wrapped up into that negotiation so we sat for a year waiting for our money. Now we are in the process of intent to renewal and I'm wondering if we're going to have to wait another year and that seem be the many of the Tribal health clinics from our area view, is that we just have to sit back and wait. So that's why I wanted to know what the subgroup expansion is? Or how is this going to support with the process of negotiation?

A: RADM Weahkee: Thank you Mrs. Guzman and sure your experience is very similar to what many other 105(l) leasees has been. as I mention this is a new requirement upon the agency this came as a result of lawsuit Maniilaq vs the US Federal government this established newly inherent Federal functions in 2018 is really the first year we started negations 105(l) leases. So we've had to build the capacity within the agency and we have very few people who really are dedicated to this at this time because we are doing this without any additional funds on the Federal side. We have most of that negotiation going on right here in our Seattle office addition of Engineering services. But so we're building the capacity that is one thing that's taking its time, the other is funding, we've never had funding to meet all the needs of the leases 2:13:31 and the timing issue is mainly the result of the consultations. Those consultations take part in time as we gather feedback from across the country on how we can meet the short term and long term needs of all our – and those are being paid out as the funding source is identified as I

mention we are now seeing good support from Congress to provide that funding. They just really want to know from us what the outward projections are so they can be assured that money is going to be available. So, also through the consultation - Tribes would like to help us identify those other cost and that perhaps we can develop a subgroup, sub working group like the Budget Formulation workgroup to do that. So did and thank the Tribal leaders for making that recommendation we work jointly with Federal–Tribal manner to identify how this program should be set up since it brand new for all of us and hopefully have few bugs looking back at CSC as an example there was a lot of litigation that got us to the final spot. We want to do this – establish in partnership so we don't have to go through litigation. That is the goal I'm not sure yet and we'll be interested in sitting in probably on the first part of that of the initial meeting to hear the proposed scope for the workgroup and we anticipate taking on under the subgroup but it is going to be important to for outliers. Again I mentioned $100 million dollars at this point but that will grow pretty dramatically in 2020 I'm sure. Did I answer your question? And we'll be sharing that information out expect to see --- formulation process and more feedback on 105(l). I want to thank you all for opportunity you keep me on my toes it's always good to cover a variety of topics and I want to invite you anytime you're in DC if you want to stop by and have a Tribal delegation meeting specific to your needs and interest I'm more than happy to do so when you're in town. Thank for the opportunity to present today.

NPAIHB EXECUTIVE COMMITTEE ELECTIONS:

Chairman Elections:

Nomination, Greg Abrahamson, Spokane Tribe, by Shawna Gavin, Confederated Tribes of Umatilla, 2nd by Eric Metcalf, Coquille Tribe
Nomination, Nicolaus Lewis, Lummi Tribe, made by Lottie Sam, Yakama Nation, 2nd by T.J. Green, Makah Tribe
Vote by paper. 12 - votes for Nick Lewis, 8 - votes for Greg Abrahamson**, Nicolaus Lewis is elected as Chairman**

Secretary Elections:

Nomination, Greg Abrahamson, Spokane Tribe by Shawna Gavin, Confederated Tribes of Umatilla, 2nd by Eric Metcalf, Coquille Tribe
MOTION to close nominations: by Nicolaus Lewis, Lummi Tribe; 2nd by Kim Thompson, Shoalwater Bay; **Greg Abrahamson is elected by acclimation.**

EXECUTIVE DIRECTOR REPORT, LAURA PLATERO

Highlights

1. Executive Director 60-Day Draft Work Plan
2. Personnel

3. Recognitions
4. Meetings
5. Strategic Plan Update
6. 2020 Legislative and Policy Survey

Executive Director 60-Day Draft Work Plan
- Sets forth focus of my first 60 days as ED
- Includes my "to do list" in these areas
    - Finance
    - Development
    - Staff
    - Program
    - Operations
    - Outreach
    - Board and Tribes
- Has been shared with Executive Committee and Staff

Personnel
<u>New Hires</u>
- **Dove Spector,** NDTI Project Specialist II
- **Roger Peterson,** Text Messaging Specialist
- **Amy Franco,** Grants Management Specialist
- **Celeste Davis,** Environmental Public Health Director

<u>PROMOTIONS/Transfer</u>
- **Laura Platero,** Executive Director
- **Paige Smith,** Youth Engagement Coordinator

<u>OPEN POSITIONS UPDATE</u>
OR Tribal Public Health Improvement Manager - Closed 1/10; Job offer pending
WA Tribal Public Health Improvement Manager - Closed 1/10; Job offer pending
Sr. Environmental Health Specialist - Closed 1/10; currently screening applications
Environmental Health Specialist - Closed 1/10; currently screening applications
Environmental Health Scientist - Closed 1/10; currently screening applications
OR Tribal Public Health Improvement Program Analyst - Closes 1/24
Communicable Disease Epidemiologist - Closes 1/24
TCHP & A/P Project Assistant - Closes 1/31
Policy and Programs Director - Closes 1/31

Recognitions

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

QUARTERLY BOARD MEETING
Tulalip Casino Resort
10200 Quil Ceda Blvd,
Tulalip, WA

January 14 – 16, 2020
MINUTES

- **10 years of service** **Colbie Caughlan**, THRIVE & Response Circles
- **20 years of service** **Tam Lutz,** WEAVE/TOTS2Tweens/Native Cars Project Director
- **Employee of the Year** **Jamie Alongi,** Network Administrator
- **Delegate of the Year** **Greg Abrahamson,** Vice Chair, Spokane Tribe

Meetings

1/23	Skokomish Indian Tribe – ED Outreach Meeting
1/27-1/30	Affiliated Tribes of Northwest Indians- Portland
2/10-2/14	National Congress of American Indians ECWS – D.C.
	Interior Public Witness Hearings – D.C.
	National Tribal Budget Formulation Workgroup Meeting
2/26-2/27	NIHB 1st Quarterly Board Meeting-D.C. (tent.)
3/17-3/19	NIHB National Tribal Public Health Summit-Omaha (tent.)
3/31-4/1	CMS I/T/U Training – Seattle
4/7-4/8	HHS Annual Tribal Budget Consultation (tent.)

Strategic Plan

- Staff and delegate input has been incorporated
- Draft text copy is available for review
- Major changes are highlighted in yellow
- Please review and send feedback to nfrank@npaihb.org by **January 31st**
- Approval of final edits at April QBM

2020 Legislative and Policy Survey

- Survey was sent out to Delegates for initial input
- Results will be shared at January QBM Committee Meetings
- Committees will have opportunity to review the summary and provide additional input
- Youth delegates will have the opportunity to set their own priorities which will be incorporated into the 2020 Legislative and Policy Priorities
- Priorities will be finalized prior to NCAI ECWS (week of February 10)

2020 Legislative and Policy Survey Ranking of Priority Categories

- 12 respondents
- Mainly recommended to move all priorities forward with a few changes or additions proposed
  - Behavioral Health (Mental Health and Substance Use)
  - IHS Funding
  - Elders and Long Term Care

- Affordable Care Act/Indian Health Care Improvement Act
- Public Health
- Special Diabetes Program for Indians
- Community Health Aide Program
- Workforce Development
- Medicaid
- IHS Health Care Facility Funding
- Veterans
- IHS IT Modernization
- HCV and HIV

WORKING COMMITTEE MEETING AND SETTIN POLICY PRIORITIES LUNCH

1:49 p.m. Policy Priorities for 2020 from committee meetings

- Don Head, Veterans
- Bridget Canniff, Public Health
- Danica Brown, Behavioral Health
- Laura Platero, Legislative
- Paige Smith, Youth
- Ticey Casey, Oral Health

Vote on the priorities: MOTION: by Andrew Shogren, Suquamish Tribe, 2nd by Eric Metcalf, Coquille Tribe, **MOTION PASSES**
The Priorities will be circulated once complete

NPAIHB COMMITTEE UPDATES – LAURA PLATERO, NPAIHB EXECUTIVE DIRECTOR

Purchased/Referred Care (PRC) Update by Eric Metcalf

BREAK

3:08 p.m. LEGISLATIVE POLICY UPDATE, SARAH SULLIVAN, HEALTH POLICY ANALYST

Report Overview

1. Hot Topics

2. Appropriations
3. Legislation
4. New & Pending Federal Policies
5. Litigation
6. Recent and Upcoming National/Regional Meetings
7. DHAT State Legislative Update

Hot Topics

- **Rear Admiral (RADM) Michael D. Weahkee Nomination Hearing**
  –12/11/19: RADM Weahkee answered questions from Senate Committee on Indian Affairs Committee members on long-standing challenges in providing quality and comprehensive healthcare- from the lack of federal housing for clinicians, chronic issues with provider recruitment and retention, to reoccurring cuts to IHS funding. –NPAIHB sent a letter to the Committee in support of RADM Weahkee 11/19/19
- ***U.S. v. Texas* Update**
  –12/18/19: Fifth Circuit Court of Appeals concluded that the ACA individual mandate provision is unconstitutional. BUT the Court remanded the case back to the district court to consider if there are severable provisions in the ACA.
- **FY 2020 Appropriations**
  –12/19/19: Congress approved and the President signed two measures that funded all 12 appropriations bills through FY 2020, including a roughly 4% Increase to IHS Overall and 5-month extension of SDPI

Appropriations
FY 2020 IHS Appropriations Enacted

- 12/20/19: H.R. 1865 – Further Consolidated Appropriations Act, 2020 (P.L. 116-94) includes 8 appropriations bills including Interior (IHS) and Labor-Health and Human Services-Education.
  - –H.R. 3052 and H. Rept. 116-100: Manager's Explanatory Statement House bill and report.
  - –S.2580 and S. Rept. 116-123: Manager's Explanatory Statement Senate bill and report.
- IHS Total Funding: $6.04 billion, a 4% increase above FY 2019 enacted level.
- Congress did not fully fund the Administration's request for EHR modernization, providing $8 million rather than the $25 million requested and $5 million to expand CHAP 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.

***See the PowerPoint for additional Budget graphics*

Legislation
Advanced Appropriations Bills for BIA/BIE/IHS and IHS only

- FY 2020 House Appropriations Committee Report directs IHS to report on what changes would be needed to develop and manage advance appropriations for IHS and report back within 180 days.
- The following bills will carryover into the second session of the 116th Congress in 2020.
- **S. 229 & H.R. 1128 – Advanced Appropriations for BIA and BIE at DOI and IHS at HHS**
  - Senate Bill introduced by Sen. Tom Udall (D-NM) on 1/25/19.
  - House Bill introduced by Rep. Betty McCollum (D-MN-4) on 2/8/19.
  - Status: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.
- **H.R. 1135 & S. 2541 –Advanced Appropriations for IHS**
  - House Bill introduced by Rep. Don Young (R-AK- At Large) on 2/8/19; referred to Committees.
  - Senate Bill introduced by Sen. Lisa Murkowski (R-AK) and RM Sen. Tom Udall (R-NM) on 9/24/19.
  - Status: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.

Special Diabetes Program for Indians Reauthorization

- ***H.R. 1865-Further Consolidated Appropriations Act, 2020***
  - Extends authorization for several mandatory-funded health programs, including SDPI and Community Health Clinic program through **May 22, 2020**. SDPI has been authorized at $96,575,342 (64% of 150M or equivalent to just under 8 months.
- **H.R. 2328- Community Health Investment, Modernization, and Excellence Act of 2019** (Rep. Tom O'Halleran (D-AZ)-4 years at $150m)
  - **Status:** 7/17/19 – Ordered Reported by House E&C
- **S. 1895- Lowering Health Care Costs Act** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
  - **Status:** 7/8/19- Placed on Senate Leg Calendar

Other pending bills:

- **H.R. 2668 – Special Diabetes Program Reauthorization Act of 2019** (Rep. Diana DeGette (D-CO)-5 years at $200m
  - **Status:** 6/4/19- House E&C Health Subcommittee Hearing
- **H.R. 2680 – Special Diabetes Programs for Indians Reauthorization Act of 2019** (Rep. Tom O'Halleran (D-AZ)- 5 years at $200m

- **Status**: 6/4/19-House E&C Health Subcommittee Hearing
- **H.R. 2700 – Lowering Prescription Drug Costs and Extending Community Health Centers and Other Health Priorities Act** (Rep. Michael Burgess (R-TX)- 1-year extension at $150m)
    - **Status:** 6/26/19- In Committees
- **S. 192 - Community and Public Health Programs Extensions Act)** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
    - **Status:** 1/18/19- In HELP Committee

New Indian Legislation

- **H.R. 5323 – Tribal Elder Care Improvement Act of 2019** (Rep. Tom O'Halleran (D-AZ)

–Amends the Older Americans Act of 1965 to expand supportive services for Native American aging programs.
–**Status**: 12/5/19 Referred to the House Committee on Education & Labor.

- **H.R. 4957 – Native American Child Protection Act** (Rep. Ruben Gallego (D-AZ)

–Amends the Indian Child Protection and Family Violence Prevention Act
–**Status:** 12/5/19 Ordered to be reported by unanimous consent by the House Committee on Natural Resources

- **S. 2871 – Indian Health Service Health Professions Tax Fairness Act** (Sen. Tom Udall (D-NM)

–Excludes from gross income, for income tax purposes, payments under the IHS Loan Repayment Program and certain amounts received under the Indian Health Professions Scholarships Program.
–**Status**: 11/14/19 Referred to the Senate Committee on Finance.

- **H.R. 4908 – Native American Veteran Parity in Access to Care Today Act** (Rep. Ruben Gallego (D-AZ)

–Prohibits collection of health care copayment by VA from a veteran who is tribal member.
–**Status**: 11/8/19 Referred to House Committee on Veterans' Affairs Subcommittee on Health

GAO Report: IHS- Facilities Reported Expanding Services Following Increases in Health Insurance Coverage and Collections

- On 9/3/19, GAO issued a report describing (1) significant increases in health insurance coverage and third-party collections at federally operated and tribally operated facilities from FY 2013-2018, and (2) the effects of any changes in coverage and collections.
- **GAO Found:**

–During FY 2013-2018 patients at federally operated hospitals and health centers reported an average increase of 14% in health coverage. Tribally operated facilities also experienced increases in coverage.

–Federally operated IHS facilities' third-party collections totaled $1.07 billion in FY 2018, increasing 51% from FY 2013. Tribally operated facilities also experienced increases in collections.
–Facilities have been increasingly relying on third-party collections to pay for ongoing operating (i.e. staff payroll and facility maintenance) and have expanded onsite services (i.e. volume or scope of services offered- adding new providers or purchasing medical equipment).

GAO Report: Tribal Programs- Resource Constraints and Management Weaknesses Can Limit Federal Program Delivery to Tribes

- On 11/19/19, GAO issued a report describing (1) capacity and funding constraints and budget uncertainty and (2) management weaknesses that limit the effective delivery of federal programs for tribes and their members. GAO made more than 50 recommendations related to its high-risk area and more than 40 recommendations for tribal water infrastructure, tribal self-governance and tribal consultation of which 60 recommendations are open.

GAO Found:
–**High staff vacancies and insufficient staff capacity.** In February 2017, GAO reported that IHS had over 1,550 vacancies for healthcare positions in 2016, and the insufficient workforce was the biggest impediment to providing timely primary care.
–**Inadequate funding.** Inadequate program funding to meet tribal needs may limit tribal options for administering federal programs using self-determination contracts or self-governance compacts. Many tribes supplement federal funding, which diverts funding from economic development and services provided.
–**Effects of budget uncertainty.** Budget uncertainty arises during CRs and government shutdowns. Impacts on tribal health care programs and operations include recruitment and retention of staff challenges and additional administrative burden and cost.
–**Oversight weaknesses.** Found weaknesses in IHS's oversight of timeliness of patient care leading to long wait times at IHS facilities. Recommendation that IHS develop standards for patient wait times and take corrective action. IHS has done this and it developing monitoring capacity.

Federal Administrative & Regulatory Policy
HHS OIG Proposed Rule: Anti-Kickback Statute

- Issued 8/26; Comments Submitted 10/25
- The Anti-Kickback Statute (AKS) prevents healthcare providers from entering into arrangements where one provider gives another provider payment or an incentive to bill federal healthcare programs.
- The HHS OIG created a number of safe harbors, however none of the existing safe harbors are designed for Indian healthcare programs.

- New Safe Harbors: 1) Coordinated Care Arrangements; 2) Value-Based Care: Substantial Downside Financial Risk; 3) Value-Based Care: Full Financial Risk; 4) Patient Engagement and Support; 5)
- NPAIHB requested an Indian-specific safe harbor with language from the CMS TTAG.

CMS Proposed Rule: Medicaid Fiscal Accountability Regulation

- Issued 11/18/19; **Comments Due 2/1/20**
- Proposes new reporting requirements for states to provide CMS with more detailed information on supplemental and DSH payments to Medicaid providers.
- Clarifies that permissible state or local funds for the state share include: state general fund dollars appropriated directly to Medicaid; Intergovernmental transfers (IGTs) from units of government (including tribes) derived from state or local taxes, and transferred to the state Medicaid agency; and certified public expenditures (CPEs) reported to the state.
- **Concern:** Belief that it could negatively affect participation of tribes to perform Medicaid State administrative activities (i.e. in OR and WA). For example, states can or could pay for a portion of the non-federal match on certain services.

IHS Recent DTLLS

- **DTLL on 12/2/19:** Notification of upcoming deadline to file a hardship exception application to CMS for not having access to certified Health Information Technology to meet the Medicare Quality Payment Incentive Program (Application Due 12/31/19)
- **DTLL on 11/27/19:** Update on short-term continuing appropriations for FY 2020 that affect tribal health programs with performance periods starting within the CR period for October 1, 2019 through December 20, 2019.
- **DTLL on 11/15/19:** Updates on recent developments associated with modernizing Agency Health Information Technology and release of October 2019 final report and roadmap executive summary.

IHS Strategic Options for Modernizing Health IT

- IHS HIT Modernization Project Roadmap provides guidance to HHS and IHS in their efforts to modernize the IHS HIT system.
- The Roadmap is an overarching plan to support improved clinical and non-clinical operations across I/T/U healthcare facilities through HIT.
- The Project was designed to identify and frame the initial path required to achieve success; however, the proposed modernization program requires an immediate and long-term commitment

IHS Strategic Options for Modernizing Health IT Proposals

- Charter a HIT Modernization Advisory Committee to support the collaboration to advance innovation for technology improvements for the Indian health delivery system.
- Establish a multi-member governing body that interacts regularly with stakeholder groups, both formally through tribal consultation policies and informally through leadership and subject matter expert stakeholder groups.
- Leadership must fully understand and establish a long-term commitment to the HIT modernization program through engagement and support for appropriate governance, resourcing, and accountability.
- Need for additional evaluation and endorsement of key findings by IHS.

IHS Special Diabetes Program for Indians Update

- FY 2020: short-term extension of SDPI for 5 months, through May 22, 2020.
- No funds have been authorized for the next SDPI grant cycle yet (FY 2021-2025)
- Tribal Consultation on the Distribution of Funding for SDPI in FY 2021; DTLL 10/2/19; Comments Submitted on 12/2
- 1/10/20: TLDC on recommendations to provide to RADM Weahkee.
- IHS will provide decisions for the FY 2021-2025 grant cycle by DTLL in **early 2020**. The FY 2021 Notice of Funding Opportunity released in **Spring 2020.**
- **Portland Area Recommendations:**
  –Proposed changes to the funding distribution for more funds to go to current SDPI grantees and new grantees from undisbursed funds, SDPI Data Infrastructure, and SDPI Program Support.
  – Generally did not recommend any changes to the national funding formula, but any changes must hold tribes harmless.

Active IHS Consultations

- **Distribution of funding for IHS Special Diabetes Program for Indians (SDPI) in FY 2021**

–Initiated 10/2/19; Comments submitted 11/27/19

- **2010 Memorandum of Understanding and Related Performance Measures between IHS and U.S. Department of Veterans Affairs**

– Initiated 9/14/2019; Listening Session 9/16/19

- **Mechanism to Distribute Behavioral Health Initiatives Currently Distributed through Grants**

– Initiated 5/18/2018 and 8/2/2019; Comments submitted 10/1/2019

- **FY 2019 Funding Decision for New Behavioral Health Funding to address Opioids- To Develop an IHS Opioid Grant Program**

–Initiated 6/19/19; Comments submitted 9/3/19

- **Draft IHS policy to implement, outline, and define a national CHAP**

–Initiated 5/18/19; Comments submitted 6/7/19

- **Short- and Long-term solutions to Meet Statutory Requirements of the Section 105(l) leases, ISDEAA 25 U.S.C § 5234(l)**

– Initiated 2/29/19 and 3/12/19; Comments submitted 4/26/19

- **Detailed Analysis of Purchased/Referred Care Program Implications and Feasibility for the State of Arizona to be identified as a Purchased/Referred Care Delivery Area (PRCDA), pursuant to IHCIA 25 U.S.C. § 1678**

– Initiated 11/20/2018 and 2/27/19; Comments submitted 11/15/19

Litigation: U.S. v. Texas Update

- Fifth Circuit held that the individual mandate became unconstitutional when Congress reduced the individual mandate penalty to zero, as part of the 2017 Tax Cuts and Jobs Act.
- Fifth Circuit was not convinced by the district court's holding that because the individual mandate was unconstitutional, the entire ACA must be invalidated.
- Three Supreme Court Potential Future Actions:
    1) Reject review and allow district court to move forward with the Fifth Circuit separable analysis;
    2) Grant the requested expedited review, which would allow the Court to make a ruling during the current term before the 2020 presidential election; or
    3) Grant review on its typical schedule during the Court's next term that begins in the fall.

Recent and Upcoming National/Regional Meetings
Upcoming Meetings
January-March 2020

- **January 23-24:** IHS Tribal Self-Governance Advisory Committee (TSGAC) 1st Quarter Meeting, Washington, D.C.
- **January 27-30:** ATNI Winter Convention 2020, Portland, OR.
- **February 6-7:** HHS Secretary's Tribal Advisory Committee, Washington, D.C.
- **February 10-13:** NCAI Executive Council Winter Session, Washington, D.C.
- **February 11-12:** IHS Direct Service Tribes Advisory Committee (DSTAC) 1st Quarter Meeting, Arlington, VA.
- **February 13-14:** FY 2022 National Tribal Budget Work Session, Crystal City, VA.
- **February 25-27:** NIHB 1st Quarter Meeting, Washington, D.C.
- **February 25:** NIHB MMPC Face-to-Face Meeting, Washington, D.C.
- **February 26-27:** CMS TTAG Face-to-Face Meeting, Washington, D.C.
- **March 11-12:** IHS Tribal Leaders Diabetes Committee (TLDC) Meeting, Washington, D.C.
- **March 12-13:** CDC/ATSDR Tribal Advisory Committee, Chamblee, GA.
- **March 17-19:** NIHB National Tribal Public Health Summit, Omaha, NE.

OR State Dental Therapy Legislation

- Oregon is introducing statewide dental therapy licensing bill. Our pilot project expires in May 2021, and legislation is best pathway to allow current DHATs to continue practice and establish the profession in OR for all underserved populations.
- OR legislative session starts Feb. 3 and runs for 35 days.
- Draft bill language and fact sheet are available and letters of support from Oregon Tribes have been requested and are being generated.
- First informational hearing is tomorrow, with NPAIHB, CTCLUSI and Coquille amongst those attending/presenting.
- NPAIHB received funding from the Northwest Health Foundation to actively lobby on this bill.

WA State Dental Therapy Legislation ~ Miranda Davis Dental Support, Bonnie Bruerd, Consultant

- Washington state legislature convened yesterday, January 13, and many of us are at AIHC lobby day today lobbying for statewide licensing bill that will enable UIPs to employ dental therapists and *should* also remove current CMS argument about reimbursement as services are far less restricted than tribal bill.
- NPAIHB received a very generous grant from the Group Health Foundation that allows us to significantly increase our lobbying and paid media on this dental therapy bill.

How to engage with dental therapy legislative efforts!

- We will be sending weekly legislative updates and action items to delegates and Tribal Health Directors in OR and WA, and anyone interested in following these two bills.
- For more information and to get copies of the legislation and supporting materials please contact Pam Johnson, NDTI Manager, pjohnson@npaihb.org, 206-755-4309

Janet Nicholson of Colville asked for a Letter of Support for Colville Joint Venture application
MOTION by: Greg Abrahamson, Spokane Tribe, 2nd by Ernie Stensgar, Coeur d'Alene Tribe.
MOTION PASSES

Executive Session:

Recess @ 4:55pm

WEDNESDAY JANUARY 15, 2020

9:10 a.m. **call to order**

Invocation: Rodney Clawston, Colville Chairman

Youth activities

EPICENTER UPDATE, VICTORIA WARREN-MEARS, NPAIHB EPICENTER DIRECTOR

Western Tribal Diabetes Audit Reports per Tribe and Regional
WA DOH Parenting Teens Grant
Improve health futures for AI/AN expectant and parenting teens, women, fathers, and their families. Connect the to culturally-appropriate services, programs, resources, and referrals.

- 4 tribal subcontractors in WA state (2018-2020)
- Upcoming opportunities
- AI/AN Parenting Teens care packages
- Social Marketing Campaign

Northwest Tribal Epidemiology Center

- Accomplishments 2019
  - Staff provided greater than 750 Technical Assistance contacts to Area Tribes, Out of Area Tribes and other requests.
  - Acquired the Environmental Public Health Program from the Portland Area Office of Indian Health Service
  - Contributed articles to the TEC supplement Journal of Public Health Practice and Management
  - Received public health funds from the States of Washington and Oregon to assist with public health modernization.

Northwest Tribal Epidemiology Center

- Plans for the coming year:
  - Fully implement new programs
    - *Environmental Public Health*
    - *Washington State Tribal Public Health Improvement*
    - *Oregon Tribal Public Health Modernization*
  - Visit Tribes upon request with Executive Director to discuss services available
  - Keep the EpiCenter on the cutting edge for data and projects

- Work hard and have a fulfilling and fun work place!

Contact me at:
Victoria Warren-Mears, PhD, RDN, FAND
503-416-3283 (office)
503-998-6063 (cell and text)
vwarrenmears@npaihb.org

YAKAMA NATION ELDER PROGRAM, ARLEN WASHINES, YAKAMA NATION HUMAN SERVICE DEPUTY DIRECTOR

Please attached report

TRIBAL VETERAN'S, LAVADA ANDERSON, ACCREDIITED TRIBAL VETERANS REPRESENTATIVE, WDVA

NW TRIBAL JUVENILE JUSTICE ALLIANCE UPDATE, DANICA BROWN, BEHAVIORAL HEALTH PROGRAM MANAGER

Overview

Overview of NW TJJA
- Partners
- Goals
- Deliverables

Methods
Plan

NW tribal Juvenile justice alliance
Tribal-Researcher Capacity Building Grant
U.S. Department of Justice (DOJ)
National Institute of Justice (NIJ)
Develop an inter-tribal workgroup – the NW Tribal Juvenile Justice Alliance (NW TJJA) – Will meet over the next 12 months to collaboratively design a research study to evaluate and disseminate juvenile justice best practices for AI/AN youth in the Pacific Northwest

In response to the Tribal-Researcher Capacity Building Grant opportunity, issued by the U.S. Department of Justice (DOJ) and the National Institute of Justice (NIJ), the NPAIHB will form a

new inter-tribal workgroup – the NW Tribal Juvenile Justice Alliance (NW TJJA) – that will meet over 18 months to collaboratively design a research study to evaluate and disseminate juvenile justice best practices for AI/AN youth in the Pacific Northwest, aligning with DOJ research priorities.
Due to a range of historical, social, environmental, and structural factors, American Indian and Alaska Native (AI/AN) youth are overrepresented in juvenile justice systems. To improve outcomes for AI/AN youth, OJJDP prevention, intervention, and recidivism programs must be responsive to their unique worldview and social context. Unfortunately, research and data to guide DOJ system improvements for Native youth are limited.
The inclusive, iterative process will ensure all research partners actively weigh in on and contribute to research decisions.
During regional stakeholder meetings, participants will prioritize and select research aims and methods.
Between Month 12 and Month 18, NW TJJA stakeholders will review and provide input on all aspects of the study design (Aims, Methods, Sites, and Participants) and will support the final submission of the study to the DOJ by the NPAIHB.

Partners
- Department of Justice (DOJ)
    - National Institute of Justice (NIJ)
    - Office of Justice Programs (OJP)
- Northwest Portland Area Indian Health Board (NPAIHB)
- Tribes in Oregon, Washington and Idaho
- State Juvenile Justice Departments
- NPC Research

Goals
- Identify, test and expand best practices that improve Juvenile Justice systems for Tribes in the Pacific Northwest,
- Ensure that non-Native justice systems are improving life outcomes for AI/AN youth who interact with their services,
- Build tribal capacity to access and utilize data that support quality improvement at the community-level, and
- Create and administer data collection tools that will identify Data Sources that could inform our understanding of Juvenile Justice disparities or concerns for our NW Tribes.

Deliverables
- A research proposal
- A special report sharing lessons learned

- Articles and publications to share progress and findings with NW Tribes

We are excited for this new endeavor to create partnerships and develop a better understanding of how to support our Tribal communities.

Methods

Established NW TJJA and hosted 4 meetings

Focus Groups

- THRIVE Conference chaperones
- 9 Tribes Meeting
- NPAIHB Youth Delegates

Surveys

- Spirit of Giving Conference
  - 10 Youth
  - 30 Adult

Key Informant Interviews

- Washington Youth Authority Staff (2)
- Oregon Youth Authority Staff (2)
- Idaho Probation Officer (1)
- Data Surveillance Specialist
  - Sujata Joshi

Preliminary Findings

Data

- Jurisdictional issues
- Inconsistent
- Data Surveillance

Best Practices

- Tribal Best Practices
- Cultural Activities
- Staffing
- Resources

Contacts

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(Choctaw Nation of Oklahoma)
Behavioral Health Manager
Northwest Portland Area Indian Health Board
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Stephanie Craig Rushing, MPH, PhD
Principal Investigator
Northwest Portland Area Indian Health Board
503-416-2290

scraig@npaihb.org

DISCUSSION ON JULY 2020 DATES:

Nick brought up the July dates
Cassie brought her concern with the conflict with the canoe journey
Cassie K., we all have our cultural ways and our business way of life.
Motion to except the July 28th -30th, motion by Greg, 2nd by Andrew…. Motion withdrawal by Greg to have a discussion tomorrow about August dates or maybe another tribe hosting

Lunch hosted by Tulalip

1:32 p.m. **LGBTQ2S PRESENTATION MORGAN THOMAS. LGBTQ 2 SPIRIT OUTREACH AND ENGAGEMENT COORDINATOR:**

Text LGBTQ2S to 97779

Caring for the person first Two Spirit and LGBTQ Health
Acknowledgements

- *The original inhabitants of this place, the Sdohobsh (Snohomish) people and their successors the Tulalip Tribes, who since time immemorial have hunted, fished, gathered, and taken care of these lands.*
- Providers, staff, and tribal leadership in the PNW
- Alessandra Angelino and Seattle Children's Hospital for the creation of Celebrating our Magic Toolkit
- This project was funded in part with resources from the Minority HIV/AIDS Fund.
- Indian Health Service –Rick Haverkate
- Boxcar Assembly – Courtney Hermann and Kerribeth Elliott

How can we access the documentary?

- **Online**
- **http://www.npaihb.org/2slgbtq/#film**

Specific aims:
1) Deliver culturally grounded resources for people who identify as Two Spirit or LGBTQ, their healthcare providers, and their allies.

- Posters
- Rack Cards

- Pamphlets

Trust your journey
Opening up to your provider may take time
The more your provider knows about you the better your care

Trust your knowledge
Educate yourself: bit.ly/doaskdotell
Ask your provider about the care you know you need

Trust your community
Ask friends or relatives to accompany you to appointments and advocate for your
Find an LGBTQ-affirming provider: ask friends or visit wpath.org/provider/search

Trust your journey.

- Developing a relationship with your provider may take time.
- The more information your provider has about you, the better your care.
- If it is safe, and you feel ready, be open with your provider about gender identity and sexual orientation. This helps you and all future Two Spirit or LGBTQ patients.

Trust your community.

- Bring a relative, friend, or ally with you to appointments.

Trust your knowledge.

- Know your rights:
  - Under state, tribal, and federal laws, it is illegal for most healthcare organizations to discriminate against patients for being LGBTQ or Two Spirit.
  - Anything you tell your doctor is confidential.
- Know your care:
  - Know what health issues may affect you: bit.ly/doaskdotell
  - Find an LGBTQ-affirming provider:
    - Ask friends for referrals.
    - Use LGBTQ Resources:
      - GLMA Provider Directory
      - wpath.org/provider/search
  - Call ahead. Ask if your doctor has experience with LGBTQ or Two Spirit patients.

Mick's Story

Mick is from the Diné Nation in the southwest desert of Turtle Island. They identify as Two Spirit and indigiqueer. They emphasize the importance of self-advocacy in healthcare settings.

"I access healthcare now for myself and my partner, who is transitioning medically. When we go to doctors, I say, 'I just want you to know that I am interviewing you. It's not the other way around.'

"Now, when we talk about my health history and my partner's health history, it's from a place of strength. That's something I had never been able to do before. I'd always felt sacred or embarrassed or weird.

"I go with my partner to all of their appointments. Being able to be a part of that process and advocate for them has meant that I can also have strength to advocate for myself."

To hear the rest of Mick's story, text DOCUMENTARY to 97779.

Ask how clients prefer to be identified-every client, every time.

Affirm the good things in your clients' lives by asking about their communities and successes

Acknowledge the diverse Native concept of gender and sexual orientation

Advocate for clients who are Two Spirit of LGBTQ

Trust your LGBTQ or Two Spirit loved one

- They know how they identify and what they need from you
- Ask them. Listen.

Trust our traditions.

- Our ancestors celebrated Two Spirit and LGBTQ community members
- They are sacred

Trust your journey.

- Acceptance takes time. Your feelings are valid

Find support: pflag.org

Specific aims:

1) Deliver culturally-grounded resources to **youth** exploring their gender identity and/or choosing to medically transition
2) Provide resources and support for f**amilies**
3) Increase **health provider** awareness of aspects unique to AI/AN transgender and Two-Spirit youth

Coming soon…

- Trans and Gender Affirming Care ECHO
    - March – August 2020
- Two Spirit & LGBTQ Podcast
    - April – September 2020
- Kids Book for Two Spirit and trans youth
    - August 2020
- Community Readiness Assessment
    - In Process

www.npaihb.org/2SLGBTQ

Discussion
- What other resources or initiatives does your community need?
- What resources or advocacy initiatives are ongoing in your community, that may be helpful for other communities?

Morgan Thomas
mthomas@npaihb.org

NPAIHB TRIBAL OPIOID RESPONSE, JESSICA LESTON, & COLBIE CAUGHLIN

How are we responding?
NPAIHB Opioid Projects
- Tribal Opioid Response (TOR) – SAMHSA
    - Consortium of 28 Tribes (42 Total)
- Strategic Planning (CDC)
    - Regional and National Work
    - 49 Days of Ceremony
- Opioid Overdose Data and Surveillance (CDC)
    - Improve accuracy and access to data on drug and opioid overdoses for Northwest Tribes
- Indian Country Substance Use Disorder ECHO clinic (SAMHSA + OMH)
    - Integrating Medications for Addictions Treatment in Primary Care
- MCH Opioid Study

NPAIHB Tribal Opioid Response Consortium
The overarching goal of the NPAIHB TOR Consortium is to develop a comprehensive and strategic approach to assist Tribes in developing capacity to address the complex factors associated with a comprehensive opioid response. This includes:

- Developing a framework for an Opioid Response Strategy,
- Increasing awareness of opioid use disorder,
- Preventing opioid use disorder,
- Increasing access to treatment and recovery services and overdose reversal capacity
- Reducing the health consequences of opioid use disorder in tribal communities.

Year 1 TOR Consortium
- 16 Tribes developed public awareness campaigns and 9 Tribes reached the point of implementing their campaigns.
- Extensive work to disseminate and educate about opioid reversal medications.
- At least 12 Tribes used funds to make MAT available to tribal members.
- 5 Tribes developed MAT policies in preparation to offer MAT through the clinic.
- 11 Tribes reached more than 300 people with recovery services, including recovery coaching, recovery housing, and other cultural programs.
- 8 Tribes reached more than 3,000 people with prevention services and messages.
- 14 Tribes offered wraparound services to support individuals in treatment or recovery from OUD. Services included outreach, transportation, assistance with housing, education regarding OUD and mental health, legal services, and family services.

A Trickster Tale
Fact Sheets

Communication
- Newsletter
- Listserv

Tribal Opioid Response Agenda
7 Key Areas
- Preventing New Cases of Opioid Use Disorder
- Offering Evidence-based Treatment and Recovery Services
- Protecting Mothers and Babies Affected by Opioids
- Incorporating Harm Reduction into Tribal Treatment, and Recovery Services
- Gathering Critical Information to Mount an Effective Community Response
- Growing the Evidence-Base for Effective Tribal Opioid Interventions
- Developing our Tribal organizations and workforce

49 Days of Ceremony Overview

- To "develop and examine efficacy of culturally appropriate prevention and intervention strategies to reduce opioid misuse and support OUD treatment" – mentioned as a reoccurring theme in 2018-2019 strategic planning listening and learning sessions.
- **We will focus 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.**
- Target Population - AI/AN communities in Alaska, Idaho, Oregon and Washington.

Opioid Data & Surveillance Project

- 3-Year grant through the CDC (Centers for Disease Control and Prevention)
- Add-on to the TEC-PHI grant
- Goal is to improve opioid & drug surveillance among Northwest tribes, and improve tribal access to drug/opioid data

Opioid Data & Surveillance Project Goals

- Produce opioid/substance data reports for AI/AN
- Assist NW tribes with opioid/substance data needs
- Gain access to additional opioid/substance data sources
- Work with partners to address racial misclassification in data systems

Need Opioid/Drug Data?
Contact me!

- Overdose deaths in your county/area
- Emergency department visits for overdose in your county/area
- Other opioid/drug-related data

Heidi Lovejoy, MSc
Substance Use Epidemiologist
HLovejoy@npaihb.org
(503) 416-3251

Indian Country Substance Use Disorder ECHO
The Indian Country Substance Use Disorder ECHO provides an opportunity to promote expansion of access to treatment for opioid use disorder and other SUDs. Specialists in substance use disorder and behavioral health treatment at NPAIHB offer in-person trainings and a twice monthly teleECHO clinic for Indian Country healthcare staff. The program offers:

- In-person trainings with MAT Waiver
- Telehealth sessions

- Providers support to improve or integrate best-practice care where opioid use disorder and other substance use disorder treatment may have been previously unavailable.

Best Practice – Indian Country ECHO
Opioid Use Disorder Training + ECHO Onboarding

- **Upcoming Trainings:**
  - Swinomish, WA – Feb 19-20 & March 16-17
  - Portland, ME – March 24-26
  - Billings, MT – April 29-30

Host a Training:

- Contact the ECHO team
- David Stephens, dstephens@npaihb.org

Online Opioid Learning Models for Dentists

*****See PowerPoint for additional graphics**

To get the latest news and updates about opioids, addiction, and substance use delivered to your inbox **text OPIOID to 97779**

2ND DISCUSSION ON JULY 2020 DATES:
After confirming dates with Shoshone-Bannock and the hotel - MOTION by Greg Abrahamson, Spokane Tribe dates of July 13th 16th Motion for the date Andrew Shogren Suquamish Tribe, 2nd by Kay Culbertson, Cowlitz Tribe; MOTION PASSES

WEAVE-NW, TAM LUTZ, PROJECT DIRECTOR

GHWIC Initiative

- Centers for Disease Control and Prevention under the Good Health & Wellness in Indian Country (GHWIC) Initiative
- Addresses chronic diseases which are among the most widespread, costly, and preventable causes of morbidity and mortality for AI/AN
- Three components of funding
  - Component 1: Tribes
  - Component 2: Tribally-designated organizations or Urban Indian Organizations
    Component 3: Coordinating Center
  - www.npaihb.org/weave
  - https://www.cdc.gov/chronicdisease/resources/publications/aag/indian-country.htm

Overview

GHWIC Long-Term Goal

- To decrease cardiovascular disease and stroke, commercial tobacco use, obesity, and type 2 diabetes for AI/AN

Focus:

- Policy, systems and environment (PSE) projects
- Culturally relevant and appropriate prevention activities

Why PSE approaches?

- We can try to educate people and encourage them to make healthier choices, but
    - What if your environment makes it hard to change your behavior?
    - What if the policies that are in place makes it easy to keep doing things the way you're used to?
    - What if there are systems that prevent you from changing?
- *Where* you live affects *how* you live – PSE changes the context in which people make decisions that impact their health

the last 5 years
Food Sovereignty

- NW Tribal Food Sovereignty Coalition
    - Coalition Building
    - Annual Gatherings
    - Media Development
    - Published paper in the Journal of Agriculture, Food Systems, and Community Development https://doi.org/10.5304/jafscd.2019.09B.001
- Trainings
    - Food Sovereignty Assessment Tool
    - Traditional Foods Workshops
- ATNI Food Sovereignty Sub-Committee
- Awarded funding from the Native American Agriculture Fund
    - NTFSC Support for strategic planning and technical assistance/trainings

2019 Annual Gathering
Media

- 6 Food Sovereignty posters
- 6 Breastfeeding posters
- 3 Videos (2 FS /Tobacco)
- 3 short "tasty" style videos

Tobacco

Training

- Tobacco 101
- Traditional tobacco
- Tobacco Cessation training
- Tobacco policy implementation
- Electronic cigarette dangers/research
- Traditional medicines methods for tobacco reduction
- Quit kits

Technical Assistance

- Policy Development
- Program Planning,
- Clinical Program Assessments
- Media/NA Oregon quit line campaign

2019 Shoshone bannock vaping video
https://www.facebook.com/watch/?v=437841250154093

Diabetes ECHO

- Collaboration
- Training/Consultation
- Knowledge-Sharing
- Capacity Building

Breastfeeding
This project through coalition building and partnerships with Tribes aims to strengthen Tribal efforts to assess breastfeeding status, provide breastfeeding trainings and help plan for PSE approaches to improve and support breastfeeding.

Highlights 2014-2019

- 84 trainings, webinars and workshops; 2,182 participants across 41 of 43 Tribes
- 344 instances of TA across 39 of 43 Tribes
- 100% reach to our tribes to-date (including direct funding, TA, training, and coalition membership)
- 12 Diabetes ECHO clinics, serving 145 participants across 26 Tribes
- 42 sub-awards to 22 tribes/tribal organizations
- 3 Coalition gatherings
    - October 2017 – 65 attendees from 24 Tribes
    - September 2018 – 160 attendees from 24 Tribes
    - June 2019 – 110 attendees from 24 Tribes

WEAVE 2.0 Strategies

- Expand the implementation of Component 1 strategies and activities through 5 sub awards to Tribes
- Provide technical assistance, training, and resources to support the planning, development, implementation of Tribal activities
- Assist Area Tribes in developing multi-sector partnerships with organizations to support strategies and activities.
- Work with Tribes to develop and implement tailored health communication/ messaging strategies to reach AI/AN populations at greatest risk for obesity, commercial tobacco use, type 2 diabetes, and/or heart disease and stroke in order to increase awareness and encourage healthier behaviors.

WEAVE-NW 2.0 Subawards

- **5 subcontracts of up to $124,000 each**
- To federally recognized Tribes in Idaho, Oregon, and Washington
- Projects must use policy, system or environment change (PSEs) approaches
- Must address one the following health areas:
  1. Obesity – Food Systems Change
  2. Obesity – Breastfeeding Promotion and Support
  3. Commercial Tobacco Use
  4. Type 2 Diabetes
  5. Heart Disease and Stroke

Category 1- Obesity- Food Systems
Potential projects include:

- Food code development to distribute food at farmers' markets, schools, childcare settings, tribal enterprises, etc.
- Developing and/or expanding community gardens or model farms
- Restoring traditional food habitats
- Food sovereignty or traditional/healthy foods media or education, if in support of the PSE change activities listed above.

All projects under this area must have a medium-term goal of **increasing the number or percentage of places offering healthy/traditional foods within the community.**

Category 2- Obesity- Breastfeeding
Potential projects include:

- Developing or expanding peer breastfeeding counselor training/programs
- Establishing connections and/or MOU between hospitals and tribal clinics, WIC, or other partners to increase access to baby friendly and culturally competent birthing rooms for

tribal mothers and strengthen connection between pre-natal care, delivery, and tribal services for new mothers
- Developing tribal policies to support and encourage breastfeeding, e.g. paid breaks for milk expression
- Data-driven breastfeeding media and education campaign based on assessment of community needs

All projects under this area will have the short-term goal of **increasing the number of places that implement culturally-adapted continuity of care/community support strategies to promote and support breastfeeding and a medium-term goal of increasing the number of mothers who use these services.**

Category 3- Commercial Tobacco
Potential projects include:
- Implementing commercial tobacco-free policies/flavored vape restrictions
- Providing commercial tobacco cessation training for community providers and clinical staff
- Improving health system to increase screenings and referrals to commercial tobacco cessation treatment
- Creating tribal cessation training in conjunction with IHS
- Incorporating traditional cultural activities/medicines into tobacco cessation programs
- Developing education and/or media campaigns around commercial tobacco/vaping health risks, if in support of the PSE change activities listed above

Commercial tobacco prevention funding is available only to Washington and Idaho Tribes.
All projects under this area will have the medium-term goal of **increasing the number of places in the community that implement commercial tobacco-free policies OR increasing the number of commercial tobacco users who receive cessation interventions.**

Category 4- Type II Diabetes
Potential projects include:
- Improving or developing team-based systems of care to support prevention, self-management and control of hypertension and high blood cholesterol
- Developing culturally-relevant materials to link community members with clinical services to support prevention, detection and control of high blood pressure and/or high blood cholesterol.
- Tribal adaptation of self-management and treatment programs for patients with high blood pressure and/or high blood cholesterol

Preference will be given to applicants who describe **how they will incorporate traditional and/or healthy, locally grown foods and traditional medicines** in self-management and treatment programs for patients with high blood pressure or high blood cholesterol**.**

All projects under this area will have the medium-term goal of **increasing the percentage of patients with high blood pressure or high blood cholesterol engaged in self-management and treatment programs.**

Thank You

- Victoria Warren Mears, PI, NWTEC Director
- Tam Lutz, Project Director
- Chelsea Jensen, Project Assistant
- Jenine Dankovchik, Biostatistician & Project Evaluator
- Nora Frank-Buckner, Food Sovereignty Project Manager
- Ryan Sealy, Tobacco & Breastfeeding Project Manager

Grant Number: 1 NU58DP006731-01-00
Funder: Centers of Disease Control and Prevention (CDC)
Good Health & Wellness in Indian Country Initiative (GHWIC)

BREAK

Youth Delegate, Presentation

Recess at 4:40 p.m.

