

# MEMORANDUM

**DATE:** November 18, 2016

**TO:** Northwest Portland Area Indian Health Board (NPAIHB) Delegates, Tribal Health Directors and Tribal Chairs

**FROM:** Joe Finkbonner, NPAIHB Executive Director, RPH, and MHA

**RE:** Weekly NPAIHB "News and Information"

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*\*To view a bulletin of interest, click on a title*

## **NPAIHB Delegates, Tribal Health Directors, Tribal Chairs**

- ✦ NPAIHB weekly Funding Opportunities Report, Friday, November 18, 2016
- ✦ Funding Opportunity – Available funds to enroll and retain uninsured American Indian and Alaska Native children
- ✦ Mini-grant and Website Launch Announcement – Three day workshop, January 10-12, 2017, Portland, Oregon
- ✦ Save the Date - Accessing Grants to Strengthen Justice System Capacity Workshop, January 18-19, 2014, Columbia, South Carolina
- ✦ Save the Date - The U.S. Department of Justice's National Indian Country Training Initiative (NICTI) announces Tribal Action Plan (TAP) Development Workshop, January 25-27, 2017, Columbia South Carolina
- ✦ Tribal Action Plan Development Workshop and Nominations Form: A Tribal Law and Order Act Training Initiative, January 25-27, 2017, Columbia, South Carolina
- ✦ Indian Health Service (IHS) Quality Framework
- ✦ Final 2016-2017 Quality Framework and Implementation Plan
- ✦ IHS Quality Framework Implementation Plan
- ✦ THOMPSON'S GRANTS COMPLIANCE EXPERT – Weekly News Roundup
- ✦ Career Opportunity – Mental Health Counselor, Sophie Trettevick Indian Health Center, Makah Tribe, Neah Bay, Washington
- ✦ Career Opportunity – Two positions; Chemical Dependency Counselor and CD Supervisor, Sophie Trettevick Indian Health Center, Makah Tribe, Neah Bay, Washington

- ✦ Career Opportunity – Youth Mental Health Counselor, Sophie Trettevick Indian Health Center, Makah Tribe, Neah Bay, Washington
- ✦ Career Opportunity – Director of the NCAI Policy Research Center,
- ✦ National Indian Health Board – Oral Health in Indian Country Survey

**NPAIHB Delegates, Tribal Health Directors, Clinic Directors**

- ✦ Comment submission deadline extended
- ✦ Good Health and Wellness in Indian Country Tribal Resource Digest, Issue no. 95

**Oregon Tribal Health Directors, NPAIHB Delegates, Tribal Chairs**

- ✦ Save the Date – BUDGET FORMULATION FY19 MEETING, November 29, 2016, Portland, Oregon



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



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

Greetings! The NPAIHB - Funding Opportunity is provided on the basis that when there is pertinent announcements that we are made aware of, received and researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. Every Friday, new posts will be available (unless there is nothing **"New"** **Funding Opportunity Information (is provided in this color code)**).

If you have a specific targeted goal, or urgent community needs and find yourself not knowing where to start looking our assistance is available anytime, and we would be very excited to assist you. Also, at the end of this announcement there are several funding organizations that do not have deadlines and do accept proposals all year round. Thank you for your time, please do not hesitate to contact me:

**Tara Fox, Grant Specialist**  
E-mail: [tfox@npaihb.org](mailto:tfox@npaihb.org)  
Office Phone: (503) 416-3274



### Tribal Public Health and Climate Change

**DEADLINE:** November 30th, 2016

**AMOUNT:** up to three (3) Tribes with grants ranging from \$75,000 to \$89,000

**DESCRIPTION:** The National Indian Health Board (NIHB), with support from the Center for Disease Control and Prevention's Climate and Health Program in the National Center for Environmental Health, is pleased to announce a call for applications for a Building Tribal Capacity for Climate Change Resilience award. Designed to enhance the capacity of Tribes, this funding will provide up to three (3) Tribes with grants ranging from \$75,000 to \$89,000 for the opportunity to increase the level of programming, research, and/or coordination and communication between the Tribal programs, community, and key partners involved in addressing the health consequences of climate change. NIHB will assist in sharing lessons learned and best practices with the Tribal awardees, CDC's Climate and Health Program, Tribal Climate Change Workgroup members, and other key stakeholders.

The goals of the 2016-2017 Building Tribal Capacity for Climate Change project are:

- To reduce climate-related morbidity and mortality in Tribal Nations and communities;
- To build capacity to identify and assess climate-related health threats to Tribes;
- To build climate and health adaptation capacity within Tribal governments;



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- To increase collaboration and data sharing among the Tribes, the federal government, state/local governments, and other partners on issues of climate and health;
- To increase communication and information sharing about the health effects of climate change.

NIHB intends to award funds to up to three (3) Tribes for the establishment and implementation of climate change resiliency projects.

#### **WEBSITE/LINK:**

<https://drive.google.com/file/d/0B9MXdIXIB510b1NJeHlxdTBQeDg/view>

#### **Connecting Kids to Coverage Outreach & Enrollment Funding**

**DEADLINE:** Potential Applicant Teleconference Information: December 7, 2016 from 2:00 to 3:00 pm EST.

#### **Important Application Dates**

December 14, 2016 - Letter of Intent Due

January 17, 2017 - Proposals Due

May 17, 2016 - Anticipated Award Date

**AMOUNT:** Awards will be in the form of cooperative agreements, ranging in size from \$250,000 to \$500,000 over a two-year period.

**DESCRIPTION:** The Centers for Medicare & Medicaid Services (CMS) announced a funding opportunity to support innovative outreach strategies aimed at increasing the enrollment and retention of eligible American Indian/Alaskan Native (AI/AN) children in Medicaid and CHIP, emphasizing activities tailored to communities where AI/AN children and families reside and enlisting tribal and other community leaders and tribal health and social services programs that serve eligible AI/AN children and families.

**WEBSITE/LINK:** <https://www.insurekidsnow.gov/initiatives/connecting-kids/funding/index.html>

#### **Household Transmission of Influenza Viruses in the Community - Department of Health and Human Services, Centers for Disease Control and Prevention - ERA**

**DEADLINE:** Mar 01, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$500,000 X 3 awards

**DESCRIPTION:** Households constitute up to 30% of influenza virus transmission and monitoring influenza in households is important to track how influenza spreads among close contacts and to understand the clinical spectrum of influenza infection and disease. The purpose of this project is to enroll households with confirmed influenza and follow household contacts for up to two weeks to estimate the secondary infection risk and factors associated with risk of infection. This study will also estimate the effectiveness of the



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influenza vaccine in preventing influenza infection from close contacts. These findings are important to improve prevention and control of seasonal influenza, but also to be better prepared in the event of a future influenza pandemic.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=285280>

**Web-based Approaches to Reach Black or African American and Hispanic/Latino MSM for HIV Testing and Prevention Services - Department of Health and Human Services Centers for Disease Control and Prevention - ERA**

**DEADLINE:** Jan 17, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$850,000

**DESCRIPTION:** The purpose of this funding opportunity announcement (FOA) is to identify the most effective internet-based strategies to increase HIV testing among black or African American and Hispanic/Latino MSM.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=285253>

**Medicare Access and CHIP Re-authorization Act Department of Health and Human Services Centers for Medicare & Medicaid Services**

**DEADLINE:** Jan 17, 2017 All applications must be submitted electronically and be received through <http://www.grants.gov> by 3:00 p.m. Eastern Daylight time on January 17th, 2017 to be considered on time.

**AMOUNT:** \$500,000 X 12 awards

**DESCRIPTION:** Outreach and Enrollment Cooperative Agreements Focused on Increasing Health Care Enrollment of American Indian and Alaska Native Children.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=290093>

**Development and Evaluation of Sports Concussion Prevention Strategies Department of Health and Human Services Centers for Disease Control and Prevention - ERA**

**DEADLINE:** Feb 16, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$550,000 X 2 awards

**DESCRIPTION:** The purpose of this research is to either (a) develop and pilot test a new intervention OR (b) rigorously evaluate an existing intervention that targets young athletes participating in sports programs. Interventions should be social and behavioral in nature and can represent either primary prevention or secondary prevention of sports-related concussion. Primary prevention interventions aim to prevent sports-related concussions before they occur, while secondary prevention interventions aim to reduce the impact of



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concussions that have already occurred. Information gleaned from this research can inform mechanisms for change in the culture of youth sports and support multi-stakeholder approaches to promoting a positive (preventive) culture of sport to mitigate negative norms, beliefs, mores, and policies that may increase risks of concussion among young athletes.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppld=286689>

**Food Protection Task Force (FPTF) and Integrated Food Safety System (IFSS) Project Grant Program (R18) - Department of Health and Human Services Food and Drug Administration**

**DEADLINE:** May 16, 2017

**AMOUNT:** \$10,000 x 20

**DESCRIPTION:** This Funding Opportunity Announcement (FOA), issued by the Food and Drug Administration under the support for Research Demonstration and Dissemination Projects (R18), is to solicit applications from organizations that propose to develop, test, and evaluate food safety and food defense health service activities and to foster the application of existing knowledge for the control of categorical and food related diseases and illnesses. Grantees will also organize Food Protection Task Force meetings and support related research activities, foster communication, cooperation and collaboration within the States among federal, state, local, tribal and territorial food protection, public health, agriculture, and regulatory agencies.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppld=283029>

**USDA FNS TIG FY 17 Department of Agriculture - Food and Nutrition Service**

**DEADLINE:** Jan 25, 2017

**AMOUNT:** \$2,000,000

**DESCRIPTION:** The 2016 Consolidated Appropriations Act, Public Law 114-113 December 18, 2015, authorized funding to be used for grants to States for the purpose of developing or improving current automated information systems used to operate and manage the Child Nutrition Programs (CNPs). The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) has approximately \$4.4 million available in fiscal year (FY) 2017 to be used for grants under this funding. This Request for Applications (RFA) invites State agencies that administer the CNPs to apply for grant funding to implement innovative technology solutions that will improve program accountability, data accuracy, program performance measurement, and the capacity to identify and target error-prone areas (locations or program functions) within and across the CNPs at the State and Local Educational Agency (LEA) or Sponsor Organization (SO) levels. The Child Nutrition Technology Innovation Grant (CN TIG) funds will be available on a competitive basis to State agencies administering the CNPs (i.e., National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program, and Summer Food Service Program). FNS is offering two types of CN TIGs: Planning Grants and Implementation



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Grants. States may apply for either a Planning Grant or an Implementation Grant, as described within this RFA, but not both under this 2017 RFA solicitation.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=289748>

**\_ OREGON ONLY \_**

### **Meyer Memorial Trust - Nonprofit Sector Support: 2016 Requests for Proposals**

**DEADLINE:** Due: 5 p.m., Wednesday, December 7, 2016

**AMOUNT:** Meyer welcomes applications for grants up to \$75,000 for one year of funding and anticipates awarding a total of up to \$1 million under this RFP.

**DESCRIPTION:** This funding opportunity is intended to build strong, cross-sector networks and communities that work to advance equity and large scale systems change by building the capacity of leaders within organizations, networks and within and across communities.

This RFP supports Meyer's priority of building and supporting healthy social sector organizations and networks with a high capacity for social change, innovation, adaptation, collaboration, diverse leadership and robust operations.

**WEBSITE/LINK:** [https://mmt.org/sites/default/files/inline-files/LeadershipDevelopmentRFP-FINALEDIT\\_0.pdf](https://mmt.org/sites/default/files/inline-files/LeadershipDevelopmentRFP-FINALEDIT_0.pdf)

### **Capacity Builder Funding Opportunity**

**DEADLINE:** 5 p.m., Wednesday, December 7, 2016

**AMOUNT:** Meyer welcomes applications for grants up to \$140,000 for two years of funding, with additional support for participation in a Learning Collaborative and anticipates awarding \$1 million under this RFP.

**DESCRIPTION:** This funding opportunity is intended to build strong capacity builder organizations that, in turn, support nonprofit and other social sector organizations to effectively achieve their missions and integrate equitable strategies that result in improved outcomes for communities. This RFP supports Meyer's priority of building and supporting healthy social sector organizations and networks with a high capacity for social change, innovation, adaptation, collaboration, diverse leadership and robust operations.

**WEBSITE/LINK:** [https://mmt.org/sites/default/files/inline-files/CapacityBuilderRFP-FINALEDITED\\_0.pdf](https://mmt.org/sites/default/files/inline-files/CapacityBuilderRFP-FINALEDITED_0.pdf)



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### 2017 - FORECASTED GRANTS

#### Community Approaches to Reducing Sexually Transmitted Diseases (CARS)

##### Department of Health and Human Services

##### Centers for Disease Control - NCHHSTP

**DEADLINE:** Apr 01, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$312,500

**DESCRIPTION:** The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2017 funds for a cooperative agreement with organizations with demonstrated experience and capacity of implementing community engagement methods (e.g. community-based participatory research) and multi-sector partnerships to promote sexual health, advance community wellness, influence sexual health behavior and practices, and reduce STI disparities. In accordance with the Healthy People 2020 Goals for the nation, this FOA focuses on reducing the proportion of adolescents and young adults with Chlamydia trachomatis infections, reducing Chlamydia rates among females aged 15-44 years, reducing gonorrhea rates, reducing sustained domestic transmission of primary and secondary syphilis, congenital syphilis, GC incidence, and reducing the proportion of young adults with genital herpes infection due to herpes simplex type 2. The new FOA provides support in five focus areas. These focus areas are: (1) implementation of community engagement methods (e.g. community-based participatory research) to achieve health equity; (2) identification and implementation of systems and environmental change strategies that (a) promote sexual health and support healthy behaviors and (b) facilitate community-clinical linkages to build support for interventions to prevent and reduce STI disparities; (3) enhancement and sustainability of partnerships; (4) support for communication strategies to promote STD program successes and leverage additional resources for STI control and prevention; and (5) evaluation of the efficacy of this approach and intervention implementation. Measureable outcomes are: 1. Community Engagement: Community members actively participate in and are satisfied with Community Advisory Board (CAB); perceived power among CAB members; community social determinants of health priority are identified; community involved in design of interventions to reduce STD disparities; increased linkages with and access to target groups. 2. Identification and implementation of system and environmental strategies: Existing clinical resources identified; community priorities and effective community-designed interventions are implemented, evaluated, and sustained; positivity and treatment rates from community events and STD screenings are documented; decrease in exposure to social disorder (e.g., presence of trash, lack of community cooperation); decrease in risky sexual behavior; decrease in STD disparities; 3. Multi-sectorial partnerships: New and stable partnerships are formed; partner resources and influence are used to implement, evaluate, and community-designed interventions; 4. Communication: Increased awareness of STD disparities and sexual health issues through mixed-modal communication methods including social media; increased access to and use of community health resources and support services by target groups most impacted by STD disparities; increased access to and use of educational opportunities by target groups; implementation of effective health equity and sexual health communication methods. This FOA is designed to begin on September 30, 2017 and replaces FOA PS14-1406





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**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=290103>

**Occupational Safety and Health Research (R01) - Department of Health and Human Services, Centers for Disease Control and Prevention - ERA**

**DEADLINE:** Jun 05, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$400,000 X 16 awards

**DESCRIPTION:** The purpose of this grant program is to develop an understanding of the risks and conditions associated with occupational diseases and injuries, to explore methods for reducing risks and for preventing or minimizing exposure to hazardous conditions in the workplace, and to translate significant scientific findings into prevention practices and products that will effectively reduce work-related illnesses and injuries.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=290108>

**2016 - NOVEMBER**

**NIOSH Centers of Excellence for Total Worker Health® (U19)**

**DEADLINE:** November 30, 2016

**AMOUNT:** The maximum amount (total cost) for each application is \$1.3 million for the first 12-month project period. For 5 years.

**DESCRIPTION:** The purpose of this Funding Opportunity Announcement (FOA) is to provide funding for Centers of Excellence for Total Worker Health®. Support of this program will further advance an emerging field of science and practice and address the needs of the 21st century workforce by means of research, intervention, and outreach activities.

**WEBSITE:** <http://grants.nih.gov/grants/guide/pa-files/PAR-15-361.html>

**COMMUNITY**

**Using Music to Teach Mathematics Grants –National Council of Teachers of Mathematics**

**DEADLINE:** The application packet must be postmarked by November 4, 2016 . Faxed copies will not be accepted. Duplicate applications will not be considered. Lack of an applicant's signature will automatically disqualify the proposal.

**AMOUNT:** For 2017-18, grants with a maximum of \$3,000 each will be awarded to persons currently teaching mathematics in grades Pre-K-2 level.