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

QUARTERLY BOARD MEETING
Tulalip Casino Resort
10200 Quil Ceda Blvd,
Tulalip, WA

January 14 – 16, 2020
MINUTES

THURSDAY JANUARY 16, 2020

Call to Order: Greg Abrahamson, at 8:41 a.m.

Invocation: Greg Abrahamson

Chairman's report

Committee Reports

Veterans – Jim Steinruck, Tulalip (A copy of the report is attached)

Public Health – Andrew Shogren, Suquamish (A copy of the report is attached)

Behavioral Health – Danica Brown, NPAIHB Mental Health Program Manager (A copy of the report is attached)

Elders Committee – Did not meet

Personnel – Did not meet

Legislative Report – Sarah Sullivan, NPAIHB Health Policy (A copy of the report is attached)

Finance Report – Eugene Mostofi, Account Manager
MOTION: by Greg Abrahamson, Spokane, 2nd by Sharon Stanphill**,** Cow Creek; **MOTION PASSES**

RESOLUTIONS:

In Support of Ending HIV Epidemic in Indian County
MOTION: by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES**

Formal Recognition of Tribal Youth Delegates Bylaws
MOTION: by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES**

Support for the 2020 Tribal Adolescent Action Plan

MOTION: by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES**

Support for quality care and improved health outcomes for Two Spirit and LGBTQ+ people

MOTION: by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES**

Approval of October 2019 Minutes: MOTION: by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES**

Future Board Meetings

- January 2021 Portland Area
- April 2021, Yakama Nation will host

MOTION to Approve Upcoming Board Meetings MOTION: by Andrew Shogren, Suquamish; 2nd Lottie Sam, Yakama Nation**; MOTION PASSES**

ADJOURN at 9:25 a.m. motion by Hunter Timbamboo, NW Band Shoshone, 2nd by Lottie Sam, Yakama

______________________________________ ____________________

Prepared by Lisa Griggs, **Date**
Executive Administrative Assistant

______________________________________ ____________________

Reviewed by Laura Platero, JD **Date**
NPAIHB Executive Director

______________________________________ ____________________

Approved by Greg Abrahamson
NPAIHB Secretary **Date**

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

QUARTERLY BOARD MEETING

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

January 14-16, 2020

AGENDA

MONDAY JANUARY 13, 2020 (CHINOOK 2)

9:00 AM – 11:00 AM ~ CHAP Meeting
11:00 AM – 1:00 PM ~ Oregon Dental Project
2:00 PM – 5:00 PM ~ Tribal Health Director's (THD) Meeting
6:00 PM – 8:00 PM ~ Behavioral Health Advisory(BHA) Meeting

TUESDAY JANURY 14, 2020 (ORCA 1)

7:30 AM	**Executive Committee Meeting**	Chinook 3
9:00 AM	Call to Order	Greg Abrahamson, Secretary
	Invocation	
	Welcome	Chairwoman Teri Gobin
	Posting of Flags	Tulalip Color Guard
	Roll Call	Shawna Gavin, Treasurer
	Youth Roll Call	
	Youth Delegates – Introductions & Exercise	**Youth Delegates: 5-minute sharing with a neighbor** • What interests, career paths, and/or mentors brought you to today's meeting?
	NPAIHB Executive Committee Elections:	
9:15 AM	• Chairman • Secretary	
9:45 AM	Area Director Report **(1)**	Dean Seyler, Portland Area IHS Director
10:15 AM	Indian Health Service **(2)**	Rear Adm. Michael D. Weahkee, Principal Deputy Director Indian Health Service (CONFIRMED)
11:30 AM	Executive Director Report **(3)**	Laura Platero, Executive Director

- ***Question from the Youth Delegates**: What makes the NPAIHB unique? (history, make-up, leadership, representation*

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

QUARTERLY BOARD MEETING

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

January 14-16, 2020

AGENDA

Time	Item	Presenter
12:00 PM	**LUNCH** Committee Meetings *(working lunch)* 1. New Delegates 2. Elders 3. Veterans 4. Public Health 5. Behavioral Health 6. Personnel 7. Legislative/Resolution 8. Youth 9. Oral Health	 Staff: Jacqueline Left Hand Bull Staff: Clarice Charging Staff: Don Head Staff: Victoria Warren-Mears (w/ Youth Delegates) Staff: Jessica Leston (w/ Youth Delegates) Staff: Andra Wagner Staff: Laura Platero (w/ Youth Delegates) Staff: Paige Smith (w/ Youth Delegates) Staff: Ticey Mason
1:30 AM	Legislative and Policy Priorities for 2020 Report Back	
		Youth Delegates: Step out to Discuss (Alder Boardroom) • Review: Bylaws & Adolescent Health Action Plan • Plans for Video Interviews with SkyBear • Prep for Tomorrow's Presentation • I-LEAD Youth Summit
2:15 PM	NPAIHB Committee Updates (National & IHS) * Purchased/Referred Care (PRC)	Committee Members Eric Metcalf, PAO Representative
2:45 PM	**BREAK**	
3:00 PM	Legislative Update and Policy Update **(4)**	Sarah Sullivan, Health Policy Analyst
4:00 PM	Dental Support Center **(5)**	Bonnie Bruerd, DrPH, Prevention Consultant, & Dr. Miranda Davis, Native Dental Therapy Initiative Project Director, & Ticey Mason, Northwest Tribal Support Center
4:45 PM	Executive Session	
6:00 PM	DINNER HOSTED BY NPAIHB – ***FARWELL TO JOE FINKBONNER***	

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

QUARTERLY BOARD MEETING

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

January 14-16, 2020

AGENDA

WEDNESDAY JANAURY 15, 2020 (ORCA 1)

Time	Item	Presenter
9:00 AM	Call to Order Invocation Youth Exercise ***Youth Delegates: 5-minute sharing with a neighbor*** • *What are your personal/professional goals as an NPAIHB Delegate, Youth Delegate, and/or meeting attendee? What set-backs have you faced along the way, and how did you overcome them?*	Greg Abrahamson, Secretary Tulalip Board Member
9:15 AM	EpiCenter Update **(6)**	Victoria Warren-Mears, NPAIHB EpiCenter Director
10:00 AM	Yakama Nation Elder Program **(7)**	Arlen Washines, Yakama Nation Human Services Deputy Director
10:30 AM	Tribal Veterans **(8)**	Lavada Anderson, Accredited Tribal Veterans Representative, WDVA
11:15 AM	NW Tribal Juvenile Justice Alliance Update **(9)**	Danica Brown, Behavioral Health Program Manager
12:00 PM	**LUNCH**	***Hosted Cultural Luncheon by Tulalip Tribes*** *- Youth Delegates: Focus Group with Danica*
1:30 PM	LGBTQ 2S Presentation **(10)**	Morgan Thomas, LGBTQ 2 Spirit Outreach and Engagement Coordinator
2:15 PM	Updates on NPAIHBH Opioid Activities **(11)**	Jessica Leston, Clinical Program Director & Colbie Caughlan, THRIVE & Response Circles, Project Director & Heidi Lovejoy, Epidemiologist
3:00 PM	**BREAK**	
3:30 PM	WEAVE-NW **(12)**	Tam Lutz, Project Director
4:15 PM	Youth Presentation	I-Lead Youth Delegates
5:00 PM	Recess	

Northwest Portland Area
Indian Health Board

Indian Leadership for Indian Health

QUARTERLY BOARD MEETING

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

January 14-16, 2020

AGENDA

THURSDAY JANUARY 16, 2020 (ORCA 1)

8:30 AM	Call to Order Invocation	NPAIHB Chair
8:45 AM	Chair's Report	
9:00 AM	Committee Reports: 1. Elders 2. Veterans 3. Public Health 4. Behavioral Health 5. Personnel 6. Youth 7. Oral Health 8. Legislative/Resolution • Resolutions	
9:30 AM	Unfinished/New Business • Finance Report	Eugene Mostofi, Account Manager
	• Approval of Minutes • October 2019	
	• Future Board Meeting Sites: • *April 14-16, 2020 ~ Grand Mound, WA hosted by Chehalis* • *July 13- 16, 2020 ~ Ft. Hall, ID hosted by Shoshone-Bannock* • *October 20 - 22, 2020 ~ Grand Ronde, OR hosted by Grand Ronde* • *January 2021, TBD* • *April 2021, TBD*	
12:00 PM	Adjourn – Safe Travels	

Indian Health Service
NPAIHB-QBM @ Tulalip Resort Casino

DEAN M. SEYLER

DIRECTOR, PORTLAND AREA

JANUARY 14, 2019

Office of Clinical Support

SDPI

- ❖ Upcoming Meetings/Trainings
- ❖ Point of contact – CDR Roney Won - roney.won@ihs.gov or 503-414-5555

  - ❖ TLDC Meeting, Washington DC: March 10-11
  - ❖ CME/CE
    - ❖ Diabetes Education: Thinking Outside the Box – Jan 29
    - ❖ Patient-Centered Approach to CVD Risk Reduction – Feb 13
    - ❖ Mindful Eating Basics – March 4
    - ❖ Native Centered Nutrition Education – March 11
    - ❖ Engaging Partners to Address Food Access and Food Insecurity – March 25

Office of Clinical Support

Area Pharmacy & EHR Update

- Meetings & Trainings
  - Integrated Behavioral Health – Jan 13-17
  - Pharmacy Informaticist – CPOE Boot-camp – Jan 27-31
  - Third Party Billing – March 4
- RPMS-EHR
  - Electronic Prescribing of Controlled Substances (EPCS)
    - Implementation to begin at Area RPMS sites
- US DHHS “Ready, Set, PrEP” Program
  - Additional information and enrollment may be found at: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program
- IHS Adverse Event Reporting System (WebCident) Replacement
- Point of contact – CDR Roney Won - roney.won@ihs.gov or 503-414-5555

Office of Clinical Support

Dental, Privacy, Infection Control

- ❖ Acting Area Dental Consultant - CAPT Michael McLaughlin, Western Oregon Service Unit Chief Dental Officer
- ❖ February 3-7 Concepts III : CHEST Infection Control Training in Keizer OR
- ❖ March 2-6 Concepts I Course for Dental Directors
- ❖ April 2020- Infection Control Training Opportunity – OSAP IHS BootCamp
- ❖ June 2020 Annual Portland Area Dental Meeting
- ❖ Point of Contact – Ashley Tuomi@ihs.gov or 503-414-5555

Office of Clinical Support

Health Information Management

- CMS Coding Training- Review session to obtain/maintain certification
  - April 20th – May 1st (5 days each week)
  - Location - Portland
  - Free Coding Books and Free Exam Fee
  - 25 from Portland area will be selected
  - Application Due February 19th to Ashley Tuomi ashley.tuomi@ihs.gov

Office of Administration Management

- **Catastrophic Health Emergency Fund-FY19**
- **Status as of December 18, 2019**
  - 71 total cases
  - 20 amendments
  - $2,477,280.00 in reimbursements
  - $572,041 pending reimbursement

  - FY 2019 CHEF balance is $22,611,142 – as of November 30, 2019
  - We will continue to submit FY19 cases until funding runs out
  - If you have FY20 cases please submit to the Portland Area Office and they will be prepared for submission as soon as FY20 is open for reimbursement.

Office of Administration Management

- **CHEF Online Tool**
- Fully automated paperless process for identifying, documenting and submitting CHEF cases for reimbursement.
- Currently implantation is on hold due to needed security improvements.
- Tribal programs have the option to opt-in/opt-out
- If your site is interested, please contact:
  - Peggy Ollgaard, Director, Division of Business Operations
  - (503) 414-5598
  - Peggy.Ollgaard@ihs.gov

Office of Environmental Health & Engineering

Division of Health Facilities Engineering

- Small Ambulatory Program (SAP)
  - Four Portland Area Tribes submitted applications
  - Congratulations to the Cowlitz and Shoshone-Bannock Tribes who received SAP Awards

- **Joint Venture Construction Program (JVCP)**
  - Two Portland Area Tribes participated on the pre-application process
  - Nationally, 43 pre-applications were submitted, the largest ever response
  - Congratulations and good luck to the Colville Tribes, one of ten Tribes invited to submit a final application.

Office of Environmental Health & Engineering

Division of Health Facilities Engineering

- **FY 2019 Project M&I Funds (BEMAR)**

- $2.766M ($979K for Federal and $1.787M for Tribal Facilities)
  - Similar to FY18, PAFAC requested to provide input on the allocation procedure.
  - Working toward having agreements in place by April.

- **Annual Combined Supportable Space Data Call**

  - Requesting Space and Deficiency data updates from all Tribal Health Programs.
  - Looking to improve response rate: FY18 – 56%; FY19 – 56%; FY20 – 100%?
  - Response required to be eligible for project M&I (BEMAR) Funding
  - Packets sent out last week, **Response Due by February 14th**

Office of Environmental Health & Engineering

❖ Sanitation Facilities Constructing Staffing Update

- ❖ **Portland Area Division of Sanitation Facilities Construction (SFC)**
  - ❖ CAPT Alexander Daily will join for the Portland Area IHS SFC as the Division Director for SFC
  - ❖ Mr. Tyler Timmons, E.I.T., joined our team as an Environmental Engineer in the Portland Area Office.
- ❖ **Olympic District (Washington, West of the Cascade Mountains)**
  - ❖ LCDR David Kostamo, PE, Registered Sanitarian, joined our team as a Tribal Utility Consultant in the Olympic District Office.
  - ❖ Ms. Sierra Schatz, Engineer in Training (E.I.T), joined our team as an Environmental Engineer in the Olympic District Office.

Chief Medical Officer Update

- **Recent SGMs**
  - SGM 19-03 IHS Health Care Providers Compliance with IHS Informed Consent Requirements
    - Reaffirms requirement to obtain informed consent prior to procedures or treatment
    - Exceptions for urgent/emergent care
    - Outlines policy for limited exceptions allowing minors to give informed consent
- **Portland Area Survey Readiness Team (ASuRT) Site Visits**
  - AAAHC Readiness
- **Relevant Local Policies**
  - Credentialing and Privileging
  - Peer Review

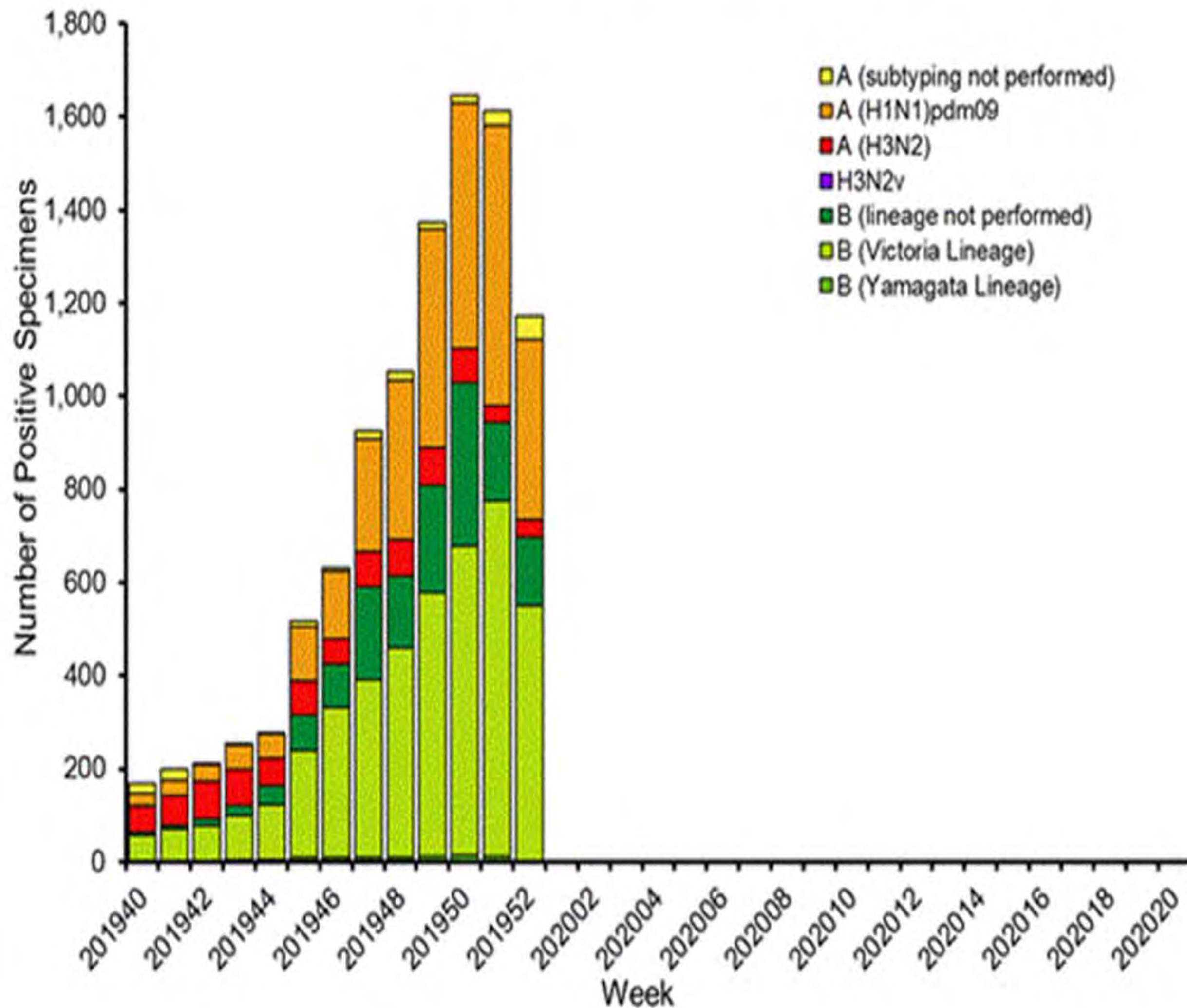
Goal 2: Quality, Obj. 2.2: Provide care to better meet the health care needs of American Indian and Alaska Native communities .

Chief Medical Officer Update

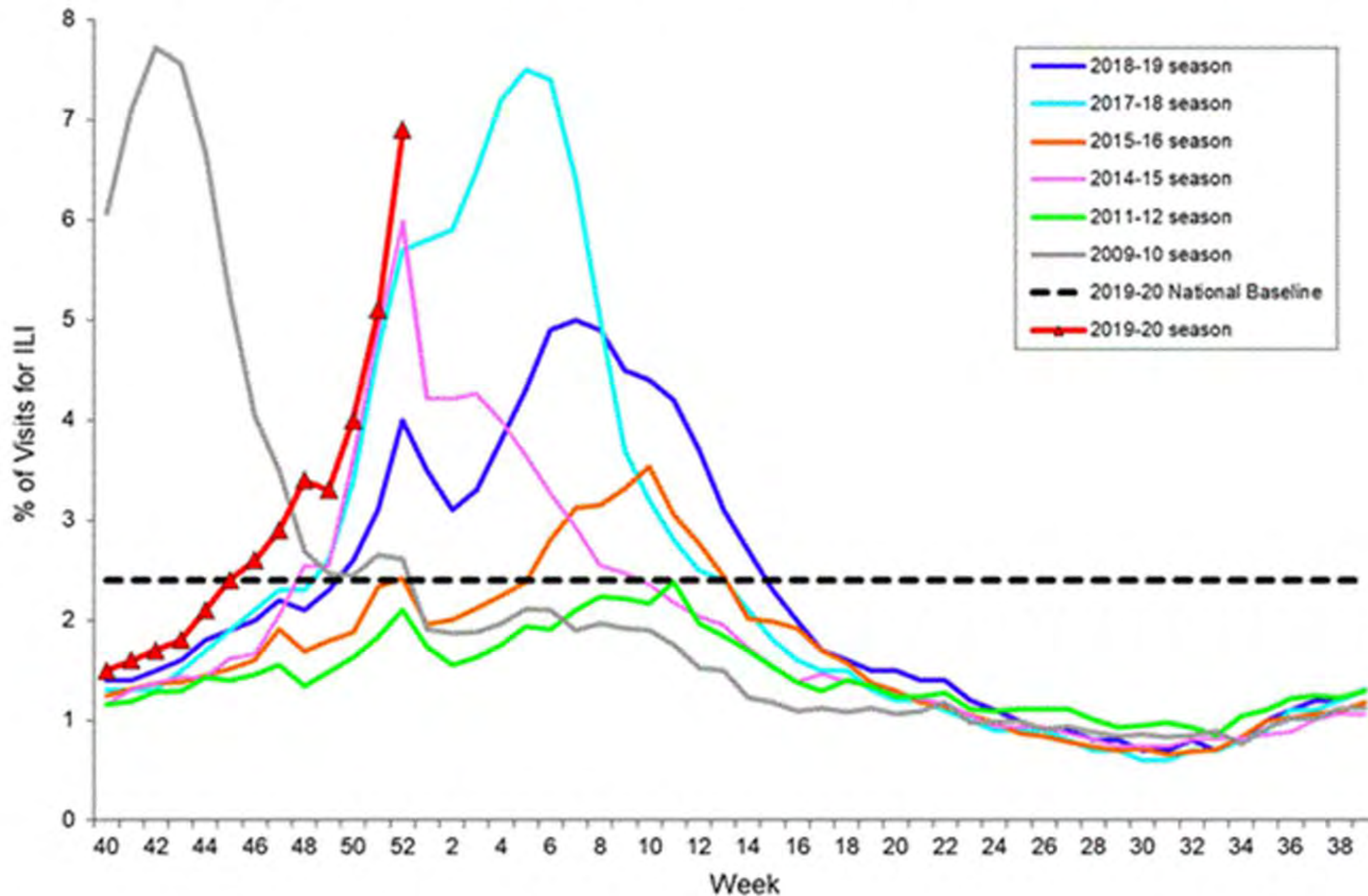
- December 5, IHS and AAP CONACH released recommendation on screening diagnosis and treatment of neonatal opioid withdrawal syndrome – NOWS
- ***Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome***

Chief Medical Officer Update

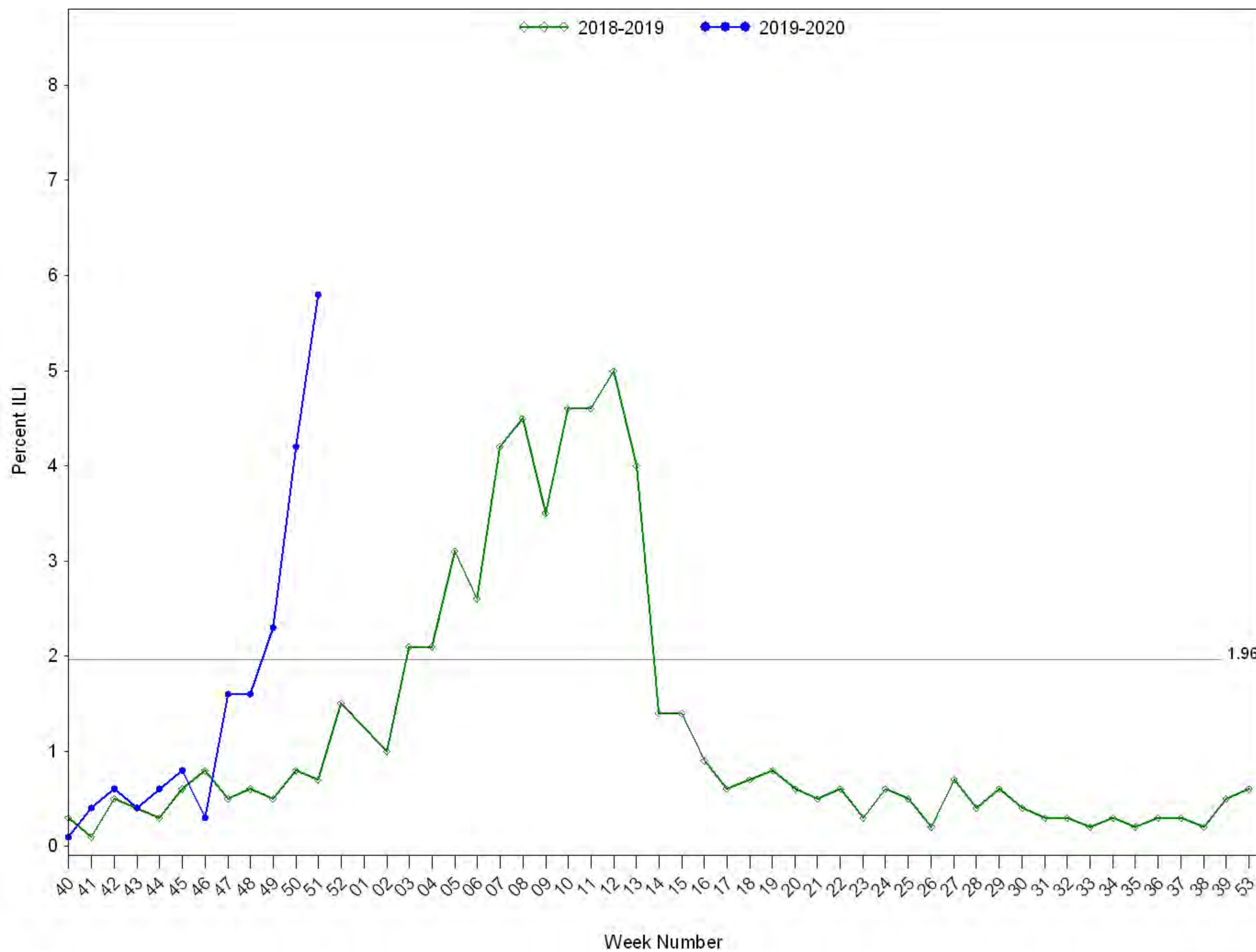
- **Area Clinical Directors Meeting – Nov 6-8 in Seattle Paramount Hotel**
  - 22 participants from all 6 federal sites and 13 tribal and urban clinics
  - MAT training – 12 participants from 10 sites
  - Topics:
    - HPV (Region X HHS)
    - HCV (WA DOH, NPAIHB)
    - Two Spirit Affirming Care (NPAIHB)
    - Behavioral Health Integration (Lori Raney)
- **Spring 2020 Meeting – April 23-24,**
  - preceded by annual Cancer Update April 22
  - Location and Agenda TBD
  - Joint meeting with Area Nursing Directors



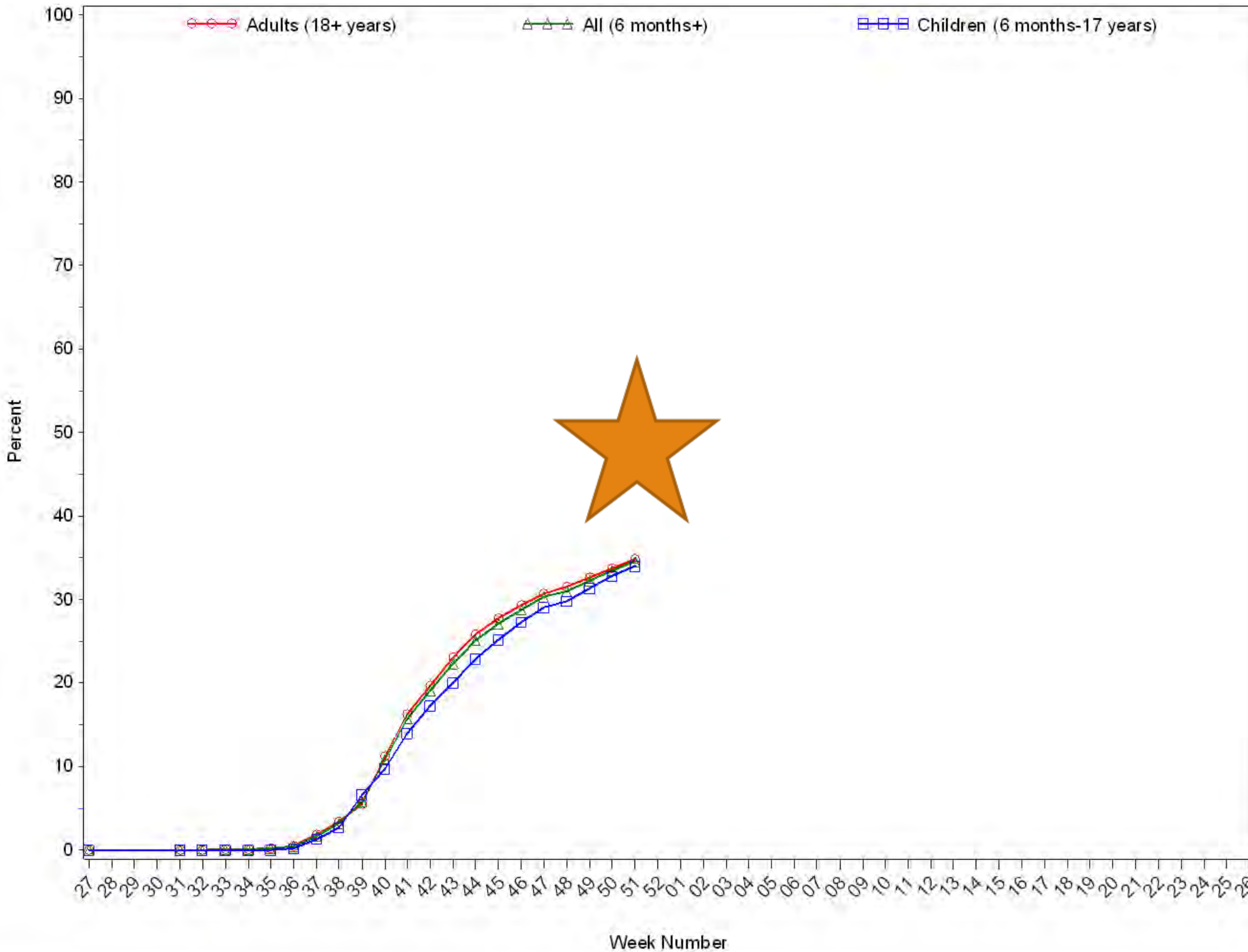
- The predominant strain so far this year is Influenza B (Victoria)
- This is unusual, most flu seasons start with Influenza A strains but end with Influenza B strains
- 58% of Influenza B (Victoria) viruses tested matched the vaccine strain; 100% of Influenza B (Yamagata) strains matched the vaccine strain
- For Influenza A, 100% of H1N1 and 34% of H3N2 viruses matched the vaccine strains



- Influenza-Like Illness (ILI) activity rose earlier this year compared recent seasons
- This year's ILI Activity is higher than recent season (except 2017-18)
- Hospitalizations for flu are about the same as previous years at this time and are highest for adults 65+ and children 0-4
- Pneumonia and influenza mortality and pediatric mortality so far is slightly less than previous seasons
- Not all regions of the US experience flu activity at the same time or with the same intensity



- IHS collects similar data about ILI from participating RPMS sites
- This data shows ILI percent for this year as of 12/21/19 in blue compared to last year in green.
- ILI in clinics serving AI/AN in the NW, increased earlier and is higher than the same time last year, as also seen in the CDC National data



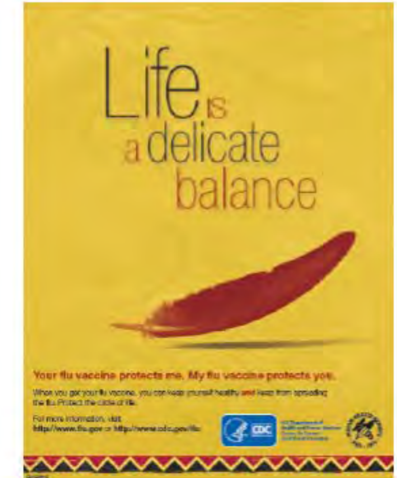
- IHS also collects data about influenza vaccination from the same participating RPMS sites
- This data shows the increase in the percent of population vaccinated for this year's influenza season
- The pattern is typical for our system with many people getting vaccinated in October but fewer in Nov/Dec
- Our goal is still to get more people vaccinated earlier, especially before the holidays

Key Points

- Influenza activity is high nationally with outpatient visits for ILI and the percentage of respiratory specimens testing positive for influenza at levels similar to what have been seen at the peak of recent seasons. However, this week's data may in part be influenced by changes in healthcare seeking behavior that can occur during the holidays.
- Influenza B/Victoria viruses are predominant nationally, which is unusual for this time of year. A(H1N1)pdm09 viruses are the next most common. A(H3N2) and B/Yamagata viruses are circulating at very low levels.
- CDC estimates that so far this season there have been at least 6.4 million flu illnesses, 55,000 hospitalizations and 2,900 deaths from flu.
- It's not too late to get vaccinated. Flu vaccination is always the best way to prevent flu and its potentially serious complications.
- Antiviral medications are an important adjunct to flu vaccine in the control of influenza. Almost all (>99%) of the influenza viruses tested this season are susceptible to the four FDA-approved influenza antiviral medications recommended for use in the U.S. this season.

Portland Area
Indian Health Service

- There are many different types of flu vaccine- high-dose for elders, egg-free recombinant, injection, nasal spray… The best flu vaccine is the one that you actually receive!



INDIAN HEALTH SERVICE
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Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

EXECUTIVE DIRECTOR REPORT

Tulalip Resort Casino
January 14, 2020

Laura Platero, JD

Highlights

1. Executive Director 60-Day Draft Work Plan
2. Personnel
3. Recognitions
4. Meetings
5. Strategic Plan Update
6. 2020 Legislative and Policy Survey

Holiday Party – December 2019

Executive Director 60-Day Draft Work Plan

- Sets forth focus of my first 60 days as ED
- Includes my “to do list” in these areas
  - Finance
  - Development
  - Staff
  - Program
  - Operations
  - Outreach
  - Board and Tribes
- Has been shared with Executive Committee and Staff

Personnel

NEW HIRES

- **Dove Spector,** NDTI Project Specialist II
- **Roger Peterson**, Text Messaging Specialist
- **Amy Franco**, Grants Management Specialist
- **Celeste Davis**, Environmental Public Health Director

Personnel

PROMOTIONS/TRANSFER

- **Laura Platero,** Executive Director
- **Paige Smith,** Youth Engagement Coordinator

OPEN POSITIONS UPDATE

Recognitions

- 10 years of service — **Colbie Caughlan,** THRIVE & Response Circles
- 20 years of service — **Tam Lutz,** WEAVE/TOTS2Tweens/Native Cars Project Director
- **Employee of the Year** — **Jamie Alongi,** Network Administrator
- Delegate of the Year — **Greg Abrahamson**, Vice Chair, Spokane Tribe

Meetings

• 1/23	Skokomish Indian Tribe – ED Outreach Meeting
• 1/27-1/30	Affiliated Tribes of Northwest Indians- Portland
• 2/10-2/14	National Congress of American Indians ECWS – D.C. Interior Public Witness Hearings – D.C. National Tribal Budget Formulation Workgroup Meeting
• 2/26-2/27	NIHB 1st Quarterly Board Meeting-D.C. (tent.)
• 3/17-3/19	NIHB National Tribal Public Health Summit-Omaha (tent.)
• 3/31-4/1	CMS I/T/U Training – Seattle
• 4/7-4/8	HHS Annual Tribal Budget Consultation (tent.)

Strategic Plan

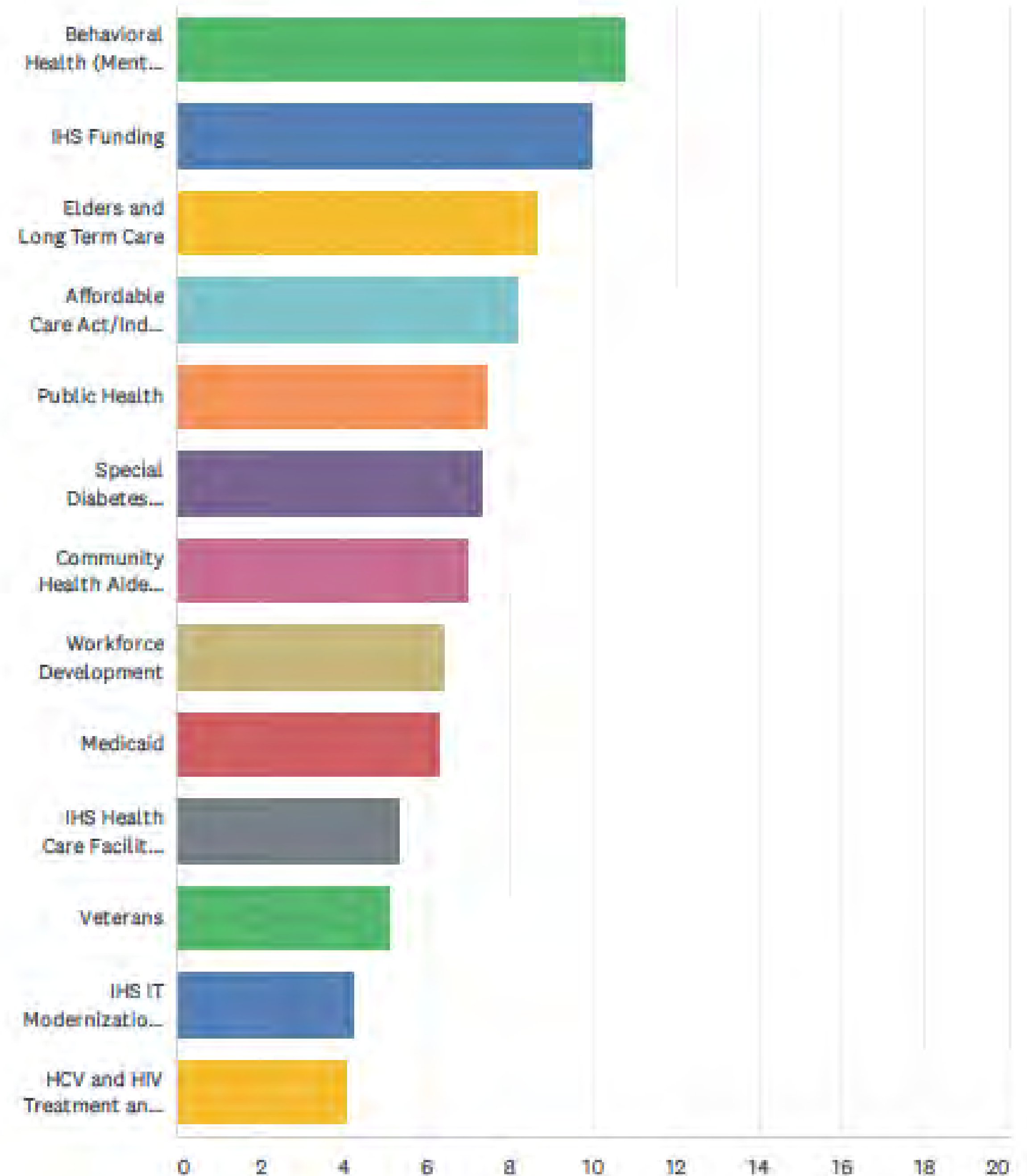
- Staff and delegate input has been incorporated
- Draft text copy is available for review
- Major changes are highlighted in yellow
- Please review and send feedback to nfrank@npaihb.org **by January 31st**
- Approval of final edits at April QBM

2020 Legislative and Policy Survey

- Survey was sent out to Delegates for initial input
- Results will be shared at January QBM Committee Meetings
- Committees will have opportunity to review the summary and provide additional input
- Youth delegates will have the opportunity to set their own priorities which will be incorporated into the 2020 Legislative and Policy Priorities
- Priorities will be finalized prior to NCAI ECWS (week of February 10)

2020 Legislative and Policy Survey Ranking of Priority Categories

- 12 respondents
- Mainly recommended to move all priorities forward with a few changes or additions proposed



Questions…?

Northwest Tribal Epidemiology Center (The EpiCenter) Projects Reports Include:

- **Adolescent Behavioral Health**
- **Clinical Programs-STI/HIV/HCV**
- **Dental Support Center**
- **Epicenter Biostatistician**
- **Epicenter National Evaluation Project**
- **IDEA- Northwest (Tribal Registry Project)**
- **Immunization and Portland Area IHS IRB**
- **Medical Epidemiologist**
- **Native CARS & PTOTS**
- **Northwest Tribal Comprehensive Cancer Project**
- **Public Health Improvement and Training/Injury Prevention**
- **THRIVE**
- **WEAVE**
- **Western Tribal Diabetes Project**
- **Cancer Prevention and Control Research in AI/ANs**
- **Tribal Opioid Response (TOR)**
- **Enhancing Asthma Control for Children in AI/AN communities**
- **Northwest Native American Research Center for Health (NARCH)**
- **Response Circles**
- **Northwest Tribal Juvenile Justice Alliance**
- **ECHO**

Adolescent Behavioral Health

Stephanie Craig Rushing, PhD, MPH, Principal Investigator | Jessica Leston, MPH, PhD(c) Project Director
Colbie Caughlan, MPH, THRIVE Project Director | David Stephens, RN, ECHO Director
Danica Brown, MSW, PhD, Behavioral Health Manager | Michelle Singer, HNY Manager
Celena McCray, THRIVE Project Coordinator | Tommy Ghost Dog, WRN Project Coordinator
Paige Smith, Youth Engagement Coordinator + DVPI Coordinator
Corey Begay, Multimedia Specialist | Eric Vinson, ECHO Specialist | Roger Peterson, SMS Communication Specialist
Contractors: Amanda Gaston, MAT, Native IYG |
Nicole Trevino, Native STAND & We R Native Teacher's Guide | Jackie Johnson, TAM Research Assistant

Quarterly Report: October-December 2019

Technical Assistance and Training

Tribal Site Visits
- Confederated Tribes of Umatilla Indian Reservation.

October Technical Assistance Requests
- 3 NW Tribal TA Requests = Chemawa, Suquamish, Tulalip
- 5 = Harlan, ORAETC, Yalda, Jeff, PREP Eval

November Technical Assistance Requests
- 2 NW Tribal TA Requests = Nimiipuu | NARA
- 7 = Tesuque Pueblo | Johns Hopkins | NIHB | WA DOH | Montana State University | Portland Public Schools | IHS

December Technical Assistance Requests
- 2 NW Tribal TA Requests = Colville | Nez Perce
- 2 = Johns Hopkins | NIHB

We R Native
During the quarter, our staff participated in four partner meetings, including:
- Zoom: TAM study check-in with mHealth, October 9, 2019.
- Zoom: TAM study check-in with mHealth, Nov 20, 2019.
- Zoom: TAM study check-in with Jackie, Nov 22, 2019.
- Zoom: TAM study check-in with mHealth, Dec 11, 2019.

Gen I / Bootcamps
- N/A

Healthy Native Youth
During the quarter, Healthy Native Youth staff participated in nine planning calls with study partners, and the following trainings/events:
- Booth: Spirit of Giving Conference, Portland, OR. Nov 15, 2019.
- Meeting: Strategic Planning Day, Portland, OR. Nov 13, 2019.
- Participant: We R Native and HNY, NB7 Advisory Meeting. October 16-17, 2019. Albuquerque, NM. Approximately 30 participants in attendance.

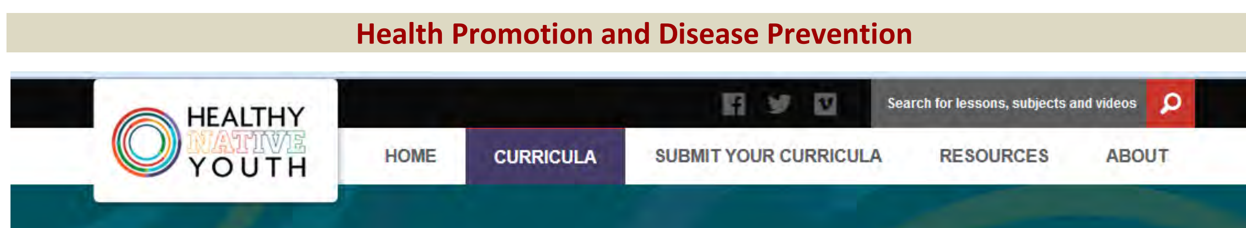
- Presentation: Native STAND, We R Native, HNY and BRAVE Mental Health Study, NIEA Conference. October 9-11, 2019. Approximately 75 participants in attendance.
- Presentation: We R Native and Healthy Native Youth, NPAIHB Quarterly Board Meeting, Confederated Tribes of Umatilla Indian Reservation, Pendleton, OR, October 23, 2019. Approximately 30 participants in attendance.
- Zoom: HNY CoP (*Building Community Support*), Nov 13, 2019. Approximately 35 participants in attendance.
- Zoom: HNY CoP (*Intro to Evaluation*), October 9, 2019. Approximately 35 participants in attendance.
- Zoom: HNY CoP (*The Talk*), Dec 11, 2019. Approximately 35 participants in attendance.