**DESCRIPTION:** The purpose of this grant is to incorporate music into the elementary school classroom to help young students learn mathematics. This award is for individual classroom teachers\* or small groups of teachers collaborating in one grade or across grade



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levels. Any acquisition of equipment must support the proposed plan but not be the primary focus of the grant. Proposals must address the following: the combining of mathematics and music; the plan for improving students' learning of mathematics; and the anticipated impact on students' achievement. (\*The definition of a classroom teacher is an individual who spends half or more of his/her work time teaching in the classroom.)  
The applicant must be a current (on or before October 14, 2016) Full Individual or E-Member of NCTM or teach in a school with a current (on or before October 14, 2016) NCTM PreK-8 school membership and currently teach mathematics or collaborate with teachers of mathematics in grades PreK-2. Activities are to be completed between June 1, 2017, and May 31, 2018. Past recipients of this grant are ineligible to reapply. No person(s) may receive more than one award administered by the Mathematics Education Trust in the same academic year.

**WEBSITE:** <http://www.nctm.org/Grants-and-Awards/Grants/Using-Music-to-Teach-Mathematics-Grants/>

### **7-12 Classroom Research Grants -National Council of Teachers of Mathematics**

**DEADLINE:** The application packet must be postmarked by November 4, 2016. Faxed copies will not be accepted. Duplicate applications will not be considered. Lack of an applicant's signature will automatically disqualify the proposal.

**AMOUNT:** Grants of up to \$6,000 will be awarded to support and encourage classroom-based research in precollege mathematics education.

**DESCRIPTION:** The research must be a collaborative effort involving a college or university mathematics educator (a mathematics education researcher or a teacher of mathematics learning, teaching, or curriculum) and one or more grade 7-12 classroom teachers. The project may include but is not restricted to research on curriculum development and implementation; involvement of at-risk or minority students; students' thinking about a particular mathematics concept or set of concepts; connection of mathematics to other disciplines; focused learning and teaching of mathematics with embedded use of technology; and/or innovative assessment or evaluation strategies. The research should lead to a draft article suitable for submission in the *Mathematics Teacher Educator*, *Journal for Research in Mathematics Education*, or in one of the NCTM school journals.

To be eligible, applicants must be a current Full Individual member or E-Member of NCTM if a 9-12 teacher, or someone who teaches at a college or university. Seventh- or eighth-grade teacher applicants may be current Full Individual or E-Members or teach at a school having a current NCTM Pre-K-8 school membership.

**WEBSITE/LINK:** <http://www.nctm.org/Grants-and-Awards/Grants/7-12-Classroom-Research-Grants/>

### **Assistance to Firefighters Grant (AFG) - FEMA**

**DEADLINE:** The FY 2016 AFG Open Application Period Dates Will Be As Follows: 8AM ET OCTOBER 11 through 5PM ET NOVEMBER 18

**AMOUNT:** SEE WEBSITE. THERE IS COST SHARING.



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**DESCRIPTION:** The primary goal of the Assistance to Firefighters Grant (AFG) is to meet the firefighting and emergency response needs of fire departments and nonaffiliated emergency medical service organizations. Since 2001, AFG has helped firefighters and other first responders to obtain critically needed equipment, protective gear, emergency vehicles, training and other resources needed to protect the public and emergency personnel from fire and related hazards. The Department of Homeland Security (DHS), Federal Emergency Management Agency's (FEMA), Grant Programs Directorate (GPD) is responsible for the implementation and administration of the Assistance to Firefighters Grant (AFG) Program. The purpose of the AFG Program is to enhance the safety of the public and firefighters with respect to fire and fire-related hazards by providing direct financial assistance to eligible fire departments, nonaffiliated EMS organizations, and State Fire Training Academies (SFTA) for critically needed resources to equip and train emergency personnel to recognized standards, enhance operational efficiencies, foster interoperability, and support community resilience.

**WEBSITE/LINK:** [https://www.fema.gov/media-library-data/1472840920028-6ecc836fb21bf4152f3c06ec942564cb/FY16\\_AFG\\_NOFO\\_final\\_v3\\_09\\_01\\_2016.pdf](https://www.fema.gov/media-library-data/1472840920028-6ecc836fb21bf4152f3c06ec942564cb/FY16_AFG_NOFO_final_v3_09_01_2016.pdf)

**2016 - DECEMBER**

**Department of Health and Human Services National Institutes of Health Expanding Alcohol-Focused High-Priority Translational Research for HIV/AIDS (UH2/UH3) Synopsis 2**

**DEADLINE:** Dec 02, 2016

**AMOUNT:** Applicants may request up to \$275,000 direct costs for the entire UH2 phase with no more than \$200,000 direct costs for any year of the UH2 phase. Applicants may request up to \$250,000 direct costs for the UH3 phase per year. Budget should reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. In the UH2 phase, the maximum project period is 2 years, and in UH3 phase, the maximum project period is 3 years for a total of 5 years.

**DESCRIPTION:** This Funding Opportunity Announcement (FOA) is a new initiative to support the development of highly innovative HIV/AIDS and alcohol-relevant high-priority research (see NOT-OD-15-137) suitable for advancing the translation of basic biological and behavior science research into clinical practice through improved interventions for prevention and treatment among HIV+ individuals. Specifically, the FOA solicits applications for projects to adapt, apply, and validate existing or emerging behavioral and/or biological technologies into a new generation of patient-focused intervention to improve the treatment of alcohol-related problems among HIV+ individuals.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=289074>



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**Garrett Lee Smith (GLS) Campus Suicide Prevention Grant**

**DEADLINE:** Wednesday, December 7, 2016

**AMOUNT:** Up to \$102,000 per year. Up to 3 years

**Cost Sharing/Match Required?:** Yes

Proposed budgets cannot exceed \$102,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

**DESCRIPTION:** The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2017 Garrett Lee Smith (GLS) Campus Suicide Prevention grants. The purpose of this program is to facilitate a comprehensive public health approach to prevent suicide in institutions of higher education. The grant is designed to assist colleges and universities in building essential capacity and infrastructure to support expanded efforts to promote wellness and help-seeking of all students. Additionally, this grant will offer outreach to vulnerable students, including those experiencing substance abuse and mental health problems who are at greater risk for suicide and suicide attempts.

**WEBSITE/LINK:** <http://www.samhsa.gov/grants/grant-announcements/sm-17-003>

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

**DEADLINE:** Monday, December 12, 2016

**AMOUNT:** Up to \$325,000 per year X 3 years

**DESCRIPTION:** The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is accepting applications for fiscal year (FY) 2017 Grants to Expand Substance Abuse Treatment Capacity in Adult Treatment Drug Courts and Adult Tribal Healing to Wellness Courts. The purpose of this program is to expand and/or enhance substance use disorder treatment services in existing adult problem solving courts, and adult Tribal Healing to Wellness courts, which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to defendants/offenders. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective substance use disorder treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Priority for use of grant funds should be given to addressing gaps in the continuum of treatment for individuals in these courts who have substance use disorders or co-occurring substance use and mental disorder (COD) treatment needs. Grant funds must be used to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA will use discretion in allocating funding for these awards, taking into consideration the specific drug court model (Adult Treatment Drug Courts and Adult Tribal



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Healing to Wellness Courts), as appropriate, and the number of applications received per model type.

**WEBSITE/LINK:** <http://www.samhsa.gov/grants/grant-announcements/ti-17-001>

**State and Regional Primary Care Association (PCA) Cooperative Agreements  
Department of Health and Human Services Health Resources and Services  
Administration**

**DEADLINE:** Dec 12, 2016

**AMOUNT:** \$53,600,000 X 52 awards

**DESCRIPTION:** This announcement solicits applications for State and Regional Primary Care Association (PCA) Cooperative Agreements[1] to provide training and technical assistance (T/TA) to existing and potential Health Center Program award recipients and look-alikes (hereafter referred to as health centers).[2] The Health Resources and Services Administration (HRSA) is seeking to fund up to 52 organizations to provide T/TA directly and through collaborative partnerships to support health centers in providing comprehensive, high quality primary health care and improving the health of individuals and communities, consistent with the goals of the Department of Health and Human Services' (HHS) National Quality Strategy.[3] [1] As authorized under section 330(l) of the Public Health Service Act, as amended (42 U.S.C 254b). [2] Health Center Program award recipients are organizations funded under Section 330(e), (g), (h), and/or (i) of the Public Health Service Act, as amended. Health Center Program look-alikes are organizations with look-alike designation per Sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4)(B) and 42 U.S.C. 1396d(l)(2)(B)(iii)). [3] More information on the National Quality Strategy is available at <http://www.ahrq.gov/workingforquality/>.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=284907>

**HRSA-17-058 National Training and Technical Assistance Cooperative Agreements  
(NCAs) Department of Health and Human Services Health Resources and Services  
Administration**

**DEADLINE:** Dec 12, 2016

**AMOUNT:** \$18,500,000 X 19

**DESCRIPTION:** This announcement solicits applications for National Training and Technical Assistance Cooperative Agreements (NCA)[1] to provide training and technical assistance (T/TA) to existing and potential Health Center Program award recipients and look-alikes (hereafter referred to as health centers).[2] The Health Resources and Services Administration (HRSA) is seeking to fund approximately 19 organizations to provide T/TA directly and through collaborative partnerships to support health centers in providing comprehensive, high quality primary health care and improving the health of individuals and communities, consistent with the goals of the Department of Health and Human Services' (HHS) National Quality Strategy.[3] [1] As authorized under section 330(l) of the Public Health Service Act, as amended (42 U.S.C 254b). [2] Health Center Program award recipients are organizations funded under Section 330(e), (g), (h), and/or (i) of the Public



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Health Service Act, as amended. Health Center Program look-alikes are organizations with look-alike designation per Sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4)(B) and 42 U.S.C. 1396d(l)(2)(B)(iii)). [3] More information on the National Quality Strategy is available at <http://www.ahrq.gov/workingforquality/about.htm#develnqs>

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=284908>

**Rural Health Research Dissemination Cooperative Agreement Department of Health and Human Services Health Resources and Services Administration**

**DEADLINE:** Dec 14, 2016

**AMOUNT:** \$135,000 X 1

**DESCRIPTION:** This announcement solicits applications for the Rural Health Research Dissemination Cooperative Agreement. The purpose of this program is to disseminate and market rural health services research funded by the Federal Office of Rural Health Policy (FORHP) to diverse audiences, such as decision makers and rural stakeholders at national, state, and community levels, with the goal of informing and raising awareness of key policy issues important to rural communities. FORHP primarily funds health services research through our Rural Health Research Center (RHRC) cooperative agreement. The successful applicant for this program will develop and maintain a website which includes the entire body of research funded by FORHP and allows that research to be easily and freely accessible to the public. The successful applicant will also develop and maintain strategies to effectively disseminate this research through a variety of mechanisms including (but not limited to) a listserv, social media accounts, presentations and exhibits at national conferences, and webinars.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=288377>

**Ryan White HIV/AIDS Program Part B AIDS Drug Assistance Program Training and Technical Assistance Department of Health and Human Services Health Resources and Services Administration**

**DEADLINE:** Dec 15, 2016

**AMOUNT:** \$500,000

**DESCRIPTION:** This announcement solicits applications for Ryan White HIV/AIDS Program (RWHAP) Part B AIDS Drug Assistance Program (ADAP) Training and Technical Assistance program. The purpose of this funding is to build the capacity of ADAPs through tools and technical assistance to maximize the impact of ADAPs in improving the health outcomes of people living with HIV in a changing health care environment. In collaboration with HRSA, the funded entity will provide technical assistance to RWHAP Part B recipients to strengthen ADAP administrative structures and operations, and to strengthen the capacity of ADAPs to implement and administer medication assistance and health insurance assistance programs to optimize client health outcomes. The funded entity will also be responsible for conducting on-going assessment of RWHAP Part B recipients'



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technical assistance needs related to ADAP and adapting technical assistance to changing needs. The applicant must clearly demonstrate that the applicant brings the experience and expertise needed to provide technical assistance and training to the State/Territory Health Departments' RWHAP Part B ADAP programs. An ADAP is a State/Territory-administered program authorized under Part B of the Ryan White HIV/AIDS Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare. ADAP funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments. Patient eligibility is determined by the State or Territory and includes verification of HIV status, and that the applicant meets financial and residency eligibility criteria. ADAPs are required to recertify client eligibility at least every six months. This cooperative agreement supports the primary goals of the National HIV/AIDS Strategy (NHAS).

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=289537>

### **Laura and John Arnold Foundation Accepting Proposals for Ideas to Improve Mental Health Research**

**DEADLINE:** Letters of Intent must be received no later than December 15, 2016. Upon review, selected applicants will be invited to submit a full proposal.

**AMOUNT:** SEE WEBSITE.

**DESCRIPTION:** The core objective of the Laura and John Arnold Foundation is to address the nation's most pressing and persistent challenges using evidence-based, multidisciplinary approaches.

As part of this mission, LJAF is seeking Letters of Interest from organizations and scholars with innovative ideas for how to improve the state of mental health research, including clinical psychology and psychiatry research. The foundation is particularly interested in strategies for incentivizing the registration of trials and the full reporting of results through ClinicalTrials.gov, encouraging greater sharing of data and code, and eliciting the disclosure of information about trials that is normally hidden (e.g., protocols and clinical study reports). Preference will be given to projects that promote the use of randomized controlled trials as a method of independently evaluating clinical psychology interventions and programs.

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

**WEBSITE/LINK:** <http://www.arnoldfoundation.org/wp-content/uploads/RI-LOI-Mental-Health-FINAL.pdf>



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**Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Short Title: Circles of Care VII)- Department of Health and Human Services, Substance Abuse and Mental Health Services Administration**

**DEADLINE:** Tuesday, December 20, 2016

**AMOUNT:** Up to \$418,000 per year x 3 years

**DESCRIPTION:** The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2017 Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Short Title: Circles of Care VII) grants. The purpose of this program is to provide tribal and urban Indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grantees will focus on the need to reduce the gap between the need for mental health services and the availability and coordination of mental health, substance use, and co-occurring disorders in AI/AN communities for children, youth, and young adults from birth through age 25 and their families.

**WEBSITE/LINK:** <http://www.samhsa.gov/grants/grant-announcements/sm-17-002>

**Circles of Care VII: Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth, and Families in American Indian/Alaska Natives (AI/AN) Communities**

**DEADLINE:** Tuesday, December 20, 2016

**AMOUNT:** Up to \$418,000 per year X Up to 3 years

**DESCRIPTION:** The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services is accepting applications for fiscal year (FY) 2017 Planning and Developing Infrastructure to Improve the Mental Health and Wellness of Children, Youth and Families in American Indian/Alaska Natives (AI/AN) Communities (Short Title: Circles of Care VII) grants. The purpose of this program is to provide tribal and urban Indian communities with tools and resources to plan and design a holistic, community-based, coordinated system of care approach to support mental health and wellness for children, youth, and families. These grants are intended to increase the capacity and effectiveness of mental health systems serving AI/AN communities. Circles of Care grantees will focus on the need to reduce the gap between the need for mental health services and the availability and coordination of mental health, substance use, and co-occurring disorders in AI/AN communities for children, youth, and young adults from birth through age 25 and their families.

**WEBSITE/LINK:** <http://www.samhsa.gov/grants/grant-announcements/sm-17-002>





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**American Physical Therapy Association Seeks Applications for Health Policy and Administration Projects**

**DEADLINE:** DECEMBER 31, 2016

**AMOUNT:** One or two grants of up to \$15,000 will be awarded to new physical therapist investigators or established investigators who are embarking on a research agenda in the areas of physical therapist practice, leadership, administration, or education. Grants may be renewable (no-cost extension) for up to a year.

**DESCRIPTION:** The American Physical Therapy Association is seeking applications for projects that stimulate, encourage, and support research activities that enhance the body of knowledge related to health policy, clinical administration, global health, and the use of technology in physical therapy. The program is administered by the association's Section on Health Policy & Administration.

To be eligible, applicants must be an APTA Health Policy & Administration section member. Collaborative research with non-section members is permissible as long as the principal investigator is a member of the Section on HPA. See the APTA website for complete program guidelines and application instructions.

**WEBSITE/LINK:** <http://www.aptahpa.org/?page=34>

**HEALTH POLICY & ADMINISTRATION GRANT PROGRAM**

**DEADLINE:** Midnight, December 31, 2016

**AMOUNT:** 1-2 research grant awards of up to \$15,000 are available to Section members to assist with a 1-year research study that investigates a question or questions of importance to health policy or clinical administration. Grants may be renewable (no-cost extension) for up to 1 year.

**DESCRIPTION:** The purpose of the Section Health Policy and Administration Grant Program is to stimulate, encourage and support research activities that enhance the body of knowledge related to health policy, clinical administration, global health, and the use of technology in physical therapy. The grants provide funding to assist new physical therapist investigators, or established investigators who are embarking on a new research agenda in these areas of physical therapist practice, leadership, administration, or education. Through this grant program, the Section hopes to encourage the development of proposals that will seek financial support from external agencies.

**WEBSITE/LINK:** <http://www.aptahpa.org/page/HPAGrant>

**The Gerber Foundation**

**DEADLINE:** DECEMBER 1, 2016 (CONCEPT PAPERS)

**AMOUNT:** Grants of up to \$350,000 will be awarded for research focused on issues faced by care providers that, when implemented, will improve the health, nutrition, and/or developmental outcomes for infants and young children.

**DESCRIPTION:** The Gerber Foundation is accepting concept papers for health and/or



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nutrition-related research projects having a significant impact on issues facing infants and young children from birth to three years of age. Projects may include etiologic mechanisms of disease; new, improved, or less invasive diagnostic procedures; reduction or elimination of side effects; alleviation of symptoms; new, improved or less invasive therapies, care, or treatments; dosage or dosing requirements or mechanisms for drugs, nutrient supplementation, or other therapeutic measures (under or overdosing); and preventative measures.

Priority is given to projects offering a substantial promise of meaningful advances in prevention and treatment of diseases and those with broad applicability to the general population on a regional or national level.

Organizations recognized as tax exempt under Section 501(c) (3) of the Internal Revenue Code are eligible to apply. In addition, organizations must be determined not to be private foundations under Internal Revenue Code Section 509.

**WEBSITE/LINK:** <http://www.gerberfoundation.org/pd-research/research>

**Pearson Early Career Grant - The American Psychological Foundation (APF) and Pearson**

**DEADLINE:** December 31, 2016

**AMOUNT:** \$12,000 to support early career psychologists to work in an area of critical social need.

**DESCRIPTION:** The Pearson Early Career Grant encourages early career clinicians to work in an area of critical societal need. Pearson partnered with APF to ensure psychology addresses critical needs in society. The program's goals are to support psychology's efforts to improve areas of critical need in society, including but not limited to innovative scientifically based clinical work with serious mental illness, serious emotional disturbance, incarcerated or homeless individuals, children with serious emotional disturbance (SED) and adults with serious mental illness (SMI); and to encourage early career psychologists to devote their careers to under-served populations.

**WEBSITE:** <http://www.apa.org/apf/funding/pearson.aspx?tab=1>

**-COMMUNITY-**

**FY 2017 - AmeriCorps State and National Grants**

**DEADLINE:** Applicants are strongly encouraged to submit a Notification of Intent to apply for this competition, but it is not required. Notifications of Intent to Apply should be filed by Wednesday, December 7, 2016.

The deadline for applications to the 2017 NOFO is Wednesday, January 18, 2017 at 5:00 p.m. Eastern Time. Organizations that propose to operate in only one state must apply through the Governor-appointed State or Territory Commissions. Each state and territory administers its own selection process and puts forward to CNCS the applicants it selects to compete for funding. State applicants must contact their State Commissions to learn about



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their state or territory processes and deadlines which may be significantly before the CNCS deadlines and may have additional requirements.

**AMOUNT:** SEE APPLICATION GUIDELINES

**DESCRIPTION:** In the FY 2017 AmeriCorps competition, CNCS seeks to prioritize the investment of national service resources in:

Disaster Services - improving community resiliency through disaster preparation, response, recovery, and mitigation

Economic Opportunity - increasing economic opportunities for communities by engaging opportunity youth, either as the population served and/or as AmeriCorps members

Education - improving student academic performance in Science, Technology, Engineering, and/or Mathematics (STEM)

Environment - 21st Century Service Corps

Healthy Futures - Reducing and/or Preventing Prescription Drug and Opioid Abuse

Veterans and Military Families - positively impacting the quality of life of veterans and improving military family strength

Governor and Mayor Initiatives

Programming that supports My Brother's Keeper

Multi-focus intermediaries that demonstrate measurable impact and primarily serve communities with limited resources and organizational infrastructure, i.e. rural and other underserved communities

Safer communities

Evidence Based Intervention Planning Grants

Encore Programs

A separate Notice of Federal Funding Opportunity for Indian Tribes for either fully operational or planning grants will be released later in the Fall with an application deadline of Spring 2017.

**WEBSITE/LINK:** <http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities/2017/ameri-corps-state-and-national-grants-fy-2017>



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**2017 JANUARY**

**Cooperative Agreements for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances**

**DEADLINE:** Tuesday, January 3, 2017

**AMOUNT:** \$15,045,000 X 5-15 awards

**Anticipated Award Amount:** Up to \$3 million per year for state applicants; up to \$1 million for political subdivisions of states, territories, Indian or tribal organizations.

**Length of Project:** Four years

**Cost Sharing/Match Required?:** Yes

Proposed budgets cannot exceed \$3,000,000 for state applicants and \$1,000,000 for political subdivisions of states, tribes, tribal organizations, and territories total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

**DESCRIPTION:** The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Cooperative Agreements for the Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Short title: System of Care (SOC) Expansion and Sustainability Cooperative Agreements). The purpose of this program is to improve behavioral health outcomes for children and youth (birth-21) with serious emotional disturbances (SED) and their families. This program will support the widescale operation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

This cooperative agreement will support the provision of mental health and related recovery support services to children and youth with SED and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis (FEP), and their families.

The SOC Expansion and Sustainability Cooperative Agreements will build upon progress made in developing comprehensive SOC across the country by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports. Other activities supported will include the implementation of systemic changes, training, and workforce development.

The CMHI provides an excellent example of SAMHSA's Theory of Change (<http://store.samhsa.gov/product/PEP14-LEADCHANGE2>). Based on data demonstrating improved outcomes for children, youth, and families, service system improvements, and a



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positive return on investment, CMHI has been successful in moving the SOC approach from a demonstration program towards a more widescale adoption of the SOC values and principles. The goal is to continue these efforts to ensure that this approach becomes the primary way in which mental health services for children and youth with SED are delivered throughout the nation.

The SOC Expansion and Sustainability Cooperative Agreements program closely aligns with SAMHSA's Recovery Support Strategic Initiative (<http://www.samhsa.gov/about-us/strategic-initiatives>).

The SOC Expansion and Sustainability Cooperative Agreements are authorized under Sections 561-565 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

**WEBSITE/LINK:** <http://www.samhsa.gov/grants/grant-announcements/sm-17-001>

**Department of Health and Human Services National Institutes of Health Model Continuums of Care Initiative (MCCI) for Women and Girls at Risk and Living With HIV/AIDS and Harmful Alcohol and Associated Comorbidities Planning Cooperative Agreement (U34) Synopsis 2**

**DEADLINE:** Jan 04, 2017

**AMOUNT:** \$225,000

**DESCRIPTION:** The purpose of the Model Continuums of Care Initiative (MCCI) for Women and Girls at Risk and Living with HIV/AIDS and Harmful Alcohol and Associated Comorbidities Initiative is to promote the development and evaluation of integrated multilevel interventions to reduce alcohol consumption as a key approach to preventing new infections and enhancing treatment adherence in communities in the U.S. where racial and ethnic minority women bear a disproportionate share of the HIV/AIDS disease burden. Using the U34 Planning Cooperative Agreement mechanism and a community-based participatory research approach, MCCI will support implementation and operations research to: 1) Improve screening and early engagement in care; 2) Enhance retention in care; 3) Improve medication adherence; and 4) Address the role of alcohol in the adoption of female-controlled HIV prevention strategies as they become available for implementation (i.e., microbicides, PrEP). Results of this research will provide the evidence base for the development of more effective systems of care for women and girls at risk and living with HIV, including pregnant mothers who engage in risky drinking and other substance use.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=289085>

**Department of Health and Human Services National Institutes of Health Model Continuums of Care Initiative (MCCI) for Women and Girls at Risk and Living With HIV/AIDS and Harmful Alcohol and Associated Comorbidities Planning Cooperative Agreement (U34) Synopsis 2**

**DEADLINE:** Jan 04, 2017



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**AMOUNT:** \$225,000

**DESCRIPTION:** The purpose of the Model Continuums of Care Initiative (MCCI) for Women and Girls at Risk and Living with HIV/AIDS and Harmful Alcohol and Associated Comorbidities Initiative is to promote the development and evaluation of integrated multilevel interventions to reduce alcohol consumption as a key approach to preventing new infections and enhancing treatment adherence in communities in the U.S. where racial and ethnic minority women bear a disproportionate share of the HIV/AIDS disease burden. Using the U34 Planning Cooperative Agreement mechanism and a community-based participatory research approach, MCCI will support implementation and operations research to: 1) Improve screening and early engagement in care; 2) Enhance retention in care; 3) Improve medication adherence; and 4) Address the role of alcohol in the adoption of female-controlled HIV prevention strategies as they become available for implementation (i.e., microbicides, PrEP). Results of this research will provide the evidence base for the development of more effective systems of care for women and girls at risk and living with HIV, including pregnant mothers who engage in risky drinking and other substance use.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppld=289085>

**Department of Health and Human Services National Institutes of Health Collaborative Research in HIV/AIDS, Alcohol, and Related Comorbidities (U01) Synopsis 2**

**DEADLINE:** Jan 04, 2017

**AMOUNT:** \$500,000

**DESCRIPTION:** This Funding Opportunity Announcement (FOA), "Collaborative Research in HIV/AIDS, Alcohol, and Related Comorbidities (U01)" encourages new research into the identification, analysis, and treatment of HIV/AIDS and associated comorbidities impacted by alcohol use (e.g., Hep C, TB, Depression, HAND, other associated substance use, including medication polypharmacy) by fostering collaborations between NIAAA-supported investigators and those currently unaffiliated with the NIAAA HIV/AIDS research activities.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppld=289096>

**Community Action Grants - American Association of University Women (AAUW)**

**DEADLINE:** August 1–January 15

**AMOUNT:** The program offers one-year grants of up to \$7,000 to support community-based projects and two-year grants of up to \$10,000 to provide start-up funds for new projects that address the particular needs of the community and develop girls' sense of efficacy through leadership or advocacy opportunities.

**DESCRIPTION:** The American Association of University Women strives to promote equity and education for women and girls. Since the organization's founding in 1881, AAUW



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members have examined and taken positions on the fundamental issues of the day — educational, social, economic, and political.

AAUW is accepting applications for its Community Action Grants Program, an annual program that provides funds to individuals, AAUW branches, and AAUW state organizations as well as local community-based nonprofit organizations for innovative programs and non-degree research projects that promote education and equity for women and girls.

Project topic areas are unrestricted but should include a clearly defined activity that promotes education and equity for women and girls. Special consideration will be given to projects focused on the achievements of K-12 girls and community college women in science, technology, engineering, or math.

To be eligible, individual applicants must be women who are citizens or permanent residents of the United States. Nonprofit organizations must be based in the U.S. And projects must have direct public impact, be nonpartisan, and take place within the U.S. or one of its territories.

**WEBSITE/LINK:** <http://www.aauw.org/what-we-do/educational-funding-and-awards/community-action-grants/>

**HRSA-17-081 Maternal and Child Environmental Health Network Department of Health and Human Services Health Resources and Services Administration**

**DEADLINE:** Jan 20, 2017

**AMOUNT:** \$1,200,000

**DESCRIPTION:** This announcement solicits applications for the Maternal and Child Environmental Health Network. The purpose of this program is to decrease maternal and child morbidity and mortality associated with pre-and post-natal environmental exposures. One organization will be funded that will implement and support a network of national and regional teratogen information service (TIS) counseling centers. A teratogen is defined as an agent that may induce abnormal embryo or fetal development when administered during pregnancy.[1] This program is intended to be a resource for women of reproductive age, their partners and healthcare providers, with an emphasis on vulnerable and hard-to-reach populations.[2] For the purpose of this program, “post-natal exposure” refers to infants who are receiving breast milk. [1] The Teratology Society. (2010). Teratology Primer 2nd ed. Retrieved from <http://www.teratology.org/primer.asp> on September 27, 2016. [2] Vulnerable and hard to reach populations are defined as women living in medically underserved areas, or who are otherwise at-risk, for example, migrant workers, non-English speaking women, young women, those of lower socio-economic status (SES) and education, or who do not have insurance.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=289618>



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### 2017 FEBRUARY

#### **Paralyzed Veterans of America Education Foundation Invites Proposals for Innovative Educational Projects**

**DEADLINE:** February 1, 2017

**AMOUNT:** The foundation supports one-year projects with a maximum of \$50,000; conferences and symposia are supported up to a maximum of \$15,000.

**DESCRIPTION:** Paralyzed Veterans of America advocates for better health care and benefits for paralyzed veterans, aids in their search for a truly satisfying career, and provides them with a path to adventure through adaptive sports. Through its charitable arm, the Paralyzed Veterans of America Education and Training Foundation, the organization supports educational projects that benefit, serve, and enhance the quality of life of individuals with spinal cord injury/disease, their families, and caregivers.

The foundation awards grants in five categories: consumer, caregiver, and community education; professional development and education; research utilization and dissemination; assistive technology; and conferences and symposia. Projects seeking funding should be designed to improve the quality of life for individuals with SCI/D, educate consumers about the consequences of and complications associated with SCI/D, improve the knowledge and skills of SCI/D healthcare professionals, and/or prevent the occurrence and complications of new SCI/D.

**WEBSITE/LINK:**

[http://www.pva.org/site/c.ajIRK9NlCj2E/b.6305829/k.6E40/PVA\\_Education\\_Foundation.htm](http://www.pva.org/site/c.ajIRK9NlCj2E/b.6305829/k.6E40/PVA_Education_Foundation.htm)

### 2017 MARCH

#### **Department of Health and Human Services Office of the Assistant Secretary for Health Announcement of Anticipated Availability of Funds for Family Planning Services Grants (Oregon entire state) Synopsis 3**

**DEADLINE:** Mar 01, 2017 No Explanation

**AMOUNT:** \$100,000

**DESCRIPTION:** This announcement seeks applications from public and private nonprofit entities to establish and operate voluntary family planning services projects, which shall provide family planning services to all persons desiring such services, with priority for services to persons from low-income families. The Title X statute specifies that local and regional public or private nonprofit entities may apply directly to the Secretary for a Title X family planning services grant under this announcement. Funding of applications that propose to rely on other entities to provide services will take into consideration the extent to which the applicant indicates it can provide the required services and best serve individuals in need throughout the anticipated service area. For applicants that will not provide all services directly, the applicant must document the process and selection criteria it will use for providing an opportunity to receive subawards to qualified entities eligible to





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receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. Applicants should use the Title X legislation, applicable regulations, legislative mandates, current Program Guidelines (issued in 2014), OPA Program Policy Notices, program priorities, and other key issues included in this announcement to guide them in developing their applications.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=287996>

**Department of Health and Human Services Office of the Assistant Secretary for Health Announcement of Anticipated Availability of Funds for Family Planning Services Grants (Washington entire state) Synopsis 3**

**DEADLINE:** Mar 01, 2017 No Explanation

**AMOUNT:** \$100,000

**DESCRIPTION:** This announcement seeks applications from public and private nonprofit entities to establish and operate voluntary family planning services projects, which shall provide family planning services to all persons desiring such services, with priority for services to persons from low-income families. The Title X statute specifies that local and regional public or private nonprofit entities may apply directly to the Secretary for a Title X family planning services grant under this announcement. Funding of applications that propose to rely on other entities to provide services will take into consideration the extent to which the applicant indicates it can provide the required services and best serve individuals in need throughout the anticipated service area. For applicants that will not provide all services directly, the applicant must document the process and selection criteria it will use for providing an opportunity to receive subawards to qualified entities eligible to receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. Applicants should use the Title X legislation, applicable regulations, legislative mandates, current Program Guidelines (issued in 2014), OPA Program Policy Notices, program priorities, and other key issues included in this announcement to guide them in developing their applications.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=287981>

**Department of Health and Human Services Office of the Assistant Secretary for Health Announcement of Anticipated Availability of Funds for Family Planning Services Grants (Idaho entire state) Synopsis 3**

**DEADLINE:** Mar 01, 2017 No Explanation

**AMOUNT:** \$100,000

**DESCRIPTION:** This announcement seeks applications from public and private nonprofit entities to establish and operate voluntary family planning services projects, which shall



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provide family planning services to all persons desiring such services, with priority for services to persons from low-income families. The Title X statute specifies that local and regional public or private nonprofit entities may apply directly to the Secretary for a Title X family planning services grant under this announcement. Funding of applications that propose to rely on other entities to provide services will take into consideration the extent to which the applicant indicates it can provide the required services and best serve individuals in need throughout the anticipated service area. For applicants that will not provide all services directly, the applicant must document the process and selection criteria it will use for providing an opportunity to receive subawards to qualified entities eligible to receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated. Applicants should use the Title X legislation, applicable regulations, legislative mandates, current Program Guidelines (issued in 2014), OPA Program Policy Notices, program priorities, and other key issues included in this announcement to guide them in developing their applications.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=287980>

**Pilot Studies to Detect and Prevent Suicide Behavior, Ideation and Self-Harm in Youth in Contact with Juvenile Justice System (R34)**

**DEADLINE:** March 16, 2017

**AMOUNT:** \$225,000

**DESCRIPTION:** This initiative supports research to test the effectiveness of combined strategies to both detect and intervene to reduce the risk of suicide behavior, suicide ideation, and non-suicidal self-harm (NSSI) by youth in contact with the juvenile justice system. Opportunities for detection and prevention start at early points of contact (e.g., police interaction, the intake interview) and continue through many juvenile justice settings (e.g., pre-trial detention, juvenile or family court activities, court disposition, placement and on-going care in either residential or multiple community settings.) This FOA invites intervention strategies that are designed to be delivered in typical service settings using typically available personnel and resources, to enhance the implementation of interventions that prove effective, enhance their future uptake in diverse settings, and thereby reduce risk of suicide and self-harm in this population.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=284225>



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### 2017 APRIL

#### Runnerclick Scholarship

**DEADLINE:** No later than April 30, 2017

**AMOUNT:** \$2000

**DESCRIPTION:** First a little about Runnerclick. We aim to bring you reviews on the latest and greatest from brands such as Brooks, Asics, Adidas, Nike, Saucony and many others. We also review and blog about a lot more than just running shoes, such as GPS watches, shoes made for walking, trails, standing or zumba – the list goes on.