ANA – I-LEAD

During the quarter, staff participated in three grantee call, six SMS text mentoring chats with 850 STEM and "healer" participants," and the following I-LEAD meetings and activities:

- Committee: Youth Committee, NPAIHB Quarterly Board Meeting, Confederated Tribes of Umatilla Indian Reservation, Pendleton, OR, October 22, 2019.
- Zoom: Youth Delegate Monthly Check-in, Nov 3, 2019
- The 2nd cohort of Youth Delegates has been selected. http://www.npaihb.org/youth-delegate/?fbclid=IwAR1MFNzWdo5bxocP9kiU63fhUeE_XiQ34TzU6STHX6alVkXffjfFdQn8PTg#FAQ

Health Promotion and Disease Prevention



Website: The Healthy Native Youth website launched on August 15, 2016: www.healthynativeyouth.org

Last month, the **Healthy Native Youth** website received:

- Page views = 107
- Average session duration = 1:55

WERNATIVE

Website: The We R Native website launched on September 28, 2012: www.weRnative.org

In July, the Monthly reach across the We R Native Channel: **217,579** (7,018/day)
In August, the Monthly reach across the We R Native Channel: **161,773** (5,218/day)

In December, the **We R Native** website received:

- Page views = 25,559
- Average visit duration = 6:59

- Top 10 Content Topics viewed: https://datastudio.google.com/u/0/reporting/1p_hyONt3fRun_AdSFPySDlTZI0tYsEvq/page/CO6g

December Social Reach

- Twitter Followers = 6,664 **(16,200 Impressions)**
- YouTube: The project currently has 724 uploaded videos and has had 529,130 video views. **(19,997 views last month)**
- Facebook: By the end of the month, the page had 50,515 followers.
- Instagram: By the end of the month, the page had 9,926 followers. **(19,284 Impressions)**

December Text Message Service:

- Northwest Portland Area Indian Health Board has 10,088 active subscribers.
- We R Native has 5,700 active subscribers.
- The Text 4 Sex Ed service currently has 465 active subscribers, 769 total profiles.
- STEM has 488 subscribers.
- We R Healers has 352 subscribers.
- Youth Spirit has 34 subscribers.
- We R Dine has 226 subscribers.
- I Know Mine has 604 subscribers.
- Native Fitness has 704 subscribers.
- Hepatitis C Patient and ECHO project has 416 subscribers.
- Healthy Native Youth has 452 subscribers.

Research and Surveillance

Technology and Adolescent Mental Health (TAM): The NPAIHB is partnering with the Social Media Adolescent Health Research Team and the mHealth Impact Lab to evaluate We R Native's mental health messaging impact and efficacy. The project is recruiting youth for an efficacy study.

Enhancing Perspectives in Clinics and Communities Programs

Jessica Leston, MPH, Clinical Programs Director – *Tsimshian*
David Stephens, RN ECHO Clinic Director
Eric Vinson, BS, ECHO Clinic Manager – *Cherokee*
Megan Woodbury – Opioid Program Coordinator
Danica Love Brown – Behavioral Health Manager – *Choctaw*
Morgan Thomas – CDC Presidential Fellow

Contractors: Brigg Reilley, MPH
Wendee Gardner, DPT, MPH – Stockbridge-Munsee Band of Mohican Indians

Quarterly Report: October – December 2019

Technical Assistance and Training

NW Tribal Site Visits
- Chemawa Two Spirit/LGBTQ Inclusive Environments on October 30, 2019 with ORAETC
- Suquamish: ATNI Meeting Presentation – Oct 8, 2019

Out of Area Tribal Site Visits
- ANTHC: HCV/SUD Clinical Training – Oct 8-9, 2019
- GPTCHB: HCV/SUD Clinical Training – Oct 23-24 2019

October Technical Assistance Requests
- Tribal TA Requests = 10 Jessica, 8 Brigg, 2 Megan, Danica, 1 Morgan
- Other Agency Requests = 3 (CDC, IHS, GPTCHB)

November Technical Assistance Requests
- Tribal TA Requests = 5 Jessica, 4 Brigg, 5 Megan, Danica, 1 Morgan
- Other Agency Requests = 5 (CDC, IHS, GPTCHB, GLITEC, UNM)

December Technical Assistance Requests
- Tribal TA Requests = 3 Jessica, 3 Brigg, 5 Megan, Danica, 1 Morgan
- Other Agency Requests = 4 (IHS, GPTCHB, GLITEC, SIHB, USET)

During the quarter, project staff participated in 50 technical assistance calls and requests.

Health Promotion and Disease Prevention

HCV Overview: Hepatitis C Virus (HCV) is a common infection, with an estimated 3.5 million persons chronically infected in the United States. According to the Centers for Disease Control and Prevention, American Indian and Alaska Native people have the highest mortality rate from hepatitis C of any race or ethnicity. But Hepatitis C can be cured and our Portland Area IHS, Tribal and Urban Indian primary care clinics have the capacity to provide this cure. Some of these clinics have already initiated HCV screening and treatment resulting in patients cured and earning greatly deserved gratitude from the communities they serve.

Goals: HCV has historically been difficult to treat, with highly toxic drug regimens and low cure rates. In recent years, however, medical options have vastly improved: current treatments have few side effects, are taken by mouth, and have cure rates of over 90%. Curing a patient of HCV greatly reduces their risk of developing liver cancer and liver failure. Early detection of HCV infection through routine and targeted screening is critical to the success of treating HCV with these new drug regimens.

It is estimated that as many as 120,000 AI/ANs are currently infected with HCV. Sadly, the vast majority of these people have not been treated. By treating at the primary care level, we can begin to eradicate this disease. Our aim is to provide resources and expertise to make successful treatment and cure of HCV infection a reality in Northwest IHS, Tribal and Urban Indian primary care clinics. More at www.npaihb.org/hcv

Currently, the program has strategic partnerships with: Alaska Native Tribal Health Consortium, University of New Mexico, Cherokee Nation, Norther Tier Initiative for Hepatitis C Elimination, Oklahoma IHS Area, United Southern and Eastern Tribes TEC, Rocky Mountain TEC, Great Plains Tribal CHairmans Health Board and TEC, Great Lakes Inter Tribal Council TEC, and IHS.

Text Message service/email marketing: To date, the project has sent 18,819 and received 2,101 messages from 554 text message subscribers.

HCV Print & Video Campaign: In 2017, the project disseminated the Hepatitis C is Everybody's Responsibility Campaign http://www.npaihb.org/hcv/#Community-Resources To date, 10,000 items (posters, rack cards, pamphlets) have been printed, and the campaign (print + video) has received 944 video views on YouTube, and reached 5,515 on Facebook.

Example of text message received in November 2018: "*Thank you. I don't know if I am able to respond to you but I'm responding anyway. I just want to express my sincere appreciation for all you do. My CIHA (Cherokee Indian Hospital Authority) colleagues and I are energized with the possibility that we can eradicate Hep C in our community. We are meeting weekly to discuss Hep C treatment, patients, issues, ideas and complaints. We are, or I am preparing a presentation for one of our private recovery centers. Our goal in this is to reach out to as many people as we can to educate and spread awareness on all things Hep C. I am preparing the presentation because I am the performance improvement person for our primary care. The nurses are busy caring for our patients. I am also creating a hep B lab guide for our nursing staff to try and eliminate confusion over the hep B labs. I am by education an CLS(clinical laboratory scientist) formerly known as an MT (medical technologist). I went to school to be a lab tech. Not just drawing blood but running the tests. So for once I am excited because the lab part of all this is right up my alley. My comfort zone, you could say."*

Opioid Overview: NPAIHB's Northwest Tribal Epidemiology Center (TEC) has examined death certificate and hospital discharge data (corrected for AI/AN racial misclassification) to identify the burden and disparities in drug and opioid overdoses experienced by Northwest AI/AN. Since 1997, Northwest AI/AN people have had consistently higher drug and opioid overdose mortality rates compared to non-Hispanic Whites (NHW) in the region. 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. A higher proportion of AI/AN drug and opioid overdose deaths occurred in younger age groups (less than 50 years of age) compared to NHW overdose deaths. A more recent analysis of Washington death certificates found that although AI/AN and NHW had similar overdose mortality rates from 1999–2001, AI/AN overdose rates subsequently increased at a faster rate. From 2013–2015 mortality rates that were 2.7 times higher than those of NHW for total drug and opioid overdoses and 4.1 times higher for heroin overdoses.

Goals: Opioids and OUD (Opioid Use Disorder) historically has been more prevalent in AI/AN populations. In recent years, research has shown that OUD is not just a medical issue, but is more effectively treated when approached holistically. This has led to an increased move towards integrated care and harm reduction approaches to treat the whole individual, not just the disease. Harm reduction is defined as a way of reducing/ mitigating the negative consequences associated with OUD/ opioid misuse through a variety of intervention strategies.

While there are many resources available to the public on harm reduction, they are scattered at best. To ensure that the Tribes are not only aware of current and promising harm reduction practices and strategies for opioid response, both regionally and nationally, the Indian Country Opioid Response Monthly Newsletter and Community of Learning webinar series were developed. The goal of these two tools is to not only use them as a way to cultivate a community of practice, but also to disseminate the strategies and promising practices currently being implemented to address OUD/ opioid misuse across Indian Country. More at http://www.npaihb.org/opioid/#communityresources.

Text Message service/email marketing: The project sent 6 constant contact surges and had a reach of 292 through constant contact through the month of June.

Opioid Print & Video Campaign: In 2019, the project is developing a number of campaigns for community. Electronic and print material for several new resources including "A Trickster Tale – Outsmarting Through Education and Action", "Words Matter When Providers Talk About Addiction", "Words Matter When We Talk About Addiction – For Patients", and "Supporting Someone with Opioid Addiction", among others. More at https://www.indiancountryecho.org/substance-use-disorder/community-resources/.

Video footage shot at Siletz Community Health Clinic and didgʷálič Wellness Center was used to develop 3 videos that address preventing, treating, and recovering from OUD. The first video is designed to provide tribal community members basic, potentially life-saving information about OUD, address common myths, and share information about effective treatments. The second video is geared toward healthcare providers. It provides recommendations for treating patients with OUD, encourages prescribing providers to obtain their DATA waiver, and offers insight into evidence-based and tribal community-tested methods for assisting patients to walk the road to recovery. The third video highlights the impressive work of didgʷálič Wellness Center – a tribal-based substance use treatment center that in a year has helped reduce tribal opioid overdose deaths by 50%.

In December, staff learned that grant funding would be provided by North Sound Accountable Community of Health to work with didgʷálič Wellness Center to develop a communications package to assist the Center with sharing its story of success. This collaboration will include developing 3 short videos highlighting important aspects of didgʷálič's unique model of care. It will also entail creating high-quality fact sheets, a PowerPoint, and enhancing the Center's website such that it clearly communicates requisite information for those interested in replicating didgʷálič's success at addressing OUD.

e-Newsletter/ Community of Learning Reminders and Sessions: The monthly newsletter is released at the beginning of each month to those subscribed through the Constant Contact listserv (n=396).

LGBTQ & Two Spirit Overview: Increasingly, healthcare providers across the United States are realizing that European concepts of gender identity (as a male-female binary) and sexual orientation (as attraction to the opposite sex) are too limited. They cannot account for the range of gender identities and sexual orientations people experience.

People who are LGBTQ or Two Spirit have gender identities and/or sexual orientations that exist outside of this limited, European conception. LGBTQ is a general acronym, which stands for lesbian, gay, bisexual, transgender, and queer. Two spirit is a term for a Native person who expresses their gender identity or sexual orientation in indigenous, non-Western ways.

Native people who identify as LGBTQ and Two Spirit face barriers to healthcare, including discrimination in healthcare settings and lack of cultural competency among healthcare providers. Overall, they also face health disparities, including increased risk of anxiety, depression, sexual violence, and suicide. However, research suggests that when people who identify as LGBTQ or Two Spirit are accepted by their communities and healthcare providers, these health disparities disappear. When affirmed by relatives, friends, and clinics, Native people who identify as LGBTQ or Two Spirit thrive. Several Native clinics have already begun developing supportive, affirming relationships with their LGBTQ and Two Spirit clients, earning their trust and gratitude.

NPAIHB now has a live Two Spirit/LGBTQ health webpage: http://www.npaihb.org/2slgbtq

Goals: Native American and Alaska Native people who identify as LGBTQ or Two Spirit face widespread discrimination. Discrimination in healthcare settings causes many people who identify as LGBTQ or Two Spirit to avoid or postpone treatment. Others do not feel safe fully disclosing their identities to their healthcare providers, which can result in incomplete or ineffective care.

We know this experience of discrimination has not always been true for Native people who are LGBTQ or Two Spirit. Prior to colonization, people who identified as LGBTQ and Two Spirit were often vital, celebrated parts of their Native communities.

To create tribal communities and healthcare settings in which Native LGBTQ and Two Spirit people again feel acknowledged and affirmed, we are creating two documentary-style films celebrating Native LGBTQ and Two Spirit identities and providing recommendations for healthcare providers working with clients who are LGBTQ or Two Spirit.

LGBTQ 2-Spirit Print & Video Campaign: We have created and published two documentary-style films focused on destigmatizing LGBTQ and Two Spirit identities. Both films include participants from various tribes and regions in the USA, including Alaska, Washington, Oregon, Oklahoma, and North Dakota.

In addition to these films, a print campaign, including 3 posters, 3 rack cards, and 3 instructional pamphlets promotes and supports the campaign. These print materials direct people to the two documentaries and provide introductory guidance for people who identify as LGBTQ or Two Spirit; their relatives, friends, and allies; and their healthcare providers.

Video views: http://www.npaihb.org/2slgbtq/#film
"There's Heart Here" Documentary: 714 views
"Becoming Jane Doe" Video: 99 views
"See me. Stand with me." Educational Video: 332 views

Print Materials disseminated:
Provider Educational Materials: 2314 print + 62 downloads
Ally Educational Materials: 2409 print + 55 downloads
2SLGBTQ Affirmational Materials: 2514 print + 60 downloads
Posters: 521 print + 7 downloads
Provider 101 Factsheets: 894 print + 55 downloads

LGBTQ 2-Spirit Text Message Campaign: Three text message campaigns are available to improve health care for LGBTQ and Two Spirit individuals. These campaigns offer information for providers, LGBTQ and Two Spirit individuals, and their families, friends, and allies. They educate recipients about best practices when caring for Two Spirit or LGBTQ patients, self-advocacy in clinical settings, and advocating for or supporting LGBTQ and Two Spirit persons, respectively.

Umbrella Campaign: 154 subscriptions
Provider Text Campaign: 24 subscriptions
Ally Text Campaign: 29 subscriptions
2SLBGTQ Text Campaign: 29 subscriptions

Example of email message received in November 2019: I would also like to thank you for making these resources available. I am Native American provider and ally and I am so thankful this resource is a comprehensive beautifully arranged and rich with information that I cannot wait to share with other providers in my clinic! J

Celebrating Our Magic: A Toolkit for Transgender and Two Spirit Youth who are Transitioning: Alessandra Angelino wrote a comprehensive toolkit with health and wellness information for Native youth, who are transitioning, their families, and their healthcare providers. Now available on the NPAIHB LGBTQ 2-Spirit webpage: www.npaihb.org/2slgbtq/#print.

Celebrating Our Magic Toolkit: 405 print + 616 downloads

"Our Stories" Journal – Six articles, telling the stories of the Two Spirit and LGBTQ Native Community, have been posted to the NPAIHB website under the "Journal" tab.

CDC Opioid Response Strategy: 49 Days of Ceremony: development of an 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.
Work Plan: The proposed 1-year plan is dedicated to the development of a comprehensive wellness intervention focusing on AI/AN TIK and adapting, or indigenizing, the frameworks of Information-Motivation-Behavioral Skills (IMB) model and a medicine wheel model, "49 Days of Ceremony". A Community Based Participatory Research (CBPR) process during the development phase will guide community and stakeholder involvement to ensure that the outcome is consistent with the needs of AI/AN communities as well as individuals for whom the project will be piloted.
Goal 1: Conduct Community Based Participatory planning with key stakeholders:

Objective 1.2: Resource and infrastructure assessment: Ongoing
> **Literature Review/Annotative Bibliography:** Identify and map existing curricula; Identify potential strengths and barriers to implementation; Identify the most appropriate strategy for referrals to trauma-informed counseling services.

Objective 2.1: Work with community stakeholders to develop 49 Days of Ceremony Intervention: Ongoing
> **Obtain Elder and stakeholder input:** Continue to meet with and consult with Tribal elders, Tribal stakeholders and consultants.

Health Website for AI/AN Adults: a project to develop a comprehensive health website for American Indian and Alaska Native (AI/AN) adults that honors AI/AN traditions and cultural

perspectives, highlights the strengths of our communities, and amplifies positive health messages and norms. This site will be an adult companion to our youth website We R Native.

To create a site that is engaging, accurate, and based on AI/AN knowledge and worldviews, NPAIHB put out a call for adult AI/AN individuals who will contribute to adapting, editing, and writing content on various health topics. Additionally, project staff applied to several tribal health conferences – including the 2020 NIHB Tribal Public Health Summit and the 2020 Tribal Public Health Conference to conduct talking circles with the aim of gathering information about how Native adults use social media, how they prefer to receive important health information, and what health topics interest them most.

Surveillance and Research

STD/HIV/HCV Data Project: STD/HIV/HCV Data Project: The project is monitoring STD/HIV GPRA measures for IHS sites throughout Indian Country. National standardized indicators on HIV, HCV, and STD screening are included in the national health informatics platform. These data are then used to identify leading facilities to identify best practices that may have potential to replicate in policy and practice in other I/T/U facilities. In response to national data, a new measure, HIV diagnoses among men 25-45 was added, as this group had significantly higher rates of HIV diagnoses. As per the national screening technical assistance project, data monitoring found that HIV screening coverage of 13-64 year olds increased from from 52% to 55%, HIV screening of STI+ patients increased from 54% to 58%, and HCV screening of persons born 1945-1965 increased from 54% to 63%. The new measure, HIV screening coverage among men ages 25-45 is up from 44% to 48%.

PWID Study: To capture the heterogeneous experience of AI/AN PWID and PWHID, this project is being conducted in four geographically dispersed AI/AN communities in the United States using semi-structure interviews. The project is based on indigenous ways of knowing, community-based participatory research principles and implementation science.

Other Administrative Responsibilities

Publications

- AI/AN PWID Results Paper in Review to Journal of AI/AN Mental Health Research
- Prescription and State Medicaid Paper to International Journal of Health and Equity
- ECHO and Prescription Paper submitted to Journal of Rural Health
- Working on Injection Indicators Paper with CDC

Reports/Grants Submitted

- Awarded for FY 2020 – FY 2022: IHS ETE – 343,000
- Awarded for FY 2019 – FY 2021: SAMHSA ECHO – 524,000
- Awarded for FY 2019– FY 2021: OMH ECHO – 349,000
- Awarded for FY 2019– FY 2021: CDC Opioid Response Strategy – 265,000

- Awarded for FYI 2019: IHS SMAIF HIV 1.3 Million
- Awarded for FY 2020: North Sound Accountable Community of Health Grant – 34,000

Administrative Duties

- Budget tracking and maintenance: Ongoing
- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

Northwest Tribal Dental Support Center Quarterly Report (October-December 2019)

The Northwest Tribal Dental Support Center (NTDSC) has completed their 19th year of funding and will be applying for another five-year grant in 2020. The overall goals of NTDSC are to provide training, quality improvement, and technical assistance to the IHS/Tribal Dental programs, and to ensure that the services of the NTDSC result in measurable improvement in the oral health status of the AI/AN people served in the Portland Area. NTDSC activities are listed in categories corresponding to the current grant objectives.

Ensure quality and efficient care is provided in Portland Area dental programs through standardization of care and implementation of public health principles to improve dental access and oral health outcomes.

- NTDSC staff and consultants, in coordination with the Area Dental Consultant (ADC) have provided four site visits this past quarter. NTDSC consultants visited the Swinomish dental clinic in October 2019 and the Area Dental Consultant provided three program reviews for the Warm Springs dental program in October 2019, Yakama dental clinic in November 2019 and Ft. Hall dental clinic (Shoshone-Bannock tribe) in December 2019. This makes a total of four site visits for this fiscal year which began on 9/15/19.

Expand and support clinical and community-based oral health promotion/ disease prevention initiatives in high-risk groups to improve oral health.

- The work with ARCORA (The Foundation of Delta Dental of Washington) on our Baby Teeth Matter Initiative (BTM) is continuing with eight dental programs. The first in-person meeting for this fiscal year was 10/23/19 and a noon webinar on 12/17/19. The next in-person meeting is scheduled for February 12, 2020. NTDSC has completed a program manual for new programs.

- The Elder Initiative is continuing with 10 dental programs, which include dental staff, Elder Coordinators as well as elders from various tribes. The first in-person meeting for this fiscal year was on 10/30/19 and a noon webinar on 12/18/19. The next in-person meeting is scheduled for February 26, 2020.

Implement an Area-wide surveillance system to track oral health status.
Data from the surveillance system will be used to identify vulnerable populations and plan/evaluate clinical and community-based prevention programs.

- The screening of 0-5 year olds in medical and community settings is complete and survey results have been released. There is a documented decrease in dental caries and also in the number of children needing dental treatment.

Provide continuing dental education to all Portland Area dental staff at a level that approaches state requirements.

CDE: NTDSC tracks the number of participants and CDE credits provided through the Update on Prevention Course provided during site visits, the Baby Teeth Matter and Elders Initiatives, and the annual Portland Area Dental meeting. The 2020 Portland Area Dental meeting is scheduled for June 2-4, 2020 in Suquamish, WA.

During the 2018-2019 fiscal year, NTDSC provided 233 dental staff with 1,818 continuing dental education credits.

NTDSC consultants participate in email correspondence, national conference calls, and respond to all requests for input on local, Portland Area, and national issues.

Epicenter Biostatistician

Nancy Bennett

Conference Calls:
- eMars conference call w/ Cayuse to review product and discuss changes

NPAIHB Meetings:
- All staff meeting – monthly
- Biostat meeting – bi-weekly
- Onboarding committee meeting
- Safety meeting
- Staff retreat
  - Held retreat
  - Follow up survey
- NARCH meeting planning
- Asthma project meeting
  - Work on database
- TPHEP conference
  - Set up location for conference
  - Toured museum for possible fireside chat

Conferences/QBMs/Out of area Meetings

- AIHC meeting w/ DOH in Sequim, WA

Miscellaneous
Reports:
Site Visits:

- Little Creek, WA site visit for Emergency preparedness conf.

EpiCenter National Evaluation Project
4th Quarter Activity Report
October – December 2019

Staff:
Birdie Wermy – Epicenter National Evaluation Project Specialist

Technical Assistance via telephone/email

October – December

- Ongoing communication with NPAIHB EpiCenter Director
- Ongoing communication with Tribal sites regarding project updates, information and technical assistance
- Email correspondence with four programs regarding T.A., reporting and program implementation and their LDCP.

Reporting

October

- DVPI call on 10.16 @ 9am
- MSPI call on 10.17 @ 9am

November

- MSPI and DVPI calls were cancelled for the month of November.

December

- MSPI call on 12.18 @ 9am
- Call w/ APO & Quileute on 12.18 @ 11:30am
- DVPI call on 12.19 @ 9am

Updates

Birdie – continuing to provide evaluation TA to MSPI/DVPI service areas and GHWIC NW WEAVE Project.

- During October I completed Lower Elwha Family Advocacy (LEFA) Program evaluation reports 2016, 2017, 2018 and 2019.
- I responded to Coquille regarding future evaluation work.

- I did not attend the October quarterly board meeting.
- During November, the APR was due for MSPI/DVPI programs – there were issues with the portal and the saving of documents. This was resolved on Friday 11.29.
- New contact for Quileute MSPI/DVPI program.

Challenges/Opportunities/Milestones

Milestone: Completed my 13 years of service at NPAIHB in November!

I received the LEFA evaluations from Beatriz in August and I was able to enter all survey evaluations (99) into Surveymonkey. I ran separate reports for each year (2016, 2017, 2018 and 2019) and then ran a collective report for all 4 years. I analyzed the data and provided a written report along with the survey results from each year and then compiled a collective report for all 4 years and provided each document to Beatriz for the LEKT DVPI program.

Challenges: In November there were issues with the portal regarding the saving of documents for the APR. I do not have access to the portal but was able to confirm with one of our DVPI programs that they weren't able to access the webpage or sign in. I emailed our APO and she was able to determine the same issues with other programs; the matter was being resolved on Friday 11.29 with project leads.

Opportunities: NPAIHB will be hosting the Second Annual MSPI/DVPI Convening in 2020.

Meetings/Trainings

- All staff retreat @ Sunriver 10.01-10.04
- All staff meeting on 10.07 @ 10am
- Wellness Meeting on 10.14 @ 1pm
- Webinar on 10.16 @ 12pm
- Webinar on 10.29 @ 12pm
- Webinar on 10.30 @ 11am
- Webinar on 10.31 @ 10am
- All staff meeting on 11.04 @ 10am
- Wellness Meeting on 11.12 @ 1:30pm
- Spirit of Giving Conference; Portland Or. 11.13-11.15
- Webinar on 11.19 @ 8:30pm
- Webinar on 11.21 @ 11:30am
- CPR/First Aid Training on 11.26 @ 8am
- All staff meeting/presentations on 12.02 @ 9am
- Webinar on 12.10 @ 11am
- Webinar on 12.13 @ 10am
- Webinar on 12.18 @ 12pm

Site Visits

- None

Upcoming Calls/Meetings/Travel

- All staff meeting on 1.06.20 @ 10am
- Wellness meeting on 1.07 @ 1pm
- DVPI training on 1.13 @ Tulalip
- QBM @ Tulalip 1.14-1.16.
- MSPI call on 1.15 @ 9am
- DVPI call on 1.16 @ 9am
- NPAIHB presentation on 1.22 @ 12pm

Publications

- NONE

Improving Data & Enhancing Access (IDEA-NW)/ Northwest Tribal EpiCenter (NWTEC) Public Health Infrastructure

Quarterly Board Meeting Report – January 2020
Reporting period: October - December 2019

Victoria Warren-Mears, Principal Investigator
Sujata Joshi, Project Director
Chiao-Wen Lan, Epidemiologist
Heidi Lovejoy, Substance Use Epidemiologist
Joshua Smith, Health Communications/Evaluation Specialist
Karuna Tirumala, Project Biostatistician
Natalie Roese, MCH Consultant
Email: IdeaNW@npaihb.org

Data reports, fact sheets, and presentations are posted to our project website as they are completed:
http://www.npaihb.org/idea-nw/
Please feel free to contact us any time with specific data requests.
Email: sjoshi@npaihb.org or IdeaNW@npaihb.org
Phone: (503) 416-3261

Staff Updates

- No updates

Current status of data linkage, analysis, and partnership activities

Northwest Tribal Registry (NTR) data linkages & data acquisition

- No linkages completed this quarter
- Obtained the following new datasets
    - Updated data from Indian Health Service for creating new Northwest Tribal Registry
    - Obtained Oregon Violent Death Reporting System Data (2003-2017, AI/AN records only)
    - Obtained access to Washington BRFSS and Death Certificate files

Dataset Cleaning and Preparation

- Completed preparation of three datasets
    - Three-state state cancer registry dataset
    - Updated Oregon death records dataset with additional injury and cause of death variables
- Worked on preparing two datasets for analysis
    - Washington CHARS (hospital discharge) 2015
    - Idaho births 2006-2017

Data Analysis, Visualization, and Report Preparation Projects

- Data Projects in Progress
    - Maternal & Child Health Data Profiles and Analyses
        - Worked on manuscript entitled "Disparities in Mental Health Disorders and Linkage to Services among American Indian and Alaska Women"
        - Continued work on manuscript describing rates and factors associated with smoking cessation during pregnancy
        - Continued analysis of Oregon and Washington PRAMS data, including comparisons to birth certificate data, breastfeeding, stressors, and other indicators
    - Tableau Dashboards
        - Continued working on datasets for Tableau dashboard
    - Substance Use Analyses
        - Continued work on manuscript describing co-morbidities for substance use hospitalizations in Washington
        - Continued work on analysis of self-inflicted harm and risk factors among AI/AN youth in Washington
        - Submitted an abstract to the Council of State and Territorial Epidemiologist (CSTE) 2020 Annual Conference, entitled "Racial Disparities in Opioid Use Disorder Hospitalizations among American Indian and Alaska Natives"
    - Gynecologic Cancer Analysis
        - Re-ran cancer incidence and mortality data using additional years of data (1996-2016)
        - Created slides for Dr. Bruegl's presentation to the Cancer Coalition
        - Created new tables and figures, made edits to manuscript body
    - CVD and Tobacco analysis
        - Conducted literature search to finalize ICD codes for cardiovascular and cerebrovascular underlying causes of death
        - Examined death records to determine the most frequent CVD causes of death
        - Worked on abstract preparation for CSTE conference submission

Suicide Surveillance Project

- Suicide Monitoring Planning Projects
    - Completed suicide surveillance project update for October QBM

  - Received final project reports from all 3 tribes
  - Worked on developing plans for Year 2 of project

Maternal & Child Health (MCH) Workgroup

- Coordinated with Great Lakes Inter-Tribal EpiCenter to present during CDC's November MCH Health Equity webinar
- Communicated with CDC MCH Epi Team Lead to coordinate tribal workgroup for 2020 CityMatCH MCH Epi conference
- Held an internal meeting to discuss MCH analysis projects including preterm birth, infant mortality, maternal mortality, service utilization, quality prenatal care, smoking and breastfeeding

NWTEC Public Health Infrastructure (TEC-PHI) Grant Activities

- BioStat Core Meetings
  - Continued bi-weekly meetings
- Health Communications/Evaluation Specialist
  - Continued work on developing EpiCenter Project Directory
  - Started designing handout/ half-pager on identifying fake-news (evaluating news sources)
  - Created IDEA-NW general use survey and worked on dashboard for visualizing results
  - Completed year 2 evaluation reporting for NCC
  - Completed 4-page evaluation report for CDC
- TEC-PHI Workgroups and Meetings
  - Continued attending TEC-PHI community of practice meetings and webinars

Data requests/Technical assistance

- Provided Colbie Caughlan with area population counts for grant reporting
- Met with Yellowhawk to assess their needs in creating a community health profile for public health accreditation
- Helped Jessica (ECHO) with creating a Klamath tribes logo with transparent background
- Helped Rosa (Cancer project) with creating a cervical cancer infographic
- Added additional information on vaping rates and communicable disease rates to PAIHS 2022 Budget Narrative, sent to Laura Platero
- Created slides for data presentation for Area Budget Formulation Meeting, sent to Laura, Victoria and Tom
- Sent list of current data sources available for Oregon to Carrie Sampson and Courtney Stover (Yellowhawk Tribal Health Center)
- Created linkage flow diagram for Motor Vehicle Advisory Committee meeting, sent to Tam and Meena
- Assisted Ryan Sealy in finding breastfeeding data for tribal WIC facilities and in developing an analysis plan for WIC breastfeeding project
- Placed the Klamath tribal logo in documents for Jessica
- Provided information on population denominators to Nanette Star (Alaska Native EpiCenter)
- Provided Washington Healthy Youth Survey manager with information regarding NWTEC access to HYS data
- Talked with UW student about data available for Tulalip Tribe, sent link to IDEA-NW website

- Answered questions from student report at Northwestern regarding resource allocation for tribal opioid response
- Assisted Alex Wu with understanding L-group coding in death certificates
- Assisted Ryan Sealy with creating visuals for WIC breastfeeding data
- Provided 2-hour training on linkage concepts and Match*Pro to Oregon Health Authority epidemiologists
- Assisted Ryan Sealy with comparing and visualizing WIC breastfeeding data
- Provided Sean Jackson (Great Plains TEC) with information on tribal affiliation data available in IHS data for creating tribal registries
- Provided Teressa Martinez (Wellpinit Service Unit, Spokane Tribe) with background information on cancer clusters and prior NWTEC reports on cancer for the Spokane Tribe/tribal CHSDA
- Provided Ian Painter (Washington DOH Biostatistician) with information on how Census differential privacy policy may affect tribes/TECs
- Provided Arunarangani Arthanari (California TEC) with information on potential sources of denominators for linkage analyses
- Provided information to Nina Martin (National Indian Health Board) on participants and channels to advertise tribal injury surveillance conversations
- Conducted background research on sources of juvenile justice data and met with Danica Brown, Stephanie Craig-Rushing, and Juliette Mackin to discuss obtaining and possibly linking with juvenile justice data. Provided their team with IDEA-NW's project protocol, epidemiologist position descriptions, and template data sharing agreement.
- Assisted Thomas Weiser with SAS coding to import data
- Provided Dr. Samantha Sabo (Northern Arizona University) with information on linkages and IDEA-NW project protocol; she is interested in linking to understand services provided by community health representatives in tribal clinics
- Provided information on linkage software and MatchPro linkage manual to Yosanly Cornelio Puello (Dirección Nacional de Epidemiología in Dominican Republic)
- Worked with Danica Brown on creating a data entry form for juvenile justice survey data
- Assisted Tom Weiser in importing data of different formats into data analysis platforms

Presentations & Results Dissemination

- Completed articles on leading causes of death and hospitalizations for mental disorders among women of reproductive age for Health News & Notes October issue
- Presented IDEA-NW project update at October QBM
- Presented at 2019 APHA annual meeting, "Maternal Substance Use Disorders and Infant Withdrawal Syndromes in Hospital Deliveries among American Indians and Alaska Natives"
- Presented at CDC Department of Reproductive Health, Health Equity Webinar, "Working effectively with Tribal Communities: Success Stories, Improving Data and Reducing Preterm Birth and infant Mortality"
- Manuscript "Hepatitis C Related Mortality among AI/AN Persons in the Northwestern United States, 2006-2012" published in Public Health Reports
- Prepared slides for year-end project update
- Abstract "Disparities in mental health disorders and linkage to services among AI/AN women" accepted for poster presentation at the International Indigenous Women's Health Meeting
- Abstract "Increasing capacity of suicide monitoring and prevention in tribal communities" accepted for presentation at the American Association of Suicidology conference

- Presented at SUD ECHO, entitled "Maternal Substance Use Disorders and Infant Withdrawal Syndromes in Hospital Deliveries among American Indians and Alaska Natives"

Trainings Provided to Tribes/Tribal Programs

- None

Institutional Review Board (IRB) applications and approvals/Protocol development

- Completed and received data sharing agreement for unlinked Washington Center for Health Statistics data files
- Submitted and received continuation approval for linkages with Washington birth records
- Submitted and received continuation approval for linkages with Washington State Trauma Registry

Grant Administration and Reporting

- Submitted revised Year 2 progress report, Year 3 budget, and carryover request for TEC-PHI grant
- Prepared No Cost Extension request and year-end report for CDC 1803 Data Linkage project
- Prepared draft proposal for regional breastfeeding assessment for First Nations Development Institute
- Assisted Eugene with preparing annual FFRs for TEC-PHI Base and supplements awards
- NIH R21 Grant (Innovative data linkages to address suicide and substance use) submitted on 12/4
- Submitted TEC-PHI evaluation reports to National Coordinating Center and CDC
- Provided Victoria with an updated report of EpiDataMart analysis projects for the IHS Epi Core funding annual report submission

Travel

Site Visits

- October Quarterly Board Meeting, CTUIR, Pendleton, OR — 10/21-10/24

Linkages

- None

Other

- NPAIHB Staff Retreat, Sunriver, OR — 10/2-10/3
- APHA Conference, Philadelphia, PA — 11/2-11/6
- Tableau Conference, Las Vegas, NV — 11/11-11/15

TEC-PHI Opioid Supplement

Coordination and Partnership Activities

- Continued opioid workgroup meetings to coordinate efforts across NPAIHB projects
- Worked with WA ESSENCE staff to add relevant DOH vaping and pulmonary injury dashboards into ESSENCE account to monitor the epidemic for AI/AN populations

- Reached out to Jamie Piatt (Southern Plains Tribal Health Board) regarding racial misclassification work with funeral directors in their region
- Held multiple discussions with CDC Alcohol Health Scientist on appropriate drug + alcohol death coding, the feasibility of using the standardized ARDI coding scheme with our population, and newborn deaths due to alcohol
- Submitted proposal to link with Oregon Prescription Drug Monitoring Program data
- Attended the Tri-Counties Substance Use Researchers Group, presented, and solicited feedback on educating Oregon MEs/coroners/funeral directors on accurate collection of AI/AN race data. This led to great discussion and engagement with the group, and several promising leads, ideas, and collaboration opportunities
- Attended the Washington DOH Opioid Response Plan Data Workgroup Meeting on 12/17 to coordinate activities, learn about opioid data updates across the state, and ensure NWTEC and NW tribes are considered in the plan
    - The meeting also included presentations on WA PMP and ESSENCE data quality limitations and upcoming projects
- Attended the Oregon 9 Tribes Quarterly Alcohol & Drug Prevention Meeting on 12/4, had the opportunity to hear the area reports from each tribe, and was able coordinate with several state and tribal partners on data needs

Data Analysis, Visualization, and Report Preparation

- Analyzed drug overdose deaths in Great Plains region and individual states for AI/AN and non-AI/AN along with national rates comparison
- Analyzed drug overdose ED (RHINO) data for Washington State with updated timeframe for Jan 1, 2018- Oct 9, 2019
- Drafted "Opioid Overdose Data and Surveillance Project" presentation for the Affiliated Tribes of Northwest Indians (ATNI) meeting on 10/7
- Wrote an article titled "Fast Stats: Emergency Department Visits for Drug Overdose among American Indian and Alaska Natives in Washington" for our quarterly newsletter, October Health News & Notes, on what ESSENCE/ED data is and an overview of my analysis for Washington State
- Obtained CDC ICD-10-CM Official Coding Guidelines Supplement for coding encounters related to E-cigarette or Vaping Product Use
- Finalizing regional, 3-state combined substance mortality analyses
    - This analysis includes alcohol mortality, as well as benzodiazepine and barbiturate drugs data (benzo + opioid is a growing concern)
- Began drafting NW Region Opioid & Substance Data Brief report on regional opioid/alcohol/substance data
- Discussed with WADOH which ESSENCE fields to utilize for mention of specific new & emerging drugs
- Researched appropriate ICD-10 codes and analyzed NW region AI/AN newborn deaths due to mother's use of alcohol. Discussed low count with CDC and the current accuracy & usage of these codes.
- Starting drafting an abstract on ED data for WA (and potentially OR) on drug overdose visits for 2020 CSTE conference

- Ran NW region rates by drug type both in inclusive and exclusive categories to compare under/over counting rates with the increase in polysubstance use
- Continued monitoring expansion of ODMAP usage- several counties in Idaho and more of Oregon are now participating
- Wrote and submitted an abstract to the Annual Oregon Epidemiologists' Meeting (OR Epi 2020, April 21-23, Sunriver, OR) on Oregon AI/AN drug and alcohol mortality data
- Conducted overdose death certificate and overdose emergency department visit analyses specific to Whatcom County for the Lummi presentation
- Working with WADOH to define specific drugs involved in Whatcom County overdose deaths due high use of T40.6 "unspecified narcotics" in the county
- Drafted presentation "Opioid & Substance Data among American Indians and Alaska Natives" for Lummi Nation OUD presentation 1/8

Data Requests/Technical Assistance

- Provided Great Plains states/regional overdose analysis to Great Plains TEC per request
- Provided input on HOPE committee/Tom W. proposed opioid death and prescribing metrics
- Provided input on Tribal Opioid Response documents
- Reviewed, edited, and provided several data points for a letter in support of the Jamestown S'klallam medications for opioid use disorder treatment facility
- Provided data sources and suggestions for on how to measure prevalence of OUD in a small community (Lummi Nation) and potential proxy measures
- Shared compiled National AI/AN & USA Opioid and Substance Usage NSDUH Results with MCH opioid team
- Shared compiled Opioid/Substance Data Sources Inventory with MCH Opioid team

Trainings Provided to Tribes/Tribal Programs

- Provided "Substance Data Sources for Program & Public Health Planning" as the didactic presentation at the SUD ECHO Clinic on 10/17/19 (presented by Sujata Joshi)

Presentations & Results Dissemination

- Provided "Opioid Data & Surveillance Project Update" as part of an IDEA-NW Project Update Presentation at QBM on 10/23/19 (presented by Sujata Joshi)
- Provided "Opioid Overdose Data and Surveillance Project" presentation at the Affiliated Tribes of Northwest Indians (ATNI) meeting on 10/7/19 (presented by Eric Vinson)
- Provided "Opioid and Substance Data among American Indians and Alaska Natives" for presentation on 12/4 Oregon 9 Tribes Quarterly Meeting
- Presented "Racial Misclassification among American Indians & Alaska Natives (AI/AN) in Overdose Data" to the Tri-Counties SUD Researchers Group
- Distributed WA and OR Opioid/Substance Data Briefs to SUDs Researchers Group

Travel

Site Visits

Other

- All Staff Retreat, Sunriver, OR 10/2-10/3

Clarice Charging
Immunization and IRB Coordinator
Northwest Portland Area Indian Health Board
Quarterly Report
October-December 2019

Meetings:

NPAIHB all-staff meeting, October 7, 2019
NPAIHB all-staff meeting, November 4, 2019
Emergency Preparedness planning meeting, November 6, 2019
Immunization Partners Action Team (IPAT), December 5, 2019

Quarterly board meetings/conferences/site visits:

NPAIHB staff retreat, Sunriver Resort, Sunriver, OR, October 1-3, 2019.
Immunization Roundtable, Portland State University (PSU), Native American Student Center (NASC), October 17, 2019.
NPAIHB Tribal Health Directors and quarterly board meeting, Wildhorse Hotel and Casino, Pendleton, OR, October 21-24, 2019
NARA Spirit of Giving Conference, Portland, OR, November 13-15, 2019
PRIM&R Conference, Boston, MA, November 16-20, 2019

Portland Area (PA) Indian Health Service (IHS) Institutional Review Board (IRB):

PA IRB Meetings:

PA IHS IRB meeting, October 18, 2019
PA IHS IRB meeting, November 22, 2019
PA IHS IRB meeting, December 18, 2019

During the period of April 1 – June 30, 2019 Portland Area IRBNet program has 170 registered participants, received 7 new electronic submissions, processed 8 protocol revision approvals, approved 4 publications/presentations and 9 annual project renewals.

Provided IT and IRB regulation assistance to Primary Investigators from:

1) Confederated Tribes of Yakama Indian Reservation
2) Grand Ronde Tribe
3) Chehalis Tribe
4) Confederated Tribes of Warm Springs Indian Reservation
5) Muckleshoot Tribe
6) Shoalwater Bay Tribe
7) OHSU
8) University of Colorado
9) Washington State University
10) NPAIHB

Quarterly Report
October-December 2019
Thomas Weiser, MD, MPH
Medical Epidemiologist
Northwest Portland Area Indian Health Board and Portland Area IHS

Projects:
*IRB
*Immunizations Program-routine immunization monitoring
*EIS Supervision
*Hepatitis C
*Children with Disabilities (CWDA)
*Opioid Epidemic
*MCH Assessment
*Suicide Surveillance and Prevention

Travel/Training:
*IHS Clinic Directors Meeting, November 7-8; Clinic Duty (Chemawa), 11/29;
*March of Dimes Meeting, Seattle, 12/2-3.

Opportunities:
*IRB met in October, November and December. There were 7 new electronic submissions, processed 8 protocol revision approvals, approved 4 publications/ presentations, and 9 annual renewals.
*Immunization Coordinator's Calls-Met on 12/18. There were 7 attendees including representatives from all three state health departments. Abstract for the National Immunization Conference about the two State/Tribal Immunization summits held this year was accepted.
*EIS Officer Activities:
* EISO article for MMWR Notes From the Field is scheduled for publication in March.
*Abstract about the same topic as MMWR submitted for EIS presentation
- Abstract in collaboration with Colville Tribal Behavioral Health describing the tribe's efforts to set up Suicide Surveillance was submitted and accepted. Alex assisted in the submission.
- New project to survey youth vaping behaviors through We-R-Native was submitted to IRB and approved with minimal revision.
- We have continued to discuss potential analyses for meeting the analytic CAL
- No further f/u with BIA regarding availability of employee health data such as wildland firefighters and other occupations.
- EISO will deploy on a polio mission in Ethiopia January 8- February 18

• Hepatitis C: No new work in December except revisions to EISO leading causes of death paper.

- Children With Disabilities project: No new work on this in December. Will revise manuscript for submission, goal is before end of year. New goal is by March 1st.
- Opioid Epidemic:
  - IHS HOPE committee meetings 12/6 and 12/20.
  - Completed graphs for IHS HOPE committee fact sheet
  - Region X Opioid Work Group Steering Committee meeting 12/11
- MCH Assessment: Co-presented with Chio-Wen the presentation that was made at APHA on NAS to the SUD/HCV ECHO on 12/19. Attended March of Dimes MCH Meeting in Seattle with Tam Lutz on Dec 3 where we tried to represent NPAIHB/IHS and our respective Tribes' MCH needs/concerns. Discussed infant mortality analysis and PRAMS data analysis projects with Natalie and the MCH WG.
- Suicide Surveillance and Prevention (Colville): (Still) trying to re-schedule a meeting with Colville, likely in January.

Quarterly Report: October – December 2019

Maternal Child Health Core (MCH-Opioid)
Motor Vehicle Data Study (Native CARS)
TOTS to Tweens Study (T2T)

Candice Jimenez (*Warm Springs*), Research Manager (MCH-Opioid, Native CARS, T2T)
Chiao-Wen Lan, Co-Investigator/Biostatistician (MCH-Opioid)
Jenine Dankovchik, Biostatistician (MCH-Opioid)
Jodi Lapidus, Co-Principal Investigator (MCH-Opioid, Native CARS)
Meena Patil, Biostatistician (Native CARS)
Nicole Smith, Senior Biostatistician (Native CARS, T2T)
Tam Lutz (*Lummi*), Co-Principal Investigator (MCH-Opioid, Native CARS, T2T)
Thomas Becker, Co-Principal Investigator (T2T)

Native CARS Project –

The Native CARS Project's current grant **"***A NW Tribal EpiCenter Collaboration to Improve the Use of the Motor Vehicle Injury Data*," is a collaboration with the Oregon Health & Science University and the Northwest Washington Indian Health Board guided by a strong advisory committee from tribal and regional experts in environmental health, research design, traffic safety, law enforcement, planning, Indian law, and technical assistance to Tribes.

In response to the data needs of 43 Northwest tribes, we aim to improve the available injury and crash data that will inform decision-making activities within tribal communities. This project provides the opportunity to assess the availability, quality and completeness of motor vehicle injury and mortality data for Oregon, Washington and Idaho. This will support and

improve the evidence available for tribes in designing and evaluating tribally-led interventions in partnership with the NPAIHB, NWWIHB, OHSU and the Advisory Committee.