We also offer a growing running blog with contributions from sport familiar writers, where you will find great pointers on how to successfully achieve a healthy, get rid of plantar fasciitis and active lifestyle, as well as further enhance the one you may already lead. Although our content is mostly aimed at runners of all experience levels, we believe that the information that our writers provide could be helpful to all, in general.

We feel that maintaining a healthy lifestyle, and remaining active in sports as well as other outdoor activities can be beneficial in building a strong mind and good character through sportsmanship. That is why we are proud to announce the Runnerclick scholarship, awarded to three qualified applicants each year, for an amount of \$2000 (two thousand U.S. Dollars) to each of the three winners.

We are happy to help with the growth and education that will turn out more healthy and productive members of our society, also keeping alive an athletic and competitive traditions as we develop.

We encourage anyone who is interested to apply, however there are a few necessary requirements that must be fulfilled in order to be seriously considered for one of the three annual awards. Below you will find a more specific breakdown of the scholarship details, as well as the requirements for eligibility and guidelines for your essay. If you decide to apply, you'll just need to completely follow the steps below to submit your application.

Good luck!

**WEBSITE/LINK:** <http://runnerclick.com/runnerclick-scholarship/>

### 2017 JUNE

#### **Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse in American Indian/Alaska Native Communities \Department of Health and Human Services Administration for Children and Families - ACYF/CB**

**DEADLINE:** Jun 06, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

**AMOUNT:** \$600,000 X 6 awards



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**DESCRIPTION:** The purpose of this forecasted funding opportunity announcement (FOA) is to provide competitive grant funds for projects of up to 5 years, authorized by the Child and Family Services Improvement and Innovation Act (Pub. L. 112-34). This Act includes a targeted grants program (section 437(f)) that directs the Secretary of Health and Human Services to reserve funds for regional partnership grants (RPGs) to improve the well-being of children affected by substance abuse. These targeted grants will be awarded to regional partnerships that provide, through interagency collaboration and integration of programs and services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in out-of-home placements or are at risk of entering out-of-home placements as a result of a parent's or caretaker's substance abuse. Native communities face service delivery issues that are complicated by several barriers such as, lack of early intervention for American Indian/Alaska Native (AI/AN) communities, distances to services, and lack of access to programs and services. The goal of the program, services, and activities supported by these funds is to improve the well-being of children and families affected by parental substance abuse in AI/AN communities. Per the legislative requirements, RPGs are required to select and report on performance indicators and evaluation measures to increase the knowledge that can be gained from the program. Partnerships will: Use specific, well-defined, and evidence-based programs and/or promising practices that are also trauma-informed and targeted to the identified population; Conduct an evaluation that is sufficiently rigorous to contribute to the evidence base on service delivery, outcomes and costs associated with the project's chosen interventions; Participate in the national cross-site evaluation, which includes an implementation and partnership study, an outcomes study, and an impact study. PLEASE SEE ALSO FORECAST FOR REGIONAL PARTNERSHIP GRANTS TO INCREASE THE WELL-BEING OF, AND TO IMPROVE THE PERMANENCY OUTCOMES FOR, CHILDREN AFFECTED BY SUBSTANCE ABUSE.

**WEBSITE/LINK:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=288214>

**NO DEADLINE - GRANT RESOURCE INFORMATION:**

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

**DEADLINE:**

Informational Web Conferences:

Lessons Learned from a Year of Evidence for Action Grant Reviews

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

Registration is required.

Archived Web Conferences

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

June 3, 2015 web conference recording available here.



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July 22, 2015 web conference recording available here.

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

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

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

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

### Changes in Health Care Financing and Organization: Small Grants

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

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

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

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

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

### Eligibility and Selection Criteria

Researchers, as well as practitioners and public and private policy-makers working with researchers, are eligible to submit proposals through their organizations. Projects may be initiated from within many disciplines, including health services research, economics, sociology, political science, public policy, public health, public administration, law and



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business administration. RWJF encourages proposals from organizations on behalf of researchers who are just beginning their careers, who can serve either individually as principal investigators or as part of a project team comprising researchers or other collaborators with more experience. Only organizations and government entities are eligible to receive funding under this program.

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

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

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

### The National Children's Alliance

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

**Amount:** See website

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

### ➤ Common Wealth Fund

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

They fund:

- Delivery System Innovation and Improvement
- Health Reform Policy

### ➤ Health System Performance Assessment and Tracking

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

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

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

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



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unavailable playgrounds and recreational facilities.

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

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

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

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

[http://kaboom.org/about\\_kaboom/programs/grants?utm\\_source=direct&utm\\_medium=surl](http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl)

#### ➤ **Meyer Memorial Trust**

**Deadline:** Monthly (Except January, April and August)

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

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

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

**Deadline:** No Deadline

**Amount:** No Amount Specified

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

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



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

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

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

See the Kellogg Foundation Web site for eligibility and application guidelines.

[http://foundationcenter.org/pnd/rfp/rfp\\_item.jhtml?id=411900024#sthash.8WbcfRk.dpuf](http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfRk.dpuf)

### • W.K. Kellogg Foundation

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

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

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

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

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

### + **AHRO Research and Other Activities Relevant to American Indians and Alaska Natives**

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

### Community Grant Program- WALMART

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





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

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

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

### **SCHOLARSHIP:**

#### **The Meyerhoff Adaptation Project -**

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

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

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

English: four years

Social Science/History: three years

Mathematics\*: three years

Science: three years

Language other than English: two years

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

#### **Eligibility Criteria**

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

Students must meet all eligibility requirements:



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Minimum of 600 on the Math component of the SAT

Cumulative High School GPA of a 3.0 or above

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

Display commitment to community service

Must be a citizen or permanent resident of the United States

### **WEBSITE:**

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

**~ONLY FOR WASHINGTON STATE UNIVERSITY~**

### **First Scholars – The Suder Foundation**

#### **DEADLINE:**

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

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

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

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

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

### **Education Award Applications –The American College of Psychiatrists**

**DEADLINE:** June 30



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**AMOUNT:** (SEE WEBSITE)

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

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

**VETERANS**

**VFW Accepting Applications From Veterans for Emergency Financial Assistance**

**DEADLINE:** Open

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

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

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

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

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

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

**WEBSITE:**

<http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAiAhPCyBRctwMDS5tzT03gSJADZ8VjRw5Rxjw1br5NTowrY1NFzylowGtdvOagXa3LHyYK PRoCB4Hw wCB>



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

**DEADLINE:** Open

**AMOUNT:** See site

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

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

What is a Pioneering Idea?

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

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

Challenge assumptions or long-held cultural practices.

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

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

Apply cutting-edge ideas from other fields to health.

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

**WEBSITE/LINK:** [http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjL9Zh7yWU63VdhdaVE2UAc&et\\_cid=639126](http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjL9Zh7yWU63VdhdaVE2UAc&et_cid=639126)



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**IDAHO & WASHINGTON - ONLY**

**ASPCA Northern Tier Shelter Initiative Coalition Grants**

**DEADLINE:** No Deadline

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

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

Increase capacity to provide quality animal care and services by:

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

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

Increase coalition live release rate via:

Fee-waived adoption programs and policies

High-volume adoption events

Foster programs

Relocation initiatives within the seven Northern Tier target states

Decrease shelter intake via:

Lost and found programs

Return to owner in the field

Pet retention assistance, such as safety net programs

Re-homing assistance

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

**Healthy Native Babies Outreach Stipend Application**

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

**AMOUNT:** \$1500

**DESCRIPTION:** The Healthy Native Babies Project, a project of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), has created culturally



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appropriate materials with safe infant sleep messages for American Indian and Alaska Native communities. These materials can be tailored for local communities by selecting various photos, graphic designs, and phrases in Native languages from the Healthy Native Babies Project Toolkit Disk. Outreach stipends are available for printing customized outreach materials to disseminate in your community. Recipients must be from one of the following Indian Health Service (IHS) Areas: Alaska, Bemidji, Billings, Great Plains, and Portland. Information on IHS Areas can be found at: <https://www.ihs.gov/locations/>.

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

### **Good Sports Accepting Applications for Sports Equipment Program**

**DEADLINE:** *ROLLING FUNDING*

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

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

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

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

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

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

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

**DEADLINE:** *ROLLING FUNDING*

**AMOUNT:** You will be required to sign a release form and pay a shipping and handling fee with each donation. This will always equal 10% of the total retail value of the items; for



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example, if the total value of your items equals \$2,000, you will be asked to provide \$200, etc.

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

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

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

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



## *Connecting Kids to Coverage Outreach and Enrollment Cooperative Agreement Awards Focused on Increasing Enrollment of American Indian/Alaska Native Children*

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**Date:** November 14, 2016

**Contact:** <mailto:press@cms.hhs.gov>

On November 14, 2016, the Centers for Medicare and Medicaid Services (CMS) released a funding opportunity announcement that makes available \$4 million in cooperative agreements to enroll and retain uninsured American Indian (AI) and Alaska Native (AN) children who are eligible for Medicaid and the Children's Health Insurance Program (CHIP). The Medicare and CHIP Reauthorization Act of 2015 (MACRA) appropriated this funding in order to build upon past outreach and enrollment efforts aimed at educating families about the availability of free or low-cost health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs, and assisting families with the application and renewal process.

### ***Background***

The nation has made substantial progress reducing the number of uninsured children and enrolling eligible children in Medicaid and CHIP. The number of uninsured children in the United States is at the lowest level on record: in 2015, just 4.5 percent of children remained uninsured<sup>1</sup>. A study by the Urban Institute, which has been tracking Medicaid and CHIP participation rates over time, found that nationally, participation rates have increased steadily. From 2013 to 2014, the national Medicaid and CHIP participation rate among eligible children rose by 2.3 percentage points, from 88.7 percent to 91.0 percent. Despite the recent gains in coverage and all the progress that has been made to simplify the eligibility, enrollment and renewal processes, more than 2.8 million children are eligible for Medicaid or CHIP, but unenrolled. Recent research from the Georgetown University Health Policy Institute, Center for Children and Families found that AI/AN children have the highest child

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<sup>1</sup> Cohen RA, Martinez ME, Zammiti EP. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2015. National Center for Health Statistics. May 2016. Available from: <http://www.cdc.gov/nchs/nhis/releases.htm>.





uninsurance rates of the child population, at 13.4 percent<sup>2</sup>. Many of the states with the highest uninsured rates for children have Medicaid and CHIP participation rates that are below the national participation rate and also have large AI/AN populations.

## *Purpose of Funds*

This funding opportunity will support innovative outreach strategies aimed at increasing the enrollment and retention of eligible AI/AN children in Medicaid and CHIP, emphasizing activities tailored to communities where AI/AN children and families reside, and enlisting the support of tribal and other community leaders and tribal health and social services programs that serve eligible AI/AN children and families. The cooperative agreements will fund activities aimed at educating families about the availability of free or low-cost health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs, and assisting families with the application and renewal process. Applicants are encouraged to consider:

- Engaging schools in outreach, enrollment assistance, and retention activities;
- Establishing community based partnerships with organizations that serve AI/AN children and their families; and
- Using outreach workers for one-on-one application and enrollment assistance in the health care clinic or in the field.

These grants will fund activities designed to help families understand new application procedures and health coverage opportunities in Medicaid and CHIP. Based on past experiences successfully enrolling AI/AN families, we encourage applicants to consider providing direct help, such as in-person assistance to families seeking to enroll their children in health coverage or linking families with organizations in the community who are trained to provide application assistance. In addition, research shows enrolling parents in coverage makes it more likely that their children will enroll. Thus, activities that include reaching out to parents and grandparents in tribal communities to inform them of their own eligibility is an important strategy for enrolling children. All funded projects should incorporate both initial application and renewal assistance into their proposed activities.

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<sup>2</sup> Alker J and Chester A. Children's Health Coverage Rate Now at Historic High of 95 Percent. Georgetown University Health Policy Institute Center for Children and Families. October, 2016. Available from: <http://ccf.georgetown.edu/2016/10/26/childrens-health-coverage-rate-now-at-historic-high-of-95-percent/>



## ***Eligibility***

This grant opportunity is open to: Indian Health Services Providers; Tribes and Tribal organizations operating a health program under the Indian Self-Determination and Education Assistance Act (ISDEAA) (P.L. 93- 638, as amended); and, Urban Indian organizations receiving funding under the Indian Health Care Improvement Act (IHCIA) (P.L. 94-437, as amended). Coalitions headed by one of the above entities are also eligible to apply.

## ***Estimated Funding***

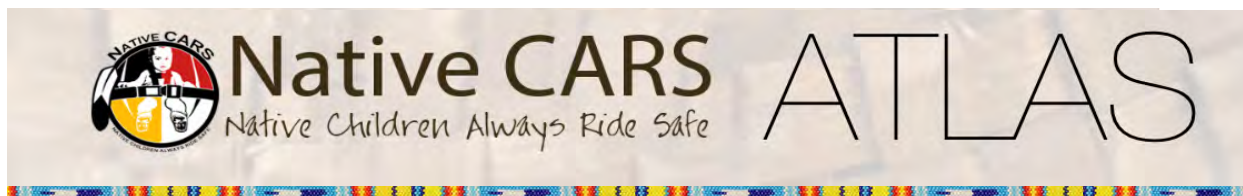
CMS estimates awarding ten to twelve cooperative agreements at \$250,000 - \$500,000 each (over a 2-year period), up to the \$4 million in available funding.

## ***Application Process***

Eligible organizations should submit applications to CMS by the Key Dates listed below. A more detailed description of the application process and the [FOA Application Package can be found at Grants.Gov](#) by searching for Funding Opportunity Number: CMS-1Z0-17-001

## ***Key Dates***

Letter of Intent to Apply Due:	December 14, 2016
Application Due:	January 17, 2017
Anticipated Award Date:	May 17, 2017
Anticipated Period of Performance:	May 17, 2017– May 16, 2019



**\*\*\*Mini-grant and Website Launch Announcement\*\*\***

**Posting Date:** November 10, 2016

**Funding Activity:** Child Passenger Safety Intervention Activity Funding

**Funding Purpose:** The overall goal is to support existing or create new child passenger safety efforts in tribal communities.

**Application Deadline:** December 12<sup>th</sup>, 2016

Dear Sir or Madam:

Motor vehicle injuries are the leading cause of death among Native American and Alaska Native children. Administered by the Northwest Portland Area Indian Health Board and funded by the National Institute for Minority Health and Health Disparity, the Native CARS Study is dedicated to improving the use of child safety seats in tribal communities and keeping children safe.

Enclosed, please find information about mini-grant opportunities from Native CARS that will be available with the launch of the Native CARS Atlas website, a community guided resource from Tribes for Tribes. Mini grants will cover a selection of activities available to your community related to child passenger safety. **To receive intervention activity funding, you will be required to attend & complete a 3-day workshop in Portland, OR (all travel expenses paid) from January 10-12, 2017.** While some documentation is required before this workshop, we will provide instruction on data collection and provide assistance with activity plans and evaluation measures at this workshop. **Only seven** Tribes or tribal organizations will be awarded funding.

Feel free to contact me at [nativecars@npaihb.org](mailto:nativecars@npaihb.org) or 503-228-4185 with questions.

Thank you for supporting child passenger safety in your community. We look forward to working with you to improve child passenger restraint use in your community.

Sincerely,

Tam Lutz, MPH, MHA  
Native CARS Project Director



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### Mini-Grant Application Checklist

As you go through the steps of completing your mini-grant application, please use this checklist to ensure the application is completed correctly.

- Signed Application Form (part 1)
- Selected Data Collection Method (part 3)
- Selected Community Intervention Activity (part 4)
- Attach Tribe or Tribal organization documentation (*at the discretion of the Tribe or Tribal organization*) that indicates Tribe or Tribal organization supports mini-grant application (e.g., letter of support, Tribal resolution).
- Return application to [nativecars@npaihb.org](mailto:nativecars@npaihb.org) or send by **COB 12/12/16** to:  
Tam Lutz  
Native CARS Project  
Northwest Portland Area Indian Health Board  
2121 SW Broadway, Ste 300  
Portland, OR 97201





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**Native CARS Mini-Grant Application**  
CFDA: 93.307

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**Part One: Applicant Information**

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**Tribal Organization:**

**EIN:**

**Address:**

**Phone:**

**Email:**

**Contact Name for Proposal:**

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**Lead (if different than contact above), the person who will lead the scope of the work described in this application and attend workshop:**

**Name:**

**Phone:**

**Email:**

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**Total Award Amount: \$7,000** (\$1,000 for coalition building;\$1,000 for data collection;\$5,000 for intervention)

**Facilities and Administration (F&A) costs or indirect rate:**

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**Transportation/Hotel Accommodations:** All travel expenses – lodging at Marriott Residence Inn Riverside in Portland Oregon, per diem, air travel and/or mileage – will be provided by NPAIHB.

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**Statement of Intent/Terms of Reimbursement:**

By signing this application, I agree to attend all three days of the Native CARS mini-grant workshop. Upon successful completion of the workshop, I will be awarded the full grant amount to be spent only on coalition building, data collection activities and the selected community activity intervention plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_




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**Part Two – Building Your Child Passenger Safety Coalition**

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**\$1,000**

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The Child Safety Coalition functions as advocates for appropriate child passenger safety in the community. Creating a Child Safety Coalition of individuals who have knowledge about or interest in child passenger safety can help you with the planning and execution of your proposed activities.

Further information about building your Child Safety Coalition will be provided at the Native CARS Atlas workshop. Prior to application, please begin investigating potential collaborators and list below. Potential collaborators may include a Head Start staff member, Police Chief, Tribal Attorney etc. Note: you may finalize this during the workshop.

The Coalition can expect to meet four times during the year to be determined by the members. Coalition members may attend a Safe Native American Passenger (SNAP) training provided by a Child Passenger Safety Technician within their community.

**Collaborators:** (This may be a tentative list that you finalize during workshop)

**Budget:**

We anticipate the following expenses will be incurred to form your Coalition.

	<b>Expense</b>
SNAP Training Expenses	
• Trainer	100
• Food	90
• Materials (for Binders/Printing SNAP materials)	30
Team Vests (\$30 x 6 vests)	180
Honorarium (\$100 x 6)	600
<b>Total</b>	<b>\$1,000</b>



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### Part Three – Collecting Data

**\$1,000**

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Data collection is a necessary component in any successful community intervention. To ensure sustainable interventions, it is important to understand current child safety seat usage in the community as well as community beliefs about child safety seat usage. For those communities who already have car seat data, you may consider expanding on existing data with a focus group. NOTE: we will provide data collection training to applicants during the workshop.

Below are two choices of data collection: vehicle observation or focus group. **Please review and select one of the following data collection methods, by checking the box next to the data collection method you prefer.**

- VEHICLE OBSERVATION** (e.g. current car seat usage, # observed vehicles)

The tribal organization above will use the Native CARS vehicle observation protocol to collect data on how community children ride in motor vehicles. This will allow us to determine the proportion of children who are properly restrained, assess risk factors for improper restraint, and focus our intervention efforts accordingly. Each survey takes 1-2 minutes to complete. The driver will receive a token of appreciation for their time.

#### **Objectives:**

Objective 1: Collect data on 100 vehicles with child passengers age 8 & younger traveling on or near tribal communities

Objective 2: Enter the data into a database for automatic analysis

Objective 3: Review the data report to understand the percent of children who are properly restrained, incorrectly restrained, and unrestrained and identify which children are at increased risk for riding incorrectly restrained or unrestrained. Use of computer with Microsoft Excel will be needed.

#### **Evaluation Measures:**

- Number of vehicles observed
- Number of children observed
- Data was entered into database (Yes, No)



**Budget:**

	<b>Expense</b>
Incentive items for participating drivers (\$5 per observation/interview)	\$500
Clipboard with storage (2 at \$15 each)	\$30
Printing of survey forms	\$70
Interviewer honorarium	\$400
<b>Total</b>	<b>\$1,000</b>

**Time Line:** To be completed at workshop

**Date Due:** TBD

**FOCUS GROUP** (e.g. community knowledge, attitudes, beliefs, barriers, facilitators)

The tribal organization above will use the Native CARS focus group protocol to obtain a community context about child passenger restraint usage; community members will share what they know about child passenger restraints, their observations of restraint use in their community, as well as “their stories” to illuminate any common attitudes or beliefs about child passenger restraints. This will allow the Tribe to identify barriers that may prevent drivers from properly restraining their child passenger and facilitators of proper restraint of child passengers. The focus group should take no more than one hour.

**Objectives:**

Objective 1: construct no more than 10 focus group questions

Objective 2: recruit 8-12 focus group participants

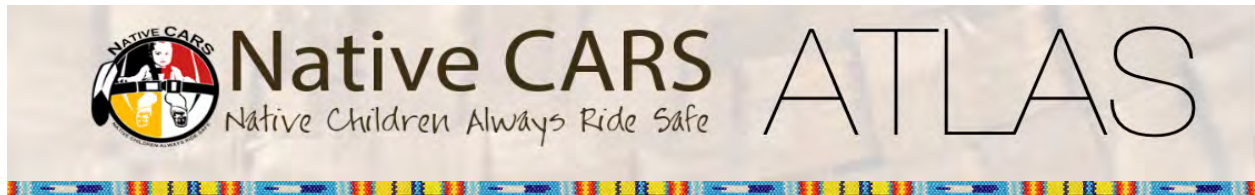
Objective 3: Hold 1 focus group

Objective 4: Review the transcripts or written notes to understand the common themes discussed, barriers and facilitators

**Evaluation Measures:**

- Number of participants in attendance
- Completion of focus group (Yes, No)
- Focus group data were transcribed, organized and reviewed (Yes, No)





**Budget:**

	<b>Expense</b>
Incentive items for participating participants (\$25 per observation/interview)	\$300
Dictation recorder	\$400
Printing	\$70
Focus group facilitator honorarium	\$100
Transcription of 60 minute focus group	\$130
<b>Total</b>	<b>\$1000</b>

**Time Line:** To be completed at workshop

**Date Due:** TBD



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**Part Four: Intervention Activity Plans**

**\$5,000**

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Creating *intervention activity* plans will allow you to design effective, community-based interventions and develop strategies to improve car safety seat use in your community. Attached are six intervention activity plans that other northwest Tribes have designed and implemented successfully. **Please review and select one of the intervention activity plans below.**

- Child Passenger Safety Technician/Car Seat Clinic (Total Cost: \$5,000)
- Child Passenger Law (Total Cost: \$5,000)
- Law Enforcement Training\* (Total Cost: \$5,000)
- Distribution of Child Safety Seats/RPMS Patch\*\* (Total Cost: \$5,000)
- Media Campaign (Total Cost: \$5,000)
- Community Education & Outreach (Total Cost: \$5,000)

\*Must work with a CPS Tech (local or Native CARS) for Law Enforcement Training

\*\*Must have CPS Tech locally available for Child Safety Seats/RPMS Patch

Enclosed, please find the community intervention proposals.



### Intervention Activity Plan

Lead:

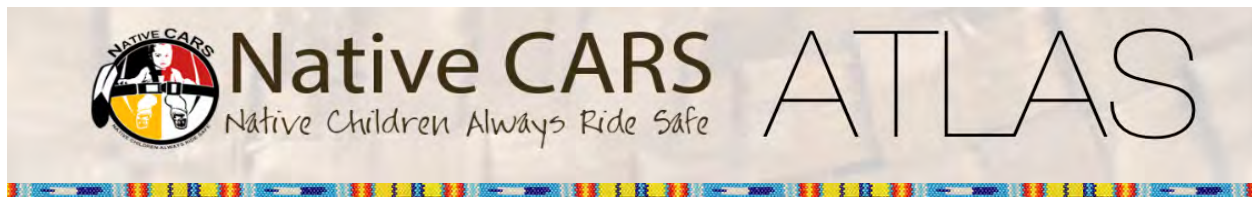
Tribe:

Date:

<b>Title of Intervention Activity: Child Passenger Safety Technician Training and Car Seat Clinic</b>	
<b>Approach</b> (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Health and Safety Education; Public Health and Safety Practice
<b>Issues Addressed</b>	- Lack of experienced CPS technicians in the community; - Lack of or inappropriate use of child safety seats in the community; - Instruction on proper installation of proper child safety seats needed
<b>Collaborators</b>	

**Audience:**

- Staff and/or volunteers who serve families with children age 12 and under
- Non-parent caregivers, parents of children 12 and under
- Children 12 and under
- Potential CPS Tech Candidates



## **Description:**

### ***Part 1: CPS Technician Training***

Tribe will recruit tribal staff and volunteers who serve families with children age 12 and under to attend a Child Passenger Safety Technician (CPST) Certification course. The locations of these courses vary within each state and are available throughout the year. Three identified candidates will travel to take the 3-day course. The course requires candidates finish all three consecutive days and must pass a certification written and practical test. Upon completion of the course and receipt of certification, CPS Techs will provide community members with car seat installation and education support. CPS Techs will provide a minimum of four hours of community car seat education training to community members, complete five individual car seat checks observed by a certified CPS Tech Instructor (instructor in nearby town), and six continuing education credits (in-person or online).

## **Objectives:**

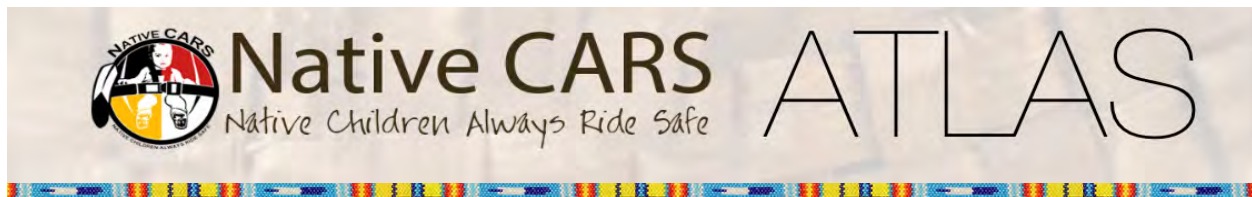
1. Promote proper use of child car seats via community-based CPS technicians at local clinics, schools and/or car safety events.
2. Increase the number of certified CPS technicians serving the families of children 12 and under within the reservation community.
3. Provide opportunities for CPS technicians to maintain their certification

## **Potential Evaluation Measures:**

- Total count of individuals registered for CPST course
- Total count of attendees who complete CPST course
- Total count of individuals who receive CPST certification
- Number of CPS technician opportunities reported that fulfill recertification (car seat clinics with certified instructors, integrated car seat education classes)

### ***Part 2: Car Seat Clinic***

The three certified community-based CPS Technicians will organize 2-3 community car seat clinics in 2017. The purpose of this clinic is to ensure the proper installation and usage of appropriate child safety seats in the community. CPS techs will provide one-on-one checks of installed child safety seats and educate driver about proper installation/usage of these seats in their vehicles. Drivers will be encouraged to bring their child passengers to the car seat clinic. Consultations will last roughly 20 minutes. We plan on a total of 5 consultations per CPS Techs per car seat clinic.



During the car seat clinic, CPS Technicians will:

- Record the type/number of car seat(s), location of seat(s) in the vehicle and observations of misuse or damage;
- Ensure that the seat(s) is appropriate for the child's age and size;
- Review seat instructions and vehicle owner's manual with the caregiver;
- Ensure appropriate position in vehicle;
- Check current seat safety, e.g. seat recalls, expiration date and damage/defects to the seat;
- Observe the caregiver install the seat(s) on their own and provide education when needed;
- Educate caregivers as to the importance of car safety for all passengers, especially children;
- Educate the caregiver about the transition to the next type of car seat for their child/children;
- Answer any questions the caregiver may have.

**Objectives:**

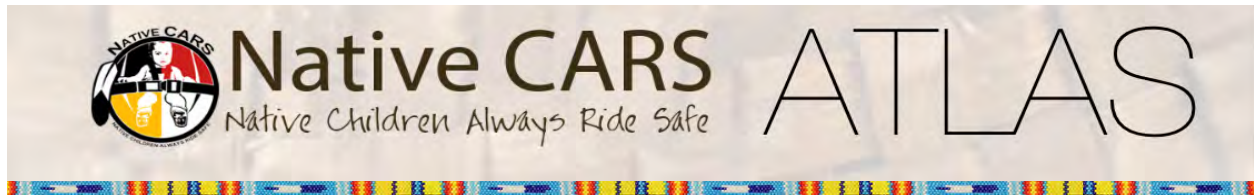
1. Ensure proper selection and installation/use of safety seats in vehicles
2. Educate drivers about proper selection installation and positioning of child safety seats
3. Provide 3 car seat clinics

**Potential Evaluation Measures:**

- Total number of car seat clinics held
- Total number of each type of child safety seats (e.g., infant, forward facing, combination, convertible, booster) checked at car seat clinics
- Total number of drivers who were able to properly installed child safety seats
- Total number of seats identified that need to replaced (e.g., recalled, damaged, not proper for child's age or size, not compatible for vehicle)

**Time Line:** To be completed at workshop

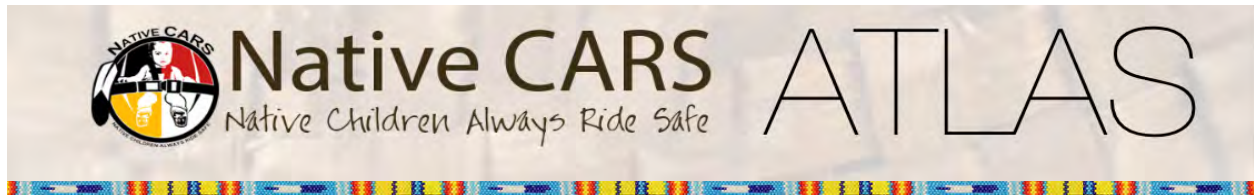
**Due Date:** TBD



**Budget**

	<b>Expense</b>
<b>CPST training Tuition</b>	
CPST certification course fee (3x\$85)	\$255
<b>Travel to course</b>	
Per diem (includes 3 attendees) (230 x3)	\$690
Mileage/rental/gas (includes all 3 attendees)	\$200
Lodging (includes 3 attendees) (420 x3)	\$1260
<b>Car Seat Clinic</b>	
Mileage for CPT Techs	\$305
Snacks (200 x 3)	\$600
Promotion materials	\$600
Supplies (Clip boards, cones, promotional materials, demo dolls)	\$970
CPS Vests (3 X \$40)	\$120
<b>Total Cost</b>	<b>\$5000</b>

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.