We are in full swing of the project – our NPAIHB team and subaward partners at OHSU and NWWIHB have begun collaboration on the following aims:

1. **Evaluate the magnitude of motor vehicle crash related mortality, hospitalization and serious injury among American Indians in the Northwest utilizing race-corrected public health data sources.**
   We will leverage the ongoing and planned work of the Northwest Tribal Registry Project in *the EpiCenter*, which has a large repository of vital statistics, hospital discharge and trauma datasets linked to the Northwest tribal rosters. We will estimate rates and trends in motor vehicle crash related deaths, hospitalizations and injury, and determine the impact of racial misclassification on these estimates.
2. **Assess characteristics and outcomes of motor vehicle crashes on or near NW tribal communities via transportation and injury data sources, as well as real-time surveillance systems.**
   We will augment ongoing efforts in *the EpiCenter* to extract AI/AN-specific information from transportation data sources, to understand circumstances of crashes (driver, vehicle and environmental). We will accelerate emerging initiatives at the Board, which are accessing and exploring near real-time syndromic surveillance data from Washington and Oregon, to evaluate motor vehicle crash related health care utilization (including ED visits) among NW AI/AN. We will work with our NW tribal consortium to identify strengths and limitations of these data sources and highlight areas for quality improvement.

3. **Create and disseminate comprehensive reports to inform the content, direction and evaluable outcomes of future evidence-based tribal interventions.**
   Working with our tribal partners, advisory committee and *the EpiCenter*, we will collate previously reported and newly produced evidence and publish reports for the region, as well as individual tribes or tribal groups. We will conduct qualitative interviews to supplement and shed insight on quantitative results. We will disseminate our findings by collaboratively authoring and publishing in the health sciences literature.

Recent Highlights

This quarter the Native CARS project team completed preliminary Motor Vehicle Injury (MVI) data analysis for WA/OR/ID along with completion of WA/OR/ID Death Certificate data for analysis. We commenced our first Advisory Committee meeting at the NPAIHB office. The project also submitted and accepted abstracts for presentation at 2020 Lifesavers Conference

TOTS to Tweens Study (T2T) –

The TOTS to Tweens Study was a follow up study to the *TOTS Study (Toddler Obesity and Tooth Decay) Study)* - an early childhood obesity and tooth decay prevention program. The goal of this

study was to survey and conduct dental screenings with the original group of toddlers to test whether interventions delivered in the TOTS would influence the prevalence tooth decay in older children. Through qualitative approaches, the study assessed current community, environmental and familial factors that influenced oral health in children to understand any maintenance of preventive behaviors over the last ten years within the entire family. The TOTS2Tween Study was administered through the NW NARCH program at the NPAIHB.

Recent Highlights

This quarter the TOTS to Tweens Study team continued with conducting analysis of the quantitative data collected and collaborating on several drafts of a manuscript to be submitted for publication. Staff also disseminated a main outcome manuscript and fact sheets for overall and individual Tribal-specific reports for review by our Tribal partners. As the fiscal year ended, so did the funding available from the NARCH program for the project, although the T2T staff will carry on finalizing other manuscript publications.

Maternal Child Health (MCH) Core Workgroup

Along with several other NPAIHB employees, Tam Lutz, Nicole Smith, Candice Jimenez and Meena Patil also contribute efforts to the MCH Core workgroup providing input to other NPAIHB MCH-related projects, collaborating on grant proposal and responding to external MCH requests or potential partnership opportunities. NPAIHB staff meet bi-weekly on MCH issue where they update staff on their representation in a variety of state and regional workgroups, collaborate on grant writing opportunities and discuss new analyses, reports or presentations.

MCH Opioid Grant –

The MCH-Opioid study, '*Investigating Maternal Opioid Use, Neonatal Abstinence Syndrome and Response in NW Tribal Communities*,' is a grant funded by the National Institute on Drug Abuse (NIDA) within the Department of Health and Human Services, National Institutes of Health. The study is a partnership with the Northwest Portland Area Indian Health Board, Oregon Health & Science University and Northwest tribes. The partnership aims to engage Northwest Tribal communities in creating sustainable impact on improving substance abuse related outcomes for American Indian and Alaska Native mothers and children.

NPAIHB member tribes have already begun social assessment through prioritizing the reduction of substance use, specifically opioids, among the members of their communities. In support of those early community assessments the NPAIHB conducted a needs assessment to amplify priority areas in maternal and child health. As a result, addressing maternal substance use and its neonatal consequences was the number one priority identified. The next step in this study is to complete epidemiologic assessment, which includes estimating the magnitude and impact of maternal opioid use by analysis of tribal and regional data sources over time. To follow is an educational and ecological assessment, which will help in identifying any predisposing, enabling and reinforcing factors that can assist in understanding how behavioral and environmental

factors must be changed to affect maternal opioid use and neonatal abstinence syndrome. These factors may include beliefs, knowledge about the disease, and self-efficacy. The final phase of the study will focus on administrative and policy assessment including intervention alignment, highlighting the gaps in need as well as tribal community readiness and acceptability of interventions. This will highlight the support or barriers to changing the behavioral and environmental factors related to maternal opioid use.

In this phase of the MCH-Opioid Study we specifically aim to:

1. **Perform an epidemiologic assessment to determine the magnitude and impact of maternal substance use during pregnancy and NAS among AI in the NW.**
   We will leverage ongoing and planned work in the Tribal EpiCenter to estimate race-corrected rates and trends of maternal substance use during pregnancy and NAS in hospital discharge data. We will investigate opioid use and treatment in the NW as reported in IHS national data repository. We hypothesize there will be geographic variation in maternal and infant health outcomes related to substance use and treatment to disentangle contributions of rurality vs. unique tribal factors.

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 NW 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 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 envision future grant application(s) to conduct community-initiated, culturally relevant, multi-tribe interventions and/or policy evaluations in collaboration with NW tribes.

Recent Highlights
Initial project highlights include input to the National Tribal Opioid Response Strategic Plan in the Perinatal/Neonatal OUD section of the plan. We have attended NPAIHB ECHO calls related to substance abuse. We provided an annual update on award of the grant funding to NPAIHB staff and highlighted the new project in the January 2020 edition of the Health News & Notes. Staff attended the Tri-state March of Dimes Strategic Planning meeting. Initial review of data sources for epidemiologic assessment have begun along with connecting with the project Advisory Committee for guidance.

Addressing Barriers to Childhood Immunization through Communication and Education. The MCH Core Workgroup recent award under the EpiCenter's CDC Cooperative agreement will work with stakeholders including parents, community, health care providers and local immunization organizations to develop materials and approached to improve the

understanding of the benefits and risks of immunizations. In addition, efforts will be focused on improving health care provider confidence in talking with parents and addressing their concerns about vaccines.

NTCCP Quarterly Report
October-December MARS 2019

Training

- Training:
  - Squaxin Island Tribe Tobacco Cessation and Wellness Dinner
  - E-cigarette: Finding the Truth Among the Vapors A Training of Trainers Workshop, Hosted by: Squaxin Island Tribe & SPIPA
- Site Visit: Present Warm Springs Tribal BRFSS to Health and Welfare Committee
- Port Gamble S'Klallam Tribe Parent Retreat
  - 26 adults - Presented on e-cigarettes, dangers, youth and adult national, state and tribal data, marketing and advertising, cessation programs for youth and adults in Washington, and current CDC reporting from lung injuries and death, provided handouts specific to what parents and youth should know about e-cigarettes, how to talk to your children about e-cigarettes, and CDC and FDA e-cigarette factsheets
- NTCCP Coalition and 20 Year Celebration
  - Key note – Dr. Amanda Bruegel
  - Cancer survivor panel
    - 25 attendees from 8 tribes
- Oregon Native Quit line coach training
  - Training for Optum quit line coaches
    - History, prevalence, current cessation activities, tobacco 101, case studies
  - Run of show for Optum staff and OHA before training
- Culture is prevention panel – facilitated at OHA contractors meeting (40)
  - All nine tribe, NARA in attendance
  - State and county TPEP, ADEP, and other staff
- CPR & First Aid Training and Certification

Technical Assistance

- Contact with all Oregon tribes for AI/AN quit line meeting – webinar for name of the quit line
- Burns Paiute tribe: Developed and shared breast cancer educational materials with Mailed hard copy breast cancer materials to tribal clinic
- Port Gamble S'Klallam: tribal implementation funding, e-cigarettes presentation from parent retreat and tribal specific data
- Shoshone Bannock: - (3) Requested funding needs to support mammogram screening – shared the NTCCP Cancer Action Implementation Application and connected requester with their tribal cancer coalition member: TA for funding needs to support mammogram screening – shared the NTCCP Cancer Action Implementation Application

- Siletz: (2)information for colorectal cancer screening event and resources
- Siletz: Requested funding needs for future colorectal cancer events and activities – Shared NTCCP Cancer Action Implementation Application
- Squaxin – resources for youth e-cigarette
- Umatilla: TA different activities and interactive games for Great American Smoke Out
- Yakama; cancer plan, resources development of tribal plan
- All Tribes: Promoted Indigenous Pink Day and sent out breast cancer educational materials

Special Projects

- NW Tribal Cancer Coalition Meeting
  - Recruitment for 20th Anniversary Celebration Dinner
  - Setting up location space and lodging
  - Registration Confirmation Emails
  - Setting up travel for speakers
- Warm Springs Tribal BRFSS
  - Set up meeting with Health and Welfare Committee
  - Finalizing presentation
- R21 NIH Grant
  - Sent in edits for grant proposal
  - Compiled history of HPV projects and other data for grant package
- Materials Developed
  - Breast Cancer Awareness infographic specific to the Northwest Tribes
  - Indigenous Pink Day social media posts and campaign
- Nine Tribes quarterly meeting
  - Opioid presentation
  - Juvenile justice focus group assessment and needs
- Setting up projects for OHSU Wy'east Scholars
- Applications for cancer control implementation funding
  - Awarded one tribal application for cancer control implementation funding
- AI/AN Oregon Quit line Media Messaging
  - Review and provide feedback on media materials
- CDC Comprehensive Cancer Action Plan Updates
  - Updating grant action plan per feedback from project officer and CDC grant evaluator
- Setting up projects for OHSU Wy'east Scholars
  - Met with Sujata Joshi and Stephanie-Craig Rushing as project collaborators to take on Wy'east Scholars for their possible learning projects
- Discussion and final review for AI/AN quitline – recommendations and edits
  - NPAIHB and Metro group
- Meeting with Metro group to discuss how to roll out social media for Urban population AI/AN quitline
- Applications for cancer control implementation funding

  - Received and awarded two tribal applications for cancer control implementation funding
- On-going follow-up and feedback on WEAVE-NW film project with Coquille and Coos, Lower Umpqua, and Siuslaw Indians
- On-going updates on E-cigarette presentation for Port Gamble S'Klallam Tribe parent retreat
- On-going follow-up with Oregon and Washington tribes on 2015 EpiCenter and PSE survey for tobacco cessation and policy for the policy resource library

Meetings

- All Staff Meting
- Project directors meeting
- NTCCP / WTDP staffing
- OHSU NNACOE Project meeting
- OHSU NNACOE Pathway check-in meeting
- Meeting CDC evaluators to discuss CDC Pilot Project funding application
- Meeting with OHSU Wy'east Scholar
- Meeting with OHSU NNACOE to discuss Native Healers workshop/conference
- CDC Phone meeting to discuss changes to Cancer Grant data management system
- Meeting with CDC Project Officer to discuss grant changes and deadlines
- Meeting with OHSU Wy'east Scholar
- Oregon Indian Council on Addictions Meeting
- NARA Tribal Quarterly Meeting
- Oregon Youth Authority Native American Advisory Committee Meeting
- Follow up meeting with Northwest Tribes and Moore Institute
- Oregon CRC Coalition Meeting
- NPAIHB/HPCDP Meeting
- Meeting OHA – Dana Drum
- All Staff Holiday Party
- Meeting with OHSU War on Melanoma Dermatology department to discuss CDC pilot project funding collaboration
- Meeting with OHSU resident
- Meeting with OHSU medical student
- Knight Advisory Council Meeting

Conference / Webinar calls

- Cancer Care – Progress in the Treatment of Lung Cancer
- Resilience and Recovery in American Indian Mental Health
- Supporting American Indian Commercial Tobacco Cessation: An Intro to Resources of CDC's Office on Smoking and Health

- Supporting American Indian Commercial Tobacco Cessation: An Introduction to Resources of CDC's Office on Smoking and Health
- DCPC Tribal Bi-Monthly Calls 1st Tuesday
- CDC program directors call
- CDC grant review call
- FDA tobacco cessation and vaping
    - Native adolescents - anti vaping and smoking

Public Health Improvement & Training (PHIT) Project

Injury Prevention Project (IPP)

4th Quarter 2019 (October-November-December)

Bridget Canniff, Project Director

Luella Azule, Project Coordinator

Kim Calloway, Project Specialist

Milestones

- 10/15 First day of assignment for Kimberly Calloway, CDC Public Health Associate Program (PHAP) assignee to NPAIHB for 2019-2021
- 11/19-21, CDC PHAP Training, Atlanta (Kim)
- 12/13 CDC Environmental Public Health Tracking Project kickoff call with Project Officer Alex Philipose (Victoria, Celeste Davis, Bridget, Kim)
- 12/18 CDC 1803 Public Health Accreditation supplement call with Project Officer Amy Groom (Bridget)

Meetings/Calls/Conferences/Presentations

- 10/21-24 QBM Umatilla (Luella)
- 10/22 Initial planning call for 2020 TPHEP with planning committee – tentatively scheduled for May 2020 (Bridget, Luella, Kim, et al.)
- 11/6, 11/21 TPHEP planning committee calls (Bridget, Kim)
- 11/20 FEMA Region X Tribal Symposium planning committee call (Bridget)
- 12/10 Site visit to Little Creek Casino, Squaxin Island, with Rachel Paris, DOH – planning for TPHEP 2020 (Bridget, Nancy Bennett)
- 12/11 WA Foundational Public Health Services tribal meeting at Jamestown S'Klallam (Bridget, Nancy Bennett)
- 12/4 CDC PHAP Host Site Supervisor's Annual Training (Bridget)
- 12/5 Call with Nina Martin, NIHB – planning for Violence Prevention/Injury Surveillance sessions
- 12/18 FEMA 2020 Tribal Summit planning call (Bridget)

- 12/20 FEMA planning call for Emergency Management in Your Community Session at FEMA 2020 Tribal Summit in April – co-facilitating session with Fauna Larkin, Coquille (Bridget)

Trainings/Webinars

- 10/15 Webinar: IHS TIPCAP (Tribal Injury Prevention Cooperative Agreement Program) (Luella)

Funding

- 10/22 Submit final invoice for 2019 TPHEP to OHA (Bridget)
- 10/24 PHEP contract received from DOH for 2020 Tribal Public Health Emergency Preparedness (TPHEP) conference after bid approval received in September; contract extendable by DOH through 2023
- 10/28 Resubmit CDC 1803 Umbrella Year 2 Supplment budget modifications and response to technical comments in GrantSolutions (Bridget)
- 11/18 OHA SHIP Minigrant info call (Bridget)
- 12/2 Submitted CDC 1803 Umbrella Year 1 annual reports (Bridget)
- 12/2 Submitted IHS TIPCAP annual report (Bridget)

Other Core Activities

Luella:

E-news/Read: NAYA news, read Shoshone Bannock article, NIHB Washington Report, CDC Feature e-mail, Kognito e-newsletter
Other: Review SAIL (Stay Active and Independent for Life) online video

Bridget:

- TPHEP 2020 planning (Bridget, Kim, Nancy B)
  - Secure dates/location: May 11-15, 2020, Little Creek Casino, Squaxin Island, Shelton, WA
  - Pre-conference training course: Community Healthcare Planning and Response to Disasters (MGT-409), planned for May 11-12
- Support to Chelsea/Tom B. for February 2020 NARCH conference – registration and call for abstracts launched 11/18 (Bridget, Kim, Nancy B)
- Review and revise OR and WA Public Health Improvement Manager position descriptions – applications due 12/13
- Planning for NW Tribal Health Conference sponsored by NARCH, Feb 21-22, Portland:

- Provide feedback and guidance to Chelsea on hotel contract, registration, and call for abstracts
- 10/18 planning call with ANEC, CTEC, and NWTEC staff, chaired by Bridget

Kim:

- Onboarding with NPAIHB
- CDC PHAP Training/Orientation – in-person and required online/teleconference training
- Provide support to 2020 TPHEP planning committee, including email notifications of meetings, and providing minutes to committee members
- Create updated NPAIHB workplan for CDC, submitted 12/20
- Review PHAB Public Health Accreditation 101 materials

Travel/Site Visits

Tribe: Confederated Tribes of Umatilla **Date**: October 21-24, 2019 **Purpose**: QBM **Purpose:** All Staff Retreat **Who:** Luella	**Location:** CDC, Atlanta, GA **Dates:** 11/19-11/21 **Purpose:** CDC PHAP Training **Who:** Kim
Location: Squaxin island/Little Creek Casino/Squaxin Island Museum **Date:** December 10 **Purpose:** Planning for TPHEP 2020 **Who:** Bridget, Nancy B	**Tribe**: Jamestown S'Klallam **Date**: December 11 **Purpose**: WA FPHS Meeting **Who**: Bridget, Nancy B

THRIVE (Tribal Health: Reaching out InVolves Everyone)

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, & RC
Celena McCray, MPH(c), B.S.Ed., THRIVE Project Coordinator
Paige Smith, THRIVE & RC Project Coordinator

Quarterly Report: October-December 2019

Site Visits

Tribal Site Visits

- Siletz Youth Conference, Lincoln City, OR – Nov. 9-10
- Applied Suicide Intervention Skills Training (ASIST) for the Confederated Tribes of Grand Ronde, Grand Ronde, OR – Nov. 13-14

- Applied Suicide Intervention Skills Training (ASIST) for the Nez Perce Tribe, Lapwai, ID – Dec. 17-18
-

Out of Area and Other Travel

- NPAIHB Staff Retreat, Sun River, OR – October 1-3
- American Public Health Association's Annual Conference, Philadelphia, PA – Nov. 3-7
- Oregon 9 Tribes Prevention Meetings, NARA Northwest Wellness Center, Portland, OR – December 3-4

Technical Assistance & Training

During the quarter, project staff:

- Participated in 39 meetings and conference calls with program partners.
- Disseminated 115 packages of the suicide prevention campaign(s) for #WeNeedYouHere.

During the quarter, THRIVE provided or participated in the following presentations and trainings:

- Presentations/Updates (4) – the development of Native Veterans Suicide Prevention Campaign for the Rural Veterans and Telehealth Didactic Webinar Series, 19 virtual attendees; Promoting AI/AN Mental Health Wellness though Social Media presentation, 5 participants, Albuquerque Indian Health Board and; provided updates at three different OR 9 Tribes prevention meetings for 125 attendees over three days, Portland, OR.
- Facilitation/Training (2) – facilitated ASIST workshops for the Confederated Tribes of Grand Ronde, 18 attendees and for the Nez Perce Tribe, 16 attendees.

During the quarter, the THRIVE project responded to over 130 phone or email requests for suicide, bullying, Zero Suicide Model, or media campaign-related technical assistance, trainings, or presentations.

Health Promotion and Disease Prevention

THRIVE Media Campaign: All THRIVE promotional materials are available on the web. Materials include: posters, informational rack and tip cards, t-shirts, radio PSAs, and Lived Experience videos.

GLS Messages October - December, Social Media Reach for THRIVE: 92,900

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings

- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- Completed & submitted the year 5 MSPI grant annual progress and financial reports in October
- Completed and submitted the final closeout reports for the SAMHSA Garrett Lee Smith cohort 9 (2014-2019) youth suicide prevention gran in December.
- Submitted the quarterly financial report to the IHS for the MSPI grant in December.

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing

WEAVE-NW Quarterly Report *7/1/2019 to 9/30/2019*

Victoria Warren Mears, PI
Tam Lutz, Project Director
Nora Frank, Food Sovereignty Project Manager
Ryan Sealy, Tobacco/Breastfeeding Project Manager
Jenine Dankovchik, Evaluation Project Specialist
Chelsea Jensen, Project Assistant

BACKGROUND

WEAVE-NW is a program of the Northwest Tribal Epidemiology Center, funded through the CDC's Good Health and Wellness in Indian Country (GHWIC) initiative. The overall objective is to establish or strengthen and broaden the reach and impact of effective chronic disease prevention programs that improve the health of tribal members and communities.

The project has built capacity and created lasting change through training, technical assistance and collaborative support to aid Northwest tribes in creating policy, systems and environment changes that encourage healthy lifestyles.

This quarter WEAVE-NW received a notice of award from CDC to continue another five years of working with NW Tribes. This second award significantly increased the funding available for subawards to NW Tribes who are seeking to implement systems, policy or environment change (PSE) approaches to address the following health areas:
Obesity – Food System Change

Obesity – Breastfeeding Promotion and Support
Commercial Tobacco Use
Type 2 Diabetes
Heart Disease and Stroke

In this fiscal year alone, WEAVE-NW will provide over $600,000 in Tribal subawards to five tribal communities who respond to the WEAVE-NW request for proposals (RFP) that will close in January 6, 2020.

WEAVE-NW will continue to provide coordination support for a Northwest Tribal Food Sovereignty Coalition and a NW Breastfeeding Coalition, under the leadership of our content expert in Food Sovereignty, Nora Frank Buckner and in Breastfeeding, Ryan Sealy. WEAVE-NW will continue to provide the same meaningful technical support and training opportunities for Tribes related to the five funding areas.

WEAVE-NW will also continue to collaborate and provide support for the Diabetes ECHO. Diabetes ECHO is a partnership with WEAVE-NW, Indian Country ECHO and the Western Tribal Diabetes Project. Diabetes ECHO aims to increase the capacity of I/T/U clinics to safely and effectively treat patients with diabetes. The Diabetes ECHO, through the use of video conferencing, education, and research intends to increase knowledge of providers and health care professionals and strengthen best practices of care for all patients.

WEAVE-NW also received notification of an award Native American Agricultural Fund to support strategic planning and trainings for the NW Tribal Food Sovereignty Coalition. This new grant will be led by Food Sovereignty Project Manager Nora Frank Buckner.

Meetings (excluding internal)

Conference/committee: 3
Tribal Community: 4
Funding Agency: 7
Sub-Awardee: 2
Community (non-tribal): 0
Government Partner: 7
Other: 12

Total Meetings: *35*

Site Visits

Date(s)	Tribe	Short Summary
07/16/19 - 07/17/19	Quinault Tribe	Traditional Foods Workshop
07/26/19	Coquille Tribe	Site visit to Coquille to create digital storytelling video about traditional tobacco policy

07/26/19 - 07/27/19	Coos, Suislaw & Lower Umpqua Tribe	Site Visit, Canoe with Tribal Youth, Filming Policy toolkit.

Total number of site visits this quarter: 3

Presentations

WEAVE-NW gave a total of 1 presentation this quarter

Publications

WEAVE-NW completed 1 publication this quarter

Professional Development

WEAVE-NW staff completed a total of 5 professional development activities this quarter

Technical Assistance Given

WEAVE-NW responded to 18 requests for technical assistance this quarter

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Western Tribal Diabetes Project Quarterly Board Report
October-December 2019

Trainings and site visits

- DMS training – 8 in attendance – 10 on line
- DPP training
  - 18 participants – 7 tribal programs (WS, Yakama, Cowlitz, Cow Creek, Umatilla, Skokomish, Quileute)
- Squaxin Island site visit –
  - Diabetes program tobacco cessation resources
- Diabetes Echo Session (3)
- National workgroup – Diabetes beta call
- Umatilla site visit
  - Registry session, reports

Technical Assistance:

- Ongoing for updating new program staff – setting up site visit for registry clean up
- Arctic Slope (2) – Qman, NDOO, PLDX, Gen reports, for exams in as well as taking a look at the Taxonomies. Duration over Zoom was 2hrs
- Arctic Slope Native Association – emailed and asked about how to search.
- Blackfeet – TA to create a new register. Conducted an Adobe Connect session; duration 1hr 45mins.
- Coeur d'Alene , sent notes for their case presentations - FU how the recommendations were disseminated, and if the outcomes for the patients were improved
- Diabetes ECHO: Typed up notes and sent them to faculty for revising and signing

- Pine Ridge Service Unit,; TA iCare, and the version needs
- Pit River (3)- adobe connect session to find missing taxonomies and update them. TA to run an LMR in order to find missing taxonomies – TA to update using both Visual DMS and Roll and Scroll; TA requested an adobe connect session to find missing taxonomies and how to update them. Then showed how to update using both Visual DMS and Roll and Scroll
- Quinault (2)– Icare - taxonimies
- Sent DPP class information to all SDPI tribes for training in December
- Sent tobacco cessation reports to all Oregon TPEP, health director and clinical director
- Skokomish – TA to get ASA off the reminders. I looked it up, but eventually referred it to CAC
- Tulalip – Diabetes ECHO questions, 2018 HSR
- Umatilla – short cut and reference manual– TA to generate mailing labels for 300 people. and instructions and informed her where they were on iCare
- Umatilla, TA too create a pre-diabetes register
- Warm Springs (2)- BRFSS - request for cross tabs; Health and Welfare Committee BRFSS
- Yakama –(2) Sent the signed treatment recommendations form to Echo faculty, tribal specific data

Special Projects

- Coordinated DPP training for Tribal SDPI program
  - Final invoice for Hotel
  - Follow up with travel reimbursements
- SDPI program audit data received – working on Tribal Health Status Reports
- Working to solve remote access issues in new training room
- NPAIHB newsletter
- Native Fitness
  - Contact for 2020 date

Meetings and Conferences

- Zoom meeting with Diana Trombley of the Browning Service Unit (Billings Area) for technical assistance on December 10 and 11
- Zoom meeting with Jodie Mallette of the Arctic Slop Native Association (Alaska Area) for technical assistance on December 17
- Staff and project directors meeting
- Diabetes ECHO Session
- Food Sovereignty follow up
- SDPI Title I and Title V Compacting and Contracting Discussion/Strategy
- Improving Health Care Delivery Data Project: Steering Committee Meeting
- Health Promotion and Chronic Disease Prevention: 2017-2025 Strategic Plan Share-out
- Yakama Nation, Fred Hutch, NPAIHB –
- APHA – Plenary sessions – break out for ATOD, Food and Nutrition, Cancer and AI/AN forum

- Improving Health Care Delivery Data Project: Steering Committee Meeting
- MG hosts NW Area Indian Health Board – final input – edit for tribal and urban materials Native quit line
- Metro group – Urban AI/AN quit line invitation: Media Discussion

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Northwest Native American Research Center for Health (NARCH)

Cancer Prevention and Control Research Training in AI/ANs
Tom Becker, PI
Victoria Warren-Mears, Director
Tom Weiser, Medical Epidemiologist
Ashley Thomas, Program Manager
Jacqueline Left Hand Bull
Kerri Lopez

The cancer project is moving along well. We have had both the opportunity and challenge this quarter of revising our request for carryover funds. We are optimistic this request will be approved soon. In preparation for the February 2020 Contemporary NW Tribal Health Conference, we created an updated poster and look forward to presenting.

We have been highly involved in the career progression of our cancer fellows. We have been providing letters of support for grant applications and graduate school admission, advising in preparation for job interviews, and in-person meetings in Hawaii, New Mexico, and Pennsylvania to provide career guidance and mentorship. NW NARCH PI, Tom Becker, conducted a site visit in Albuquerque, NM—meeting with Tribal Researchers' Cancer Control Fellowship Program (TRCCFP) fellows, faculty, and consultants on 11/14-19/19.

Mentor-mentee agreements for our 19 fellows are being established and monthly meetings have begun. More than half of our fellows have secured their mentors and are working on capstone projects with them. Many of our fellows have full-time jobs, so the mentored project component of this fellowship has presented somewhat of a challenge. We have been working hard with our fellows to design projects that will not be burdensome yet be beneficial for their education and careers.

A distance learning assignment was created and distributed in December on case-control study design. Two additional study design assignments have been created and will be distributed to our fellows in the coming months. Together with our evaluators we designed a survey to track dissemination activities of all our fellows. The survey was sent out in December and so far about half have responded.

We continue recruitment efforts for the 2020 cohort and the formal application becomes available January 13th, 2020. We are keeping track of, and building relationships with, tribal researchers who have stated their interest in participating. These efforts have yielded sixteen eligible and interested applicants for the next fellowship cohort. The application has been finalized along with the scoring documents. We confirmed our selection committee this quarter—they are poised to receive completed applications and select our 2020 cohort. We continue to plan the summer training and the logistics for that meeting are coming together—classrooms have been reserved and the hotel contract has been completed. The fall training course evaluations have been submitted and summarized by our external

evaluator. We will use this feedback to inform curriculum planning and make improvements in the next round of training.

Tribal Opioid Response (TOR) Consortium

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, & RC
Megan Woodbury, Opioid Project Coordinator

Quarterly Report: October – December 2019

Site Visits

Tribal Site Visits

- None during this reporting period

Out of Area and Other Travel

- Staff Retreat, Sun River, OR – October 1-3
- American Public Health Association's Annual Conference, Philadelphia, PA – Nov. 3-7
- Oregon 9 Tribes Prevention Meetings, NARA Northwest Wellness Center, Portland, OR – December 3-4

Technical Assistance & Training

During the quarter, project staff:

- Participated in 25 meetings and conference calls with program partners.
- Hosted 3 video conference calls around the TOR Consortium grant for the 22 consortium tribes and 6 TOR2 tribes, 42 attendees, 28 were TOR & TOR2 Consortium attendees.
- Attended 3 webinars during the reporting period around opioid and/or substance use disorder(s) or grant reporting guidelines.
- Presentation/Update (2): TOR Updates & activities for the consortium given to participants at the OR 9 Tribes prevention meetings in Portland, OR – December 3-4

During the quarter, the TOR consortium project responded to over 109 phone or email requests for opioid and substance use disorder prevention, education, medication, grant requirements, etc.

Health Promotion and Disease Prevention

The TOR Consortium staff work closely with many other Opioid Prevention projects at the NPAIHB and together these projects continue to disseminate a monthly Substance Use Disorder e-newsletter which monthly. Staff drafted the 5-7min NARCAN training video for the NW Tribes which will be finalized and disseminated in winter 2020.

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings

- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- In October:
  - Completed Marijuana Attestation letters for both TOR and TOR2 and submitted them to SAMHSA
  - Completed the TOR supplemental award budget and scope of work and submitted to SAMHSA
  - Completed the TOR2 budget revisions and supplemental award budget and scope of work and submitted them to SAMHSA
- In December:
  - Submitted revised and more detailed budgets for TOR and TOR2 supplemental dollars.
  - Submitted the TOR year 1 annual progress report and financial reports.

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing

Enhancing Asthma Management for Childhood in AI/AN Communities
"Asthma Project"
3st Quarter Activity Report
October– December 2019

Staff:
Thomas Becker, MD, PhD Principal Investigator
Celeste Davis- Asthma Project Director
Mattie Tomeo-Palmanteer – Asthma Project Coordinator

Technical Assistance via telephone/email

- Ongoing communication with NPAIHB Epi Center Director.
- Celeste & Mattie – continue to provide support to site 1: Indian Health Service, Yakama Service Unit and site 2: Nimiipuu Health Clinic and site 3: Yellowhawk Tribal Health Center.
- Ongoing communication (telephone, email and in person presentations) We are actively working to enroll our final site for participation in the *Enhancing Control of*

Childhood Asthma in AI/AN Communities project, and hope to have the fourth site in early 2020.

Reporting

- Preparation for the National Institutes of Health six-month report is underway.

Updates

Asthma Project.

- The Asthma Management Project is conversating with a few tribal clinical sites about the possibility of joining the Asthma Management Project.

Challenges/Opportunities/Milestones

- Celeste and Mattie are planning (with the Yakama pilot site team from Indian Health Service pharmacists) to schedule a site conference call that will include reviewing data set retrieval methods in mid-January.
- The Asthma Pilot Study Site in Yakama experienced challenges with meeting recruitment numbers this year. A few reasons for low numbers of study participation include children with asthma who are not within the projects age range (3-17 years old), they had well controlled asthma without room for improvement, missing or disconnected telephone numbers of parents of referred children, or not returning phone calls.

  To address these challenges, we conducted additional recruitment presentations in Yakama and two changes in protocol were submitted and approved by PAIRB this year. The first, was to raise the age of eligible study participants from 17 to 21. (The original protocol included children aged 3 - 17 as participants). This new recruitment strategy falls within the guidelines of the American Academy of Pediatrics regarding developmental age. The second change in protocol, requested permission to introduce the study via telephone script and schedule an appointment with the local Indian Health Clinic pharmacist.

  Additionally, the Asthma Project Coordinator presented to the Toppenish School District and Wapato School District this fall. Additionally, she reached out to Yakama Nation Tribal School and smaller school districts neighboring Wapato (Harrah and Mt. Adams) to request they post flier, share electronically in newsletter format, and to request the flier is sent home to all parents of AI/AN children.

- Follow up calls have been ongoing to recruit the last clinical site (for those that meet the qualifications to participate)

Meetings/Trainings

- Mattie attended the mandatory All Staff Retreat 01-Oct-19
- Mattie completed her annual ISSA- RPMS training 05-Oct-19
- Asthma team met with Digital Native Consultants for a graphic design Toolkit design work session 18-Oct-19
- Mattie completed a monthly check in meeting with Yakama Service Unit 21-Oct-19
- Mattie completed a monthly check in meeting with Nimiipuu Health 28-Oct-19
- Mattie completed a monthly check in with Yellowhawk Tribal Health Center 31-Oct-19
- Mattie attended a national Council of Urban Indian Health Environmental health Data conference call training session. 15-Oct-19
- Mattie completed a monthly check in meeting with Nimiipuu Health 4-Nov-19
- Mattie completed a monthly check in meeting with Yakama Service Unit 18-Nov-19
- Mattie completed a monthly check in meeting with Nimiipuu Health 4-Dec-19
- Mattie completed a monthly check in meeting with Yakama Service Unit 16-Dec-19

Site Visits

- Mattie met with Yakama Service Unit's Community Advisory Committee to provide an update and review of pediatric educational fliers and recruitment numbers for each site 11-Dec-19
- Mattie presented to parents, students and several Toppenish School District administrators from the elementary, middle and high schools. This was during the Johnson O'Malley parent meeting to request fliers be posted and sent home with all AI/AN students. Francisco Silva a pharmacist of Yakama Indian Service Unit clinic also attended to answer clinical questions and give a demonstration of short-term rescue inhalers and long-term corticosteroid inhalers that are used over time to widen airways 09-October-19
- Mattie did a local KYNR Tribal Radio Station Public Service Announcement 10-October-19

Upcoming Calls/Presentations/Meetings/Travel

- Mattie presented at the Wapato School District Native Family Night celebration
- Mattie gave a call to action at Heritage University to support recruitment efforts for young adults 21-Nov-19

Other communications

- None

Publications

- 21-Feb-2019 NW Tribal Health Research Conference in Portland, OR at the Native American Student and Community Center, poster presentation will be given by Mattie Tomeo-Palmanteer.

Northwest Native American Research Center for Health (NARCH)

Dissertation Support Program for Tribal Graduate Students

Tom Becker, PI
Victoria Warren-Mears, Director
Tom Weiser, Medical Epidemiologist
Ashley Thomas, Program Manager
Grazia Cunningham, Program Coordinator
Jacqueline Left Hand Bull

We have been supporting six (6) Research Support Fellows who are AI/AN graduate students as they conduct scientific research necessary to complete their degrees. One of our fellows completed their MPH in December and another received alternate funding so they will no longer be receiving financial support through the NW NARCH. We will track their career progress and be helpful when possible. Currently we have two spots available to fill. One applicant has been selected from our waitlist and three others are currently under review with our selection committee. We don't anticipate having any trouble filling these available fellowship positions. We continue to advertise this opportunity widely. We are working with our fellows to identify their peer mentors and arrange travel awards for dissemination activities at national meetings—two fellows have secured their mentors and have had abstracts accepted at conferences they plan to attend together. We have internship opportunities available and will offer internships to folks who have applied for the fellowship yet remain on the waitlist. Travel, accommodations, and instructors have all been secured for our Portland workshop on February 20, 2020. All our fellows plan to attend the workshop and present their dissertation work at our Contemporary NW Tribal Health Conference. Chelsea Jensen and colleges have been working hard to plan this conference. We will host it at the Portland State University Native American Student and Community Center February 21-22, 2020. We hope all the Tribal delegates will attend. Please see the website (www.npaihb.org) for registration information.

Response Circles – Domestic & Sexual Violence Prevention

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, and Response Circles
Paige Smith, Project Coordinator – THRIVE and Response Circles

Quarterly Report: October – December 2019

Site Visits

Tribal Site Visits

- Public Law 280 Class, Confederated Tribes of Grand Ronde, Grand Ronde, OR – October 8-9

Out of Area and Other Travel

- NPAIHB Staff Retreat in Sun River, OR – October 1-3

- Oregon 9 Tribes Prevention Meetings, NARA Northwest Wellness Center, Portland, OR – December 3

Technical Assistance & Training

During the quarter, project staff:

- Participated in 15 meetings and conference calls with program partners.

During the quarter, Response Circles (RC) staff participated in the following:

- Webinar (5) – Attended four webinars for DV or SA to become more knowledgeable about the topics and hosted 1 webinar with Lenny Hayes, *A Silent Epidemic: sexual violence against men and boys*

During the quarter, the RC project responded to over 37 phone or email requests for domestic or sexual violence prevention, or media campaign-related technical assistance, trainings, or presentations.

Health Promotion and Disease Prevention

Response Circles Media Campaign: All RC promotional materials (including the almost completed updated materials) are available on the web. During this reporting month staff disseminated 55 boxes of materials to tribes and tribal organizations that requested. Materials include: posters, brochures/rack cards, and tip cards. Domestic and sexual violence social media messaging and the dissemination of the domestic violence social marketing boot camp videos has reached at least 66,000 people.

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings

- Project Director meetings

Wellness Committee – monthly meetings

Publications

- *Response Circles Media Bootcamp* in the NPAIHB's Quarterly Health News and Notes

Reports/Grants

- Submitted the Year 2 DVPI annual report
- Submitted the Year 2 Quarter 4 DVPI financial report
- Quarterly financial report submitted to IHS for the DVPI grant

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing
- and events

Northwest Tribal Juvenile Justice Alliance

Stephanie Craig Rushing, PhD, MPH, Principal Investigator
Danica Love Brown – Behavioral Health Manager – Choctaw
Contractor-Juliette Markin, NPC

Activity Report – October through December 2019

Program Development, Planning and Training

Overview: To inform the planning process, the NPAIHB and NPC Research will create and administer data collection tools to identify available data sources and Juvenile Justice best and promising practices in use regionally and nationally. Mixed-methods data collection will include:

- meeting minutes,
- stakeholder surveys,
- key informant interviews, and
- reviews of the published literature.

The decision-making process will take into consideration cultural-relevance for the NW Tribes, evidence of effectiveness, cost effectiveness, and scalability.

Our DOJ study will address critical health and safety topics in Al/AN communities, will extend the limited knowledge base surrounding best practices to improve outcomes for Al/AN teens and young adults, and will generate guidelines and tools tailored to the unique needs and cultural assets present in the lives of Al/AN youth. Effective practices, programs, and policies will be packaged by the NPAIHB for dissemination to the NW Tribes and Juvenile Justice programs nationwide. Intervention materials will be made available free-of-charge, on the www.HealthyNativiveYouth.org website.

Meetings – Conference Calls – Presentations – Trainings

- November 1, 2019 NW TJJA Staff meeting
- Novemer 13-15- Spirit of Giving Conference
- December 2, 2010 NW TJJA Staff meeting
- December 4, 2019 Oregon 9 Tribes meeting
- December 4, 2019 Focus Group at Oregon 9 Tribes meeting
- December 12, 2019 NW TJJA meeting

Out of Area Tribal Visits

- N/A

Technical Assistance Requests

- N/A

Project Overview

Overview: In response to the **Tribal-Researcher Capacity Building Grant** opportunity, issued by the U.S. Department of Justice (DOJ) and the National Institute of Justice (NIJ), the NPAIHB will form a new inter-tribal workgroup – *the* ***NW Tribal Juvenile Justice Alliance (NW TJJA)*** – that will meet over 18 months to collaboratively design a research study to evaluate and disseminate juvenile justice best practices for AI/AN youth in the Pacific Northwest, aligning with DOJ research priorities.

Due to a range of historical, social, environmental, and structural factors, American Indian and Alaska Native (Al/AN) youth are overrepresented in juvenile justice systems. To improve outcomes for Al/AN youth, OJJDP prevention, intervention, and recidivism programs must be responsive to their unique worldview and social context. Unfortunately, research and data to guide DOJ system improvements for Native youth are limited.

The inclusive, iterative process will ensure all research partners actively weigh in on and contribute to research decisions.

Surveillance and Research

Study: The need for this inclusive, strategic planning process is significant. While AI/AN youth in the region experience disproportionate rates of juvenile justice involvement, no planning body is presently convening decision-makers to elevate these important health and safety research questions in AI/AN communities. The goal is to establish Tribal-researcher partnerships to:

1. Identify, test and expand best practices that improve Juvenile Justice systems for Tribes in the Pacific Northwest,
2. Ensure that non-Native justice systems are improving life outcomes for AI/AN youth who interact with their services,
3. Build tribal capacity to access and utilize data that support quality improvement at the community-level, and
4. Create and administer data collection tools that will identify **Data Sources** that could inform our understanding of Juvenile justice disparities or concerns for our NW Tribes.

Research Study Tasks

- Organizing of NWTJJA advisory group members
- NPC Final draft of study questions
- Literature review
- Resource Mapping of services in Pacific Northwest Tribal communities
- Literature review and annotative bibliography
- Hired assistance to help with literature review and annotative bibliography
- Completed 43 adult and 10 youth surveys completed between November 13-15, 2019 at the Spirit of giving conference.
- Data entry of focus group and surveys.

Other Administrative Responsibilities

Publications-Peer Review Presentations

- N/A

Reports/Grants Submitted

- N/A

Administrative Duties

- Budget tracking and maintenance: Ongoing
- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

ECHO Project

David Stephens, RN ECHO Clinic Director
Eric Vinson, BS, ECHO Clinic Manager – *Cherokee*
Megan Woodbury – Opioid Program Coordinator

Quarterly Report: Oct – Dec 2019

Technical Assistance and Training

NW Tribal Site Visits

- Suquamish: ATNI Meeting Presentation – Oct 8, 2019
- NPAIHB: SUD Clinical Training – Nov. 6, 2019

Out of Area Tribal Site Visits

- ANTHC: HCV/SUD Clinical Training – Oct 8-9, 2019
- GPTCHB: HCV/SUD Clinical Training – Oct 23-24 2019

October Technical Assistance Requests

- Tribal TA Requests = 12 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

November Technical Assistance Requests

- Tribal TA Requests = 12 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

December Technical Assistance Requests

- Tribal TA Requests = 10 (David), 6 (Eric)
- Other Agency Requests = 3 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB, USET)

During the quarter, project staff participated in 52 technical assistance calls and requests.

Extension of Community Healthcare Outcomes (ECHO)

Website: The Indian Country ECHO website launched July 11, 2019:
https://www.indiancountryecho.org

Since launch, the Indian Country ECHO website received:

- Users = 1,899
- Sessions = 3,391
- Page views = 9,617
- Pages/Session = 2.84
- Average session duration = 3:37
- Bounce Rate = 39.07%

Indian Country ECHO sessions: Each month, the Northwest Portland Area Indian Health Board offers multiple teleECHO clinics with specialists focusing on the management and treatment of patients with HCV, SUD and Diabetes. The 1-hour long clinic includes an opportunity to present cases, receive recommendations from a specialist, engage in a didactic session and become part of a learning community. Together, we will manage patient cases so that every patient gets the care they need. ***A total of 724 patients have received recommendations via the NPAIHB ECHO HUB since January 2017.***

Other Administrative Responsibilities

Publications

- Working on OUD Indicators Paper with CDC

- An Evaluation of Hepatitis C Virus Telehealth Services Serving Tribal Communities https://journals.lww.com/jphmp/Fulltext/2019/09001/An_Evaluation_of_Hepatitis_C_Virus_Telehealth.17.aspx

Reports/Grants Submitted

- Awarded for FYI 2020: SAMHSA ECHO – 524,000
- Awarded for FYI 2020: OMH ECHO – 350,000
- Awarded for FYI 2019: IHS SMAIF HIV 1.3 Million

Administrative Duties

- Budget tracking and maintenance: Ongoing
- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

IT Department Quarterly Report

IT Department Quarterly Report for Oct, Nov, Dec, 2019

Overview

The Northwest Portland Area Indian Health Board has a high level of office automation and extensive information services. The staff uses desktop computers, laptops, PDAs and office equipment that require periodic maintenance and upgrades. This is in addition to 11 servers and other electronic equipment housed in a secure and temperature-controlled server room. The Board also has a 24 station training room using Dell PCs and Microsoft Terminal Server technology. The purchase of technical equipment, configuration, and maintenance is handled by the department director and the network administrator. The Electronic Health Record –RPMS training and support is now a part of the IT Department and its activities will be part of this report.