### Intervention Activity Plan

Lead:

Tribe:

Date:

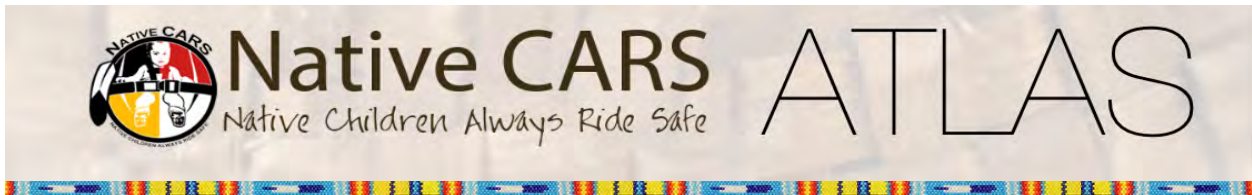
Title of Intervention Activity: Child Passenger Law	
<b>Approach:</b> (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Environment, Policy
<b>Issue Addressed</b>	Revise or create a seat belt law that meets current National Highway Traffic Safety Administration (NHTSA) recommendations; Update or create a fee schedule and fine process that encourages police to enforce the law
<b>Collaborators</b>	Police, Courts, Tribal Attorney, Business Council, General Membership; Media

**Audience:**

Reservation Residents, Tribal and Non Tribal member drivers, parents and guardians of children 12 and under.

**Description:**

The tribe will review current (if existing) tribal child safety seat law and order code, fee schedule and fine process and compare to current NHTSA recommendations. Following this review, the tribe will propose changes to the code so that all children are in appropriate seats and/or safety restraints while riding in vehicles. The Lead will also consult with the Tribal attorney’s office (1) to determine proper channels for submission to council, law and justice committee and the public and (2) to review proposed changes.



**Objectives:**

1. To review current child passenger safety law
2. To compare current child passenger law (if any) to NHTSA recommendations
3. To review fee schedule and fine process
4. Propose changes to law and fine process
5. To ratify new child passenger safety law or change
6. Mount media campaign to notify community of law change

**Potential Evaluation Measures:**

- Title/Number of new law or proposed law change
- Changes to fine process as proposed to Law and Justice committee
- Number of community review meetings
- Count of attendees at review meetings

**Time Line:** To be completed at workshop

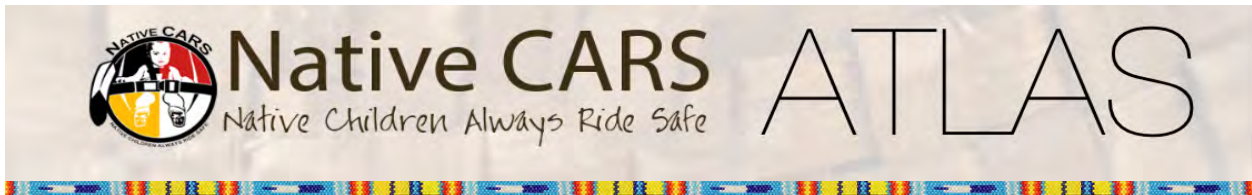
**Date Due:** TBD

**Budget**

	<b>Expense</b>
Consultant (code development, code draft review, final code)	\$3500
Printing Costs for Public Review (documents, code change brochures)	\$600
Meeting Expenses (refreshments or dinners)	\$400
Site Rental for Public Review Meetings	\$400
Mileage to travel to Public Meetings	\$100
<b>Total Cost</b>	<b>\$5000</b>

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.





**Intervention Activity Plan**

Lead:

Tribe:

Date:

<b>Title of Intervention Activity: Law Enforcement Training</b>	
<b>Approach:</b> (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Awareness; Public Safety Practice
<b>Issue Addressed</b>	Lack of knowledge of current tribal passenger safety law; Inadequate enforcement of current tribal child passenger safety law
<b>Collaborators</b>	Tribal Police Officers, Tribal Police Chief, Tribal Court, CPS Techs,

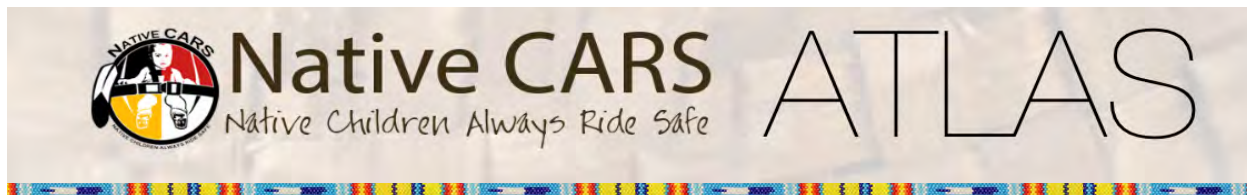
**Pre-requisite: Must have a CPS Technician available to provide instruction or utilize the CPS Technicians we have available to refer.**

**Audience:**

Tribal Police on the Reservation

**Description:**

The Lead will review law and order practices including traffic data collection (e.g. how traffic data is collected, number of safety citations, citations per officer, and frequency of data review) in order to educate police officers on current child passenger safety law. This intervention proposes to train tribal police about consistent and proper enforcement of current tribal child passenger safety law. **CPS Technicians** will lead two training sessions. Focus areas will address specific needs discovered in data collection phase, e.g. better



defining gross misuse of car seat. As part of this training, law enforcement officers will receive a certificate of participation. Upon completion, officers will also receive a bag (to be stored in their car) of educational swag and other incentive items for distribution to drivers and passengers during initial warning stops. These will serve as child safety educational tools. The lead will contract a graphic artist to design print media to support the vision of police officers enforcing the child passenger restraint law and providing guidance to drivers on proper child passenger restraint use.

**Objectives:**

1. Educate tribal law enforcement on specifics of child passenger safety law (e.g. difference between gross misuse of car seat laws and incorrect seat for child).
2. Engage local tribal police department to consistently enforce child passenger safety laws.
3. Emphasize the role of law enforcement as “Educator” about child passenger safety in the community.
4. Develop print media to support vision of police officers as child passenger restraint enforcers and educators.

**Potential Evaluation Measures:**

- Number and type of media developed
- Number of posters developed and locations posted
- Count or schedule of radio PSA airing
- Count or schedule of video PSA airing
- Number of articles published in [tribal newspaper]
- Count of social media hits

**Time Line:** To be completed at workshop

**Date Due:** TBD



**Budget**

	<b>Expenses</b>
CPS Tech to lead training	\$400
Training Expenses (room rental, food etc)	\$400
10 Officer Educational Swag Bags	\$2000
Print Training Materials, binders, forms	\$200
Promotional print materials (e.g., posters brochures)	
Graphics contractor	\$800
Printing	\$1200
<b>Total</b>	<b>\$5000</b>

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.



## Intervention Activity Plan

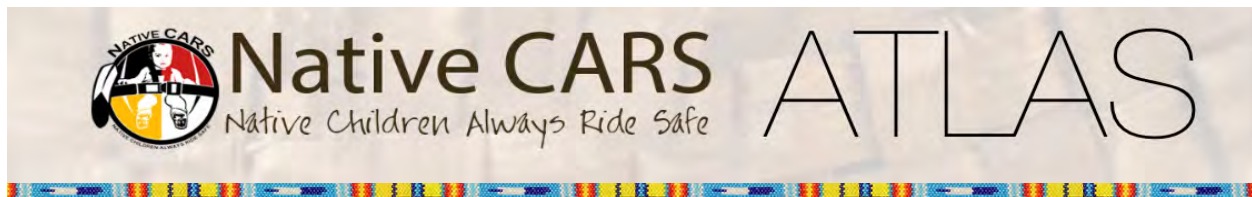
Lead:

Tribe:

Date:

<b>Title of Intervention Activity: Child Safety Seat RPMS/EHR Patch and Child Safety Seat Distribution</b>	
<b>Approach:</b> (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Public Safety Practice, Health Education.
<b>Issue Addressed</b>	<ul style="list-style-type: none"> <li>- Lack or inadequate knowledge of appropriate child safety seat recommendations and referrals for the right type of seat among parent and non-parent caregivers;</li> <li>- Inadequate access to car seats (particularly booster seats) for all children 12 and under;</li> <li>- Lack of education regarding car safety best practices for children</li> </ul>
<b>Collaborators</b>	Community Health, Medical (All Providers), IT, Maternal/Child Health

**Pre-requisite: Must have a local CPS Technician available to provide consultation to parents or guardians of children in need of a car seat and car seat installation support.**



## ***Part 1: Electronic Health Record Patch***

### **Audience:**

- Health care providers and parent/caregivers utilizing clinic who have a child or children of safety seat age and size (12 and under)
- Parents and caregivers of children 12 and under.

### **Description:**

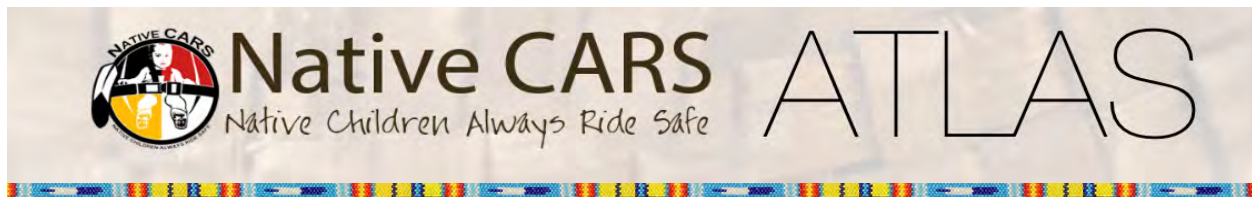
The tribal organization listed above will use the Native CARS RPMS/EHR patch to increase use of appropriate child car seats among parents/caregivers. A tribal Child Passenger Safety Technician (CPST) will train all providers in the medical department to (1) consistently and systematically counsel parents/caregivers on child safety seat recommendations and (2) help families access child safety seats (CSS) through the tribal distribution program.

Specifically, the patch will:

- Set up a reminder in the electronic health record (EHR) for provider to discuss and document if appropriate car seat is currently being used.
- Set up a reminder for provider to counsel parent/caregiver when next child safety seat transition is and discuss best practices for age and size.
- Offer the provider the option to issue a referral (or prescription) for child safety seat via CSS Referral/Prescription.
- Give access to CPS Tech for referral review and parent follow-up.
- Give access to CPS Tech to document distribution of CSS and expiration date of distributed seat in EHR.

### **Objectives:**

1. Create a seamless system to track car seat referrals and distribution.
2. Utilize medical providers to emphasize the importance of implementing child safety seat recommendations.
3. Increase knowledge and compliance of parent/caregiver on appropriate seats for a child's age/size.
4. Encourage providers to talk to parents/caregivers and children about the transition to the next stage of child safety seats.



### **Potential Evaluation Measures:**

- Count of CSS distributed/ CSS referrals via patch reports
- Number of providers utilizing the CAR RPMS patch via patch user report
- Number of child medical visits in which CSS education was provided and documented on RPMS
- Provider feedback of the CSS patch, e.g. whether the new CSS patch helped them to talk to parents about car seats

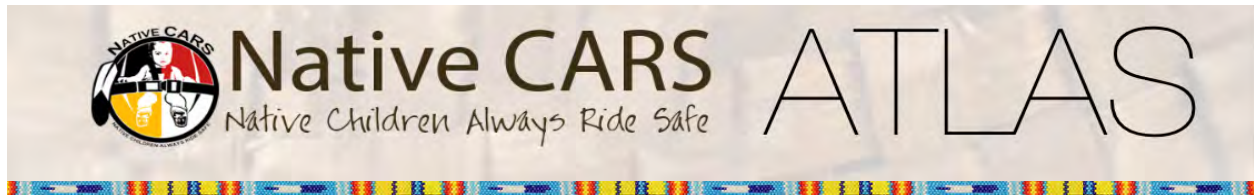
### ***Part 2: Distribution of Child Safety Seats***

Based on children identified by providers and documented in CARS RPMS patch, we plan to increase access to car seats that are right for children's age and size. We will purchase car seats for distribution to parents or guardian of children who have been provided a consult via the Native CARS patch. A CPS Technician will be identified to coordinate car seat distribution. The car seat distribution processes will be agreed upon in conjunction with the CAR RPMS patch implementation planning. The CPS Technician will distribute the car seat so parents or guardians of the children receive instruction as to the appropriate car seat for their child/children as well as proper installation of the seat. The CPS technician will be available to guide parents or guardian as they install car seats into their vehicles.

Communities that do not wish to give car seats free of charge can choose to establish a reimbursement system for parents or guardians who purchase their own seats. For example, the Tribe awards \$100 for convertible car seats and \$20 for booster seats.

### **Objectives:**

1. Educate parent or guardian about child seat safety, particularly the importance of age/size-appropriate car seats for children 12 and under.
2. Increase the number of children in appropriate car seats when riding a vehicle
3. Provide access to a child safety seat distribution programs on reservation



**Potential Evaluation Measures:**

- Number of parents or guardians who access the distribution program
- Number of seats distributed
- Number of parents or guardians who came to distribution program as a result of a CARS RPMS Patch consult order by provider

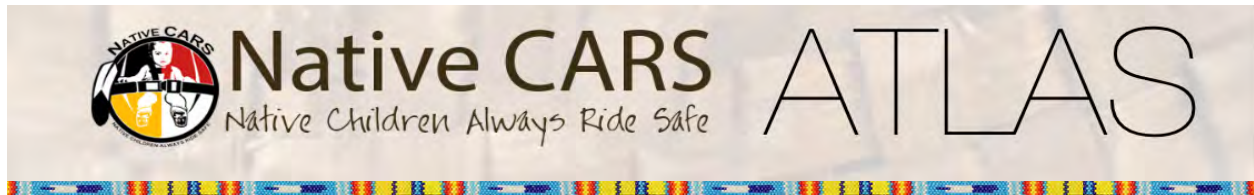
**Time Line:** To be completed at workshop

**Date Due:** TBD

**Budget:**

<b>CARS RPMS Patch</b>	<b>Expense</b>
Incentive items for providers who have the most referrals	\$300
Lunch provisions for patch training	\$250
Printing for CPS Tech cards, referral cards and training Materials	\$200
Snack provision to present progress at all staff meeting using patch	\$200
Car seat distribution	
Purchase of car seats	\$4000
Purchase of CPS Tech materials (e.g., LATCH Manual, recall list notification)	\$50
<b>Total Cost</b>	<b>\$5000</b>

**With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.**



### Intervention Activity Plan

Lead:

Tribe:

Date:

<b>Title of Intervention Activity: Child Safety Seat (CSS) Media Campaign</b>	
<b>Approach:</b> (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Awareness
<b>Issue Addressed</b>	Will be determined after review of child safety seat data
<b>Collaborators</b>	Tribal Communications

**Audience:**

Drivers and passengers within the tribal community (may be focused on specific sub-group depending on review of data)

**Description:**

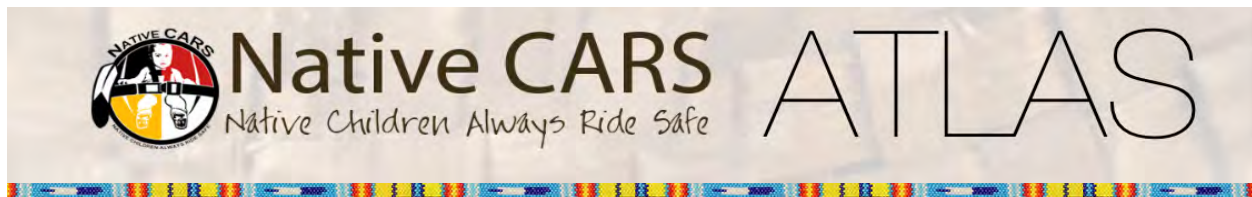
This intervention proposal builds off of data collection efforts. Issues addressed by the media campaign will depend on the themes discovered in the data, such as short car trips, on and off Reservation or trips with non-parent caregivers. The media campaign may promote child car safety and injury prevention on and off the Reservation. Messages may include tribal specific vehicular injury and mortality data, proper child car seat usage and qualitative data gathered from focus groups. Messages should be concise and brief and address the issues discovered in your data collection.

Applicant can select **one** of the following four media campaign options below:

**Option 1: Video and Radio PSA**

Develop one 30-second video public service announcement (PSA) for local TV station, IHS clinic or administrative building featuring tribal youth, Native CARS information and current CSS information. Develop two 30-second radio PSA spots.





**Option 2: DIY Billboard**

- Build three site-specific 8 x 6 ft plywood billboards to be placed at strategic locations.
- Contract graphic artist to produce six vinyl banners to be placed on three billboards

**Option 3: Professional Billboard**

- Contract with graphic artist to produce billboards
- Contract with a commercial billboard company to advertise on a billboard (such as Lamar, Outdoor Billboard, Pattison)

**Option 4: Print Media**

- Develop print media (e.g., posters, displays, and/or brochures) to be placed in strategic locations including social media

**Objectives:**

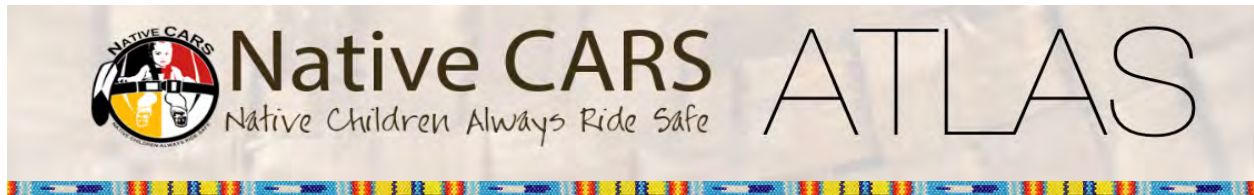
1. Develop tribe-specific, data-driven media campaign that emphasizes the importance of child safety seat use every trip, every time, including reservation and on short trips in 2017.
2. Implement media components and distribute messages at designated locations in 2017.
3. Have a visible presence throughout the community and various media channels to better promote the message of child passenger safety.

**Potential Evaluation Measures:**

- Number and type of media developed
- Number of posters developed and locations posted
- Count or schedule of radio PSA airing
- Count or schedule of video PSA airing
- Number of articles published in [tribal newspaper]
- Count of social media hits

**Time Line:** To be completed at workshop

**Date Due:** TBD



**Budget**

<b>Video and Radio PSA</b>	<b>Expense</b>
Consultant to draft scripts, story boards, contact stations, scout locations, recruit cast, organize schedule	\$4000
Incentives	\$240
Mileage	\$260
Supplies	\$500
<b>Total</b>	<b>\$5000</b>

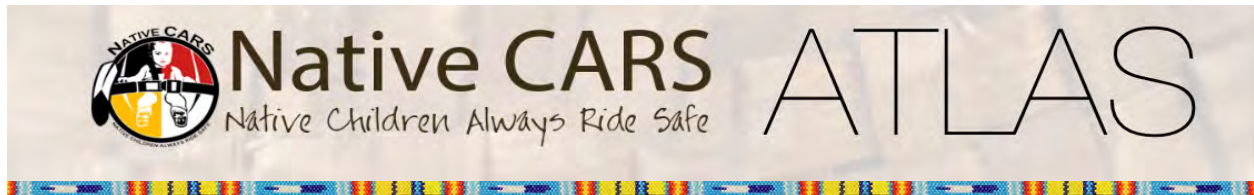
<b>Billboards – Professional Rental</b>	<b>Expense</b>
Photographer/Graphic Designer	\$610
Professional Billboards 2 (2195 each) full scale billboard for 4 months	\$4390
<b>Total</b>	<b>\$5000</b>

<b>Billboards - DIY</b>	<b>Expense</b>
Construct and erect 3 8' x 6' plywood billboard (3x\$1200)	\$3600
Printing of vinyl billboard banners (6x\$100)	\$600
Photographer/Graphic Design	\$800
<b>Total</b>	<b>\$5000</b>

<b>Video and Radio PSA</b>	<b>Expense</b>
Consultant to draft scripts, story boards, contact stations, scout locations, recruit cast, organize schedule	\$4000
Incentives	\$240
Mileage	\$260
Supplies	\$500
<b>Total</b>	<b>\$5000</b>

<b>Print Media</b>	<b>Expense</b>
Photographer	\$1620
Graphic Designer	\$1670
Model Incentives (10 x \$40)	\$400
Printing (posters, brochures, displays, inserts)	\$1110
Snacks/water bottles	\$200
<b>Total</b>	<b>\$5000</b>

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.



### Intervention Activity Plan

Lead:

Tribe:

Date:

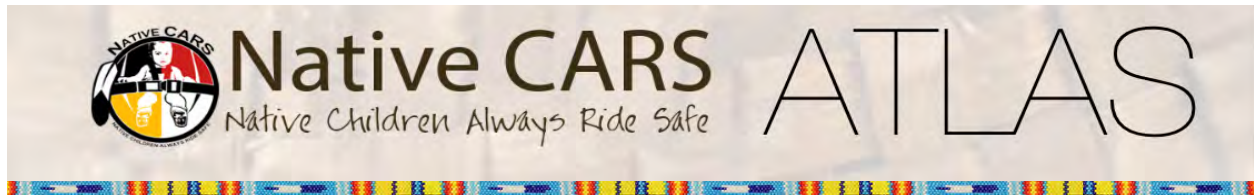
Title of Intervention Activity: Community Education and Outreach	
<b>Approach:</b> (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Health Education, Awareness
<b>Issue Addressed</b>	Low knowledge and awareness of child safety seat recommendations
<b>Collaborators</b>	Community Action Partnership, Head Start, Elementary Schools, WIC, Health Clinics

**Audience:**

Staff and personnel at tribal and non-tribal entities who interface with tribal children in need of proper child passenger restraints

**Description:**

The tribal organization listed above will increase awareness of available child safety seat resources in the community via education and information sessions held at child-focused organizations, e.g. Head Start, Elementary schools, WIC, local health clinics etc. At these locations, community members will receive the necessary information they need to educate parents and caregivers about child passenger safety and/or direct them to the proper resource for additional information. For instance, children may be weighed and measured to determine the appropriate child safety seat for them.



**Objectives:**

1. Mobilize community partners to be advocates of child passenger safety and informational resources for the parents/caregivers.
2. Increase awareness of child passenger safety among organizations throughout the community that serve young children who require safety seats.

**Potential Evaluation Measures:**

- Count of and contact information for all organizations approached to educate about car safety
- Number of families/children consulted regarding car seat safety

**Time Line:** To be completed at workshop

**Date Due:** TBD

**Budget**

	<b>Expense</b>
Table cloth with Tribal & Native CARS logos	\$100
Canopy	\$200
Small Equipment (scales, portable stadiometer, demonstration dolls)	\$700
Child Passenger Safety Video tapes	\$500
Education materials (e.g., charts, handouts, window clings,	\$2000
Sample child safety seats, retractors, webbing and latchplate for demonstration	\$1500
<b>Total Cost</b>	<b>\$5,000</b>

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.

DATE: November 2, 2016

TO: Tribal Leaders and Tribal Program Managers

FROM: Monty Wilkinson, Director  
Executive Office for United States Attorneys

BY: Cameron G. Chandler, Associate Director  
Office of Legal Education

SUBJECT: **Accessing Grants to Strengthen Justice System Capacity Workshop**  
Columbia, South Carolina  
**January 18-19, 2017**

DUE DATE: **Nominations are due by November 28, 2016**

CONTACTS: **National Indian Country Training Coordinator:**  
Leslie A. Hagen, (803) 705-5061, E-Mail: [leslie.hagen3@usdoj.gov](mailto:leslie.hagen3@usdoj.gov)

**Training Specialist:**  
Delores McCarter, 803-705-5123, E-Mail: [delores.mccarter@usdoj.gov](mailto:delores.mccarter@usdoj.gov)

LEARNDJOJ SCHEDULED OFFERING NUMBER: 56429

The U.S. Department of Justice's National Indian Country Training Initiative, together with the Bureau of Justice Assistance and the Office on Violence Against Women, is pleased to announce the Accessing Grants to Strengthen Justice System Capacity Workshop. This workshop will be held January 18-19, 2017, at the National Advocacy Center in Columbia, South Carolina. Travel and lodging accommodations will be provided by the Office of Legal Education.

In Fiscal Year 2010, the Department of Justice (Department) launched its Coordinated Tribal Assistance Solicitation (CTAS) in direct response to concerns raised by tribal leaders regarding the Department's grant process and how it did not provide the flexibility tribes needed to address criminal justice and public safety needs in their communities. Through CTAS, federally-recognized tribes and tribal consortia were able, for the first time ever, to submit a single application for most of the Justice Department's tribal grant programs. The Department designed this comprehensive approach to save time and resources and to allow tribes and the Department to gain a better understanding of the tribes' overall public safety needs.

In Fiscal Year 2016, the department awarded 236 CTAS grants to 131 American Indian tribes, Alaska Native villages, tribal consortia and tribal designees. The grants provided more than \$102 million to enhance law enforcement practices, and sustain crime prevention and intervention efforts in nine purpose areas including public safety and community policing, justice systems planning, alcohol and substance abuse, corrections and correctional alternatives, violence against women, juvenile justice, and tribal youth programs.

This workshop is designed to provide previous and new CTAS applicants with tools and guidance that may assist with the tribe's efforts to access grant funding and other resources to improve their justice systems. Workshop sessions will be led by Department personnel and experienced technical assistance providers and will focus on topics such as: 1) strategic planning to support a strong program design; 2) writing a proposal; 3) grant writing tips; and 4) DOJ funding opportunities and training and technical assistance resources.

Please complete the attached form for each of your nominees and E-Mail it to the attention of Delores McCarter, Office of Legal Education. **Nominations are due by November 28, 2016.**

The NICTI will review all nominations and will send an e-mail advising nominees of their selection on or about December 5, 2016. Selected nominees will also receive information on how to book travel and lodging.

In order to ensure that our records are correct, please **type** in the required information when completing the nomination forms. Illegible and/or incomplete forms will not be considered.

Due to the increasing number of last minute cancellations, we must ask that only nominations for those who are certain to attend be submitted.

The Executive Office for United States Attorneys will provide reasonable accommodations to people with disabilities. Requests should be made to Delores McCarter as early as possible, preferably at least two weeks in advance of the seminar. No nominee will be excluded from a course on the basis of a disability-related accommodations request.

This training is authorized under the Government Employees Training Act.

Any questions regarding this training seminar should be directed to Delores McCarter at (803) 705-5123.

# Accessing Grants to Strengthen Justice System Capacity Workshop

## January 18-19, 2017

### #56429

### NOMINATION FORM

PLEASE COMPLETE THIS NOMINATION FORM BY **NOVEMBER 28, 2016**, AND E-MAIL IT  
 TO: Delores McCarter at [delores.mccarter@usdoj.gov](mailto:delores.mccarter@usdoj.gov)

<b>*Order of Preference:</b>	_____ of _____
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*Please type your information below:*

<b>Name of Nominee:</b>	
<b>Nominee's Job Title:</b>	
<b>Name of Tribe and/or Agency:</b>	
<b>Office Mailing Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Office Telephone Number:</b>	
<b>Secondary Telephone Number:</b>	
<b>E-Mail Address <i>(please confirm)</i>:</b>	
<b>Supervisor's Name and Number:</b>	

*\*If multiple applicants are from the same agency, please have the Training Officer or Supervisor rank applicants in order of preference.*

1. Was your tribe previously awarded CTAS funding?  Yes  No
2. Did your tribe/consortia/agency apply for CTAS funding but was unsuccessful?  Yes  No
3. Did your tribe/consortia/agency ever apply for CTAS funding?  Yes  No

The U.S. Department of Justice's National Indian Country Training Initiative (NICTI), together with the Substance Abuse and Mental Health Services Administration (SAMHSA), is pleased to announce the Tribal Action Plan (TAP) Development Workshop. This workshop will be held January 25-27, 2017, at the National Advocacy Center in Columbia, South Carolina. Travel and lodging accommodations will be provided by DOJ's Office of Legal Education. There is no tuition fee to attend this training. Tribes are encouraged to register a team to attend.

The Tribal Law and Order Act (TLOA) of 2010 addresses the development of Tribal Action Plans (TAP). TAPs support the principle of tribal self-determination and provide tribes the opportunity to take a proactive role in the fight against alcohol and substance misuse in their communities. TLOA also requires interagency coordination and collaboration among the Department of Health and Human Services (HHS), Department of Justice (DOJ), and the Department of the Interior (DOI) in addressing Indian alcohol and substance use problems.

The TAP Workshop will be led by experienced faculty and include sessions focused on: 1) community readiness; 2) local resource identification; 3) areas of prevention/intervention; and 4) strategic plan development.

The TAP Workshop is designed for tribes who have not previously participated in intensive tribal action plan training. Tribes who are chosen to participate are required to send a core team of five representatives comprised of individuals who represent the following disciplines: the tribe's TAP Tribal Coordinating Committee, Tribal leadership, Tribal behavioral health director, public health nurse, community health representative, Tribal judicial service representative, law enforcement, spiritual leader, and the education system representative. Tribes who have participated in a Gathering of Native Americans (GONA) training possess important preparation for the TAP Workshop.

Core Tribal TAP Team members will be required to participate in pre and post workshop technical assistance, attend the entire workshop, and sign a letter of commitment to work with Federal TAP points of contacts and consultants to complete a tribal-specific TAP. Tribes selected to attend the TAP Workshop must adopt a resolution (or legally-equivalent action) to develop and implement a tribal action plan.

If interested in having a team apply to attend, please have each team member fill out the attached application form and submit as directed.

Leslie A. Hagen  
National Indian Country Training Coordinator  
US Department of Justice  
1620 Pendleton St.  
Columbia, SC 29201  
[Leslie.Hagen3@usdoj.gov](mailto:Leslie.Hagen3@usdoj.gov)



DATE: October 31, 2016

TO: Federal Bureau of Investigations, Bureau of Indian Affairs,  
and Tribal Leaders

FROM: Monty Wilkinson, Director  
Executive Office for United States Attorneys

BY: Cameron G. Chandler, Associate Director  
Office of Legal Education

SUBJECT: **Tribal Action Plan Development Workshop:  
A Tribal Law and Order Act Training Initiative**  
Columbia, South Carolina  
**January 25-27, 2017**

ATTENTION: Training Officers

DUE DATE: **Nominations are due by November 18, 2016**

CONTACTS: **National Indian Country Training Coordinator:**  
Leslie A. Hagen, (803) 705-5061, E-Mail: leslie.hagen3@usdoj.gov

**Training Specialist:**  
Delores McCarter, 803-705-5123, E-Mail: delores.mccarter@usdoj.gov

LearnDOJ SCHEDULED OFFERING NUMBER: 53917

The U.S. Department of Justice's National Indian Country Training Initiative (NICTI), together with the Substance Abuse and Mental Health Services Administration (SAMHSA), is pleased to announce the Tribal Action Plan (TAP) Development Workshop. This workshop will be held January 25-27, 2017, at the National Advocacy Center in Columbia, South Carolina. Travel and lodging accommodations will be provided by the Office of Legal Education.

The Tribal Action Plan Training Initiative was established in direct response to TLOA, and it includes an intensive training workshop co-sponsored by SAMHSA and NICTI. This workshop is designed to provide tribes with the tools and guidance to assist their efforts in developing a TAP.

The Tribal Law and Order Act (TLOA) of 2010 addresses the development of Tribal Action Plans (TAP). TAPs support the principle of tribal self-determination and provide tribes the opportunity to take a proactive role in the fight against alcohol and substance misuse in their communities. TLOA also requires interagency coordination and collaboration among the Department of Health and Human Services (HHS), Department of Justice (DOJ), and the Department of the Interior (DOI) in addressing Indian alcohol and substance use problems.

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Please complete the attached form for each of your nominees and E-Mail it to the attention of Delores McCarter, Office of Legal Education. **Nominations are due by November 18, 2016.**

The NICTI will review all nominations and the NICTI will send an e-mail advising nominees of their selection on or about November 28, 2016. Selected nominees will also receive information on how to book travel and lodging.

In order to ensure that our records are correct, please **type** in the required information when completing the nomination forms. Illegible and/or incomplete forms will not be considered.

Due to the increasing number of last minute cancellations, we must ask that only nominations for those who are certain to attend be submitted.

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This training is authorized under the Government Employees Training Act.

Any questions regarding this training seminar should be directed to Delores McCarter at (803) 705-5123.

**Tribal Action Plan Development Workshop:  
A Tribal Law and Order Act Training Initiative  
January 25-27, 2017  
#53917**

**NOMINATION FORM**

PLEASE COMPLETE THIS NOMINATION FORM BY **NOVEMBER 18, 2016**, AND E-MAIL IT TO:  
Delores McCarter at [delores.mccarter@usdoj.gov](mailto:delores.mccarter@usdoj.gov)

<b>*Order of Preference:</b>	_____ of _____
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*Please type your information below:*

<b>Name of Nominee:</b>	
<b>Nominee's Job Title:</b>	
<b>Name of Tribe and/or Agency:</b>	
<b>Office Mailing Address:</b>	
<b>City, State, Zip Code:</b>	
<b>Office Telephone Number:</b>	
<b>Secondary Telephone Number:</b>	
<b>E-Mail Address <i>(please confirm)</i>:</b>	
<b>Supervisor's Name and Number:</b>	

*\*If multiple applicants are from the same agency, please have the Training Officer or Supervisor rank applicants in order of preference.*

1. Did your tribe develop a TAP?  Yes  No
2. Did your tribe receive intensive TAP training within the past three years?  Yes  No
3. Did your tribe pass a resolution (or legally-equivalent action) to develop and implement a tribal action plan?  Yes  No
4. Did your tribe assemble a Core Tribal TAP Team committed to developing and implementing a TAP?  Yes  No

# INDIAN HEALTH SERVICE (IHS) QUALITY FRAMEWORK

2016 - 2017

## Introduction

The Indian Health Service (IHS) seeks to provide safe, trusted, high quality health care to American Indians and Alaska Natives and promotes policies, practices, and programs that improve health outcomes.