Strategic Priorities by Functional Area

Meetings Attended:

- Management Group Meeting
- Project Directors Meeting
- All Staff Meeting
- eMARs Project conference call meeting(s)
- Weekly Area Informaticist call
- EHR Office Hours (weekly)
- EPCS for RPMS Alpha Testing calls bi-weekly
- Portland Area CAC call (monthly)
- Washington HCA-BHA Monthly Tribal Meeting
- Safety Committee Meeting
- IHS MACRA Work Group – weekly
- IHS National Pharmacy Council meeting (monthly)
- IHS National Council of Informatics (monthly)
- IHS HOPE Committee meeting (monthly)
- IHS Partnership Meeting – Spokane, WA
- TribalNet Health IT Board planning meeting (monthly)
- IHS ISAC meeting
- IHS Southwest Regional Pharmacy Conference
- TribalNet Health IT Board planning meeting (monthly)
- IHS National Combined Councils Meeting in Phoenix, AZ
- Joint NPAIHB/CRIHB Board meeting in Sacramento, CA
- IHS All Tribes conference call on 42 CFR Part 2
- Electronic Prescribing of Controlled Substances Kick-off training
- RPMS Fileman Training
- IHS HIM Consultants meeting (monthly)
- TribalNet Annual Conference, Nashville, TN

IT Department Quarterly Report

Conferences and Trainings Supported/Provided:

- ECHO Hepatitis C sessions – (minimum 3 per month)
- Joint NPAIHB/CRIHB Board meeting in Sacramento
- NPAIHB October Quarterly Board Meeting hosted by Umatilla Tribe
- Advanced TIU wit IHS
- RPMS /IHS 3rd Party Billing and Accounts Receivable Training
- IHS EHR Integrated Behavioral Health – e-learning
- RPMS / IHS Training for Diabetes
- 2019 IHS Dental Updates Continuing Dental Education Conference
- 9th Annual Thrive Conference
- ECHO - Substance Use Disorder – (monthly)
- EHR Office Hours weekly
- Data Management for Clinical Informatics – e-learning national RPMS EHR training
- Pharmacy Informatics Residency monthly sessions

Presentations:

Technology and the Opioid Response – presentation at TribalNet in Nashville, TN

NPAIHB Activity:

- Troubleshooting EHR – helpdesk activities daily
- Development of EHR Reminders to support IHM Chapter 30 (Chronic Pain) documentation standards in the EHR
- HOPE Committee – Technical Assistance workgroup
    - developing guidance on documentation of PDMP checking and how to monitor that in RPMS
    - Substance abuse screening tools – development and research on how to disseminate to RPMS users
    - Measures discussion/development on substance abuse screenings
    - Collaborate with HIM consultants on standardizing codes for pain related documentation
    - Authored new EHR Template for initial chronic pain visit to meet IHS Chapter 30 requirements
- National Pharmacy Council Communications Committee - organizing and initiating, developing pages on max.gov, development of content for IHS Pharmacy public webpage, and researching tools to collect data for IHS Pharmacy program
- Precept ASHP accredited Informatics rotation for IHS Pharmacy Residents
- Work with Sarah Sullivan on survey of EHR use for NW Tribes
- HOPE Committee – documentation development for auricular acupuncture partnership with Veteran's Administration as pain treatment adjuvant
- Collaborating with IHS leadership and HOPE Committee on CFR 42 Part 2 interpretation for IHS I/T/U clinics in the context of Medication Assisted Therapy
- Developed guidance on documentation of DEA# for RPMS EHR users to comply with laws and regulations

IT Department Quarterly Report

- Continued work on NPAIHB Quality Improvement Committee – co-chair
- Developed Leadership Briefing for clarification on MAT and 42 CFR Part 2
- Developed guidance on documentation of DEA# for RPMS EHR users to comply with laws and regulations
- Assist Principle Pharmacy Consultant in writing Special General memo regarding outside prescriptions and in sections of IHS Manual Chapter 7.
- Re-establish NPAIHB Quality Improvement Committee – co-chair
- Reconfigured training room with new projectors
- Worked with contractors to add 3 new office spaces
- Working on upgrading/retiring Win 7 PC's to Win 10
- Working with PD's to plan office moves
- Working with Admin officer to add additional cubicles in front office
- New PC's purchased for new Environmental program
- Installed new IHS switch and router
- Retired old Domain Controller
- Working on configuring new switches for phone system
- Working with Amazon to setup Glacier Offsite backups
- Added multiple new staff accounts and equipment to the office

Northwest Portland Area Indian Health Board

Strategic Plan 2020-2025

Draft Text Only {Text edits and updates in yellow}

Our Vision: Wellness for the 7th Generation

Our Mission: Eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest tribes in their delivery of culturally appropriate, high quality healthcare, administrative leadership, partnerships, policy and legislation, health promotion and research and surveillance

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Background

The Northwest Tribes have long recognized the need to exercise control over the design and development of health care delivery systems in their local communities. To this end, they formed the Northwest Portland Area Indian Health Board (also referred to as NPAIHB or Board) in 1972. NPAIHB is a nonprofit tribal organization that serves the forty-three federally recognized tribes of Idaho, Oregon, and Washington on health-related issues. Tribes become voting members of the Board through resolutions passed by their governing body. Each member tribe designates a delegate to serve on the NPAIHB Board of Directors.

In keeping with the Board's strong advocacy for tribal sovereignty and control over the design and delivery of their own systems of care, Board delegates meet quarterly to provide guidance and leadership in establishing NPAIHB programs and services. Recognizing the need for accurate, culturally-relevant data, the NW Tribal EpiCenter was established in 1997 to engage the NW Tribes in public health research and surveillance. The NW Tribal EpiCenter houses the Portland Area IHS Institutional Review Board (IRB), which oversees protection of human subjects in research occurring in Northwest Indian communities. The EpiCenter serves as an essential resource for supporting community-based, participatory data collection.

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Executive Summary Image

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Strategic Priorities

1. **Administrative Leadership**
2. **Partnerships**
3. **Policy and Legislation**
4. **Health Promotion**
5. **Research and Surveillance**

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Priority 1: Administrative Leadership

Priority Statement: The NPAIHB will be a national leader in tribal public health strategies, and will support health infrastructure development for our member tribes.

1. The NPAIHB will provide a forum for developing timely tribal consensus on health issues affecting the NW Tribes by hosting productive Quarterly Board Meetings that facilitate face-to-face communication and resource sharing with state and federal programs.
2. The NPAIHB will support tribal delegates in regional and national discussions about AI/AN health, by providing them with orientation, training, and technical assistance.
3. The NPAIHB will maintain effective communication channels to inform the NW Tribes about emerging health topics and strategies to improve public health in tribal settings.
4. The NPAIHB will provide the NW Tribes with capacity building assistance (including training, technical assistance, and resource development) on healthcare management principles and Information Technology.
5. The NPAIHB will actively research health-related funding opportunities, will disseminate funding announcements to member tribes, and will educate federal agencies on strategies to ensure that federal funding opportunities align with the priorities, needs, and organizational capacities of the NW Tribes.
6. The NPAIHB will build a strong organizational infrastructure by recruiting and retaining high-quality staff, by encouraging their ongoing education and training, and by actively implementing the organization's mission and values to provide employees with comprehensive wellness benefits.
7. The NPAIHB will help develop tribal youth into future leaders by making NPAIHB meetings and trainings accessible to youth, and by offering internships to interested students. When appropriate, NPAIHB projects will integrate youth leadership opportunities into the scope of work of new projects.

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Priority 2: Partnerships

Priority Statement: The NPAIHB will strengthen regional and national partnerships to ensure tribal access to the best possible health resources and services.

1. The NPAIHB will build and maintain collaborative relationships with current and potential partners, including the NW Tribes, the Indian Health Service, Indian organizations, Federal agencies, State Health Departments, Universities, funding agencies, community-based organizations, and other interdisciplinary social service providers that promote AI/AN health.
2. The NPAIHB will actively contribute to regional and national workgroups, coalitions, and committees that address priority health topics identified by the NW Tribes, and key health promotion and disease prevention workgroups.
3. The NPAIHB will engage with NW Tribal communities by sharing best practices during site visits and actively participating in tribal events when NPAIHB projects and staff are invited.
4. The NPAIHB will develop (and annually update) a communications plan that includes organization branding and preferred communication channels for delegates, health directors, and other community health advocates.
5. The NPAIHB will create and maintain a reporting system to generate monthly, quarterly and annual reports that reflects how NPAIHB project activities align with the strategic plan.

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Priority 3: Policy and Legislation

Priority Statement: The NPAIHB will maintain leadership in the analysis of health-related budgets, legislation, and policy, with the ability to facilitate consultation and advocate on behalf of member Tribes.

1. The NPAIHB will facilitate communication among Tribes, Federal and State agencies, and Congress to support tribal sovereignty, promote self-determination, and ensure that government-to-government consultation occurs on health-related budgets, legislation, policies, and services.
2. The NPAIHB will advocate on behalf of the NW Tribes to ensure that tribal interests are taken into account as health policy is formulated, and that Congress, State legislatures, and external agencies have a full understanding of AI/AN health needs and concerns (particularly in relation to treaty rights and healthcare in Indian Country).
3. The NPAIHB will stay at the forefront of budgetary, legislative, and policy initiatives affecting the NW Tribes, including the President's annual budget, national healthcare reform initiatives, IHS policies and strategies, and proposed changes to Medicare and Medicaid, and will assess their impact on the Northwest Tribes.
4. The NPAIHB will analyze new and existing healthcare delivery systems and will and advocate for tribal consultation and participation in their development.
5. When appropriate, the NPAIHB will assuming Portland Area Office programs, functions, services, or activities on behalf of Portland Area Tribes, and if approved and selected, will carry them out in an agreement negotiated under the Indian Self-Determination and Education Assistance Act (P.L. 93-638).
6. The NPAIHB will provide training and resources for tribal leaders for advocacy on policy initiatives affecting NW Tribes, when requested.

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Priority 4: Health Promotion

Priority Statement: The NPAIHB will support health promotion and disease prevention activities occurring among the Northwest Tribes.

1. The NPAIHB will focus its efforts on preventing avoidable morbidity and mortality - promoting the physical, mental, social, and spiritual health of AI/AN people throughout all phases of life.
2. The NPAIHB will provide capacity building assistance (including training, technical assistance, and resource development) on priority health promotion and disease prevention topics and on key public health principles identified by the NW Tribes.
3. NPAIHB projects will support the development, implementation, and evaluation of culturally-relevant health promotion practices within the NW Tribes, and will adapt existing policies, educational materials, curricula, and evidence-based interventions to reflect the traditional values and teaching modalities of the NW Tribes.
4. To improve tribal awareness about important health topics, the NPAIHB will facilitate community education and public relations efforts by developing social marketing campaigns, cultivating media contacts, and by producing press releases and "expert" health articles for placement in tribal papers.
5. NPAIHB projects will facilitate regional planning and collaboration by developing and implementing intertribal action plans that address priority health topics, and by hosting regional trainings, meetings, webinars, ECHO trainings, and conference calls that produce a coordinated, regional response to tribal health needs.

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Priority 5: Research and Surveillance

Priority Statement: The NPAIHB will support and conduct culturally-appropriate health research and surveillance among the Northwest Tribes.

1. The NW Tribal EpiCenter will assess the health status and health needs of the NW Tribes by conducting culturally-appropriate research and by accessing new and existing AI/AN health data.
2. The NW Tribal EpiCenter will respond to the needs and interests of the NW Tribes by obtaining regular feedback and guidance from tribal advisory groups, target audience members, and key personnel during all phases of the research process, and by conducting an annual survey to prioritize public health topics, capacity building needs, and research activities.
3. The NW Tribal EpiCenter will communicate the results of its activities to appropriate stakeholders. This information will be designed to: 1) assist the NW Tribes in their community outreach activities, public health planning, and policy advocacy; 2) share important findings across Indian Country and extend the scholarly AI/AN research agenda; and 3) increase public awareness about the function and benefits of Tribal EpiCenters.
4. The NW Tribal EpiCenter will protect the rights and wellbeing of the NW Tribes and tribal research participants by using and housing the Portland Area IHS Institutional Review Board (PA IHS IRB).
5. The PA IHS IRB and NW Tribal EpiCenter projects will recognize and employ tribal research methods (including Indigenous Ways of Knowing) and will work to ensuring tribal ownership of resultant data.
6. The NW Tribal EpiCenter will provide the NW Tribes with capacity building assistance on epidemiologic skills and research methods.

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Vision for the Seventh Generation

The old people tell us to be careful in the decisions that we make today, as they will impact the seventh generation – our grandchildren's grandchildren. It was the spirit behind this teaching that guides our organization's mission and goals.

5-Year Organizational Goals

- Board leadership guide and manage organizational growth: Larger Board staff, Acquire own building
- Board staff create new avenues to share tribal health best practices and feature model programs in the Pacific NW
- QBM meetings are fully represented by NW Tribes and Youth Delegates, and are well-attended by other community stakeholders
- Thriving Board programs address our most vulnerable community members: maternal and child health, youth, elders, and veterans
- Board staff design and deliver innovative training modalities (in person and virtually) to support Delegates, Tribal staff and clinicians:
    - ECHOs
    - Communities of practice
    - Indian Health Leadership Program
    - Certification Board for CHAPS
    - CHR Training
    - BHA Training
- Our Board works together to tackle challenging regional issues, including: Facilities construction, State-wide CHSDA, climate change, and environmental health

10-Year Organizational Goals

- Our Board successfully advocates for and receives full funding for health services at the State and Federal level
- Our Board inspires and prepares our Tribal Public Health workforce, including the next wave of Indian policy leaders
- Our EpiCenter has a robust research agenda that is Native-led and Native-staffed
- Our Board tackles challenging regional issues, including: building a Regional Specialty Referral Center(s) and/or IHS Hospital(s)
- Our Board is prepared to assume DHHS, IHS, State functions, when best for our Tribes or those services

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The People Spoke: This is their Vision

- The seventh generation will have balanced physical, mental, emotional, and spiritual lifestyles. They will have healthy diets, be fit, active, and happy.
- The seventh generation will live in sovereign communities that are politically effective, assertive, goal-oriented, thriving economically, and run by American Indian and Alaska Native (AI/AN) people.
- The seventh generation will live in a unified and poverty-free community made up of stable, loving families living in adequate housing.
- Children born to the seventh generation will be healthy and free of chemical substances. They will experience strong parenting, mentorship, and positive role models as youth and will become involved and empowered leaders.
- The seventh generation will live in accordance with their traditional values by knowing their native languages and practicing spiritual and cultural traditions.
- The seventh generation will live in a clean environment, have access to an abundance of natural resources, respect all life, and practice sustainable and socially responsible environmental stewardship.
- Every member of the seventh generation will have access to technologically advanced and culturally appropriate healthcare that includes well-equipped clinics, wellness centers, and health education; a health care delivery system that could serve as a national model.
- The seventh generation will have adequate resources to support healthcare delivery.
- The health of the seventh generation will be a model for the general population. They will experience no preventable illness and no substance abuse or addiction. Old age will be the leading cause of death.
- The seventh generation will respect and care for their elders and celebrate as they live to 100 years or more.

NATIONAL COMMITTEES (NOT INCLUDING IHS)

HHS Secretary's Tribal Advisory Committee (STAC)		
Primary purpose of HHS Secretary's Tribal Advisory Committee (STAC) is to seek consensus, exchange views, share information, provide advice and/or recommendations; or facilitate any other interaction related to intergovernmental responsibilities or administration of HHS programs, including those that arise explicitly or implicitly under statute, regulation or Executive Order.		
Primary Representative	Ron Allen, Jamestown S'Klallam	
Alternate Representative	Gail Hatcher, Klamath Tribe	
National At-Large Representative	Tino Batt, Shoshone Bannock Tribes	
Technical Advisor	Laura Platero, NPAIHB	
Date of Last Meeting: September 12-13 in Washington, D.C		
Date of Next Meeting: February 5-7 in Washington, D.C.		

CDC TAC		
CDC Tribal Advisory Committee (TAC) advises CDC/ATSDR on policy issues and broad strategies that may significantly affect AI/AN communities. Assists CDC/ATSDR in fulfilling its mission to promote health and quality of life by preventing and controlling disease, injury, and disability through established and ongoing relationships and consultation sessions.		
Primary Representative	Steve Kutz, Cowlitz (Primary)	
Alternate Representative	Sharon Stanphill, Cow Creek Chief Operations Officer	
Technical Advisor	Bridget Caniff, NPAIHB	
Date of Last Meeting: August 13-14, 2019, Cherokee, NC		
Date of Next Meeting: March 12-13, in Atlanta, GA		

CMS TTAG		
The CMS Tribal Technical Advisory Group (TTAG) serves as an advisory body to CMS. Provides expertise on policies, guidelines, and programmatic issues affecting the delivery of health care for AI/AN served by Titles XVIII, XIX, and XXI of the Social Security Act or any other health care program funded (in whole or in part) by CMS.		
Primary Representative	John Stephens	Swinomish
Alternate Representative	Nickolaus Lewis	Lummi
Technical Advisors	Laura Platero & Sarah Sullivan	NPAIHB
Date of Last Meeting: November 7-8 in Washington, D.C. – Last conference call: January 8, 2020		
Date of Next Meeting: February 26-27, 2020		

MMPC (related to CMS TTAG)
The Medicare, Medicaid and Health Reform Policy Committee (MMPC) is a standing committee of the National Indian Health Board. The committee is chaired by a member of the NIHB Board of Directors. The primary purpose of the MMPC is to provide technical support to the CMS TTAG.
Membership: MMPC is open to individuals authorized to represent a tribe, tribal organization, urban Indian program, or IHS.
Date of Last Meeting: November 6, 2019
Date of Next Meeting: February 25, 2020

SAMHSA TTAC		
SAMHSA formed the Tribal Technical Advisory Group (TTAC) in recognition of 2008 Presidential Executive Orders and Memorandum of Tribal Consultation to enhance the government-to-government relationship to honor the federal trust responsibility and obligations to tribes and AI/AN.		
Primary Representative	Nickolaus Lewis	Lummi
Alternate Representative	Marilyn Scott	Upper Skagit
Technical Advisor	Sarah Sullivan	NPAIHB
Date of Last Meeting: July 30 – July 31, 2019, Virtual Meeting		
Date of Next Meeting: February 24-27, 2020		

NIH TAC		
The National Institutes of Health (NIH) Tribal Advisory Committee (TAC) is advisory to the NIH, and provides a forum for meetings between elected Tribal officials (or their designated representatives) and NIH officials to exchange views, share information, and seek advice concerning intergovernmental responsibilities related to the implementation and administration of NIH programs.		
Primary Representative	Steve Kutz	Cowlitz
Alternate Representative	Jeromy Sullivan	Port Gamble
Technical Advisor	Tam Lutz	NPAIHB
Date of Last Meeting: August 19-23, 2019 in Fairbanks, AK		
Date of Next Meeting: January 21, 2019 call; March 26-27, 2019 Research Triangle, NC		

IHS Committees:

IHS Catastrophic Health Emergency Fund (CHEF) Workgroup		
The IHS Contract Health Service Workgroup charged a group of its members to meet to review and discuss the Catastrophic Health Emergency Fund (CHEF) program. The CHEF Workgroup discussed how to make sure the program is available to Tribes in all IHS Areas and potential improvements to the process		
Primary Representative	Kim Thompson	Shoalwater Bay
Alternate Representative	Marilyn Scott	Upper Skagit
Date of Next Meeting: Has been inactive		

IHS Community Health Aide Program (CHAP) Tribal Advisory Group		
The Community Health Aide Program (CHAP) Tribal Advisory Group (TAG) will provide subject matter expertise, program information, innovative solutions, and advice to the Indian Health Service (IHS) to establish a national CHAP.		
Primary Representative	John Stephens, Swinomish	
Alternate Representative	Recommendation Pending	
Technical Advisors	Christina Peters & Sue Steward	NPAIHB
Date of Last Meeting: September 9, 2019		
Date of Next Meeting: **No date set-TBD**		

IHS Contract Support Cost (CSC) Workgroup		
The CSC Workgroup meets to further the federal government's administration of CSC within the IHS. The Agency, in active participation with Tribes, has developed a comprehensive CSC policy to implement the statutory provisions of the ISDA. **Members:** The IHS/tribal CSC Workgroup is an open, informal workgroup. Participants include, but are not limited to, federal, tribal, and tribal organization representatives with an interest in CSC.		
Primary Representative	Vacant	
Alternate Representative	Vacant	
Technical Advisor	Laura Platero	NPAIHB
Date of Last Meeting: April, 2018		
Date of Next Meeting: ?		

IHS Direct Services Tribal Advisory Committee Meeting (DSTAC)		
IHS Director established the Direct Service Tribes Advisory Committee (DSTAC) to address health service delivery issues and concerns important to direct service tribes. The work of the Committee is specifically aimed at the areas of trust, data and budget.		
Primary Representative	Janice Clements	Warm Springs
Alternate Representative	Greg Abrahamson, DSTAC Vice Chair	Spokane
Technical Advisor	Laura Platero	NPAIHB
Date of Last Meeting: October 1-2 (Day 2-Joint with TSGAC), in Washington, D.C.		
Date of Next Meeting: **February 11-12, 2020 in Washington, D.C.**		

IHS Facilities Appropriations Advisory Board (FAAB)		
The Facilities Advisory Appropriation Board (FAAB) is charged with evaluating existing facilities policies, procedures, and guidelines and recommending changes if necessary. The FAAB participates in the development and evaluation of any proposed new policies, procedures, and guidelines of facilities construction priorities. In addition, should any of the recommendations necessitate changes in law, this group will recommend desired legislative changes. The FAAB is a standing committee of Tribal and IHS representatives. It shall be composed of 12 tribal representatives nominated by the Areas in consultation with Tribes and 2 IHS members for a total membership of 14 people		
Primary Representative	Janet Nicholson	Colville

Alternate Representative	TBD	Suquamish
Technical Advisor	Laura Platero	NPAIHB
Date of Last Meeting: Unknown		
Date of Next Meeting: February 20, 2020		

IHS Health Promotion/Disease Prevention Policy Advisory Committee		
Dr. Charles Grim established the Health Promotion and Disease Prevention (HP/DP) Policy Advisory Committee to provide oversight and policy guidance to the agency. The charge to the HP/DP Policy Advisory Committee is to review the findings of an IHS Preventive Task Force and to determine priorities and policies to guide the Initiative; to identify partners both in the Federal and non-Federal arena; and to promote the findings and strategies across the IHS Tribal and urban programs. The HP/DP Committee is made up of 12-14 federal and tribal leaders including representation from the National Institutes for Health and the Centers for Disease Control and Prevention as well as the Office of the Secretary. The federal co-chair of the committee is Mr. Don Davis, Area Director for the Phoenix Area, IHS. Mr. Greg Pyle from the Choctaw Nation will be the tribal co-chair. There are also members from the Tribal Self Governance Advisory Committee, National Indian Health Board, National Council of Urban Indian Health, and National Congress of American Indians		
Primary Representative	Marilyn Scott	Upper Skagit
Alternate Representative	Cassandra Sellards-Reck	Cowlitz
Date of Next Meeting: Inactive		

IHS Information Systems Advisory Committee (ISAC)		
Representative	Michelle Miller	Warm Springs
Date of Last Meeting: November, 2019		
Date of Next Meeting: April 1-2, 2020		

IHS National Tribal Advisory Committee (NTAC) on Behavioral Health
The National Tribal Advisory Committee (NTAC) on Behavioral Health acts as an advisory body to the Division of Behavioral Health and to the Director of the Indian Health Service, with the aim of providing guidance and recommendations on programmatic issues that affect the delivery of behavioral health care for American Indian and Alaska Natives.

Primary Representative	Cassandra Sellards Reck	Cowlitz
Alternate Representative	Cheryl Sanders	Lummi
Technical Advisor	Sarah Sullivan	NPAIHB
Date of Last Meeting: June 17, 2019, Washington, D.C		
Date of Next Meeting: **No date set-TBD**		

IHS National Tribal Budget Formulation Workgroup		
IHS organized the Budget Formulation Workgroup to assist the agency in formulating upcoming fiscal year budgets. Develops program priorities, policies, budget recommendations by ensuring active participation of tribal governments and tribal organizations in the formulation of the IHS budget request and annual performance plan.		
Primary Representative	Greg Abrahamson	Spokane
Alternate Representative	Steve Kutz	Cowlitz
Technical Advisor	Laura Platero	NPAIHB
Date of Last Meeting: June 27-28 in Reno, Nevada Portland Area Meeting: November 14 in Portland, Oregon		
Date of Next Meeting: February 13-14, 2020 in Washington, D.C.		

IHS Purchased and Referred Care (PRC) Workgroup		
The charge of the Director's Workgroup on Improving Purchased/Referred Care (PRC) is to provide recommendations to the Director, IHS, on strategies to improve the Agency's contract health services (PRC) program. The Workgroup will review input received to improve the CPRC program; evaluate the existing formula for distributing CHS funds; and recommend improvements in the way PRC operations are conducted within the IHS and the Indian health system. Membership includes two representatives from each of the 12 IHS Areas.		
Primary Representative	Eric Metcalf	Coquille
Alternate Representative	John Stephens	Swinomish
Technical Advisor	Laura Platero	NPAIHB
Date of Last Meeting: October 16-17, 2020		
Date of Next Meeting: ?		

IHS Tribal Leader Diabetes Committee (TLDC)		
The IHS Director established the Tribal Leaders Diabetes Committee (TLDC) in 1998 to assist in developing a successful partnership between IHS and Tribal diabetes programs and in deciding the process for distribution of resources from the Balanced Budget Act of 1997 Special Diabetes Program for Indians (SDPI).		
Primary Representative	Cassandra Sellards-Reck	Cowlitz
Alternate Representative	Sharon Stanphill	Cow Creek
Technical Advisor	Sarah Sullivan	NPAIHB
Date of Last Meeting: October 9-10, 2019, Santa Barbara, CA		
Date of Next Meeting: March 11-12, 2020 D.C.		

IHS Tribal Self-Governance Advisory Committee (TSGAC)		
At the recommendation of self-governance tribes, representatives from the self-governance tribes and Indian Health Service staff developing guidelines for establishment of the Tribal Self-Governance Advisory Committee (TSGAC). Provides information, education, advocacy, and policy guidance for implementation of self-governance for implementation of self-governance within the Indian Health Service.		
Primary Representative	Ron Allen	Jamestown S'Klallam
Alternate Representative	Tyson Johnston	Quinault
Technical Advisor	Sarah Sullivan	NPAIHB
Date of Last Meeting: September 30, 2019-October 1, 2019 (Day 2-Joint with DSTAC)		
Date of Next Meeting: January 23-24, Washington, D.C		

Portland Area Indian Health Service Committees

Portland Area Fund Distribution Workgroup (FDWG)		
The Fund Distribution Work Group (FDWG) is sponsored by the Portland Area Indian Health Service and is facilitated by the Northwest Portland Area Indian Health Board. The FDWG was established in 1994 to provide the PAO Area Director analysis and recommendations concerning IHS budget and distribution of funds. The FDWG is composed of three Tribal representatives from direct service programs, three representatives from Title I programs, and three representatives from Title V programs.		
Title I Representatives	**Title V Representatives**	**DST Representatives**
Dan Gleason, Chehalis	Sharon Stanphil, Cow Creek	Tino Batt, Shoshone-Bannock
Marilyn Scott, Upper Skagit	Mark Johnson, Grand Ronde	Greg Abrahamson, Spokane
Shawn Yanity	Steve Kutz, Cowlitz	Leland Bill, Yakama Nation
Date of Next Meeting: Inactive		

Portland Area Facilities Advisory Committee (PAFAC)		
The current Portland Area (PAO) Facilities Committee members was appointed in April 1996, to promote, support and continuously improve comprehensive health service systems. The Facilities Committee members review and analyze the programs, services, and functions of the PAO Office of Environmental Health and Engineering. The Facilities Committee advocates for the tribes of the Northwest before the IHS Headquarters' Office of Environmental Health and Engineering. The Committee provides recommendations and resolutions to the full NPAIHB, the Title I Area Shares Work group, Fund Distribution Work Group, on issues related to all IHS and tribal health facilities.		
Membership:		
	CAPT Jason Lovett, PAO IHS	Steve Kutz, Cowlitz (T5)
	Mark Johnson, Coquille	Frank Mesplie, Yakama (DST)
	John Stephens, Swinomish (T5)	Alan Shelton, (T1)

	Andy Joseph, Colville (DST)	Dan Gleason, Chehalis (T1)
	Sharon Stanphil, Cow Creek (T5)	
	Marcus Martinez, IHS (DST)	Laura Platero, Technical Advisor
		Steve Kutz, Cowlitz (T5)
Date of Next Meeting: ?		

Northwest Portland Area Indian Health Board
Committee Assignments – January QBM

NPAIHB Committees:

1. **NPAIHB Executive Committee**
   Vacant, Chair
   Cheryle Kennedy, Vice Chair
   Shawna Gavin, Treasurer
   Greg Abrahamson, Secretary
   Kim Thompson, Sergeant-at-Arms

2. **Legislative/Resolution Subcommittee**
   Staff: Laura Platero

3. **Elders Subcommittee**
   Staff: Clarice Charging

4. **Veterans Subcommittee**
   Staff: Don Head

5. **Behavioral Health**
   Staff: Stephanie Craig-Rushing

6. **Public Health**
   Staff: Victoria Warren-Mears

7. **Youth**
   Staff: Paige Smith

8. **Personnel**
   Staff: Andra Wagner

9. **New Delegates**
   Staff: Jacqueline Left Hand Bull

10. **Oral Health**
    Staff: Ticey Mason

Legislative & Policy Update

Quarterly Board Meeting
January 15, 2019
Hosted by: The Tulalip Tribe

Report Overview

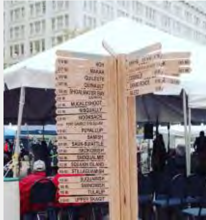
1. Hot Topics
2. Appropriations
3. Legislation
4. New & Pending Federal Policies
5. Litigation
6. Recent and Upcoming National/Regional Meetings
5. DHAT State Legislative Update

Hot Topics

- **Rear Admiral (RADM) Michael D. Weahkee Nomination Hearing**
  – 12/11/19: RADM Weahkee answered questions from Senate Committee on Indian Affairs Committee members on long-standing challenges in providing quality and comprehensive healthcare- from the lack of federal housing for clinicians, chronic issues with provider recruitment and retention, to reoccurring cuts to IHS funding. –NPAIHB sent a letter to the Committee in support of RADM Weahkee 11/19/19
- ***U.S. v. Texas* Update**
  – 12/18/19: Fifth Circuit Court of Appeals concluded that the ACA individual mandate provision is unconstitutional. BUT the Court remanded the case back to the district court to consider if there are severable provisions in the ACA.
- **FY 2020 Appropriations**
  – 12/19/19: Congress approved and the President signed two measures that funded all 12 appropriations bills through FY 2020, including a roughly 4% Increase to IHS Overall and 5-month extension of SDPI

Appropriations

IHS Portland Area SDPI Consultation Session; November 15, 2019



FY 2020 IHS Appropriations Enacted

- 12/20/19: H.R. 1865 – Further Consolidated Appropriations Act, 2020 (P.L. 116-94) includes 8 appropriations bills including Interior (IHS) and Labor-Health and Human Services-Education.
  - H.R. 3052 and H. Rept. 116-100: Manager's Explanatory Statement House bill and report.
  - S.2580 and S. Rept. 116-123: Manager's Explanatory Statement Senate bill and report.
- IHS Total Funding: $6.04 billion, a 4% increase above FY 2019 enacted level.
- Congress did not fully fund the Administration's request for EHR modernization, providing $8 million rather than the $25 million requested and $5 million to expand CHAP 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.

FY 2020 Interior IHS Appropriations Summary

	FY 2019 Enacted	FY 2020 Final Bill	House Bill	Senate Bill
Clinical Svcs	$3,739,961	$3,934,831	$4,120,282	$3,949,062
Prev Health	174,742	177,567	181,062	178,636
Other Svcs	188,487	202,807	255,526	191,186
Total Services	**4,103,190**	**4,315,205**	**4,556,870**	**4,318,884**
Facilities	878,806	911,889	964,121	902,878
Total w/o CSC	**$4,981,996**	**$5,227,094**	**$5,520,991**	**$5,221,762**
CSC	822,227	820,000	820,000	820,000
Total w/CSC	**$5,804,223**	**$6,047,094**	**$6,340,991**	**$6,041,762**
Diff w/2019 Enacted	-------------	**+243m**	**+537m**	**+237m**

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FY 2020 IHS Clinical Services

	FY 2019 Enacted	FY 2020 Final Bill	House Bill	Senate Bill
H&HC	$2,147,343	$2,324,606	$2,420,568	$2,339,707
EHR	0	8,000	25,000	3,000
Dental	204,672	210,590	227,562	210,315
MH	105,281	108,933	125,332	108,569
Alcohol/SA	245,566	245,603	280,151	247,828
PRC	964,819	964,819	969,479	967,363
IHCIF	72,280	72,280	72,280	72,280
Totals:	**$3,739,961**	**$3,934.831**	**$4,120,282**	**$3,949,062**

- 105(l) Lease Costs: $125m – Directs DOI and DHHS to consult with Tribes and work with House and Senate committees of jurisdiction, OMB and Committees on Appropriations to formulate a long-term accounting, budget and legislative strategies to address the situation
- Hospitals &Health Clinics: $10m for domestic violence; $5.4m for TECs; $2m for quality & oversight; $5m CHAP
- EHR: $8m
- Dental: $2m for electronic dental health records system
- Alcohol/Substance Abuse: $10m for opioid grants

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FY 2020 IHS Preventative Health

	FY 2019 Enacted	FY 2020 Final Bill	House Bill	Senate Bill
PH Nursing	$89,159	$91,984	$95,307	$92,677
Health Educ	20,568	20,568	20,669	20,923
CHRs	62,888	62,888	62,913	62,888
Immun AK	2,127	2,127	2,173	2,148
Totals:	**$174,742**	**$177,567**	**$181,062**	**$178,636**

Health Education & CHRs: Level funding for both health education and CHRs.

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FY 2020 IHS Other Services

	FY 2019 Enacted	FY 2020 Final Bill	House Bill	Senate Bill
Urban Health	$51,315	$57,684	$81,000	$53,159
IHP	57,363	$65,314	90,656	57,796
Tribal Mngt	2,465	2,465	2,521	2,465
Direct Ops	71,538	71,538	75,385	71,945
Self Gov	5,806	5,806	5,964	5,821
Totals:	**$188,487**	**$202,807**	**$255,526**	**$191,186**

Urban Health: $6.4m increase
IHP: House bill language provides $40m for the loan repayment program and $4m general program increase to help with the recruitment and retention of health professionals.

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FY 2020 IHS Facilities

	FY 2019 Enacted	FY 2020 Final Bill	House Bill	Senate Bill
M&I	$167,527	$168,952	$174,336	$168,952
Sanitation	192,033	193,577	193,577	193,577
HC Fac Const	243,480	259,290	304,290	249,279
Fac & Envir.	252,060	261,983	266,831	261,983
Equipment	23,706	28,087	25,087	29,087
Totals:	**$878,806**	**$911,889**	**$964,121**	**$902,878**

Health Care Facilities Construction: $5m for Green Infrastructure and $25m for small ambulatory clinics which includes $5m for replacement and expansion projects.

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Northwest Portland Area Indian Health Board
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Legislation

ATNI; October 7-10, 2019

NCAI Tribal Unity Impact Days & Hill Visits; September 10-11, 2019

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Advanced Appropriations Bills for BIA/BIE/IHS and IHS only

- FY 2020 House Appropriations Committee Report directs IHS to report on what changes would be needed to develop and managed an advance appropriations for IHS and report back within 180 days.
- The following bills will carryover into the second session of the 116th Congress in 2020.
- **S. 229 & H.R. 1128 – Advanced Appropriations for BIA and BIE at DOI and IHS at HHS**
  - Senate Bill introduced by Sen. Tom Udall (D-NM) on 1/25/19.
  - House Bill introduced by Rep. Betty McCollum (D-MN-4) on 2/8/19.
  - **Status**: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.
- **H.R. 1135 & S. 2541 –Advanced Appropriations for IHS**
  - House Bill introduced by Rep. Don Young (R-AK- At Large) on 2/8/19; referred to Committees.
  - Senate Bill introduced by Sen. Lisa Murkowski (R-AK) and RM Sen. Tom Udall (R-NM) on 9/24/19.
  - **Status**: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.

Northwest Portland Area Indian Health Board
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Special Diabetes Program for Indians Reauthorization

- ***H.R. 1865-Further Consolidated Appropriations Act, 2020***
  - Extends authorization for several mandatory-funded health programs, including SDPI and Community Health Clinic program through **May 22, 2020**.. SDPI has been authorized at $96,575,342 (64% of 150M or equivalent to just under 8 months.
- **H.R. 2328- Community Health Investment, Modernization, and Excellence Act of 2019** (Rep. Tom O'Halleran (D-AZ)-4 years at $150m)
  - **Status**: 7/17/19 – Ordered Reported by House E&C
- **S. 1895- Lowering Health Care Costs Act** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
  - **Status**: 7/8/19- Placed on Senate Leg Calendar

Other pending bills:

- **H.R. 2668 – Special Diabetes Program Reauthorization Act of 2019** (Rep. Diana DeGette (D-CO)-5 years at $200m
  - **Status**: 6/4/19- House E&C Health Subcommittee Hearing
- **H.R. 2680 – Special Diabetes Programs for Indians Reauthorization Act of 2019** (Rep. Tom O'Halleran (D-AZ)- 5 years at $200m
  - **Status**: 6/4/19-House E&C Health Subcommittee Hearing
- **H.R. 2700 – Lowering Prescription Drug Costs and Extending Community Health Centers and Other Health Priorities Act** (Rep. Michael Burgess (R-TX)- 1 year extension at $150m)
  - **Status**: 6/26/19- In Committees
- **S. 192 - Community and Public Health Programs Extensions Act)** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
  - **Status**: 1/18/19- In HELP Committee

Northwest Portland Area Indian Health Board
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New Indian Legislation

- **H.R. 5323 – Tribal Elder Care Improvement Act of 2019** (Rep. Tom O'Halleran (D-AZ)
  - –Amends the Older Americans Act of 1965 to expand supportive services for Native American aging programs.
  - –**Status**: 12/5/19 Referred to the House Committee on Education & Labor.
- **H.R. 4957 – Native American Child Protection Act** (Rep. Ruben Gallego (D-AZ)
  - –Amends the Indian Child Protection and Family Violence Prevention Act
  - –**Status:** 12/5/19 Ordered to be reported by unanimous consent by the House Committee on Natural Resources
- **S. 2871 – Indian Health Service Health Professions Tax Fairness Act** (Sen. Tom Udall (D-NM)
  - –Excludes from gross income, for income tax purposes, payments under the IHS Loan Repayment Program and certain amounts received under the Indian Health Professions Scholarships Program.
  - –**Status**: 11/14/19 Referred to the Senate Committee on Finance.
- **H.R. 4908 – Native American Veteran Parity in Access to Care Today Act** (Rep. Ruben Gallego (D-AZ)
  - –Prohibits collection of health care copayment by VA from a veteran who is tribal member.
  - –**Status**: 11/8/19 Referred to House Committee on Veterans' Affairs Subcommittee on Health.

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GAO Report: IHS- Facilities Reported Expanding Services Following Increases in Health Insurance Coverage and Collections

- On 9/3/19, GAO issued a report describing (1) significant increases in health insurance coverage and third-party collections at federally operated and tribally operated facilities from FY 2013-2018, and (2) the effects of any changes in coverage and collections.
- **GAO Found:**
  - –During FY 2013-2018 patients at federally operated hospitals and health centers reported an average increase of 14% in health coverage. Tribally operated facilities also experienced increases in coverage.
  - –Federally operated IHS facilities' third-party collections totaled $1.07 billion in FY 2018, increasing 51% from FY 2013. Tribally operated facilities also experienced increases in collections.
  - –Facilities have been increasingly relying on third-party collections to pay for ongoing operating (i.e. staff payroll and facility maintenance) and have expanded onsite services (i.e. volume or scope of services offered- adding new providers or purchasing medical equipment).

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

GAO Report: Tribal Programs- Resource Constraints and Management Weaknesses Can Limit Federal Program Delivery to Tribes

- On 11/19/19, GAO issued a report describing (1)capacity and funding constraints and budget uncertainty and (2) management weaknesses that limit the effective delivery of federal programs for tribes and their members. GAO made more than 50 recommendations related to its high-risk area and more than 40 recommendations for tribal water infrastructure, tribal self-governance and tribal consultation of which 60 recommendations are open.
- **GAO Found:**
  - –**High staff vacancies and insufficient staff capacity.** In February 2017, GAO reported that IHS had over 1,550 vacancies for healthcare positions in 2016, and the insufficient workforce was the biggest impediment to providing timely primary care.
  - –**Inadequate funding.** Inadequate program funding to meet tribal needs may limit tribal options for administering federal programs using self-determination contracts or self-governance compacts. Many tribes supplement federal funding, which diverts funding from economic development and services provided.
  - –**Effects of budget uncertainty.** Budget uncertainty arises during CRs and government shutdowns. Impacts on tribal health care programs and operations include recruitment and retention of staff challenges and additional administrative burden and cost.
  - –**Oversight weaknesses.** Found weaknesses in IHS's oversight of timeliness of patient care leading to long wait times at IHS facilities. Recommendation that IHS develop standards for patient wait times and take corrective action. IHS has done this and it developing monitoring capacity.

Northwest Portland Area Indian Health Board
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Federal Administrative & Regulatory Policy

RADM Weahkee visiting NPAIHB; September, 2019

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HHS OIG Proposed Rule: Anti-Kickback Statute

- Issued 8/26; Comments Submitted 10/25
- The Anti-Kickback Statute (AKS) prevents healthcare providers from entering into arrangements where one provider gives another provider payment or an incentive to bill federal healthcare programs.
- The HHS OIG created a number of safe harbors, however none of the existing safe harbors are designed for Indian healthcare programs.
- New Safe Harbors: 1) Coordinated Care Arrangements; 2) Value-Based Care: Substantial Downside Financial Risk; 3) Value-Based Care: Full Financial Risk; 4) Patient Engagement and Support; 5)
- NPAIHB requested an Indian-specific safe harbor with language from the CMS TTAG.

CMS Proposed Rule: Medicaid Fiscal Accountability Regulation

- Issued 11/18/19; **Comments Due 2/1/20**
- Proposes new reporting requirements for states to provide CMS with more detailed information on supplemental and DSH payments to Medicaid providers.
- Clarifies that permissible state or local funds for the state share include: state general fund dollars appropriated directly to Medicaid; Intergovernmental transfers (IGTs) from units of government (including tribes) derived from state or local taxes, and transferred to the state Medicaid agency; and certified public expenditures (CPEs) reported to the state.
- **Concern:** Belief that it could negatively affect participation of tribes to perform Medicaid State administrative activities (i.e. in OR and WA). For example, states can or could pay for a portion of the non-federal match on certain services.

IHS Recent DTLLS

- **DTLL on 12/2/19:** Notification of upcoming deadline to file a hardship exception application to CMS for not having access to certified Health Information Technology to meet the Medicare Quality Payment Incentive Program (Application Due 12/31/19)
- **DTLL on 11/27/19:** Update on short-term continuing appropriations for FY 2020 that affect tribal health programs with performance periods starting within the CR period for October 1, 2019 through December 20, 2019.
- **DTLL on 11/15/19:** Updates on recent developments associated with modernizing Agency Health Information Technology and release of October 2019 final report and roadmap executive summary.

IHS Strategic Options for Modernizing Health IT

- IHS HIT Modernization Project Roadmap provides guidance to HHS and IHS in their efforts to modernize the IHS HIT system.
- The Roadmap is an overarching plan to support improved clinical and non-clinical operations across I/T/U healthcare facilities through HIT.
- The Project was designed to identify and frame the initial path required to achieve success; however, the proposed modernization program requires an immediate and long-term commitment

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IHS Health IT Modernization High-level Operation Plan

High-level Operation Plan

Modernization Planning Phase One
2020

Modernization Planning Phase Two
2021

Modernization Implementation
2022+

FY 2020 | FY 2021 | FY 2022+

RPMS Stabilization & Early Wins
2020-2022
Address immediate patient and user needs and standardize databases

Address Data Governance & Interoperability
2020-2022
Establish data sovereignty and improve interoperability

Infrastructure Assessment & Build-out
2020-2022+
Assess current state and address gaps by engaging federal and industry partners

Northwest Portland Area Indian Health Board
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IHS Strategic Options for Modernizing Health IT Proposals

- Charter a HIT Modernization Advisory Committee to support the collaboration to advance innovation for technology improvements for the Indian health delivery system.
- Establish a multi-member governing body that interacts regularly with stakeholder groups, both formally through tribal consultation policies and informally through leadership and subject matter expert stakeholder groups.
- Leadership must fully understand and establish a long-term commitment to the HIT modernization program through engagement and support for appropriate governance, resourcing, and accountability.
- Need for additional evaluation and endorsement of key findings by IHS.

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

IHS Strategic Options for Modernizing Health IT

Immediate next steps are presented in the context of the Roadmap domains.

Modernization Planning and Execution
- Restructure **HIT governance** processes within the agency
- Reorganize IHS's Office of Information Technology (OIT) and fill critical vacancies
- Establish and charter the **HIT Modernization Advisory Committee (HITMAC)**
- Execute an acquisition for expert **Program Management Office support**

RPMS Stabilization and Early Wins
- Take steps to **standardize and normalize RPMS databases** across the country
- Complete 2015 Edition certification, resolving usability issues of affected RPMS components to the extent possible

Data Exchange
- Improve **Internal and External Interoperability**, including connections to Health Information Exchanges serving appropriate states and federal agencies

Infrastructure
- Address identified critical **infrastructure gaps**, engaging Federal and industry partners

IHS Special Diabetes Program for Indians Update

- FY 2020: short-term extension of SDPI for 5 months, through May 22, 2020.
- No funds have been authorized for the next SDPI grant cycle yet (FY 2021-2025)
- Tribal Consultation on the Distribution of Funding for SDPI in FY 2021; DTLL 10/2/19; Comments Submitted on 12/2
- 1/10/20: TLDC on recommendations to provide to RADM Weahkee.
- IHS will provide decisions for the FY 2021-2025 grant cycle by DTLL in **early 2020**. The FY 2021 Notice of Funding Opportunity released in **Spring 2020.**
- **Portland Area Recommendations:**
  - Proposed changes to the funding distribution for more funds to go to current SDPI grantees and new grantees from undisbursed funds, SDPI Data Infrastructure, and SDPI Program Support.
  - Generally did not recommend any changes to the national funding formula, but any changes must hold tribes harmless.

Active IHS Consultations

- **Distribution of funding for IHS Special Diabetes Program for Indians (SDPI) in FY 2021**
  - Initiated 10/2/19; Comments submitted 11/27/19
- **2010 Memorandum of Understanding and Related Performance Measures between IHS and U.S. Department of Veterans Affairs**
  - Initiated 9/14/2019; Listening Session 9/16/19
- **Mechanism to Distribute Behavioral Health Initiatives currently Distributed through Grants**
  - Initiated 5/18/2018 and 8/2/2019; Comments submitted 10/1/2019
- **FY 2019 Funding Decision for New Behavioral Health Funding to address Opioids- To Develop an IHS Opioid Grant Program**
  - Initiated 6/19/19; Comments submitted 9/3/19
- **Draft IHS policy to implement, outline, and define a national CHAP**
  - Initiated 5/18/19; Comments submitted 6/7/19
- **Short- and Long-term solutions to Meet Statutory Requirements of the Section 105(l) leases, ISDEAA 25 U.S.C § 5234(l)**
  - Initiated 2/29/19 and 3/12/19; Comments submitted 4/26/19
- **Detailed Analysis of Purchased/Referred Care Program Implications and Feasibility for the State of Arizona to be identified as a Purchased/Referred Care Delivery Area (PRCDA), pursuant to IHCIA 25 U.S.C. § 1678**
  - Initiated 11/20/2018 and 2/27/19; Comments submitted 11/15/19

Litigation: U.S. v. Texas Update

- Fifth Circuit held that the individual mandate became unconstitutional when Congress reduced the individual mandate penalty to zero, as part of the 2017 Tax Cuts and Jobs Act.
- Fifth Circuit was not convinced by the district court's holding that because the individual mandate was unconstitutional, the entire ACA must be invalidated.
- Three Supreme Court Potential Future Actions:
  1) Reject review and allow district court to move forward with the Fifth Circuit separable analysis;
  2) Grant the requested expedited review, which would allow the Court to make a ruling during the current term before the 2020 presidential election; or
  3) Grant review on its typical schedule during the Court's next term that begins in the fall.

Recent and Upcoming National/Regional Meetings

HHS Annual Tribal Budget Consultation, Washington, DC, April 2019

Upcoming Meetings January-March 2020

- **January 23-24:** IHS Tribal Self-Governance Advisory Committee (TSGAC) 1st Quarter Meeting, Washington, D.C.
- **January 27-30:** ATNI Winter Convention 2020, Portland, OR.
- **February 6-7:** HHS Secretary's Tribal Advisory Committee, Washington, D.C.
- **February 10-13:** NCAI Executive Council Winter Session, Washington, D.C.
- **February 11-12:** IHS Direct Service Tribes Advisory Committee (DSTAC) 1st Quarter Meeting, Arlington, VA.
- **February 13-14:** FY 2022 National Tribal Budget Work Session, Crystal City, VA.
- **February 25-27:** NIHB 1st Quarter Meeting, Washington, D.C.
- **February 25:** NIHB MMPC Face-to-Face Meeting, Washington, D.C.
- **February 26-27:** CMS TTAG Face-to-Face Meeting, Washington, D.C.
- **March 11-12:** IHS Tribal Leaders Diabetes Committee (TLDC) Meeting, Washington, D.C.
- **March 12-13:** CDC/ATSDR Tribal Advisory Committee, Chamblee, GA.
- **March 17-19:** NIHB National Tribal Public Health Summit, Omaha, NE.

OR State Dental Therapy Legislation

- Oregon is introducing statewide dental therapy licensing bill. Our pilot project expires in May 2021, and legislation is best pathway to allow current DHATs to continue practice and establish the profession in OR for all underserved populations.
- OR legislative session starts Feb. 3 and runs for 35 days.
- Draft bill language and fact sheet are available and letters of support from Oregon Tribes have been requested and are being generated.
- First informational hearing is tomorrow, with NPAIHB, CTCLUSI and Coquille amongst those attending/presenting.
- NPAIHB received funding from the Northwest Health Foundation to actively lobby on this bill.

WA State Dental Therapy Legislation

- Washington state legislature convened yesterday, January 13, and many of us are at AIHC lobby day today lobbying for statewide licensing bill that will enable UIPs to employ dental therapists and *should* also remove current CMS argument about reimbursement as services are far less restricted than tribal bill.
- NPAIHB received a very generous grant from the Group Health Foundation that allows us to significantly increase our lobbying and paid media on this dental therapy bill.

How to engage with dental therapy legislative efforts!

- We will be sending weekly legislative updates and action items to delegates and Tribal Health Directors in OR and WA, and anyone interested in following these two bills.
- For more information and to get copies of the legislation and supporting materials please contact Pam Johnson, NDTI Manager, pjohnson@npaihb.org, 206-755-4309

Discussion and Questions

Surprise visit from RADM Weahkee to the Board; September 2019

DEPARTMENT OF HEALTH & HUMAN SERVICES

4B

Public Health Service

Indian Health Service
Rockville MD 20857

NOV 15 2019

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to share updates on recent developments associated with modernizing Agency Health Information Technology (Health IT). On November 12, the Department of Health and Human Services (HHS) Office of the Chief Technology Officer released two reports on this topic: "Strategic Options for the Modernization of the Indian Health Service Health Information Technology Final Report" and "Strategic Options for the Modernization of the Indian Health Service Health Information Technology Roadmap Executive Summary."

The reports provide a roadmap to support improved clinical and non-clinical operations in health care facilities throughout the IHS, Tribes, Tribal Organizations, and Urban Indian Organizations. Taken together, the findings identify key improvement opportunities, related work initiatives for implementing Health IT, along with estimated timelines and performance indicators. For your convenience, I have enclosed a copy of the reports for your information. The HHS Health IT Modernization Project documents will also be available on the IHS Web site at https://www.ihs.gov/.

To continue engaging Tribes and Urban Indian Organizations on this topic, the IHS will be hosting three webinars on the HHS Health IT Modernization Project documents. Please call in and join us on any of the following dates:

Health IT Modernization Project Webinars

- November 20, 2019, at 3:00 p.m. – 4:30 p.m. (Eastern Time)
- December 3, 2019, at 1:00 p.m. – 2:30 p.m. (Eastern Time)
- December 4, 2019, at 3:00 p.m. – 4:30 p.m. (Eastern Time)

ADOBE CONNECT: https://ihs.cosocloud.com/rpi5fjirhh0y/ ROOM PASSCODE: ihs123
WEBINAR DIAL-IN NUMBER: (800) 832-0736 PARTICIPANT PASSCODE: 3014886

We will also continue to keep Tribal Consultation and Urban Confer open on Health IT Modernization to receive your input. If you have any questions about the webinars, or comments on the HHS reports, please contact Mr. Randall Hughes, Tribal Liaison, Office of Information Technology, IHS, by telephone at (301) 348-3402 or by e-mail at randall.hughes@ihs.gov.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Principal Deputy Director

Enclosures

Strategic Options for the Modernization of the Indian Health Service Health Information Technology

Roadmap

Executive Summary

October 2019

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1.0 Purpose of Roadmap

The IHS HIT Modernization Project Roadmap provides guidance to the Department of Health and Human Services (HHS) and the Indian Health Service (IHS) in their efforts to modernize the IHS health information technology (HIT) system. The Roadmap is an overarching plan to support improved clinical and non-clinical operations across IHS, Tribal, and Urban (I/T/U) healthcare facilities through HIT. It identifies key improvement opportunities, related work initiatives for implementing such opportunities, and estimated timelines and performance indicators.

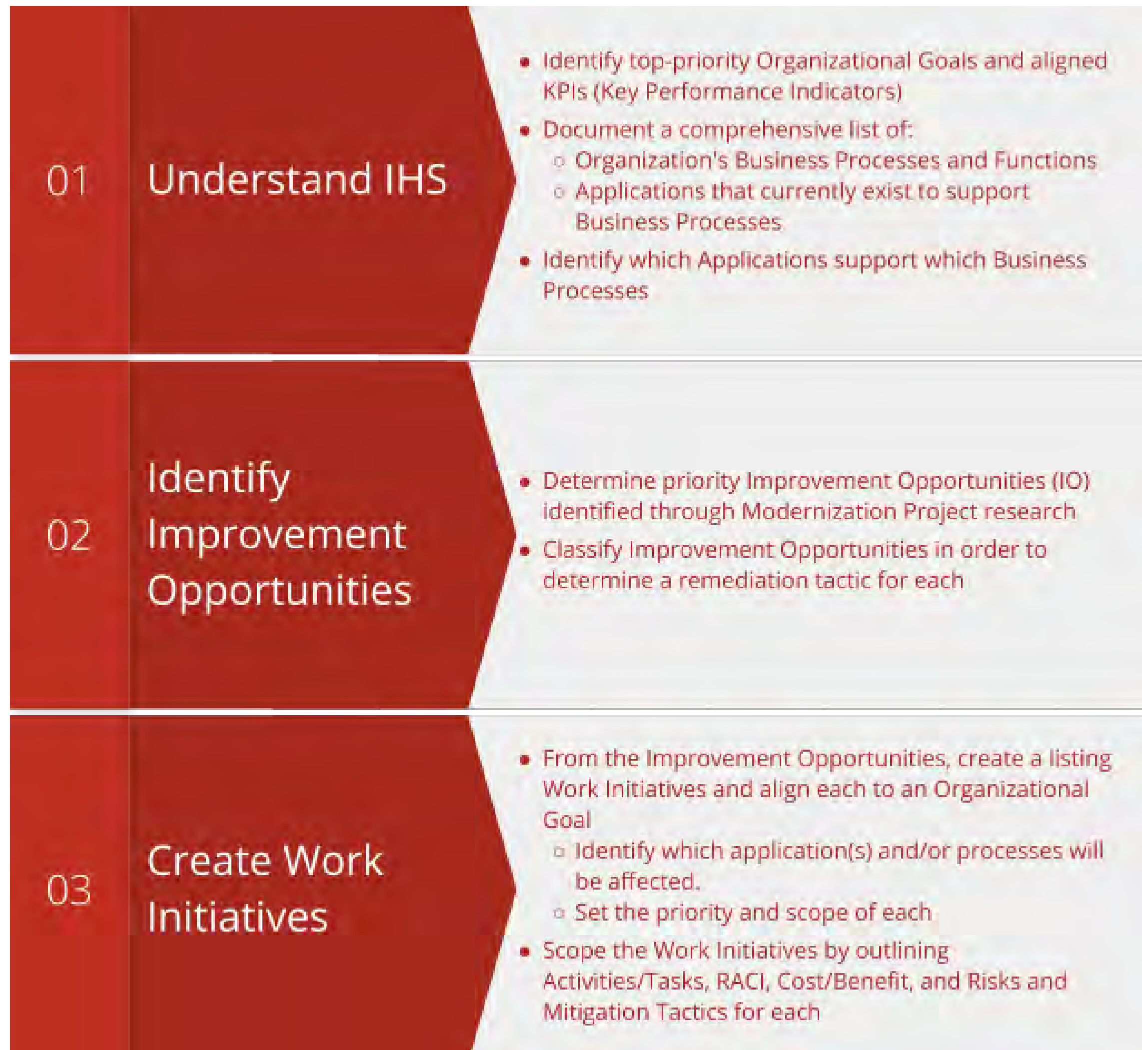
The Roadmap is derived from a synthesis of best practices in HIT Modernization efforts as well as findings and recommendations from the current Modernization Project work. The Roadmap is a technology-agnostic strategic and decision-support tool, designed to guide the overarching modernization strategy, whether it be upgrade of the existing HIT system, selection of a commercial-off-the-shelf (COTS) product, or a hybrid of the two. The Roadmap is aligned with IHS' goals and strategic plan.

The Roadmap team made up of tribal, federal and private industry stakeholders recommends that the IHS incorporate a human-centered design approach when using the tool, as well as an iterative methodology to maintaining and revising the Roadmap. The human-centered design approach, a cornerstone of the Modernization Project, places people at the center of the process when fulfilling critical requirements.

2.0 Roadmap Tool Development

The Roadmap team efforts have produced an Enterprise Architecture Roadmap Tool that can guide the IHS towards HIT Modernization. This tool was constructed using the following steps:

Figure 2.0-1 Steps to Roadmap Development



3.0 Goals of Roadmap: Moving IHS towards HIT Modernization

The Roadmap includes four key domains. These domains are defined as follows:

Figure 3.0-1 Four Key Roadmap Domains

Four Key Roadmap Domains for IHS HIT Modernization		
Modernization Planning and Execution *Strategic Design and Action to Achieve HIT Modernization*	1. Establish governance, Program Management Office (PMO), and communication plan 2. Select and acquire HIT solution 3. Execute and Implement	• Planning and execution are long, complex processes • Execution requires interaction with the Data Exchange and Infrastructure domains
RPMS Stabilization and Early Wins *Develop and Deploy Key Improvements to RPMS*	Address immediate end user requirements to adequately support business needs and provide adequate care to the population served by IHS	• Short-term stabilization must occur regardless of HIT system(s) chosen • Achieves "Early Wins" via immediate intervention and ongoing modernization
Data Exchange *Address Inter- and Intra-Operability Requirements*	Develop data exchange capability and provide a secure personal health record (PHR) electronic application vitally important to fluid populations	• Delivers a universal healthcare requirement • Essential to AI/AN populations
Infrastructure *Improve Technology to Support Current Needs and Future HIT*	Make required updates to the hardware, software, networks, data centers, and equipment used to develop, test, operate, monitor, and manage technology services.	• Assess current infrastructure state at I/T/U facilities • Improve infrastructure to meet baseline requirements for selected HIT system(s)

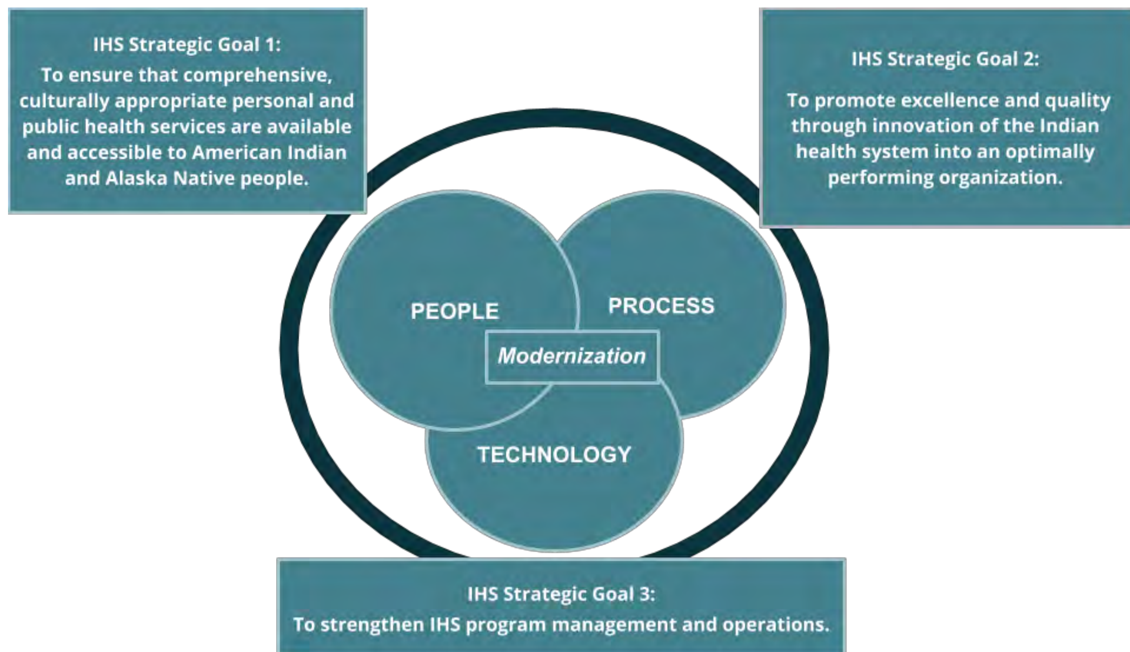
4.0 Objectives, Activities, Milestones, and Stakeholders

Each domain is comprised of multiple objectives, activities, and milestones that contribute toward the success of each respective domain and of the entire HIT modernization effort.

4.1 Key Performance Indicators

The IHS organizational goals from the Strategic Plan FY 2019-2023[3] that were selected for inclusion in this Roadmap are displayed in the graphic below. In conjunction with the IHS HIT Modernization project framework, the Roadmap was created with a people, process, and technology paradigm.

Figure 4.1-1 IHS Strategic Goals with a People, Process, and Technology Paradigm



Key performance indicators (KPIs) are consistent with the IHS' organizational goals and drive the Roadmap strategy. Each KPI is mapped to one or more organizational goal and is addressed in one or more Roadmap domain.

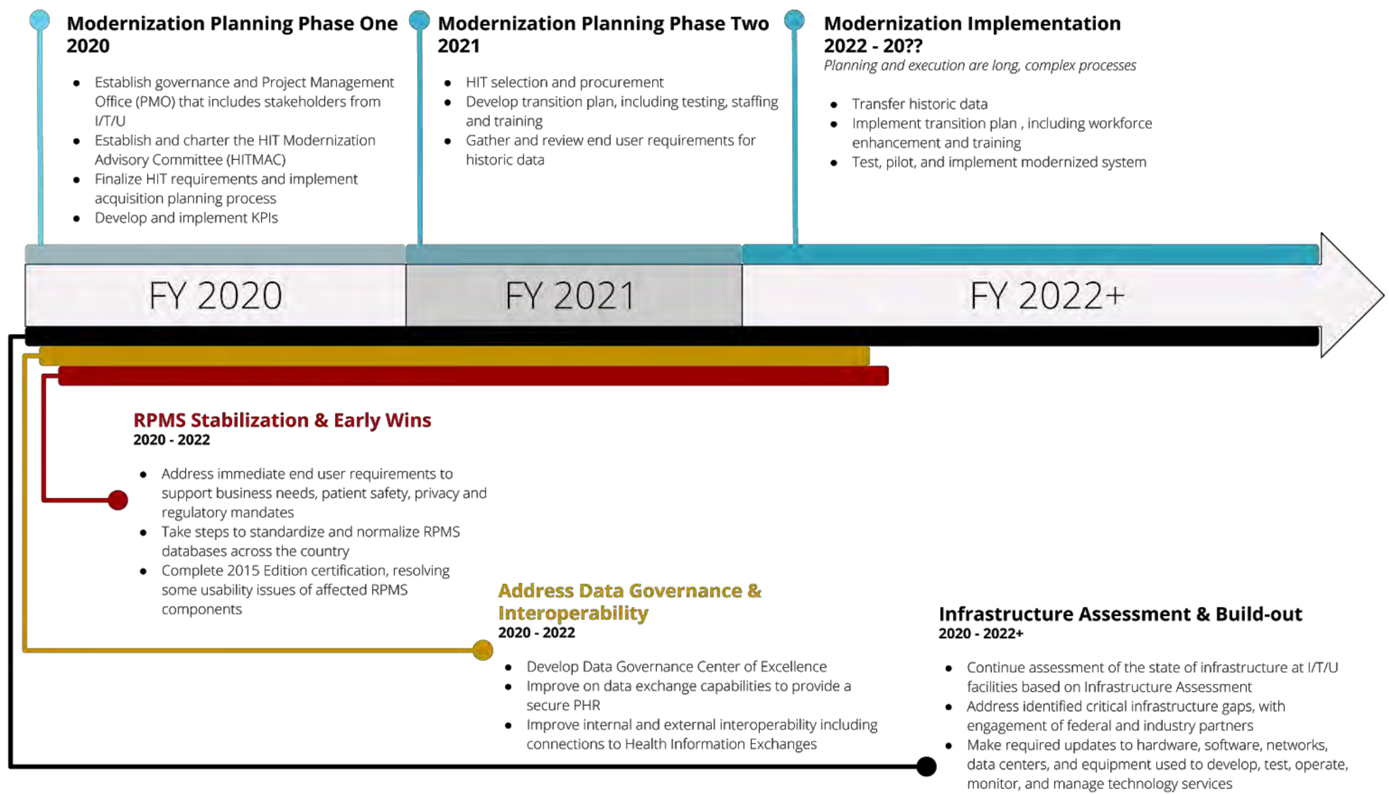
Table 4.1-1 KPI Crosswalk with Organizational Goals and Roadmap Domains

Org Goal	Key Performance Indicator (KPI)	Modernization Planning and Execution	RPMS Stabilization and Early Wins	Data Exchange	Infrastructure
2	KPI-001: Improved health status for AI/AN people receiving care from IHS	✓	✓	✓	
2	KPI-002: All IHS facilities will achieve and maintain recognition as Patient Centered Medical Homes	✓		✓	
1	KPI-003: Improved access to services for AI/AN people seeking care from IHS	✓		✓	✓
1, 3	KPI-004: Improved patient engagement through electronic access to health information	✓		✓	
3	KPI-005: Improved interoperability and sharing of patient information within the organization, across the I/T/U and with private and government partners (e.g. VA)	✓		✓	
2	KPI-006: Improved quality of care provided by IHS, as demonstrated by government and industry benchmarks	✓			
3	KPI-007: Improved organizational maturity in use of information technology systems in service of the IHS mission	✓			✓
3	KPI-008: All sites successfully complete and regularly update a Security Risk Analysis	✓	✓		
3	KPI-009: Improved ability for IHS to provide services in a sustainable way through cost recovery	✓			
3	KPI-010: Provider satisfaction with HIT usability.	✓	✓	✓	✓

4.2 Work Initiatives

The Roadmap leverages IHS processes, supporting applications, and improvement opportunities to generate work initiatives (WIs), which are specific actions required to achieve IHS HIT modernization. A high-level program plan is displayed in Figure 4.2-1.

Figure 4.2-1 High Level Program Plan and Timeline



4.3 Stakeholders

Each Work Initiative will be assigned one or more suggested key individuals or groups to be responsible, accountable, consulted, or informed about the effort. The Roadmap displays each stakeholders proposed involvement and role in each Work Initiative. The HIT Modernization Program will need to engage with these stakeholders as it moves toward modernization. The list below presents some of the proposed stakeholder roles that should ideally be engaged in this program.

Table 4.3-1 Proposed Stakeholder Roles

IHS Leadership	IHS Boards and Committees	I/T/U Representation
• IHS Director • IHS Chief Medical Officer (CMO) • IHS Chief Information Officer (CIO) • IHS Chief Technology Officer (CTO) • IHS Enterprise Architecture (EA) • IHS Chief Information Security Officer (CISO) • IHS Chief Health Informatics Officer (CHIO) • IHS Chief Medical Informatics Officer (CMIO) • IHS Privacy Officer	• IHS Clinical Governance Boards • IHS Technical Governance Boards • Information Systems Advisory Committee (ISAC)	• I/T/U Field • Tribes / Urban Programs

Federal Partners	Project Management Office (PMO) and Modernization Team

• HHS Chief Information Officer (CIO)
• HHS Chief Technology Officer (CTO)
• HHS Chief Information Security Officer (CISO)
• HHS Customer Experience Lead
• HHS Chief Privacy Officer (CPO)
• Other federal partners including:
  ○ Veterans Affairs (VA)
  ○ Department of Defense (DoD)
  ○ Office of the National Coordinator (ONC)
  ○ Centers for Medicare & Medicaid Services (CMS)
	• External Advisory Board
	• Steering Committee
	• PMO Exec Director
	• PMO Program Manager
	• PMO Staff

5.0 Next Steps

The Roadmap will evolve to meet the HIT Modernization Program needs. The Roadmap is a launching point for IHS HIT modernization. The Roadmap is to be referenced and updated on a regular basis as information is gained and funding is acquired.

To facilitate growth and evolution of the Roadmap, ownership by the Department of Health and Human Services (HHS) is required. HHS should initially adapt the model to IHS needs as appropriate. It should later oversee the execution of Roadmap steps, ensuring a coordinated and comprehensive approach to HIT modernization.

Broad-based clinical and technical leadership commitment is essential to implementation and success of this endeavor. Leadership must fully understand and commit to the Roadmap to ensure a successful modernization effort. Once leadership commitment is secured, communication to the I/T/U of the Roadmap's next steps is crucial to generate buy-in and further coordinate the modernization effort. Transparency and responsiveness to I/T/U concerns are key for preparing for modernization of a health enterprise as large as IHS. The modernization effort belongs to them as well as to IHS and HHS.

The Roadmap outlines immediate steps that should be taken to set the modernization effort into motion.

Table 5.0-1 Roadmap Next Steps

Domain	Next Steps
Modernization Planning and Execution	• Reassess the organization of HIT governance processes within the agency • Fill critical vacancies within IHS's Office of Information Technology • Establish and charter the HIT Modernization Advisory Committee (HITMAC) • Execute an acquisition for expert Program Management Office support
RPMS Stabilization and Early Wins	• Take steps to standardize and normalize RPMS databases across the country • Complete 2015 Edition certification, resolving usability issues of affected RPMS components to the extent possible
Data Exchange	• Improve Internal and External Interoperability, including connections to Health Information Exchanges serving appropriate states and federal agencies
Infrastructure	• Address identified critical infrastructure gaps, engaging federal and industry partners

6.0 Risks, Constraints, and Mitigations

6.1 Risks and Mitigations

Several key risks warrant consideration and mitigation when using the Roadmap:

Risks	Proposed Mitigations
Operating Model Integration: If the Improvement Opportunities identified and related Work Initiatives are not integrated into IHS' operating model, then the modernization program may fail due to an unclear vision or deficient execution.	The HIT Modernization team will brief Executive leadership and senior staff on key elements of the Roadmap, including identified improvement opportunities, proposed work initiatives to remediate cited deficiencies, attendant risks, and interdependencies. Such briefings shall be iterative and interactive.
Executive Sponsorship: If IHS' executive leadership, senior staff, and domain and subject matter experts are not fully engaged and involved in the review, adoption, and evolution of the Roadmap, then the modernization program may fail due to a lack of executive sponsorship, buy-in and resistance to change.	Executive leadership and senior staff will be engaged in the review and refinement of key elements of the Roadmap, focusing on the identification of improvement opportunities, proposed work initiatives to remediate cited deficiencies, attendant risks, and interdependencies. Such interactions shall be iterative, and last for a period spanning hand-off of the Roadmap to ensure IHS' buy-in, adoption, and ownership.
Cost and Time Estimates: If the cost, project interdependencies, and inherent risks of IHS' HIT modernization program are underestimated or understated, then the scope, delivery time, and quality of deliverables will be negatively impacted.	Conduct a comprehensive cost analysis, accounting for the full scope, schedule, and resource requirements of modernization. Verify and validate core requirements for infrastructure upgrades and data cleansing, normalization, standardization, migration, and post-migration validation.
Requirements Management: If the requirements elicitation process for modernization is deficient or fails to capture, verify, and validate critical system requirements and their interdependencies, then the scope, cost, and schedule of the modernization program may be understated and the resultant quality of program outcomes severely impacted.	As a critical work initiative of IHS' HIT modernization program's roadmap, IHS must review and refine existing requirements elicitation practices into a formal Requirements Management process.
Service Maturity and Governance: If IHS is deficient in IT service maturity or critical internal controls and governance practices, processes, and SOPs to guide and enable modernization, then the modernization program will be impeded and unnecessarily protracted due to avoidable delays and rework that will increase costs.	As foundational work initiatives of IHS' HIT modernization program's roadmap, IHS must enhance existing IT service delivery, internal controls, and governance practices into repeatable, verifiable processes.

6.2 Known Constraints and Mitigations

The following known constraints and mitigations are presented for review:

Constraints	Proposed Mitigations
Critical and unique system capabilities currently implemented in the Resource and Patient Management System (RPMS) persist to the replacement HIT solution or ecosystem	IHS must provide HIT systems that are attractive to the I/T/U programs through support for integrated, multidisciplinary care (behavioral health, dental, etc.) as well as population health and individual patient care. Requirements and resultant capabilities and functionality related to traditional medicine, AI/AN population health, etc. must persist in the replacement HIT solution.
Funding and staffing levels	Noted as a foregoing operational issue but not assessed in detail; as such, this report assumes that funding to improve infrastructure, to recruit, train, and retain local and national support staff, and to address development and implementation costs for new or updated systems will be available.
Lack of organizational readiness for change	Through an enterprise-wide organizational change management initiative, IHS shall plan and execute the required strategic and operational changes required for success of the Modernization program.
Site-specific infrastructure constraints related to limited bandwidth, poor cellular signal, degraded or inadequate telephony and wide area network (WAN) infrastructure, etc.	As a primary and critical initial step in IHS HIT Modernization program, IHS must conduct a comprehensive infrastructure analysis and subsequent infrastructure build-out to remediate critical infrastructure deficiencies. Moreover, infrastructure constraints that are too costly to mitigate will proactively inform and influence the selection, architecture, design, and topology of the new HIT solution in order to achieve cost-efficiencies and optimal system quality.
Interoperability requirements	The replacement HIT solution or ecosystem must be intrinsically interoperable and must support data sharing, both within and external to the I/T/U. The following recommendations will assist in meeting interoperability goals: ● Conduct a gap analysis to identify and prioritize interoperability deficiencies in IHS' HIT ecosystem ● Define IHS' interoperability strategy and communicate it broadly to stakeholders ● Ensure interoperability needs are surfaced through the Requirements Management (RM) and Enterprise Architecture (EA) artifacts ● Partner with the Acquisition Planning and Procurement (AP&P) office to integrate interoperability needs into acquisition planning ● Adhere to open standards in the design and implementation of interoperable systems ● Ensure strict security and privacy of data and information shared across interoperable systems to drive wide-scale adoption ● Utilize efficient, cost-effective infrastructure to achieve interoperability across distributed and external systems ● Implement non-intrusive, value-added data governance practices

Regulatory compliance	Through an improved requirements management process, value-oriented lightweight enterprise architecture (EA) practice, and outcome-driven governance, the replacement HIT solution or ecosystem will meet or exceed regulatory requirements, including the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid (CMS) certification requirements and other regulatory constraints, such as Clinical Laboratory Improvement Amendments (CLIA).
Security, confidentiality, patient privacy	Through ongoing and augmented security practices, IHS shall identify, validate, and prioritize external and internal security vulnerabilities and threats through a security risk assessment (SRA). The results of this assessment will lead to improvements in data security, confidentiality, and privacy, thereby driving increased compliance and patient satisfaction.
Support for legacy systems/subsystems/ components	Any approach that retains legacy systems/subsystems/components must plan for ongoing operations and maintenance (O&M) or replacement of VistA-derived packages. Moreover, there are associated cost and resource implications as well as related risks.

References

1. Info-Tech Research Group [Internet]. London (ON): Info-Tech Research Group (Health and Human Services); 2009 Sep 12 [cited 2019 July 25]. Available from: https://www.infotech.com/.
2. Gartner Special Reports: providing actionable insights into major trends [Internet]. Stamford (CT): Gartner; 2019 [cited 2019 Aug 22]. Available from: https://www.gartner.com/en/products/special-reports.
3. IHS Strategic Plan FY 2019-2023 [Internet]. Rockville (MD): Indian Health Services; 2019 [cited 2019 July 9]. Available from: https://www.ihs.gov/strategicplan/ihs-strategic-plan-fy-2019-2023/.

November 19, 2019

TRIBAL PROGRAMS

Resource Constraints and Management Weaknesses Can Limit Federal Program Delivery to Tribes

GAO Highlights

Highlights of GAO-20-270T, a testimony before the Subcommittee for Indigenous Peoples of the United States, House of Representatives

Why GAO Did This Study

As Congress affirmed in the Indian Trust Asset Reform Act, the United States has undertaken a unique trust responsibility to protect and support Indian tribes and Indians. Thus, federal agencies have many programs that provide services to tribes. However, in 2018, the U.S. Commission on Civil Rights found that, due to a variety of reasons—including historical discriminatory policies, insufficient resources, and inefficient federal program delivery—Native Americans continue to rank near the bottom of all Americans in terms of health, education, and employment. In February 2017 GAO designated federal management of programs that serve tribes in education, health care and energy as high risk. This designation is neither reflective of the performance of programs administered by tribes nor directed at tribal activities.

This testimony, which is based on reports GAO issued from June 2015 through March 2019 primarily related to education, health care, and energy development, provides examples of (1) capacity and funding constraints and budget uncertainty and (2) management weaknesses that limit the effective delivery of federal programs for tribes and their members.

What GAO Recommends

GAO has made more than 50 recommendations related to its high-risk area and more than 40 recommendations for tribal water infrastructure, tribal self-governance and tribal consultation of which 60 recommendations are open. Sustained focus by the respective agencies and Congress on these and other issues are essential to continued progress.

View GAO-20-270T. For more information, contact Anna Maria Ortiz at (202) 512-3841 or ortiza@gao.gov.

What GAO Found

GAO previously reported that constraints in federal agency capacity and funding and budget uncertainty limit effective delivery of some federal programs and activities serving tribes. Key federal agencies serving tribes include the Department of the Interior's Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE), and the Department of Health and Human Services' Indian Health Service (IHS). For example:

- **High staff vacancies and insufficient staff capacity.** In February 2017, GAO reported that IHS had over 1,550 vacancies for health care positions in 2016, and IHS officials said that the agency's insufficient workforce was the biggest impediment to providing timely primary care. In addition, GAO's March 2019 high-risk update reported that about 50 percent of all BIE positions had not been filled, according to recent BIE documentation.
- **Inadequate funding.** In January 2019, GAO reported on agency and tribal perspectives on the adequacy of funding and how it impacts federal programs. GAO found that inadequate program funding to meet tribal needs (e.g., BIA estimated a funding shortfall at 60 percent for one program in a 2013 report to Congress) may limit tribal options for administering federal programs using self-determination contracts or self-governance compacts. Many tribal stakeholders told GAO that they supplement federal funding when there are shortfalls, which diverts funding from economic development and services provided to their communities.
- **Effects of budget uncertainty.** Budget uncertainty arises during continuing resolutions—temporary funding periods during which the federal government has not passed a budget—and during government shutdowns. In a September 2018 GAO report, IHS officials and tribal representatives described the effects of budget uncertainty on their health care programs and operations. GAO reported that these effects include recruitment and retention of staff challenges and additional administrative burden and cost for both tribes and IHS.

In GAO's prior reports and March 2019 high-risk update, GAO found that management weaknesses at some federal agencies limit the effective delivery of some federal programs serving tribes. For example:

- **Oversight weaknesses.** In March 2016, GAO found weaknesses in IHS's oversight of timeliness of patient care leading to long wait times at IHS facilities. GAO recommended that IHS develop standards for patient wait times, monitor these wait times, and take corrective action as needed. IHS has established wait times standards and is developing monitoring capacity.
- **Management weaknesses**. In June 2015, GAO found shortcomings in BIA's management of energy development permitting processes that led to lengthy reviews and negatively impacted energy development on tribal lands. Among other things, GAO recommended that BIA develop a process to track its review and response times. BIA has taken initial steps to develop system enhancements to capture key dates during the review and approval process for energy development documents.

4E

Northwest Portland Area Indian Health Board
Indian Health Legislation: 116th Congress
Dated: January 8, 2020
Red text = New legislation

Bill No.	**Title**	**Bill Description and Related Bills**	**Sponsor(s)/*NW***	**Committee(s)**	**Status**
H.R. 195 Introduced: 1/3/19	Pay our Doctors Act of 2019	Provides full-year appropriations for the Indian Health Service in the event of a partial lapse in appropriations, and for other purposes.	Mullin (R-OK)/ *Simpson (R-ID), Bonamici (D-OR), Kilmer (D-WA)*	Appropriations	In Committee
		SDPI BILLS (*most likely to move)			
S. 192 Introduced: 1/18/19	Community and Public Health Programs Extension Act	Provides extensions for community health centers, the National Health Service Corps., teaching health centers that operate GME programs, and special diabetes programs	Lamar (R-TN)/ *Murray (D-WA)*	HELP	In Committee
H.R. 2328* Introduced: 4/14/19	Special Diabetes Programs for Indians Reauthorization Act of 2019	Funds SDPI at $150 million per year for four years.	O'Halleran (D-AZ)/ *Smith (D-WA), Jayapal (D-WA), Kilmer (D-WA), Larsen (D-WA), Schrader (D-OR), Heck (D-WA), DeFazio (D-OR), Newhouse (R-WA)*	Energy and Commerce, Health Subcommittee	7/17/19- Ordered reported by House E&C
H.R. 2680 Introduced: 5/10/19	Community Health Investment, Modernization, and Excellence Act of 2019	Reauthorizes SDPI at $200m for 5 years	O'Halleran (D-AZ)	Energy and Commerce	6/4/19- Subcommittee Hearing
H.R. 2668 Introduced: 5/10/19	Special Diabetes Program Reauthorization Act of 2019	Reauthorizes special programs for diabetes for 5 years	DeGette (D-CO)/ *Schrier (D-WA)*	Energy and Commerce	6/4/19- Subcommittee Hearing
H.R. 2700 Introduced: 5/14/19			Burgess (R-TX)/	Energy and Commerce, Judiciary	In Committee & Subcommittees

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
S. 1895* Introduced: 6/19/19	Lowering Prescription Drug Costs an Extending Community Health Centers and Other Health Priorities Act Lower Health Care Costs Act	Incentives low-cost drug options and general competition, and provides extensions to community health centers, NHSC, and special diabetes program for 4 years at $150m Lowers healthcare costs and includes funding for SDPI at $150 million per year.	*Walden (R-OR), McMorris Rodgers (R-WA), Herrera Beutler, (R-WA)* Lamar (R-TN)/ *Murray (D-WA)*	HELP	7/8/19- Placed on Senate Legislative Calendar
S. 209 Introduced: 1/24/19 H.R. 2031 Introduced: 4/2/19	PROGRESS for Indian Tribes Act	Amends the Indian Self-Determination and Education Assistance Act (ISDEAA) to establish and further self-governance by Indian Tribes under DOI.	Hoeven (R-ND)/ *Cantwell (D-WA)* Haaland (D-NM)/ *Heck (D-WA), Kilmer (D-WA); Delbene (D-WA)*	House Natural Resources Natural Resources	6/27/19- Passed Senate; 7/3/19- Referred to House Subcommittee 7/16/19- Indigenous Peoples of the US Subcommittee hearing.
S. 229 Introduced: 1/25/19 H.R. 1128 Introduced: 2/8/19	Indian Programs Advance Appropriations Act (BIA & IHS)	**ADVANCE APPROPRIATIONS BILLS** Provides advance appropriations authority for certain accounts of the BIA and BIE of the DOI and the IHS of HHS.	Udall (D-NM)/ *Merkley (D-OR), Wyden (D-OR)* McCollum (D-MN)/ *Kilmer (D-WA), Herrera Beutler (R-WA), Simpson (R-ID), Heck (D-WA), McMorris Rodgers (D-WA)*	Budget Budget, Energy and Commerce and Natural Resources	In Committee 9/25/19- Subcommittee hearings held
H.R. 1135 Introduced: 2/8/19 S. 2541 Introduced: 9/24/19	Indian Health Service Advance Appropriations Act of 2019	Amends ICHIA to authorize advance appropriations for IHS by providing 2-fiscal years budget authority	Young (R-AK)/ *Kilmer (D-WA), Heck (D-WA)* Murkowski (R-AK)/ *Wyden (D-OR), Merkley (D-OR)*	Budget, Energy and Commerce and Natural Resources SCIA	9/25/19- Subcommittee hearings held In Committee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
S. 257 Introduced: 1/29/19 H.R. 2999 Introduced: 5/23/19	Tribal HUD-VASH Act of 2019	Provides rental assistance for homeless or at-risk Indian veterans, and for other purposes.	Tester (D-MT)/ *Cantwell (D-WA)* Lujan (D-NM)/ *Delbene (D-WA), Heck (D-WA), Kilmer (D-WA)*	Indian Affairs Financial Services	6/27/19- Passed Senate 6/28/19- House: Referred Committee on Financial Services In Committee
S. 336 Introduced: 2/5/19 H.R. 2029 Introduced: 4/2/19	Studying the Missing and Murdered Indian Crisis Act of 2019	Directs the Comptroller General of the United States to submit a report on the response of law enforcement agencies to report on missing or murdered Indians.	Tester (D-MT) Gallego (D-AZ)/ *Bonamici (D-OR)*	Indian Affairs Judiciary, Natural Resources	In Committee In Committee and Subcommittee
S. 450 Introduced: 2/12/19	Veterans Improved Access and Care Act of 201	Requires the Secretary of Veterans Affairs to carry out a pilot program to expedite the onboarding process for new medical providers of the Department of Veterans Affairs and to reduce the duration of the hiring process for such medical provider.	Gardner (R-CO)	Veterans' Affairs	5/22/19 -Hearing
S. 467 Introduced: 2/13/19 H.R. 1191 Introduced: 2/13/19	Native American Suicide Prevention Act of 2019	Amends section 520E of the Public Health Service Act to require States and their designees receiving grants for development and implementation of statewide suicide early intervention and prevention strategies to collaborate with each Federally recognized Indian tribe, tribal organization, urban Indian organization, and Native Hawaiian health care system in the State.	Warren (D-MA)/ *Merkley (D-OR)* Grijalva (D-AZ)/ *Blumenauer (D-OR), Jayapal (D-WA), Heck (D-WA), McMorris Rodgers (D-WA), Larsen (D-WA)*	HELP Energy and Commerce	In Committee In Subcommittee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
H.R. 1158 Introduced 2/13/19	Consolidated Appropriations Act, 2020	Makes consolidated appropriations for for the fiscal year ending September 30, 2020.	McCaul (R-TX)	Homeland Security	12/20/19 - Signed by President
S. 498 Introduced: 2/14/19	Assessment of the Indian Health Service Act of 2019	Calls for the Secretary of HHS to contract an assessment of IHS' health care delivery systems and financial management process of IHS facilities to improve care for patients.	Rounds (R-SD)	Indian Affairs	In Committee
H.R. 1303 Introduced: 2/15/19	Examining Opioid Treatment Infrastructure Act of 2019	Requires Comptroller General of the United States to examine, among other things, the availability of residential and outpatient treatment programs to AI/AN.	Foster (D-IL)/ *Walden (R-OR)*	Energy and Commerce, Natural Resources	In Committee and Subcommittee
S. 524 Introduced: 2/24/19	Department of Veterans Affairs Tribal Advisory Committee Act of 2019.	Establishes a VA Tribal Advisory Committee to provide advice and guidance to the Secretary on matters relating to Indian tribes, tribal organizations and Native American veterans.	Tester (D-MT)/	Veterans Affairs	5/22/19- Hearing
H.R. 1585 Introduced 3/7/19	Violence Against Women Reauthorization Act of 2019	Reauthorizes Violence Against Women's Act of 1994	Bass (D-CA)/	Whole House	4/4/19- Passed House 4/10/19- Senate: On Legislative Calendar
S. 785 Introduced: 3/31/19	Commander John Scott Hannon Veterans Mental Health Improvement Act of 2019	Improves mental health care, eases transition from recently separated veterans, increases community engagement through grants.	Tester (D-MT)/ *Murray (D-WA), Merkley (D-OR)*	Veterans' Affairs	5/22/19- Hearing
S. 982 Introduced 4/2/2019 H.R. 2438 Introduced: 5/1/19	Not Invisible Act	Establishes an advisory committee on violent crimes and would establish best practices for law enforcement on combatting the missing and murdered AI/ANs epidemic.	Cortez Masto (D-NV) Haaland (D-NM)/	Indian Affairs Natural Resources, Judiciary	11/20/19- Ordered to be reported by Indian Affairs. In Subcommittees

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
			Kilmer (D-WA), Smith (D-WA), Heck (D-WA), DelBene (D-WA), Larsen (D-WA), Bonamici (D-OR), DeFazio (D-OR) Blumenauer (D-Or)		
S. 1001 Introduced: 4/3/19	Tribal Veterans Health Care Enhancement Act	Amends the Indian Health Care Improvement Act to allow the Indian Health Service to cover the cost of a copayment of an Indian or Alaska Native veteran receiving medical care or services from the Department of Veterans Affairs, and for other purposes.	Thune (R-SD)/	Indian Affairs	In Committee
H.R. 2062 Introduced: 4/3/19 S. 1012 Introduced: 4/3/19	Overdose Prevention and Patient Safety Act Protecting Jessica Grub's Legacy Act	Aligns 42 CFR Part 2 with HIPAA to protect the privacy of patients with substance use disorders. Prevents discrimination based on medical records and provides penalties for violations.	Blumenauer (D-OR)/ *Bonamici (D-OR), DelBene (D-WA), Larsen (D-WA), Walden (R-OR), DeFazio (D-OR), Kilmer (D-WA)* Manchin (D-WV)/ *Merkley (D-OR)*	Energy and Commerce HELP	In Committee In Committee
S. 1180 Introduced: 4/11/19 H.R. 2316 Introduced: 4/12/19	Urban Indian Health Parity Act	A bill to extend the full Federal medical assistance percentage to urban Indian organizations.	Udall (D-NM)/ *Cantwell (D-WA), Merkley (D-OR), Murray (D-WA)* Lujan (D-NM)/ *Blumenauer (D-OR), DelBene (D-WA), Jayapal (D-WA), Smith (D-WA), Heck (D-WA), Bonamici (D-OR)*	Finance Energy and Commerce	In Committee In Committee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
S. 1213 Introduced 4/11/19	Consumer Health Insurance Protection Act of 2019	Introduces consumer protections on par with Medicare and Medicaid requirements for private insurers. Protects against high premiums and limits insurance company profits.	Warren (D-MA)	Finance	In Committee
H.R. 2482 Introduced 5/2/19 S. 2074 Introduced: 7/10/19	Mainstreaming Addiction Treatment At of 2019	Repeals the DATA waiver requirement to prescribe buprenorphine. S. 2074 would allow CHAs to prescribe MAT	Tonko (D-NY)/ *Schrader (D-OR), Jayapal (D-WA), Heck (D-WA), Newhouse (R-WA), Blumenauer (D-OR)* Hassan (D-NH)/ *Merkley (D-OR)*	Energy and Commerce, Judiciary, Ways and Means HELP	In Committee and Subcommittee In Committee
S. 1329 Introduced: 5/6/19 H.R. 2549 Introduced 5/7/19	AI/AN CAPTA	Requires that equitable distribution of assistance include equitable distribution in Indian tribes and tribal organizations and to increase amounts reserved for allotment to Indian tribes and tribal organizations under certain circumstances, and to provide for a Government Accountability Office report on child abuse and neglect in American Indian tribal communities.	Warren (D-MA)/ *Merkley (D-OR)* Grijalva (D-AZ)	Indian Affairs Education and Labor, Natural Resources	In Committee In Committee and Subcommittee
S. 1365 Introduced: 5/8/19 H.R. 2569 Introduced: 5/8/19	Comprehensive Addiction Resources Emergency Act of 2019 (CARE)	To Provide emergency assistance to States, territories, Tribal nations, and local areas affected by the opioid epidemic and to make financial assistance available to States, territories, Tribal nations, local areas, and public or private nonprofit entities to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families	Warren (D-MA) Cummings (D-MD)/ *Bonamici (D-OR), Blumenauer (D-OR), Jayapal (D-WA), Kilmer (D-WA)*	HELP Energy and Commerce, Natural Resources, Judiciary	In Committee In Subcommittees

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
H.R. 3055 Introduced: 6/3/19	Further Continuing Appropriations Act, 2020, and Further Health Extenders Act of 2019	This bill provides continuing FY2020 appropriations to federal agencies through December 20, 2019, and extends several expiring health programs.	Serrano (D-NY)	Appropriations	11/21/19 - Became Public Law 116-69
H.R. 3340 Introduced: 6/19/19	Tribal Healthcare Careers Act	To provide a set-aside of funds for Indian populations under the health profession opportunity grant program under section 2008 of the Social Security Act.	Gomez (D-CA)	Ways and Means	In Committee
H.R. 3343 Introduced: 6/19/19	Technical Assistance for Health Grants Act	To provide for technical assistance under the health profession opportunity grant program under section 2008 of the Social Security Act.	Kildee (D-MI)	Ways and Means	In Committee
S. 1926 Introduced: 6/20/2019 H.R. 3815 Introduced: 7/17/2019	PrEP Access and Coverage Act	To increase access to pre-exposure prophylaxis to reduce the transmission of HIV	Harris (D-CA) Schiff (D-CA)/ *Blumenauer (D-OR)*	HELP Energy & Commerce; Oversight and Reform; Veterans Affairs; Ways and Means; Natural Resources, Armed Services, Financial Services	In Committee In Committee and Subcommittees
H.R. 3630 Introduced: 7/11/2019	No Surprises Act	Amends title XXVII of the Public Health Service Act to protect health care consumers from surprise billing practices, and for other purposes.	Palone (D-NJ)/ *Walden (R-OR)*	Energy & Commerce; Education and Labor	7/11/19- Forwarded by E&C Health Subcommittee to Full Committee by Voice Vote

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
H.R. 3877 Introduced: 7/23/19	Bipartisan Budget Act of 2019	Increases spending caps, suspending debt limit and, ending sequestration for all discretionary spending including IHS.	Yarmuth (D-KY)	Budget, Rules, Ways and Means	8/2/19- Signed by President 8/1/19- Passed Senate 7/25/19- Passed House 7/23/19- Rules Committee Reported to House
S. 2365 Introduced: 7/31/19	Health Care Access for Urban Native Veterans Act of 2019	Allows the VA to reimburse urban Indian health centers for services they provide to Native Veterans.	Udall (D-NM)	Indian Affairs	12/18/19- Placed on Senate Legislative Calendar
H.R. 4378 Introduced: 9/18/19	Continuing Appropriations Act, 2020, and Health Extenders Act of 2019	Provides FY 2020 continuing appropriations to federal agencies through November 21, 2019	Lowey (D-NY)	Appropriations, Budget	9/19/19: Passed House 9/26/19: Passed Senate 9/27/19: Signed into Law
H.R. 4530 Introduced: 9/26/19	Native American Health Savings Improvement Act	Amends the Internal Revenue Code of 1986 to permit individuals eligible for Indian Health Service assistance to qualify for health savings accounts.	Moolenaar (R-MI)	Ways and Means	In committee
H.R. 4532 Introduced: 9/26/19 S. 2558 Introduced: 9/26/19	Nursing Home Care for Native Veterans Act	Amends title 38, United States Code, to authorize the Secretary of Veterans Affairs to make certain grants to assist nursing homes for veterans located on tribal lands.	O'Halleran (D-AZ) Sinema (D-AZ)	Veterans Affairs Veterans Affairs	In subcommittee In committee
H.R. 4533 Introduced: 9/26/19	Native Health Access Improvement Act	Amends the Public Health Service Act to improve behavioral health outcomes for American Indians and Alaska Natives and for other purposes.	Pallone (D-NJ)	E&C, Ways and Means, Natural Resources	In subcommittee
H.R. 4534 Introduced: 9/26/19	Native Health and Wellness Act	Amends the Public Health Service Act to improve the public health system in tribal communities and increase the	Ruiz (D-CA)	E&C	In committee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
		number of American Indians and Alaska Natives pursuing careers and for other purposes.			
H.R. 4908 Introduced: 10/29/19	Native American Veteran Parity in Access to Care Today Act	Amends title 38, U.S. Code, to prohibit the collection of health care copayment by the Secretary of Veterans Affairs from a veteran who is a member of an Indian tribe.	Gallego (D-AZ)	Veterans Affairs	In subcommittee
S. 2871 Introduced: 11/14/19	Indian Health Service Health Professions Tax Fairness Act of 2019	Amends the Internal Revenue Code of 1986 to exclude from gross income payments under the Indian Health Service Loan Repayment Program and certain amounts received under the Indian Health Professions Scholarships Program.	Udall (D-NM)	Finance	In committee
H.R. 4957 Introduced: 12/5/19	Native American Child Protection Act	Amends the Indian Child Protection and Family Violence Prevention Act.	Gallego (D-AZ)	Natural Resources	12/5/19- Ordered to be reported
H.R. 5323 Introduced: 3/9/18	Tribal Elder Care Improvement Act of 2019	Amends the Older Americans Act of 1965 to expand supportive services for Native American aging programs, and for other purposes.	O'Halleran (D-AZ)	Education and Labor	In Committee

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

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Via Fax – 202-224-5429

November 19, 2019

Senate Committee on Indian Affairs
ATTN: Senator John Hoeven, Chairman
838 Hart Senate Office Building
Washington, D.C. 20510

Re: Support for Nomination of Rear Admiral Michael D. Weahkee as Director of the Indian Health Service

The Honorable John Hoeven:

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB), I strongly support the nomination of Rear Admiral (RADM) Michael D. Weahkee of the Zuni Indian Tribe, and ask that you support his confirmation as Director of the Indian Health Service (IHS) in the United States Department of Health and Human Services (HHS). Established in 1972, NPAIHB is a tribal organization formed under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, representing the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues.

NPAIHB's relationship with RADM Weahkee began when he worked at the California Rural Indian Health Board and continued through positions he held at IHS at the service unit and regional office level. In his role as Principal Deputy Director/Acting Director of IHS, he has proven that he is strong leader, capable and committed to improving the Agency and raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. He has successfully led the Agency forward in a very trying time, overseeing the development and implementation of a new five-year strategic plan for the Agency, the first in over a decade. He has pressed the Agency forward to address long-standing and unimplemented, external oversight recommendations from the Government Accountability Office and the HHS Office of Inspector General. He established and implemented a new Office of Quality at the IHS Headquarters level, to ensure appropriate management oversight and accountability by the Area Offices and federal service unit hospitals and health centers. In partnership with the Administration for Native Americans Commissioner, RADM Weahkee revitalized the HHS Intradepartmental Council on Native American Affairs, to provide a forum internally at HHS to discuss the needs and interests of Indian country.

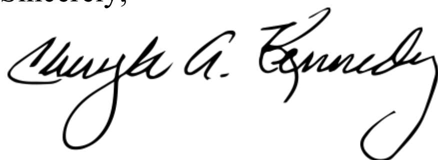
RADM Weahkee has traveled extensively throughout Indian country, including to visit Northwest Tribes, to see and hear firsthand the challenges and issues that American Indian and Alaska Native communities face in addressing various health concerns. NPAIHB leadership have also had the opportunity to address

RADM Weahkee on various issues through the tribal consultation process and other meetings.

Lastly, RADM Weahkee is a veteran of the United States Air Force, where he served as a military public health specialist. He obtained his bachelor of science in health care management degree from Southern Illinois University-Carbondale, and both a master of health services administration and master of business administration degree from Arizona State University in Tempe, Arizona. RADM Weahkee's experience in working with tribes, demonstrated leadership, and education strongly support his confirmation.

Thank you for your strong consideration of this endorsement.

Sincerely,



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

United States Government Accountability Office

Report to Congressional Requesters

September 2019

INDIAN HEALTH SERVICE

Facilities Reported Expanding Services Following Increases in Health Insurance Coverage and Collections

GAO-19-612

GAO Highlights

Highlights of GAO-19-612, a report to congressional requesters

September 2019

INDIAN HEALTH SERVICE

Facilities Reported Expanding Services Following Increases in Health Insurance Coverage and Collections

Why GAO Did This Study

IHS provides care to American Indians and Alaska Natives through a system of health care facilities. The Patient Protection and Affordable Care Act (PPACA) provided states with the option to expand their Medicaid programs, and created new coverage options beginning in 2014, including for American Indians and Alaska Natives. GAO was asked to review how PPACA has affected health care coverage and services for American Indians and Alaska Natives. In this report, GAO describes (1) trends in health insurance coverage and third-party collections at federally operated and tribally operated facilities from fiscal years 2013 through 2018, and (2) the effects of any changes in coverage and collections on these facilities.

To address these objectives, GAO analyzed IHS data on coverage, third-party collections, and PRC. GAO interviewed IHS officials from headquarters and all 12 area offices, as well as from 17 facilities selected to include a mix of federally operated and tribally operated hospitals and health centers in states that both had and had not expanded their Medicaid programs as of September 2018. GAO interviewed officials from 11 federally operated IHS facilities and 6 tribally operated facilities.

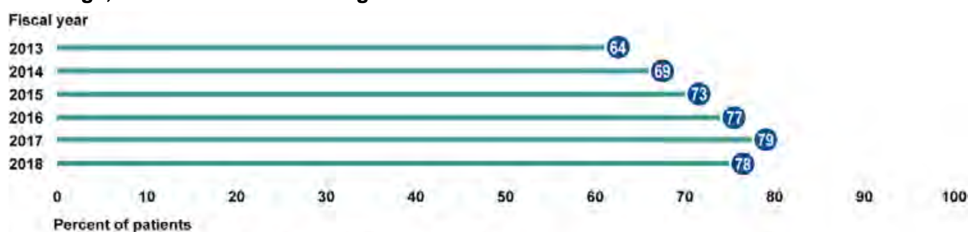
GAO provided a draft of this report to the Secretary of Health and Human Services for comment. The Department did not have any comments on the draft report.

View GAO-19-612. For more information, contact Jessica Farb at (202) 512-7114 or farbj@gao.gov.

What GAO Found

GAO's analysis of Indian Health Service (IHS) data shows that from fiscal years 2013 through 2018, the percent of patients at federally operated IHS hospitals and health centers that reported having health insurance coverage increased an average of 14 percentage points. While all federally operated IHS facilities reported coverage increases, the magnitude of these changes differed by facility, with those located in states that expanded access to Medicaid experiencing the largest increases. Federally operated IHS facilities' third-party collections—that is, payments for enrollees' medical care from public programs such as Medicaid and Medicare, or from private insurers—totaled $1.07 billion in fiscal year 2018, increasing 51 percent from fiscal year 2013. Although exact figures were not available, tribally operated facilities, which include hospitals and health centers not run by IHS, also experienced increases in coverage and collections over this period, according to officials from selected facilities and national tribal organizations.

Average Percent of Patients at Federally Operated IHS Facilities Reporting Health Insurance Coverage, Fiscal Years 2013 through 2018



Source: GAO analysis of Indian Health Service (IHS) data. | GAO-19-612

Note: Data represent patients' self-reported coverage information at each of the 73 federally operated IHS hospitals and health centers, averaged across the facilities, and do not reflect coverage through the Department of Veterans Affairs.

Increases in health insurance coverage and third-party collections helped federally operated and tribally operated facilities continue their operations and expand the services offered, according to officials from 17 selected facilities. These officials told GAO that their facilities have been increasingly relying on third-party collections to pay for ongoing operations including staff payroll and facility maintenance. Officials at most facilities with increases in third-party collections also stated that they expanded their onsite services, including increasing the volume or scope of services offered by, for example, adding new providers or purchasing medical equipment. Increased coverage and collections also allowed for an expansion in the complexity of services provided offsite through the Purchased/Referred Care (PRC) program, which enables patients to obtain needed care from private providers if the patients meet certain requirements and funding is available. According to IHS and facility officials, increases in coverage have allowed some patients to access care offsite using their coverage, and an expansion of onsite services has reduced the need for some patients to access PRC. Officials GAO interviewed from federally operated and tribally operated facilities stated that facilities' expansion of onsite and offsite services has led to enhancements in patients' access to care in some instances.

NORTHWEST TRIBAL DENTAL SUPPORT CENTER

Bonnie Bruerd, DrPH

NTDSC GOAL AND OBJECTIVES

Overall Goal: Improve the oral health of AI/AN people in the Pacific Northwest

- Provide clinical program support.
- Provide prevention program support.
- Implement an Area-wide oral health surveillance system.
- Provide continuing dental education opportunities.

SITE VISITS

- **Why?**
  Program review or concerns about your dental program, including infection control, efficiency, and community outreach.
  New dental staff
  Just a friendly visit but still talking about important issues
- **Who?**
  Dr. Bruce Johnson and Dr. Bonnie Bruerd
  Portland Area Dental Consultant
- **How often?**

ORAL HEALTH THROUGH THE LIFE STAGES

Just the Facts: 1-5 year olds 2019 oral health survey

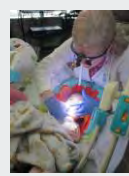
	DECAY EXPERIENCE	UNTREATED DECAY
IHS NATIONWIDE:	54%	35%
PORTLAND AREA:	42%	23%
US ALL RACES:	28%	21%

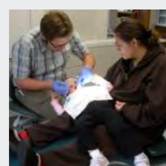
TWO IS TOO LATE!

MORE BUCKETS? PREVENTION IS THE KEY!

BABY TEETH MATTER OBJECTIVES AND OUTCOMES

- Increased dental access for 0-5 year olds by 178% and referrals decreased from 15% to 8%.





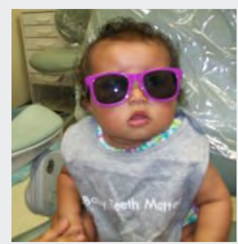
MINIMALLY INVASIVE DENTISTRY

- “Treat” while spot lesions and incipient dental caries with fluoride varnish and sealants
- Use silver diamine fluoride to arrest caries, fill with glass ionomer fillings or Hall Crowns

No Shots! No Drills!

A DENTIST’S PERSPECTIVE

- Dr. Miranda Davis, Puyallup



WHAT CAN YOU DO?

- Contact Ticey to schedule a site visit
- Consider policies to increase dental access
- Make sure your dental program has fully adopted minimally-invasive dentistry
- Keep prevention at the forefront
- Be picky when hiring new dentists
- Consider alternative workforce models

QUESTIONS???

Oral Health of Pacific Northwest AI/AN people through the Life Stages

Life Stage	AI/AN Populations	U.S. Comparisons All Populations
Preschool Children	**Tooth Decay: 3-5 year olds** 71% had experienced dental caries in their primary teeth. 43% had untreated tooth decay 40% had experienced dental caries by the age of two years old.	**Tooth Decay: 3-5 year olds** 30% had experienced dental caries in their primary teeth 14% had untreated tooth decay
School-Age Children	**Tooth Decay: 6-9 year olds** 87% had experienced dental caries 47% had untreated tooth decay **Tooth Decay: 13-15 year olds** 66% had experienced dental caries 38% had untreated tooth decay	**Tooth Decay: 6-19 year olds** 45% had experienced dental caries 17% had untreated tooth decay **Tooth Decay: 13-15 year olds** 44% had experienced dental caries 11% had untreated tooth decay
Adults	**Tooth Decay 35-44 year olds** 65% had untreated tooth decay **Missing Teeth: 40-64 year olds** 83% had one or more missing teeth **Tooth Decay: 65-74 years** 45% had untreated tooth decay **Periodontal Disease 35 and older** 17% had severe gum disease	**Tooth Decay: 35-44 year olds** 22% had untreated tooth decay **Missing Teeth: 40-64 year olds** 64% had one or more missing teeth **Tooth Decay: 65-74** 15% had untreated tooth decay **Periodontal Disease: 30 and older** 10% had severe gum disease

The AI/AN data are compiled from the 2010-2018 IHS Oral Health surveys.

The U.S. All Populations data are from the National Health and Nutrition Examination Survey (NHANES) 2009-2010, and the Behavioral Risk Factor Surveillance System.

Tip Sheet for Interviewing Dentists for IHS/Tribal Dental Programs

Recruiting and retaining dentists can be challenging for an IHS/Tribal dental program. Selecting the right candidate for your program is essential to providing the best care for your community. We offer this tip sheet and list of interview questions to assist you in this process.

.

Before the Interview

Dentists come from many different backgrounds and areas of expertise. Also, motivations and interests vary from candidate to candidate. Besides reviewing the resume and contacting references, there are two key components to finding the best candidate for the mission of your program.

1. Ensure that the candidate understands the position. Either send them a copy of the position description that actually represents what you are expecting of the dentist, or write a paragraph specific to your needs and expectations. The Dental Support Center can help you with this. The following is an example:

We provide basic dental care to our patients (amalgams, composites, extractions, SRP, anterior and bicuspid endo, stainless steel crowns and pulpotomies, prophys, sealants, fluoride varnish, and minimally invasive dentistry using glass ionomer). There is no "selling" involved. About 35% of our patient population is pediatric, and we have high rates of early childhood caries. Although we have resources to refer the most difficult children, all general dentists are expected to treat pediatric patients. It is expected that all dentists provide basic restorative dentistry, minor oral surgery and the treatment of orofacial infection.

2. Include an in-person or Skype interview because this is indispensable in evaluating candidates for your program.

Examples of Interview Questions

Good Opening Questions

- Can you tell us why you are interested in this position?
- Can you walk us through your experience and how you think it might relate to this position?
- Tell us a little about who you are, both professionally and personally.

Key Skills (this is your chance to ask questions specific to the position. For instance, if you're planning to build or expand your dental program, you might ask if the dentist has any experience with this. The list below reflects some key skills specific to working in IHS/Tribal dental programs.)

- Can you describe any experience you have working in public health or community dental programs?

- How comfortable are you working with young children and please describe any experience you have treating children under the age of 3? Do you have experience with minimally-invasive dentistry?
- Fluoride: Tell us your views on water fluoridation and fluoride varnish
- Dental Sealants: Tell us your views on dental sealants for children.
- Tell us about your experience with complex dentistry including extractions and root canals.
- Do you have any strong feelings about incorporating expanded function dental assistants and/or dental therapists into your practice?

This would be a good time to ask how many patients they would be comfortable seeing a day and if you use expanded function dental assistants or have a DHAT, you'll want to ask the candidate if they are willing to work with these expanded function dental staff.

Leadership

- Can you tell us about any leadership experiences that you have had?
- If you wanted to change a dental clinic policy, what steps would you take?

Interpersonal/Communication Skills

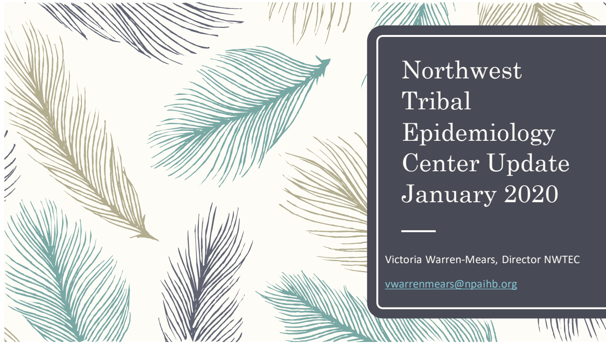
- A patient arrives late. How would you handle it?
- A patient is frustrated because you left them waiting. How would you handle it?
- A new patient is experiencing anxiety; what steps would you take next?
- Tell us about a time you had a disagreement with a staff member and how you handled it *or* describe a difficult situation you had with a patient or staff member and how you handled it.

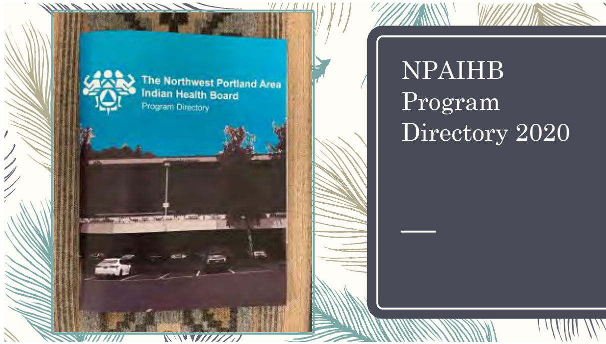
Follow-Up Questions. After you describe the position, you might want to see how the position aligns with the applicant's experience and interests.

- Now that you understand the position, what do you think will be most challenging for you?
- Are there areas that we could help you with by providing more continuing dental education opportunities?
- What do you think is most rewarding about being a dentist?
- Where do you see yourself in 5 years?

Additional tips to help you secure the right dentist for your community

- Provide tips for traveling to your community like the nearest airport, need for a rental car, etc.
- Provide tips for site seeing or offer a tour of local sites that might interest the candidate.
- If possible, share a meal with the candidate. This will give you an opportunity to get to know the person on a more personal level.
- Share some local culture. Explain tribal art pieces on display, talk a bit about some local customs, foods, and wellness practices.
- Ask the candidate why they are interested in living in your part of the country. This will give you hints about what you might highlight, whether it is hunting, fishing, gardening, or being near family.


Northwest Tribal Epidemiology Center Update January 2020
Victoria Warren-Mears, Director NWTEC
vwarrenmears@npaihb.org


The Northwest Portland Area Indian Health Board
Program Directory
NPAIHB Program Directory 2020

NPAIHB
Northwest Tribal Epidemiology Center
THRIVE
INDIAN COUNTRY ECHO

NW TRIBAL JUVENILE JUSTICE ALLIANCE: JANUARY QBM

OVERVIEW

Overview of NW TJJA
- Partners
- Goals
- Deliverables

Methods

Plan

NW TRIBAL JUVENILE JUSTICE ALLIANCE

The Siletz Tribe allows youth crews from Community Services Consortium to participate in smolt salmon population research along the Oregon Coast.

Tribal-Researcher Capacity Building Grant
- U.S. Department of Justice (DOJ)
- National Institute of Justice (NIJ)

Develop an inter-tribal workgroup – the NW Tribal Juvenile Justice Alliance (NW TJJA) –

Will meet over the next 12 months to collaboratively design a research study to evaluate and disseminate juvenile justice best practices for AI/AN youth in the Pacific Northwest

PARTNERS

- Department of Justice (DOJ)
  - National Institute of Justice (NIJ)
  - Office of Justice Programs (OJP)
- Northwest Portland Area Indian Health Board (NPAIHB)
- Tribes in Oregon, Washington and Idaho
- State Juvenile Justice Departments
- NPC Research

Dancers and drummers from the Songbird canoe family perform on the protocol grounds Wednesday during the weeklong 2016 Canoe Journey-Paddle to Nisqually protocol ceremony on the Nisqually Reservation. Steve Bloom sbloom@theolympian.com

GOALS

- Identify, test and expand best practices that improve Juvenile Justice systems for Tribes in the Pacific Northwest,
- Ensure that non-Native justice systems are improving life outcomes for AI/AN youth who interact with their services,
- Build tribal capacity to access and utilize data that support quality improvement at the community-level, and
- Create and administer data collection tools that will identify Data Sources that could inform our understanding of Juvenile Justice disparities or concerns for our NW Tribes.

Swinomish Chairman, Brian Cladoosby, and his father, courtesy of Ecotrust

DELIVERABLES

- A research proposal
- A special report sharing lessons learned
- Articles and publications to share progress and findings with NW Tribes

We are excited for this new endeavor to create partnerships and develop a better understanding of how to support our Tribal communities.

Tribal youth Nakoa Mercier, 17, takes the remains of the Chinook salmon caught at Willamette Falls on Wednesday, May 1, from Tribal member Greg Archuleta before releasing them in Agency Creek after a First Fish Ceremony was held at achaf-hammi on Thursday, May 2. (Photo by Timothy J. Gonzalez/Smoke Signals)

METHODS

Established NW TJJA and hosted 4 meetings

Focus Groups

- THRIVE Conference chaperones
- 9 Tribes Meeting
- NPAIHB Youth Delegates

Surveys

- Spirit of Giving Conference
  - 10 Youth
  - 30 Adult

Key Informant Interviews

- Washington Youth Authority Staff (2)
- Oregon Youth Authority Staff (2)
- Idaho Probation Officer (1)
- Data Surveillance Specialist
  - Sujata Joshi

PRELIMINARY FINDINGS

Data

- Jurisdictional issues
- Inconsistent
- Data Surveillance

Best Practices

- Tribal Best Practices
- Cultural Activities
- Staffing
- Resources

Urban Native Youth Association, with Squamish Nation member Wes Nahanee in the rear, heads into Horseshoe Bay Wednesday evening alongside 30 other canoes. The spectacle was part of the 17th annual Pulling Together Canoe Journey, a 10-day excursion from the Sunshine Coast to Vancouver involving First Nations, police, public agencies, and youth working together and learning about Indigenous culture. photos Paul McGrath

QUESTIONS

CONTACTS

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(Choctaw Nation of Oklahoma)
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dbrown@npaihb.org

Stephanie Craig Rushing, MPH, PhD
Principal Investigator
Northwest Portland Area Indian Health Board
503-416-2290
scraig@npaihb.org

CARING FOR THE PERSON FIRST
TWO SPIRIT AND LGBTQ HEALTH

Morgan Thomas

Acknowledgements

The original inhabitants of this place, the Sdohobsh (Snohomish) people and their successors the Tulalip Tribes, who since time immemorial have hunted, fished, gathered, and taken care of these lands.

Providers, staff, and tribal leadership in the PNW

Alessandra Angelino and Seattle Children's Hospital for the creation of Celebrating our Magic Toolkit

This project was funded in part with resources from the Minority HIV/AIDS Fund.

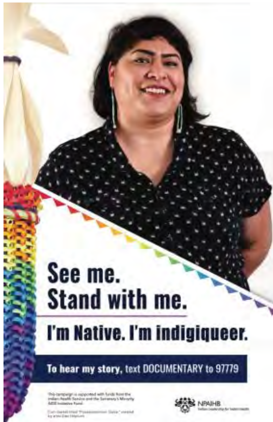
Indian Health Service –Rick Haverkate

Boxcar Assembly – Courtney Hermann and Kerribeth Elliott

How can we access the documentary?

ONLINE

http://www.npaihb.org/2slgbtq/#film



Specific aims:

1) Deliver culturally grounded resources for people who identify as Two Spirit or LGBTQ, their healthcare providers, and their allies.

- Posters
- Rack Cards
- Pamphlets

Trust your journey.

- Developing a relationship with your provider may take time.
- The more information your provider has about you, the better your care.
- If it is safe, and you feel ready, be open with your provider about gender identity and sexual orientation. This helps you and all future Two Spirit or LGBTQ patients.

Trust your community.

- Bring a relative, friend, or ally with you to appointments.

Trust your knowledge.

- Know your rights:
  - Under state, tribal, and federal laws, it is illegal for most healthcare organizations to discriminate against patients for being LGBTQ or Two Spirit.
  - Anything you tell your doctor is confidential.
- Know your care:
  - Know what health issues may affect you: bit.ly/doaskdotell
  - Find an LGBTQ-affirming provider:
    - Ask friends for referrals.
    - Use LGBTQ Resources:
      - GLMA Provider Directory
      - wpath.org/provider/search
  - Call ahead. Ask if your doctor has experience with LGBTQ or Two Spirit patients.

Mick's Story

Mick is from the Diné Nation in the southwest desert of Turtle Island. They identify as Two Spirit and indigiqueer. They emphasize the importance of self-advocacy in healthcare settings.

"I access healthcare now for myself and my partner, who is transitioning medically. When we go to doctors, I say, 'I just want you to know that I am interviewing you. It's not the other way around.'

"Now, when we talk about my health history and my partner's health history, it's from a place of strength. That's something I had never been able to do before. I'd always felt sacred or embarrassed or weird.

"I go with my partner to all of their appointments. Being able to be a part of that process and advocate for them has meant that I can also have strength to advocate for myself."

To hear the rest of Mick's story, text DOCUMENTARY to 97779.

FOR PROVIDERS

"My family supports me. My healthcare provider should, too."

See me.
Stand with me.

Lesbian • Gay • Bisexual
Transgender • Queer • Two Spirit

9 in 10 patients
would disclose their sexual orientation and gender identity to healthcare providers if asked.*

We're ready to talk about identity. Ask us.

NPAIHB

Ask how clients prefer to be identified—every client, every time.

Affirm the good things in your clients' lives by asking about their communities and successes.

Acknowledge the diverse Native concepts of gender and sexual orientation.

Advocate for clients who are Two Spirit or LGBTQ.

9 in 10 patients
would disclose their sexual orientation and gender identity to healthcare providers if asked.*

Ask

- Ask clients how they prefer to be identified. Ask everyone. Ask every time.
- Develop a relationship to improve trust and offer better care.

Affirm

- Use preferred names and pronouns. All staff. Every visit.
- Ensure access to gender-neutral restrooms.

Acknowledge

- There is no universally correct concept of gender identity or sexual orientation.
- Different cultures define gender and sexual orientation in different ways.
- The word Two Spirit refers to a Native person, who expresses their gender identity or spiritual identity in indigenous, non-Western ways.

Advocate

- Train staff to treat all clients with affirmation and respect.
- Become certified as an LGBTQ-affirming provider: wpath.org/gei/certification
- Find and share resources:
  - ihs.gov/lgbt/health/twospirit
  - fenwayhealth.org
  - howardbrown.org

Allie's Story

Allie is Native and queer. After they had a bad experience with a psychiatrist, they avoided seeking mental health and medical care for ten years. Finally, due to trouble concentrating at work and extreme anxiety, they decided to look for a therapist.

"I needed help, and I recognized that my need for help was greater than my fear of being judged," they say.

"I found a therapist who really got me. I could talk to him about anything. I brought up being queer. He didn't bat an eye. It was no problem. I was thinking about alternative sexualities. He was all for it.

"I thought, *Oh. He actually cares about my mental health. It doesn't matter to him—who I'm attracted to, my gender expression. He actually sees what I am doing. He sees me.*"

"He was very nonjudgmental. I felt safe.

"He changed the way I thought about myself. He changed the way I thought about my mental health. He changed the way I thought about health in general.

"I credit him with saving my life."

To hear the rest of Allie's story, text DOCUMENTARY to 97779.

FOR ALLIES

"My community celebrates me."
– Allie, Native, queer

"My family celebrates me."
– Jeri, Native, queen

See us.
Stand with us.

Lesbian • Gay • Bisexual
Transgender • Queer • Two Spirit

We told you about our identity, because we trust you. Honor that trust.

NPAIHB

Trust your LGBTQ or Two Spirit loved one.
They know how they identify and what they need from you.

Ask them. Listen.

Trust our traditions.
Our ancestors celebrated Two Spirit and LGBTQ community members.

They are sacred.

Trust your journey.
Acceptance takes time. Your feelings are valid.

Find support: pflag.org

Trust them.
- Communicate.
  - Ask your friend or relative how they prefer to be identified.
  - Let them know you love them, and you'll learn.
  - Learn the terms: pflag.org/glossary
- Advocate.
  - Offer to accompany your friend or relative to healthcare appointments.
  - Challenge anti-LGBTQ or Two Spirit remarks.
- Celebrate.
  - Recognize their strength and courage.
  - Most importantly, offer unconditional acceptance and love.

Trust our traditions.
- Historically, we celebrated our LGBTQ and Two Spirit community members.
- To our ancestors, they were sacred. They are sacred still.

Trust your journey.
- Your feelings are valid.
- Accepting your friend or relative may take time.
- Find support: pflag.org

Lane's Story

Lane identifies as Cherokee and trans. In 2013, she rode in the Remember the Removal bike ride. Now, she helps her sister train new groups of riders.

"My sister absolutely supports me and adores me. We call each other twins, because we're so close to each other. We tell each other everything," Lane says.

"When we train new riders, I'm up in the front, leading the group, and she's in the back, making sure everyone's fine. We're a team."

Each year, Lane's sister introduces her to the new riders. This helps ensure everyone genders Lane correctly and uses female pronouns.

"My sister helps introduce me, so people don't look at me and think, *That's an androgynous person.* It's really helpful to have my sister there. She looks at me, and she's like, *This is Lane. This is my sister.*"

Lane's sister celebrates her.

To hear the rest of Lane's story, text DOCUMENTARY to 97779.

Celebrating Our Magic:

Resources for American Indian/Alaska Native transgender and Two-Spirit youth, their relatives and families, and their healthcare providers

Specific aims:
1) Deliver culturally-grounded resources to **youth** exploring their gender identity and/or choosing to medically transition
2) Provide resources and support for **families**
3) Increase **health provider** awareness of aspects unique to AI/AN transgender and Two-Spirit youth

12

Coming soon…

- Trans and Gender Affirming Care ECHO
  - March – August 2020
- Two Spirit & LGBTQ Podcast
  - April – September 2020
- Kids Book for Two Spirit and trans youth
  - August 2020
- Community Readiness Assessment
  - In Process

text
LGBTQ2S
to
97779

www.npaihb.org/2SLGBTQ

Discussion

- What other resources or initiatives does your community need?
- What resources or advocacy initiatives are ongoing in your community, that may be helpful for other communities?

Morgan Thomas
mthomas@npaihb.org

NPAIHB Tribal Opioid Response – *Taking care of each other*

How are we responding?

NPAIHB Opioid Projects

- Tribal Opioid Response (TOR) – SAMHSA
  - Consortium of 28 Tribes (42 Total)
- Strategic Planning (CDC)
  - Regional and National Work
  - 49 Days of Ceremony
- Opioid Overdose Data and Surveillance (CDC)
  - Improve accuracy and access to data on drug and opioid overdoses for Northwest Tribes
- Indian Country Substance Use Disorder ECHO clinic (SAMHSA + OMH)
  - Integrating Medications for Addictions Treatment in Primary Care
- MCH Opioid Study

NPAIHB Tribal Opioid Response Consortium

The overarching goal of the NPAIHB TOR Consortium is to develop a comprehensive and strategic approach to assist Tribes in developing capacity to address the complex factors associated with a comprehensive opioid response. This includes:

- Developing a framework for an Opioid Response Strategy,
- Increasing awareness of opioid use disorder,
- Preventing opioid use disorder,
- Increasing access to treatment and recovery services and overdose reversal capacity
- Reducing the health consequences of opioid use disorder in tribal communities.

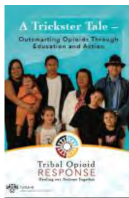
Year 1 TOR Consortium

- 16 Tribes developed public awareness campaigns and 9 Tribes reached the point of implementing their campaigns.
- Extensive work to disseminate and educate about opioid reversal medications.

- At least 12 Tribes used funds to make MAT available to tribal members.
- 5 Tribes developed MAT policies in preparation to offer MAT through the clinic.

Year 1 TOR Consortium

- 11 Tribes reached more than 300 people with recovery services, including recovery coaching, recovery housing, and other cultural programs.
- 8 Tribes reached more than 3,000 people with prevention services and messages.
- 14 Tribes offered wraparound services to support individuals in treatment or recovery from OUD. Services included outreach, transportation, assistance with housing, education regarding OUD and mental health, legal services, and family services.



A Trickster Tale

Fact Sheets

Communication

- Newsletter
- Listserv

Tribal Opioid Response Agenda

7 Key Areas

- Preventing New Cases of Opioid Use Disorder
- Offering Evidence-based Treatment and Recovery Services
- Protecting Mothers and Babies Affected by Opioids
- Incorporating Harm Reduction into Tribal Treatment, and Recovery Services
- Gathering Critical Information to Mount an Effective Community Response
- Growing the Evidence-Base for Effective Tribal Opioid Interventions
- Developing our Tribal organizations and workforce

49 Days of Ceremony Overview

- To"develop and examine efficacy of culturally appropriate prevention and intervention strategies to reduce opioid misuse and support OUD treatment" – mentioned as a reoccurring theme in 2018-2019 strategic planning listening and learning sessions.
- **We will focus 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.**
- Target Population - AI/AN communities in Alaska, Idaho, Oregon and Washington.

Opioid Data & Surveillance Project

Opioid Data & Surveillance Project Overview

- 3-Year grant through the CDC (Centers for Disease Control and Prevention)
- Add-on to the TEC-PHI grant
- Goal is to improve opioid & drug surveillance among Northwest tribes, and improve tribal access to drug/opioid data

Opioid Data & Surveillance Project Goals

- Produce opioid/substance data reports for AI/AN
- Assist NW tribes with opioid/substance data needs
- Gain access to additional opioid/substance data sources
- Work with partners to address racial misclassification in data systems

Need Opioid/Drug Data?

Contact me!

- Overdose deaths in your county/area
- Emergency department visits for overdose in your county/area
- Other opioid/drug-related data

Heidi Lovejoy, MSc
Substance Use Epidemiologist

HLovejoy@npaihb.org
(503) 416-3251

Indian Country Substance Use Disorder ECHO

The Indian Country Substance Use Disorder ECHO provides an opportunity to promote expansion of access to treatment for opioid use disorder and other SUDs. Specialists in substance use disorder and behavioral health treatment at NPAIHB offer in-person trainings and a twice monthly teleECHO clinic for Indian Country healthcare staff. The program offers:

- In-person trainings with MAT Waiver
- Telehealth sessions
- Providers support to improve or integrate best-practice care where opioid use disorder and other substance use disorder treatment may have been previously unavailable.

Best Practice – Indian Country ECHO

17

Opioid Use Disorder Training + ECHO Onboarding

Upcoming Trainings:

Swinomish, WA – Feb 19-20 & March 16-17

Portland, ME – March 24-26

Billings, MT – April 29-30

Host a Training:

Contact the ECHO team

•David Stephens, dstephens@npaihb.org

Online Opioid Learning Models for Dentistis

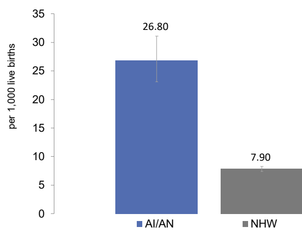
MCH-OPIOID STUDY

INVESTIGATING MATERNAL OPIOID USE, NEONATAL ABSTINENCE SYNDROME AND RESPONSE IN NW TRIBAL COMMUNITIES

Project Period August 2019 to July 2021
Grant No. R21DA047940
Funder. National Institute on Drug Abuse

Tam Lutz/Jodi Lapidus Co-PIs
Chiao-Wen Lan Co-Inv/Biostat
Jenine Dankovchik Biostatistician
Candice Jimenez Research Manager

In Oregon and Washington, the NAS incidence rate for AI/AN babies was more than three times higher than Non-Hispanic White babies



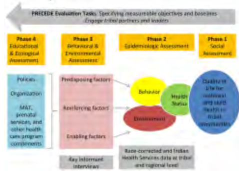
SPECIFIC AIMS

Aim 1

Perform an epidemiologic assessment to determine the magnitude and impact of maternal substance use during pregnancy and NAS among AI in the Northwest

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 NW Tribes



Contact Us:
cjimenez@npaihb.org
503 416 3264

WEAVE-NW

CHRONIC DISEASE PREVENTION THROUGH AN INDIGENOUS PERSPECTIVE

1/9/2020

YOUR WEAVE-NW TEAM

Victoria - PI

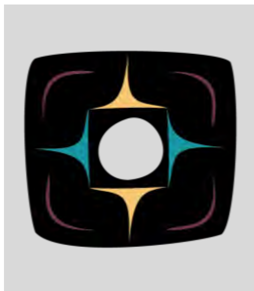
Tam - PD

Chelsea - PA

Ryan - PM

Nora - PM

Jenine - PE



GHWIC INITIATIVE

- Centers for Disease Control and Prevention under the Good Health & Wellness in Indian Country (GHWIC) Initiative
- Addresses chronic diseases which are among the most widespread, costly, and preventable causes of morbidity and mortality for AI/AN
- Three components of funding
  - Component 1: Tribes
  - Component 2: Tribally-designated organizations or Urban Indian Organizations Component 3: Coordinating Center
  - www.npaihb.org/weave
  - https://www.cdc.gov/chronicdisease/resources/publications/aag/indian-country.htm

WEAVE-NW

OVERVIEW

- **GHWIC Long-Term Goal:**
  - To decrease cardiovascular disease and stroke, commercial tobacco use, obesity, and type 2 diabetes for AI/AN
- **Focus:**
  - Policy, systems and environment (PSE) projects
  - Culturally relevant and appropriate prevention activities

WHY PSE APPROACHES?

- We can try to educate people and encourage them to make healthier choices, but
  - What if your environment makes it hard to change your behavior?
  - What if the policies that are in place makes it easy to keep doing things the way you're used to?
  - What if there are systems that prevent you from changing?
- *Where* you live affects *how* you live – PSE changes the context in which people make decisions that impact their health

THE LAST 5 YEARS

FOOD SOVEREIGNTY

- NW Tribal Food Sovereignty Coalition
  - Coalition Building
  - Annual Gatherings
  - Media Development
  - Published paper in the Journal of Agriculture, Food Systems, and Community Development https://doi.org/10.5304/jafscd.2019.09B.001
- Trainings
  - Food Sovereignty Assessment Tool
  - Traditional Foods Workshops
- ATNI Food Sovereignty Sub-Committee
- Awarded funding from the Native American Agriculture Fund
  - NTFSC Support for strategic planning and technical assistance/trainings

2019 ANNUAL GATHERING

2019 NW Tribal Food Sovereignty Gathering

TOBACCO

Training
- Tobacco 101
- Traditional tobacco
- Tobacco Cessation training
- Tobacco policy implementation
- Electronic cigarette dangers/research
- Traditional medicines methods for tobacco reduction
- Quit kits

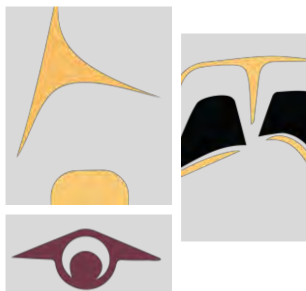
Technical Assistance
- Policy Development
- Program Planning,
- Clinical Program Assessments
- Media/NA Oregon quit line campaign

2019 Coquille Traditional Tobacco Policy

https://www.dropbox.com/s/dt06kjw94rjiwdt/Coq%20-%20Draft%208_3.mp4?dl=0

DIABETES ECHO

- Collaboration
- Training/Consultation
- Knowledge-Sharing
- Capacity Building



1/9/2020

WHERE TO FIND THE DIABETES ECHO

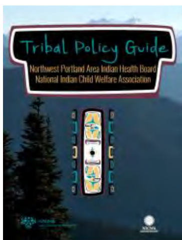
1/9/2020

BREASTFEEDING

- Peer counselor training
- Assessments
- Media
- Coalition Building

1/9/2020

TRIBAL POLICY TOOLKIT



SECTIONS 1-5: IMPORTANCE OF A TRIBAL FRAMEWORK IN POLICY DEVELOPMENT-

SECTIONS 6-8: POLICY PHASES -

APPENDIX: POLICY TOOLS -

MEDIA

- 6 Food Sovereignty posters
- 6 Breastfeeding posters
- 3 Videos (2 FS /Tobacco)
- 3 short “tasty” style videos

HIGHLIGHTS 2014-2019

- 84 trainings, webinars and workshops; 2,182 participants across 41 of 43 Tribes
- 344 instances of TA across 39 of 43 Tribes
- 100% reach to our tribes to-date (including direct funding, TA, training, and coalition membership)
- 12 Diabetes ECHO clinics, serving 145 participants across 26 Tribes
- 42 sub-awards to 22 tribes/tribal organizations
- 3 Coalition gatherings
  - October 2017 – 65 attendees from 24 Tribes
  - September 2018 – 160 attendees from 24 Tribes
  - June 2019 – 110 attendees from 24 Tribes

WEAVE 2.0 STRATEGIES

- Expand the implementation of Component 1 strategies and activities through 5 subawards to Tribes
- Provide technical assistance, training, and resources to support the planning, development, implementation of Tribal activities
- Assist Area Tribes in developing multi-sector partnerships with organizations to support strategies and activities.
- Work with Tribes to develop and implement tailored health communication/ messaging strategies to reach AI/AN populations at greatest risk for obesity, commercial tobacco use, type 2 diabetes, and/or heart disease and stroke in order to increase awareness and encourage healthier behaviors.

WEAVE-NW 2.0 SUBAWARDS

- **5 subcontracts of up to $124,000 each**
- To federally recognized Tribes in Idaho, Oregon, and Washington
- Projects must use policy, system or environment change (PSEs) approaches
- Must address one the following health areas:
  1. Obesity – Food Systems Change
  2. Obesity – Breastfeeding Promotion and Support
  3. Commercial Tobacco Use
  4. Type 2 Diabetes
  5. Heart Disease and Stroke

1/9/2020

CATEGORY 1- OBESITY- FOOD SYSTEMS

Potential projects include:

- Food code development to distribute food at farmers' markets, schools, childcare settings, tribal enterprises, etc.
- Developing and/or expanding community gardens or model farms
- Restoring traditional food habitats
- Food sovereignty or traditional/healthy foods media or education, if in support of the PSE change activities listed above.

All projects under this area must have a medium-term goal of **increasing the number or percentage of places offering healthy/traditional foods within the community.**

1/9/2020

CATEGORY 2- OBESITY- BREASTFEEDING

Potential projects include:

- Developing or expanding peer breastfeeding counselor training/programs
- Establishing connections and/or MOU between hospitals and tribal clinics, WIC, or other partners to increase access to baby friendly and culturally competent birthing rooms for tribal mothers and strengthen connection between pre-natal care, delivery, and tribal services for new mothers
- Developing tribal policies to support and encourage breastfeeding, e.g. paid breaks for milk expression
- Data-driven breastfeeding media and education campaign based on assessment of community needs

All projects under this area will have the short-term goal of **increasing the number of places that implement culturally-adapted continuity of care/community support strategies to promote and support breastfeeding** and a medium-term goal of **increasing the number of mothers who use these services.**

1/9/2020

CATEGORY 3- COMMERCIAL TOBACCO

Potential projects include:

- Implementing commercial tobacco-free policies/flavored vape restrictions
- Providing commercial tobacco cessation training for community providers and clinical staff
- Improving health system to increase screenings and referrals to commercial tobacco cessation treatment
- Creating tribal cessation training in conjunction with IHS
- Incorporating traditional cultural activities/medicines into tobacco cessation programs
- Developing education and/or media campaigns around commercial tobacco/vaping health risks, if in support of the PSE change activities listed above

Commercial tobacco prevention funding is available only to Washington and Idaho Tribes.

All projects under this area will have the medium-term goal of **increasing the number of places in the community that implement commercial tobacco-free policies** OR **increasing the number of commercial tobacco users who receive cessation interventions.**

1/9/2020

CATEGORY 4- TYPE II DIABETES

Potential projects include:
- Improving screening, identification of at-risk patients, outreach and recruitment to diabetes prevention programs, including provider training
- Establishing new diabetes prevention programs, or expanding the reach of existing programs
- Develop culturally-relevant approaches to increase diabetes prevention program participation such as incorporating tribal cultural practices, utilizing traditional medicines, or connecting with traditional/healthy foods programs

Preference will be given to applicants who describe specifics of **how they will incorporate traditional and/or healthy, locally grown foods and traditional medicines** into diabetes prevention programs.

All projects under this area will have the medium-term goal of **increasing the number of community members at high risk for diabetes enrolled in type 2 diabetes prevention programs offered in the community.**

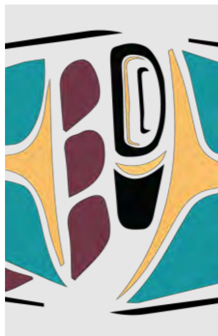
1/9/2020

CATEGORY 5- HEART DISEASE/STROKE

Potential projects include:
- Improving or developing team-based systems of care to support prevention, self-management and control of hypertension and high blood cholesterol
- Developing culturally-relevant materials to link community members with clinical services to support prevention, detection and control of high blood pressure and/or high blood cholesterol.
- Tribal adaptation of self-management and treatment programs for patients with high blood pressure and/or high blood cholesterol

Preference will be given to applicants who describe **how they will incorporate traditional and/or healthy, locally grown foods and traditional medicines** in self-management and treatment programs for patients with high blood pressure or high blood cholesterol.

All projects under this area will have the medium-term goal of **increasing the percentage of patients with high blood pressure or high blood cholesterol engaged in self-management and treatment programs.**



THANK YOU

- **Victoria Warren Mears,** PI, NWTEC Director
- **Tam Lutz**, Project Director
- **Chelsea Jensen**, Project Assistant
- **Jenine Dankovchik**, Biostatistician & Project Evaluator
- **Nora Frank-Buckner**, Food Sovereignty Project Manager
- **Ryan Sealy**, Tobacco & Breastfeeding Project Manager

Grant Number: 1 NU58DP006731-01-00
Funder: Centers of Disease Control and Prevention (CDC)
Good Health & Wellness in Indian Country Initiative (GHWIC)

weave@npaihb.org
www.npaihb/weave

Western Tribal Diabetes Audit Reports per Tribe and Regional

WA DOH Parenting Teens Grant

- Improve healthy futures for AI/AN expectant and parenting teens, women, fathers, and their families. Connect them to culturally-appropriate services, programs, resources, and referrals.
- 4 tribal subcontractors in WA state (2018-2020)
- Upcoming opportunities
- AI/AN Parenting Teens care packages
- Social Marketing Campaign

Contact: Celena McCray, Project Coordinator
THRIVE & WA DOH Parenting Teens
cmccray@npaihb.org

Northwest Tribal Epidemiology Center

- Accomplishments 2019
  - Staff provided greater than 750 Technical Assistance contacts to Area Tribes, Out of Area Tribes and other requests.
  - Acquired the Environmental Public Health Program from the Portland Area Office of Indian Health Service
  - Contributed articles to the TEC supplement Journal of Public Health Practice and Management
  - Received public health funds from the States of Washington and Oregon to assist with public health modernization.

Northwest Tribal Epidemiology Center

- Plans for the coming year:
  - Fully implement new programs
    - *Environmental Public Health*
    - *Washington State Tribal Public Health Improvement*
    - *Oregon Tribal Public Health Modernization*
  - Visit Tribes upon request with Executive Director to discuss services available
  - Keep the EpiCenter on the cutting edge for data and projects
  - Work hard and have a fulfilling and fun work place!

Questions and Comments

Contact me at:

Victoria Warren-Mears, PhD, RDN,FAND

503-416-3283 (office)

503-998-6063 (cell and text)

vwarrenmears@npaihb.org

Confederated Tribes and Bands
of the Yakama Nation

Established by the
Treaty of June 9, 1855

Yakama Nation Human Services Administration

January 8, 2020

Northwest Portland Area Indian Health Board Quarterly Meeting
Tulalip, Washington

Elder Committee: E. Arlen Washines, Deputy Director, Yakama Nation Department of Human Services.

1. **The Confederated Tribes and bands of the Yakama Nation is a Sovereign Government under the Treaty of 1855 with the United States with an Area Agency on Aging (AAoA). The AAoA provides tribal elders 55 years old + and older adult none members 60 years old + with services within their Planning and Service Area (PSA). The Yakama Nation has had its contracts in place for over 40 years. The Yakama AAoA works with the Department of Social and Health Services (DSHS), Aging and Long Term Support Administration (ALTSA), Home and Community Services Division (HCS), State Unit on Aging (SUA) and Area Agency on Aging Specialist in developing short and long term plans for overall services and activities. The purpose for services from DSHS are to support continued partnerships by providing information to staff and assistance in establishing productive action plans to move the program forward in sustainable service provisions.**
2. **The Yakama Nation AAoA is a unique partnership in that the program is supported by a variety of funding sources including the Yakama Nation General Fund which covers the administration and used as a tribal matching fund as well. While these funds are derived from tribal resources, mainly gaming, they serve all elders, enrolled and none enrolled. In addition, the people of the General Council passed an action to set aside a special fund just for Yakama elders and youth**

referred to as the 187 fund. This fund provides many of the AAoA sponsored activities throughout the year including trips to visit other tribal homelands for Elders Dinners; Traditional root and Huckleberry picking; movies; attendance at the Central Washington State fair; vegetable/food vouchers; arts and craft classes; cooking and canning classes and exercise classes including massages.

3. **The overall policy oversight is the Golden Eagles Advisory Board, (G.E.A.B.). The board which is a requirement of the DSHS funding oversees the AAoA programs annual operations. Sets plans for the Elders throughout the year. Attends to all inquiries made from the elders in the community and represents the Elders in meeting with tribal, state and federal leaders and/or staff. The G.E.A.B. conducts an annual retreat to review and plan for the operations and strategic planning. The board also focuses attention to developing and having insight into formulation of the annual budget process for the contracts as well as tribal budgeting. The board is made up of Elders from the community at large and consists of both tribal and none tribal members. The board is well represented from all aspect of the working and none working communities. Nominations are publically announced and open to any elder who meets the age criteria.**
4. **Elder protective services like many other communities is a major concern for the Yakama Nation. Elder abuse takes place in many forms including physical, mental, emotional, and to some extent spiritual!! The Yakama Nation is working to address these concerns that have been going on since our people have become more reliant on governmental subsidies, tribal/state and federal!!**

Elders we find are reluctant to report incidents from family members. Some do not realize they are the victims until it is too late. Due to reluctance, embarrassment or fear or all of the above many refuse to report any incidents of abuse. None working/educated youth and adult children continue to take advantage of elders, live in their homes free of rent or monthly expenses including food. It is an epidemic we have referred to in the past as keeping the family unit or circle in place! Although it was a traditional practice and looked upon as a respectful way to live and care of one another, circumstance have changed due to Western Modern Civilization way of life. The issue of mainstreaming into society is taking a toll on our elders. The Yakama Nation sees this as a serious problem that needs to be addressed only if we can get our elders to be a part of the solution! We continue to collaborate with the DSHS to find viable solutions to honor and respect or precious elders. The Yakama Nation within our own Department of Human and Justice Services continues to work on finding solutions to address this utilizing traditional and cultural methods and awareness. As well as through the Tribal Judicial system.

5. **The Yakama AAoA has two daily meal sites in Toppenish and Wapato, Washington. Forty Five (45) meals are delivered daily to elders within the Yakama Reservation Boundary. Although the Yakama AAoA is a designated program with the state and only serves elders within the reservation boundary, we are responsible for Yakama Tribal Elders on 10.4 million acres of ceded lands in Central Washington which includes the Columbia River. The satellite office located just outside the reservation boundary serves meals four (4) time per week, transports**

elders to clinic appointments; and participates in the Toppenish AAoA activities.

6. **ACTION PLAN: The development of an Action Plan provides ideas, suggestion and plans of action by contract or other means to support AAoA in charting a course forward. The goal is for the Agency to promote positive and sustainable growth. The intent of providing this feedback is to offer support the Tribal Council and the Health, Employment, Welfare & Youth Activities Committee, AAoA Staff, Golden Eagles Advisory Board Members and Tribal Administration. The Yakama Nation AAoA will focus on staff development to work to improve meeting contract requirements to best serve Yakama Nation Elders and others residing on Tribal Lands with culturally appropriate services and support.**

With over 1,200 Senior Citizen eligible tribal members, the Action Plan recognizes the need to solicit and recruit Elders as volunteers following the Yakama Traditional way of Honor, Recognition, Respect and Pride. The Yakama Nation is striving to rebuild the customs of honoring our sacred elders well into their years. And to use that as a means of providing traditional education to our youth and those yet unborn.

Blue Water Navy Vietnam Veterans Act 2019

Law Extends Benefits for Eligible Veterans

Public Law 116-23, (Blue Water Navy Vietnam Veterans Act 2019)

Public Law 116-23, (Blue Water Navy Vietnam Veterans Act 2019) was signed into law on June 25, 2019 and takes effect January 1, 2020. The law extends a presumption of herbicide exposure to Blue Water Navy Veterans who served in the Republic of Vietnam and the offshore waters. Blue Water Navy survivors, and certain dependents may be entitled to benefits if the Veteran was exposed.

Under the law, certain Veterans, who served in the offshore waters of the Republic of Vietnam and Cambodia, or who had service in the Korean Demilitarized zone (DMZ), may be entitled to disability compensation for conditions that are related to herbicide exposure. The law also provides benefits for children born with spina bifida whose parent was a Veteran with verified herbicide exposure in Thailand.

To be entitled to VA benefits, these Veterans must have served between January 9, 1962, and May 7, 1975, and have one or more of the conditions that are listed in section 3.309(e) of title 38, Code of Federal Regulations.

Conditions related to presumed herbicide exposure[1]:

» Amyloid light-chain (AL) amyloidosis

» Chloracne, or other acneform disease consistent with chloracne

» Chronic B-cell leukemias

» Diabetes mellitus, Type 2

» Ischemic heart disease

» Hodgkin's lymphoma, formerly known as Hodgkin's disease

» Non-Hodgkin's lymphoma

» Multiple myeloma

» Parkinson's disease

» Peripheral neuropathy, early-onset

» Porphyria cutanea tarda

» Prostate cancer

» Respiratory cancers (lung, bronchus, larynx or trachea)

» Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma).

[1] A Veteran who has experienced any of the conditions on this list may be eligible for presumptive service connection under 38 CFR 3.309(e). A Veteran may be entitled to service connection on a direct basis under 38 CFR 3.303, if herbicide exposure is established and scientific or medical evidence shows that the claimed condition is medically associated with the exposure.

How do I file a claim for disability compensation or survivor benefits?

» Apply using the guidance at www.va.gov, www.va.gov/burials-memorials/dependency-indemnity-compensation **OR**

» For initial compensation claims, submit a VA Form 21-526EZ;
For initial DIC claims, submit a VA Form 21P-534EZ;
For previously denied claims, submit a VA Form 20-0995 **OR**

» VA-accredited Veterans Service Organization representative, attorney, or claims agent **OR**

» Go to a VA regional office and have a VA employee assist you. You can find your regional office on our Facility Locator page at https://www.benefits.va.gov/benefits/offices.asp

What should be included when filing a claim?

» State on your application that you are filing for one of the conditions related to presumed herbicide exposure such as Agent Orange.

» Include any evidence you have of service in the offshore waters of the Republic of Vietnam during the required timeframe. Include the name(s) of the vessel(s) and the date(s) you served within 12 nautical miles of the Republic of Vietnam, if you have that information.

» Provide medical evidence showing a diagnosis of a current condition related to exposure to herbicide such as Agent Orange or tell us where you are being treated.

» For more information on how to apply and for tips on making sure your claim is ready to be processed by VA, visit our Disability Compensation web page at www.va.gov/disability/

VA U.S. Department of Veterans Affairs

VA |

U.S. Department of Veterans Affairs

VA Puget Sound
Health Care System

Joint American Indian Veterans Advisory Council (JAIVAC)

FACTS

The VA Puget Sound Health Care System (VAPSHCS) is dedicated to providing quality health care to all eligible Veterans. VAPSHCS respects and recognizes the tribes (federally recognized and non-recognized) as the source for the cultural and spiritual customs of their people. The existence and establishment of the Joint American Indian Veterans Advisory Council (JAIVAC) represents an effort to have consultation in health matters for the Native American Indians (to include Alaska Natives and Native Hawaiians). The JAIVAC will make recommendations to the VAPSHCS for enhanced health care delivery to eligible Native Americans/Alaskan and Hawaiian Veterans. This council acts as liaison between the medical center and the Native American communities. JAIVAC topics include but are not limited to:

a. Enhance communication between the VAPSCS and Tribal Veterans Representatives (TVRs)/tribal leaders.
b. Promote, educate and increase awareness of VAPSHCS medical center staff to the traditional cultural needs (spiritual, medical and dietary) of Indian Veteran patients and provide appropriate access to those resources.
c. Encourage VA Puget Sound Health Care System, Indian Health Service (IHS), and Tribal Health Programs (THP), to enter into Direct Care Reimbursement Agreements.

The Joint American Indian Veterans Advisory Council will meet on a quarterly basis. Council members volunteer to host committee meetings at their choice of location. The Minority Veterans Program Coordinator (MVPC) or designee will facilitate the quartering meetings and ensure the agenda and minutes are prepared and distributed to all council members on a quarterly basis, in concert with the Tribal Co-chairs.

The Joint American Indian Veterans Advisory Council elects two Tribal Co-Chairs to serve a term of two (2) years. They are responsible for assisting the MVPC in preparing the meeting agendas, coordinating the presenters, maintaining the council membership, and facilitating the quarterly meetings in the absence of the MVPC or designee.

Point of Contact:
Cathy L. Davidson
VA Volunteer
VA Puget Sound Health Care System
EEO Office/Minority Veterans Program Coordinator
cathy091151@msn.com
253-225-6424

4/18/19

Individual Unemployability Certification Process
Frequently Asked Questions
Compensation Service
August 2019

6. What is the effective date for the reduction of new IU processing?

   Response: If the VA Form 21-4140 is not returned within the 60 days specified on the form, then the regional office must initiate action to discontinue the TDIU evaluation. Due process must also be provided with a rating decision that proposes to discontinue the TDIU benefit for failure to return the form. If a response is not received within 60 days, then the TDIU evaluation will be discontinued and a rating decision will be sent to the Veteran providing notice of the discontinuance. The effective date of discontinuance will be the date specified in the rating decision which proposed discontinuance or the day following the date of last payment of the TDIU benefit, as specified at § 3.501(f), whichever is later. The Veteran must also be notified that if the form is returned within one year and shows continued unemployability, then the TDIU evaluation may be restored from the date of discontinuance.

   When the 4140 is returned and shows regained employability in compliance with 38 CFR 3.343, follow the procedures at M21-1 IV.ii.2.F.5.h and apply 38 CFR 3.105(e) for the reduction effective date which will be the first of the month after a 60 day period.

7. Will the Due Process letters be loaded into VBMS?

   Response: Yes, all batched due process letters are loaded in VBMS.

8. Is employment as a teacher or other seasonal employment with expected breaks, such as summer breaks for teachers or winter breaks for landscapers, considered sustained gainful employment? Does 38 CFR 3.343(c)(2) apply in these situations?

   Response: Gainful employment characterized by expected seasonal breaks, such as summer breaks for teachers or winter breaks for a landscaping business, meets the criteria for substantially gainful employment. Employment status is not considered interrupted because it is continuously maintained (i.e., continues through the seasonal break). In other words, there is no need to consider 38 CFR 3.343(c)(2) because no break in employment status occurs.

SAVE THE DATE

Suquamish Veterans Resource/WA Dept. of Veteran Affairs

TVSO (Tribal Veteran Service Officer) Training

Suquamish Tribe Hosting Suquamish Clearwater Casino & Resort

February 11, 12 & 13, 2020

Rooms will be available at Clearwater resort by reference to TVSO Training.

Yes there is a block and they would need to ask for TVSO Training and/or **booking number 17818**. Rates start at $95.00 non-water view and go up to $125.00 water view per night.
Due to our concert schedules & busy season, ***Rooms will be open until January 25, 2020 after that Rooms may be booked after that date BUT will be based on availability. Please RSVP for Training and rooms so if I need to Assist.***

"Understanding VA Benefits and assets to Indian Country."

- Hosting by Suquamish Tribe, Tribal Veterans Service Officer Training,
- **Phone:** (360) 598-8700 Room Block: TVSO Training Number #17818
- **Contact:** LaVada Anderson, TVSO, Suquamish Tribe; landerson@suquamish.nsn.us: 360-394-8515
    - **Please RSVP for purpose of meals provided.**

__________Behavioral Health_______ COMMITTEE
2020 LEGISLATIVE AND POLICY REQUESTS

CHANGES OR ADDITIONAL REQUESTS FOR 2020

Request (What is the ask?)	**Reason (Why?)**
E.g., Ensure that future SAMHSA opioid funding opportunities allow a tribe to address other substance use issues.	E.g., Opioid funding opportunities are too restrictive. AI/AN in many communities are dealing with other substance use issues, not just opioids.
• NPAIHB staff brought up Myra Munson funding. • NPIAHB staff brought up also wanting to start a mentoring program to train up and coming Master's level social workers, public health workers, policy workers to really get comfortable in the field and gain experience to then be able to move into the workforce in Indian Country with that experience and readiness. • Tribal Best practices • David brought up SAMHSA grant opportunities • Have a youth committee for IHS and for SAMHSA	Committee members would like more information on this. Committee members would like more information on this. Committee members would like information and paper on Tribal Best Practices to be circulated again. Danica will circulate this to committee members Youth need to be a bigger part in the conversations being had especially when these are about the futures of youth

Setting 2020 Legislative and Policy Priorities in Committee

Step 1: Please review the priorities for your Committee and determine if you'd like to make any changes (delete, combine or add). 12 Delegates responded to the survey and the summary of their responses are provided under each priority area.
Step 2: You may also look at the priorities for other Committees and make recommendations in other areas too.
Step 3: A form (or use a flipchart) has been provided to Committee Leads to capture proposed changes or add additional recommendations to the priorities.
Step 4: Committee Leads will be asked to report back to entire group.

Behavioral Health Committee

Behavioral Health (Mental Health & Substance Use)

Survey: Move all priorities forward in 2020.
In attendance:
NPAIHB Staff: Danica Brown, Colbie Caughlan, Michelle Singer, Morgan Thomas, Susan Stewart.
Darryl Scott, Warm Springs
Cheychn Hemshan, Youth Delegate
David Dickinson, SAMSHA
Caroline Cruz, Warm Springs
Rachele Sullivan, Sauk-Suitte
Roberta Jose-Bisbee, Nez Perce
Connie Whitener, Squaxin Island Tribe

1. Fund Native youth-focused prevention and recovery services.
    - Using Peer education and/or peer/adult team education
    - What about having a certification program for peer counseling which also gives a push to these youth to move into the behavioral health field.
        - Maybe have an age minimum of 17?? Then try it out?
        - Teen institutes? And schools could send teams to get trained to provide support and "light" counseling to their peers. State of OR used to do this.
        - Need adults to really back these peer counselors which has been hard to keep.
    - have the youth councils/delegates go out and do the presentations – expand iLead program into other departments, not just policy.
    - Safe places and safe people. Late night locations are very important because some youth try risky things late and night and then need a place to go if something scary happens or if they need to detox safely.
        - Example that teen nights have been helpful because it was a safe space for youth to go if their friends are choosing risky behaviors that they did not want to be a part of and it was also a place where youth went when they experimented with drugs or alcohol and became scared or anxious based on the feelings that those substances created in them.
    - Lack of accessibility of youth shelters – not adult shelters with kids, but youth only shelters. Having some youth workers at these locations would be helpful to help calm some youth down at times, etc.
2. Fund Youth Regional Residential Treatment Centers that provide aftercare and transitional living for both substance use and mental health.
3. Fully fund a *Behavioral Health Program for Indians* with option for tribal shares and non-competitive funding for direct service tribes (NPAIHB Res. No.19-04-09)
4. Fund technical assistance by Area Health Boards/Tribal Epidemiology Centers to Tribes for data collection and evaluation.

5. Continue SAMHSA TOR non-competitive funding for tribes
6. Reduce restrictions of federal housing programs for tribal members in recovery and fund housing models that fit the needs of tribal communities.
    - Look at the policies and look at options to change and update the policies based on the actual needs of those in treatment
    - Can we be more specific in this ask. Are we talking about eligibility criteria to be in housing and/or is this about developing other types of housing? i.e. tiny homes, mobile homes, apartments? Etc.
        - Staffing
        - Policy
        - Resources
        - Infastructure
    - Caroline Cruz: If building new structures, need to be sure it is "porous free" for all building materials so if meth is used in the home, the home does not become an unusable space until it is fixed. It is the same cost or even possibly more expensive to fix up a home exposed to meth than to just build from the ground up. This would be a form of harm reduction because we know it's a possibility that meth will be brought in to the transitional home at some point in time. WS looking into building transitional homes of maybe 3 at a time in one area, but it would be within the community versus having a Recovery community of all the houses which then gets labeled. Housing and behavioral health are in partnership on this. Want to build 10-12 a few single units and some family. Duplexes or fourplexes, etc.
        - Need to bridge the gap between Housing departments and behavioral health departments so the policies/procedures become more
    - Water is an issue with many Tribes – some do not have enough water because it is hard to get the water. Other Tribes still have clay pipes so the pipe system is creating problems and shortages.
        - NPAIHB brought up – maybe looking in to ways to recycle water

7. Fully fund implementation of the SAMHSA National Tribal Behavioral Health Agenda
8. Fully Fund IHCIA behavioral health initiatives
    - The 2010 IHCIA opened the door for CHAP so it would be good to include BHAP in the next iteration
    - Flush this bullet point out
9. For SAMHSA to conduct a tribal needs assessment to gather input as to gaps in services that should be funded for AI/AN.
10. For SAMHSA to provide more funding for prevention, training for mid-level SUD providers, data waiver trainings for SUD providers, and training and development of peer counselors.
11. For SAMHSA to address 42 CFR part 2 as it is restrictive and must be aligned with HIPAA to allow for integrated care for AI/ANs with Substance Use Disorder (SUD).
12. For IHS to ensure that all IHS behavioral health initiatives must create an option for tribes to receive funding through contracts and compacts.
    - Include the MSPI and DVPI funding in the contracts/compacts
    - Have MSPI/DVPI as continuing dollars vs. application based and only for 5 years
    - For SAMHSA and IHS we need longer term grants if the money has to stay in the "grant category" because sometimes it takes 6mo to get a fulltime FTE in the position and for the position to be a temporary position for 1-2 years is scary for Tribes to possibly lose a good staff person that they just hired.
13. Create option for tribes to collect data or use Tribal Epidemiology Centers.
14. Fully fund IHCIA provisions for increases to behavioral health funding to provide inpatient treatment, training for mental health techs, expansion of tele-mental health and demonstration grants.

15. Policy to include and recognize Tribal Best Practices – use Oregon as an example.
16. Mentorship and training program master level programs (MPH, MSW, Tribal Law) with a focus cultivating AI/AN professional who are proficient on TIK, Tribal Best Practices, harm reduction, chemical dependency.

Elders Committee

Elders and Long Term Care

Survey: Move all priorities forward in 2020. One respondent recommended the addition of "Please build a cross walk for our Veterans elders, to receive long term care and uphold the Honor of their service to the end of life."

1. Fund long term care services, assisted living services, hospice care, and home-and-community-based services, authorized under IHCIA, for AI/AN people.
2. Provide funding to IHS or ACL for elders to access eyeglasses at no cost.
3. Create an encounter rate/enhanced rate for tribal nursing homes to overcome the significant payment-to-cost gap and provide hospice care.
4. Conduct a study to provide all services (dental, podiatry).

Legislative and Policy Committee

Community Health Aide Program Nationalization

Survey: Move all priorities forward in 2020.

1. Amend IHCIA to remove state authorization requirement for DHATs.
2. Implement nationalization of CHAP in the Portland IHS Area (NPAIHB/CRIHB Joint Res No. 17-04-09).
3. Support tribes to authorize/license/certify CHAP providers that at a minimum meet Alaska CHAP standards.
4. Finalize the IHS interim CHAP policy and support the development of regional certification boards with federal baseline standards for consistency of services provided by any CHAP program.
5. Fund expansion of CHAPs in the lower 48.
6. Creation of a permanent series and classification of position descriptions for DHA/Ts and CHA/Ps to be utilized in federally operated facilities

Information Technology & Electronic Health Record (EHR) Replacement

Survey: Move all priorities forward in 2020.

1. Congress must provide appropriations to modernize IHS RPMS, or appropriations for a phased-in replacement of the IHS RPMS, with funding for support and technical assistance, and major Health IT and Telehealth upgrades.
2. Conduct tribal consultation in each IHS area in its efforts to modernize or initiate a phased-in replacement of RPMS.
3. Provide ample transition period, training, and technical assistance to IHS and tribal facilities once a decision is made.
4. Consider the various EHR systems that tribal facilities use and ensure the system is streamlined and aligned with other systems to ensure coordinated care with no gaps in patient care.

5. Consider that many tribal facilities have purchased Commercial Off the Shelf (COTS) System and are using tribal resources for upgrades, technical support and maintenance. IHS must take into consideration the main barriers of an EHR system for our tribes on a COTS system include costs, reporting, various ways of tracking PRC, and integration.

IHS Funding

Survey: Move all priorities forward in 2020.

1. Fully Fund IHS at level of need
2. Fully exempt IHS from sequestration
3. Provide Mandatory Funding for IHS (NPAIHB Res. No. 19-04-04)
4. Provide Advance Appropriations for IHS (NPAIHB Res. No. 19-02-02)
5. Move IHS Budget from the Jurisdiction of Interior to Labor-HHS
6. Make 105(l) leases an indefinite discretionary appropriation (would ensure that IHS program increases continue to go to tribes while funding the leases) (NPAIHB Res. No.19-03-05)
7. For Purchased and Referred Care (PRC), move access to care factor from category 3 to category 2 in funding formula.

Health Care Facility Funding

Survey: Two respondents suggested that we remove Regional Referral Specialty Care Center.

1. Request Government Accountability Office to issue a report on IHS Health Care Facilities Construction Priority System
2. Request Congress to create equitable health care facilities funding opportunities for all IHS areas
3. Fund Regional Referral Specialty Care Demonstration Project in the Portland Area
4. Increase funding for Small Ambulatory Program grants
5. Increase funding for Joint Venture Projects

HCV and HIV Treatment and Funding

Survey: Move all priorities forward in 2020.

1. For HCV, ensure that all AI/AN patients with HCV at I/T/U facilities have access to treatment to fulfill obligations to tribes and AI/AN people.
2. For HCV, appropriate $600 million to IHS to provide HCV treatment to AI/AN patients over a 3 year period at $200 million per year or over a five year period at $120 million per year.
3. For State Medicaid Agencies, make HCV treatment a clinical priority and ensure access to medications to all persons with medical need as determined per American Association for the Study of Liver Diseases (AASLD) guidelines. (NPAIHB Res No. 18-02-03)
4. Fund Minority AIDS Initiative in FY 2020 at $54 million for FY 2020 with $7.2 targeted for the IHS; or carve out for IHS of $7.2 million for HIV/HCV prevention, treatment, outreach and education.
5. Ensure that the Administration's National Plan for HIV Elimination is inclusive of tribes and AI/AN

Special Diabetes Program for Indians

Survey: Move all priorities forward in 2020.

1. Permanently Reauthorize SDPI at $200 million per year with medical inflation increases (NPAIHB Res. No. 19-04-12)
2. Create option for tribes to receive SDPI funds through Title I or Title V compacts or contracts (NPAIHB Res. No 19-04-12)

Patient Protection and Affordable Care Act / Indian Health Care Improvement Act

Survey: Move all priorities forward in 2020.

1. Protect the ACA and IHCIA
2. Request for Congress to fund all unfunded IHCIA mandates such as long-term care and behavioral health initiatives
3. Fund Tribal Epidemiology Centers to fulfill their role as a Public Health Authority, as outlined in the IHCIA for activities such as technical assistance, capacity building, evaluation, public health surveillance, etc.
4. Fund IHCIA sections 112, 132 as well as 134, which would also provide additional resources to address recruitment as well as training programs to increase American Indian representation in provider positions.

Medicaid/CHIP

Survey: Move all priorities forward in 2020. One respondent requested the addition of "Focus on early childhood prevention, maternal infant health, again another bridge to build with early Headstart, WiC, pediatricians etc.."prevention, prevention, prevention"

1. Protect 100% FMAP for services received through the Indian health care system.
2. Honor the government-to-government relationship and conduct tribal consultation with tribes on policies that impact tribes and AI/AN.
3. Support legislation that creates an optional Medicaid eligibility for AI/ANs if state has not expanded; provides reimbursement to IHCPs for a set of defined services across states; extend 100% FMAP to urban programs; clarifies that state Medicaid programs are authorized to implement Indian-specific policies; *exclude Indian-specific Medicaid provisions in federal law from state waiver authority*; and removes the four walls limitation (NPAIHB Res. No. 19-04-07).
4. Ensure tribal consultation is being conducted in states when Medicaid initiatives are introduced (waivers, Value Based Payments, etc.)
5. Protect fee-for-service structure in states because tribes and AI/AN should not be subject to managed care.
6. Allow tribes an exemption from value-based payment structures and preserve the fee-for-service payment structure.

Workforce Development

Survey: Move all priorities forward in 2020.

1. Expand Title 38 authorities for market pay for all provider positions including physician assistants to ensure that IHS and tribal facilities can be competitive in the current job market.
2. Fund IHCIA sections 112, 132 as well as 134, which would also provide additional resources to address recruitment as well as training programs to increase American Indian representation in provider positions.

3. HRSA must be a key partner in working with tribes and IHS to support recruitment and retention efforts for tribal clinics and create set-asides for tribes to apply for. We request a more streamlined and flexible HRSA grant application process for tribes. Additionally, we request enhanced HRSA technical assistance.
4. HHS agencies to partner with IHS and tribes to create funding opportunities specifically for the design and implementation of CHAP, BHA, and DHAT education programs in partnership with Tribes and education institutions.
5. Increase funding for IHS Indian Health Professions to fully fund scholarships for all qualified applicants to IHS Scholarship Program and to support the Loan Repayment Program to fund all physicians, nurse practitioners, physician's assistants, nurses and other direct care practitioners (NPAIHB Res. No.18-03-07).

Oral Health Committee

Community Health Aide Program Nationalization & Dental Health Aide Therapists

Survey: Move all priorities forward in 2020.

1. Amend IHCIA to remove state authorization requirement for DHATs.
2. Implement nationalization of CHAP in the Portland IHS Area (NPAIHB/CRIHB Joint Res No. 17-04-09).
3. Support tribes to authorize/license/certify CHAP providers that at a minimum meet Alaska CHAP standards.
4. Finalize the IHS interim CHAP policy and support the development of regional certification boards with federal baseline standards for consistency of services provided by any CHAP program.
5. Fund expansion of CHAPs in the lower 48.
6. Creation of a permanent series and classification of position descriptions for DHA/Ts and CHA/Ps to be utilized in federally operated facilities

Public Health Committee

Public Health

Survey: Move all priorities forward in 2020. Recommendation by one respondent to add Public Health Infrastructure is necessary to create our health care foundation moving forward 2020.

1. Appropriate funding directly to tribes for tribal public health infrastructure.
2. Develop Tribal Public Health capacity, including equitable access to services and gradual capacity improvement.
3. Authorize a Public Health Emergency Fund established through the Secretary of Health and Human Services that tribes can access for tribally-declared public health emergencies (analogous to tribal disaster declarations to access FEMA funding).
4. Fund Tribal Epidemiology Centers to fulfill their role as a Public Health Authority, as outlined in the IHCIA for activities such as technical assistance, capacity building, evaluation, public health surveillance, etc.
5. Provide targeted funding to CDC for tribes to increase asthma treatment programs including education and remediation of the environmental triggers associated with poor asthma control, and for housing-related environmental hazards.

6. Ensure equity in funding to address social and economic factors that impact health (social determinants of health).

Veterans Committee

Veterans

Survey: Move all priorities forward in 2020. One respondent recommended the addition of "Please build a cross walk for our Veterans elders, to receive long term care and uphold the Honor of their service to the end of life."

1. As to reimbursement agreements, pass legislation to preserve and strengthen VA reimbursement agreements, ensure reimbursement at the OMB encounter rate, and allow VA reimbursement of Purchased and Referred Care (PRC) dollars for specialist care to AI/AN veterans. Consideration must be made for smaller tribal healthcare facilities who do not serve a significant number of veterans and rely heavily on PRC.
2. Streamline and improve the process for establishing reimbursement agreements between the VA and tribal health programs.
3. Need for more outreach and advocacy resources to ensure that AI/AN veterans eligible for health care benefits available in their community.
4. Improve and streamline AI/AN veterans' care coordination and needs, especially for mental health care so AI/AN veterans do not have to persistently travel back and forth to a VA hospital and IHS/Tribal clinic.
5. Conduct a tribal-specific needs assessment of AI/AN veterans in the twelve IHS Areas.
6. Work with the Department of Defense (DOD), IHS and tribes to create and expand culturally responsive transition services for AI/AN soldiers leaving the military and transitioning into civilian life following discharge, separation, or retirement.
7. Support and improved interoperability of the EHR for IHS, VA, and DOD. Engage IHS and tribes prior to the phased-in implementation of the Cerner EHR system to ensure there are no gaps in care coordination for our veterans.
8. Pass legislation creating a VA Tribal Advisory Committee (TAC) and the VA must consult with tribes and implement a VA TAC to ensure tribal consultation and effective collaboration to inform policy decisions that impact the health care and wellbeing of our AI/AN veterans (NPAIHB Res No 19-04-11).

Youth Committee

See Adolescent Action Plan
Possible priorities from plan…

1. Fund Tribal Epi Centers to improve Tribal capacity to support adolescent health (this might be a way to stabilize We R Native's funding, since the SMAIF HIV funding seems less reliable these days.)
2. Fund Tribes to invest in safe schools, wellness centers, clinics, homes, and other social service programs, to ensure Native youth have safe and secure places to live, learn, and play.
3. Prepare AI/AN adolescents and young adults to take an active role in their own health and wellbeing by offering leadership training, career coaching, Youth Delegates and Youth Councils, mentorship and internship opportunities, community service, and other positive extracurricular activities.

Legislative & Resolutions Committee Report
January 14, 2020

Attendees: Nick Lewis (Lummi), Greg Abrahamson (Spokane), Kay Culbertson (Cowlitz), Cassie Katchia (Warm Springs), William Lucero (Youth Delegate- Lummi), Joe Finkbonner

Staff: Laura Platero, Sarah Sullivan, Stephanie Craig

The Legislative & Resolutions Committee discussed the 2020 Legislative and Policy priorities and the electronic survey results. The Committee suggested changes to a few of the priorities under CHAP expansion, IT/EHR Replacement, and Workforce Development. The Committee also suggested minor edits to the priorities under HCV and HIV Treatment, and ACA/ICHIA. The edits were mainly to provide clarification or to prevent duplication. No edits were proposed to IHS Funding or Special Diabetes Program for Indians.

As to Health Care Facility Funding, the survey reflected two requests to remove the Regional Referral Specialty Care Center and there was one opposition in the Committee meeting. A majority of the Committee supported moving this priority forward so it remained in the priorities.

The Committee then discussed four resolutions:

1. **Resolution- Formal Recognition of Tribal Youth Delegate Bylaws**

Under this resolution, NPAIHB approves and adopts the Tribal Youth Delegate Bylaws. NPAIHB believes that developing leadership skills of our younger populations will provide the opportunity to improve health services and policy in a more inclusive and diverse manner; opportunities for youth to learn about health careers, governance structures, and policy will long term positive effects for Indian communities; and engaging our youth in the development of approaches to wellness and solutions to their health issues is more likely to ensure their participation and have better outcomes.

Action: Motion by Cowlitz; second by Cow Creek; and unanimous vote to pass the resolution to the Board for consideration.

2. **Resolution- Support for the 2020 Adolescent Health Tribal Action Plan**

Under this resolution, NPAIHB endorses and adopts the 2020 Adolescent Health Tribal Action Plan: A Strategic Plan for the Tribes of Idaho, Oregon, and Washington. NPAIHB developed a 2020 Adolescent Health Tribal Action Plan: A Strategic Plan for the Tribes of Idaho, Oregon, and Washington (Adolescent Tribal Plan). The Adolescent Tribal Action Plan is the product of a collaborative, intertribal, planning

process involving the NPAIHB's Youth Delegates, two regional consultations, and members of the Northwest Native Adolescent Health Alliance. The mission of the Adolescent Tribal Action Plan is to encourage Native adolescents to realize and embrace their full potential for health and development, and to enhance the capacity of Northwest Tribes to promote adolescent health, safety, and wellbeing.

Action: Motion by Cowlitz; second by Cow Creek; and unanimous vote to pass the resolution to the Board for consideration.

3. **Resolution- In Support of Ending the HIV Epidemic in Indian Country**

Under this resolution, NPAIHB fully supports HIV and viral hepatitis c (HCV) funding as part of the *Ending the HIV Epidemic: A Plan for America* in Indian Country. NPAIHB calls on the Department of Health and Human Services, including the Indian Health Service and its other agencies, for inclusion of tribes and the Indian Health Service, Tribal and Urban Indian Programs in future budgets and national initiatives. NPAIHB calls upon Congress to fully fund tribes and the Indian Health Service, Tribal and Urban Indian Programs to develop infrastructure and systems to diagnose, treat, prevent and respond to HIV and HCV as part of the *Ending the HIV Epidemic: A Plan for America*.

Action: Motion by Cowlitz; second by Lummi; and unanimous vote to pass the resolution to the Board for consideration.

4. **Resolution- Support for quality care and improved health outcomes for Two Spirit and LGBTQ+ people**

Under this resolution, NPAIHB supports initiatives that promote quality care and improved health outcomes for Two Spirit and LGBTQ+ people, including but not limited to: Creating gender-affirming clinical and community spaces; working to destigmatize minority sexual orientations and gender identities, and ensuring healthcare providers and community members respect all individuals and their identities. NPAIHB supports advocacy for the continued dissemination and implementation of this work within the Northwest and throughout Indian Country to ensure that our healthcare facilities and communities affirm all sexual orientations and gender identities and adopt non-discrimination policies.

Amendment to the resolution from Chairman Nick Lewis: NPAIHB calls on Congress and the Administration to fund initiatives that support and protect Two Spirit and LGBTQ+ people.

Action: Motion by Cowlitz; second by Lummi; and unanimous vote to pass the resolution to the Board for consideration.

Oral Health Committee update:

- The Northwest Tribal Dental Support Center (NTDSC) is in its 20th year of funding and the last year of this five-year grant cycle. We are waiting for the NOFA (notice of funding announcement) to be sent out this spring 2020.
- Historically, oral health has been underfunded and has received the same amount of funding for 20 years.
- The NTDSC offers a Baby Teeth Matter Initiative (BTM) and Elder Initiative for dental programs to participate in. Both of the Initiative's objectives are to increase access and practice Minimally Invasive Dentistry. The Baby Teeth Matter Initiative also aims to decrease their referrals to below 10 %. As both Dr. Bruerd and Dr. Davis mentioned, it is not only very expensive to refer out of the dental clinic, there is evidence to show that there are health concerns to babies being put under anesthesia.
- There are currently eight programs participating in Baby Teeth Matter and ten programs in the Elder Initiative. We will recruit for new programs this year.
- If you would like a site visit, or phone conversation about your dental program, please contact Ticey Mason to set this up.
- The annual dental meeting will be on June 2-4, 2020 in Suquamish, WA. Dr. Darryl Tonemah will be one of the main speakers to present on Epigenetics and the historical trauma in AI/AN communities surrounding oral health. CDE will be provided to dental staff, as well as some travel awards for dental programs attending. We also invite tribal leadership to attend to hear Dr. Tonnemah on June 4th. Please contact Ticey if you are interested.

Public Health Committee Meeting Notes
NPAIHB Quarterly Board Meeting, Tulalip, WA
January 14, 2020

Attendees

Andrew Shogren – Suquamish
Andrew Terranella – PAO IHS
Bridget Canniff - NPAIHB
Kelle Little – Coquille
Kim Calloway – NPAIHB/CDC
Lisa Guzman – Yellowhawk/CTUIR
Nancy Bennett – NPAIHB
Sadie Olsen – Lummi (Youth Delegate)
Tam Lutz – NPAIHB
Tommy Ghost Dog – NPAIHB

NPAIHB Legislative and Policy Priorities Survey

- Went out from Laura and Sarah in early January to all the tribal health directors and delegates
- Bridget recommended that all recipients go through the full survey if they haven't done so already, and/or provide comments directly to NPAIHB staff
- This committee reviewed the public health section and suggests moving all current priorities forward, with the changes/additional requests that appear below in **bold**
- We did not provide a specific ranking, as we deemed all were vitally important

1. **Appropriate funding directly to tribes for tribal public health infrastructure**
   - Discussion:
     - Lisa noted that Yellowhawk/CTUIR will have their site visit by the Public Health Accreditation Board for their public health accreditation application, and will be revising their community health plan
     - Clarification that such direct funding to tribes does not currently exist as a line item
   - ***Suggestion for change/additional request:*** Include new language about state priorities related to Washington and Oregon state public health infrastructure improvement:
     - **Continue legislative funding at the state level for Washington Foundational Public Health Services and Oregon Public Health Modernization, including specific support to and involvement of tribes and tribal organizations**
     - Information on this priority's inclusion in the NPAIHB Legislative and Policy priorities will be forwarded to Vicki Lowe at AIHC and other relevant state partners

4. **Fund TECs to fulfill their role as a Public Health Authority, as outlined in the IHCIA for activities such as technical assistance, capacity building, evaluation, public health surveillance, etc.**

- Discussion:
    - Q: With available funding, are you not able to fulfill all roles? A: Direct investment in TECs from IHS is limited and a small portion of the funds NWTEC operates with, but we strive to provide comprehensive services

5. **Provide targeted funding to CDC for tribes to increase asthma treatment programs including education and remediation of the environmental triggers associated with asthma control, and for housing-related environmental hazards**
    - Discussion:
        - Q: Why CDC specifically – what about funding provided via IHS or other agencies? A: Needs follow-up to clarify
        - Support place-based education that emphasizes connections between water, agriculture, soil, and the people, and promotes equality of Western and Indigenous knowledge, including first foods and going back to traditional ways, as well as opening spaces for people to use their indigenous knowledge, not structures:
            - Visiting each other's Wellness Centers to share and gain knowledge
            - Building traditional structures next to non-traditional and supporting programs and services taking place outside of the four walls of the clinic or wellness center
        - Explore reduction of fossil fuels as a contributor to asthma and other health issues, supporting policies that reduce fossil fuel use, such as harnessing tidal system for power generation along the Pacific Coast
    - ***Suggestion for change:*** Create a new **separate priorities section for environmental health**, in parallel with public health and the other topics in this document, and add any other needed environmental health priorities, to better reflect NPAIHB's new program area in Tribal Environmental Public Health

March of Dimes Strategic Plan

- NPAIHB/NW EpiCenter staff attended a recent planning meeting intended to help our area March of Dimes focus on areas of need/legislation/programs that may help improve maternal, child, and overall family health for both rural and urban-living indigenous populations, as well as spark conversations with tribal health leaders
- The planning meeting included other Indian organizations in the area that serve NW tribes
- A list of fourteen priority areas that came out of that meeting was shared with the NPAIHB Public Health Committee
- March of Dimes is asking organizations to share the priority list with tribes to give additional review and to comment on the priorities brought forward

- Tam asked those in attendance at the QBM Public Health Committee meeting how best to share this information and with delegates and others – Andrew Shogren will provide an initial review and feedback on next steps
- Contact person for comments is Tam Lutz: tlutz@npaihb.org

General Discussion/Comments

Sadie reminded the committee about some of our core values of our native culture and how it should be woven throughout our public health and environmental health approaches as we prioritize.

Veteran's Committee Meeting
January 14, 2020

In attendance:
Jim Steinrick, Tulalip
Debbie Jones, Samish
Don Head, *NPAIHB staff*
Sarah Sullivan, *NPAIHB staff*

The minutes from the October, 2019 meeting were read.

Sarah Sullivan reviewed veteran-specific legislation in the House to start the meeting, and then brought up the GAO report that asked for comments on performance measures for the VA. Sarah will provide comments on the priorities set by the committee today. Jim Steinrick also stressed the importance of continuity of care when transitioning from I/T/U services to VA services.

Jim told the committee about the visit that the Seattle VA had conducted to the Tulalip clinic. The Seattle VA is very interested in working with Tribes in addressing Behavioral Health issues and veterans. In order to facilitate this, Don Head will reach out to the Seattle VA to invite them to attend the April 2020 meeting in Chehalis. Don will also contact the Portland VA to ask about future meetings.

The committee then worked on the priorities for 2020, and reported on them at the end of the meeting.

Meeting adjourned.