The IHS Quality Framework describes the vision, goals, and priorities to develop, implement, and sustain an effective quality program that improves patient experience and outcomes, strengthens organizational capacity, and ensures the delivery of reliable, high quality health care for IHS Direct Service facilities. This Framework is consistent with the aims of the 2011 National Quality Strategy established by the U.S. Department of Health and Human Services (HHS) and is aligned with HHS Strategic Goals (#1: Strengthen Health Care, and #4: Efficiency, Transparency, Accountability, and Effectiveness), the IHS mission, and key IHS priorities.

The Quality Framework was developed by assessing current IHS quality policies, practices, and programs, incorporating standards from national experts, and including best practices from across the IHS system of care. The Framework is a living document with an initial focus on strengthening the underlying quality foundation of the federally-operated facilities within the IHS system of care that builds upon existing initiatives and programs. IHS also is committed to sharing best practices, models, and policies with Tribes and Urban Indian programs and strengthening partnerships with Tribes, local communities and regional health care systems. This Framework will be reviewed and updated annually.

The IHS Quality Implementation Plan, 2016-2017, is a companion document to this Framework and describes specific activities IHS will undertake to implement changes in support of the priorities and objectives outlined in the Framework.

## IHS Mission Statement

To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

## Quality Vision

IHS will provide patient-centered, timely, effective, safe, and reliable health care of the highest quality.

## Quality Goals

- 1) Improve health outcomes for patients receiving care
- 2) Provide a care delivery service all patients trust

## Quality Priorities

- 1) Strengthen Organizational Capacity to Improve Quality of Care and Systems
- 2) Meet and Maintain Accreditation for IHS Direct Service Facilities
- 3) Align Service Delivery Processes to Improve Patient Experience
- 4) Ensure Patient Safety
- 5) Improve Transparency and Communication Regarding Patient Safety and Quality to IHS Stakeholders

### Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems

In order to provide patient-centered, timely, effective, safe, and reliable health care of the highest quality, IHS will strengthen its capacity through establishing leadership in quality, standardizing governance, workforce development, incorporating data-supported decision making, and reporting. IHS will strengthen and unify oversight and support functions of facilities, personnel and processes that directly impact the quality of health care delivery services.

#### Objectives:

##### 1A) Provide Leadership in Quality

IHS will establish a Quality Office at Headquarters, overseen by a Deputy Director of Quality, who will report to the IHS Director. The Quality Office will lead the development of a culture of quality in all IHS Direct Service facilities that embodies trust and respect, and fosters continuous learning; will assess Area Office and Service Unit functions, staffing, and critical quality improvement and assurance activities; and will identify resource needs, structures, processes and support for an effective and sustainable quality assessment and performance improvement system. The Quality Office will be staffed to manage the functions that support activities such as assessing and addressing quality and patient safety issues, in addition to monitoring trends in performance and progress in achieving quality improvements. Additionally, leadership in quality will be provided in the field through the establishment of Chief Quality Officers at each Area Office and Quality Assessment and Performance Improvement (QAPI) Officers at each Service Unit.

##### 1B) Standardize Governance

Standardizing and strengthening governance processes and structures promotes reliability, consistency, and management excellence while emphasizing quality improvement as an Agency priority.

- A standard governing body structure will be developed to improve planning and oversight processes while ensuring that all Direct Service facilities are meeting external accreditation and certification Governance requirements.
- IHS will support a central repository of key IHS policies and procedures accessible to each Area Office and Service Unit to ensure consistency across the Agency and enable easy access to, and version control of, current policies and procedures. This effort will include a review of policies and procedures to reduce variation across the Agency.
- IHS will standardize the credentialing business process and implement a single credentialing software system for Direct Service facilities. IHS will automate business processes where possible and review, update, and simplify credentialing and privileging policies and procedures. Training and technical assistance will be provided to staff. The Quality Office will provide operational support and oversight to ensure system-wide high quality credentialing processes and procedures.

### **1C) Strengthen Human Resources**

Increasing quality improvement capacity at Headquarters, Area Offices, and Service Units will ensure staff have knowledge, skills, and abilities to contribute actively to process improvements that impact the quality of health care service delivery. IHS will support enhanced efforts to recruit and retain highly qualified clinicians and executives, assess training needs, encourage staff development, provide training on quality improvement topics for IHS leaders, and maintain an ongoing commitment to quality improvement at all levels.

### **1D) Standardize Data and Reporting Requirements**

The use of data to drive action and provide feedback is critical to assessing and improving performance. Across the Agency, data collection, data analytics, and reporting requirements will be standardized, as appropriate, to inform program, policy, and resource decisions. Roles, responsibilities, and timelines for review and oversight of data and reports will be established. These efforts will initially focus on clinical data and the electronic health records and will subsequently focus on operations, management, and human resources. IHS will develop a process for monitoring select indicators (e.g., measures of clinical care, patient access, and financial performance) for periodic review by Agency, Area, and Service Unit leadership. The monitoring system will be designed using currently available data sources, with maximum automation to reduce the reliance on manual data collection, and include data at the facility level.

### **Priority 2: Meet and Maintain Accreditation for IHS Direct Service Facilities**

Ensuring that all Direct Service facilities comply with regulatory and quality standards through accreditation is key to achieving IHS quality goals. IHS will build the capacity to ensure standards are identified, maintained, and disseminated and that facilities are prepared for and successful in the accreditation process.

## **Objectives:**

### **2A) Ensure Accreditation of IHS Direct Service Facilities**

IHS will secure the services of a single accrediting organization for all IHS Direct Service facilities to assure uniformity of approach, methods, and standards. Increased training and technical assistance opportunities will be provided to ensure staff have the skills, information, equipment, and resources necessary for carrying out their duties and achieving compliance with quality and safety standards.

### **2B) Implement Annual Mock Surveys for all IHS Direct Service Facilities**

IHS will conduct mock surveys annually to assist facilities to maintain a state of continual readiness for accreditation surveys. The mock survey process will incorporate an assessment against the accrediting/certifying organizations' standards, correction of any deficiencies identified, verification that corrective actions have been completed, and continual monitoring to ensure ongoing compliance with standards. Each Area will build the capacity to respond to survey findings and support monitoring of compliance with standards.

## **Priority 3: Align Service Delivery Processes to Improve Patient Experience**

IHS will focus on standardizing key processes and policies aimed at improving the patient experience. First among these will be the implementation of a Patient Perception Survey process. Survey data will inform and guide our patient experience improvement efforts and provide the opportunity for a data-driven approach. A number of efforts will also focus on reducing unnecessary wait times, reducing clinical and administrative variation, and mitigating medical, legal and financial risks across the system. Standardization of processes will provide efficiencies across the IHS system by reducing duplication of effort, spreading of best practices, and creating economies of scale.

## **Objectives:**

### **3A) Improve the Patient Experience**

IHS will continue to develop and adopt processes to improve the patient experience of care through the development and implementation of a Patient Perception Survey process to gather valuable information to inform performance improvement efforts.

### **3B) Improve Patient Wait Times**

IHS will focus on reducing patient wait times for appointments, cycle time during appointments, and Emergency Department wait times, by reviewing and leveraging best practices from Service Units and the health care industry.

## **Priority 4: Ensure Patient Safety**

Improving patient safety involves eliminating harm due to health care related errors and adverse events, by aligning with nationally recognized external patient safety standards and managing risk through transparency, accountability, and fair/equitable response to such events. To accomplish this, IHS will work toward transformation into a learning organization by cultivating an environment in which all staff feel comfortable reporting medical errors and “near misses” and instituting processes to support learning from experiences.

### **Objectives:**

#### **4A) Promote a Culture of Patient Safety**

IHS will promote a culture of patient safety by educating and encouraging staff to value continuous quality improvement and developing expertise at all levels in patient safety with a focus on high reliability, Just Culture, event investigation and management, teamwork principles, and critical communication.

#### **4B) Enhance Patient Safety Event Identification and Reporting**

IHS will enhance the system-wide patient safety reporting system to encourage consistent use by staff. Data analysis and management will be crucial to identifying risks and taking action to reduce the occurrence of adverse events. Patient safety indicators will be included in an internal data monitoring system for quality measurement. Communication and reporting channels will be reviewed, updated, and monitored.

#### **4C) Strengthen Processes Risk Identification and Mitigation**

In order to promote transparency and accountability IHS will adopt a systems approach to identifying risk and mitigating harm. Error and harm surveillance methods such as quality performance metrics, prospective risk assessments (e.g., Failure Mode and Effects Analysis) and retrospective risk analysis (e.g., Root Cause Analysis) will form the framework of a comprehensive approach to reduce adverse events and risks to patient safety.

#### **4D) Control Healthcare Associated Infections**

IHS will assess nationally endorsed programs and adopt new approaches to reduce healthcare associated infections. Participation in national networks and collaborative relationships will provide access to recognized experts and industry best-practices in support of quality improvement.



## **Priority 5: Improve Transparency and Communication Regarding Patient Safety and Quality to IHS Stakeholders**

### **Objectives:**

#### **5A) Improve Communications throughout the Agency**

Transparency and accountability will be fostered through regular and frequent (i.e., monthly or quarterly) communications from the Quality Office to Headquarters, Areas Offices, and Service Units. This information sharing will unify staff at all levels in working to continuously improve the quality of care and health care operations. IHS will also enhance its communication activities with internal and external audiences (e.g., (e.g., tribes, media, Congress, DHHS, accreditation bodies) to keep stakeholders informed about IHS progress and achievements.



NOV 16 2016

Indian Health Service  
Rockville MD 20857

Dear Tribal Leader and Urban Indian Organization Leader:

Since I assumed the position of Principal Deputy Director earlier this year, one of my highest priorities has been to strengthen the quality of care that the Indian Health Service (IHS) delivers to the patients we serve. I also have been working to instill a culture of quality care, leadership, and accountability across the agency.

To that end, I am pleased to provide you with the final 2016-2017 Quality Framework and Implementation Plan. The Quality Framework is a product of input from quality experts from within IHS, our Tribal and Urban partners, and resources from the Department of Health and Human Services, particularly the Executive Council on Quality Care, all singularly focused on ways we need to focus our efforts on improving quality health care for American Indians and Alaska Natives.

The final Quality Framework supports high quality patient-centered, timely, effective, safe, and reliable health care. The Quality Framework describes the vision, goals, and priorities to develop, implement, and sustain an effective quality program that improves patient experience and outcomes, strengthens organizational capacity, and ensures the delivery of reliable, high quality health care for IHS Direct Service facilities.

The Quality Framework was developed by assessing current IHS quality policies, practices, and programs, incorporating standards from national experts, and including best practices from across the IHS system of care. The Quality Framework is a living document with an initial focus on strengthening the underlying quality foundation of the federally-operated facilities within the IHS system of care that builds upon existing initiatives and programs.

The five priorities of the Framework are:

1. Strengthen Organizational Capacity to Improve Quality of Care and Systems
2. Meet and Maintain Accreditation for IHS Direct Service Facilities
3. Align Service Delivery Processes to Improve Patient Experience
4. Ensure Patient Safety
5. Improve Processes and Strengthen Communications for Early Identification of Risks

We have already begun working on many items in the Implementation Plan including a mock survey initiative and a national credentialing system.

The staff at IHS is also committed to sharing best practices, models, and policies with Tribes and Urban Indian programs and strengthening partnerships with Tribes, local communities, and regional health care systems. Tribal Consultation/Urban Confer on the Framework was designed to ensure transparency and open communications with Tribal and Urban partners. The Quality Framework will be reviewed and updated annually.

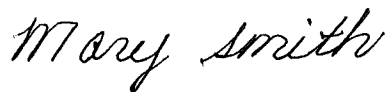
On July 20, 2016, IHS initiated a Tribal Consultation/Urban Confer on the draft IHS Quality Framework for 2016-2017. The original 60-day comment period was extended until October 3, 2016, to allow time for consideration following the final in-person consultation that occurred on September 19, 2016.

We received many thoughtful and considerate comments and questions about the draft IHS Quality Framework. These responses were reviewed and carefully considered by the Quality Framework Steering Committee for potential incorporation into the final Quality Framework.

The enclosed Quality Framework Tribal Consultation Responses Matrix presents all of the comments received and questions from each consultation event accompanied by the responses from the Quality Framework Steering Committee. As a result of your responses, the Quality Framework was slightly reorganized to align related concepts. The vast majority of the comments received have resulted in additions or modifications to the implementation strategy for objectives described in the Quality Framework. A summary of the Tribal Consultation/Urban Confer process for the Quality Framework is also provided, as well as, the final 2016-2017 IHS Quality Framework and Implementation Plan.

I want to thank everyone who participated in this Tribal Consultation/Urban Confer process for the 2016-2017 IHS Quality Framework. Your partnership with IHS to improve the quality of health care services contributes to the IHS mission of raising the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

Sincerely,

A handwritten signature in cursive script that reads "Mary Smith".

Mary Smith  
Principal Deputy Director

Enclosures

## Indian Health Service Quality Framework Implementation Plan

### Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems (Lead: Laura Lee)

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>1A) Provide Leadership in Quality</b>			
<b>Key Goal(s):</b> ✓ Establish corporate/system-wide oversight responsibilities and structure for quality and safety ✓ Stand-up HQ Quality Office	i) Establish a Headquarters Quality Office (HQQC)	December 2017	<b>Complete</b> <ul style="list-style-type: none"> <li>Posted position of Deputy Director for Quality (DDQ)</li> <li>Staffing needs and roles of HQ Quality Office proposed</li> <li>Functional Statement developed as part of Headquarter Realignment</li> </ul> <b>Pending</b> <ul style="list-style-type: none"> <li>Hire and on-board Deputy Director for Quality (DDQ)</li> <li>Prioritize hiring of staff at Headquarter's Quality Office</li> <li>Draft Position Descriptions</li> <li>Advertise for and post positions</li> </ul>
	ii) Determine role of Area Office (AO) in quality leadership and oversight	January 2017	<b>Complete</b>  <b>Pending</b> <ul style="list-style-type: none"> <li>Initiate executive leadership discussion of the role of the Area Directors/Offices in the oversight of quality and patient safety</li> <li>Engage Area Directors in discussion regarding roles/functions for consensus building</li> <li>Executive leadership to determine role and promulgate decision to IHS staff</li> <li>Include new role/responsibilities as part of the AO Director's PMAP (cascading from HQCO)</li> </ul>
	iii) Establish and determine the role/function of a "Chief Quality Officers" at the AOs and the Quality Assessment and Performance Improvement (QAPI) Officers at the Service Unit (SU)	January 2017	<b>Complete</b>  <b>Pending</b> <ul style="list-style-type: none"> <li>Survey Area Offices to determine current resources/infrastructure for quality and patient safety</li> <li>Develop minimum standards for patient safety and quality oversight functions of the AOs and the SU QAPIs</li> </ul>
	iv) Develop a transparent reporting structure for quality management among Headquarters, Area Offices, Service Units, and Tribal entities	January 2017	<b>Complete</b>  <b>Pending</b> <ul style="list-style-type: none"> <li>Initiate executive leadership discussion of the quality and patient safety roles and reporting structure for Service Units, Area Offices, and Headquarters</li> <li>Present potential reporting structure to Area Directors for discussion and for consensus building</li> <li>Executive leadership to determine the new reporting structure and promulgate decision to IHS staff</li> </ul>

**Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems (Lead: Laura Lee)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>1B) Standardize Governance</b>			
<b>Key Goal(s):</b> ✓ Establish system-wide policies for key governance and compliance functions/activities (e.g., Governing Body, Medical Staff, credentialing, grievances, performance metrics, reporting)	i) Determine “system-wide” strategy for managing Agency processes and issues	January 2017	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Initiate executive leadership discussion regarding “system-wide” oversight of select functions/activities</li> <li>• Executive leadership presents potential “system-wide” oversight strategy to key stakeholders for input and consensus building</li> <li>• Executive leadership determines strategy and develops guidance for “system-wide” oversight</li> </ul>
	ii) Identify processes and policies to be promulgated at the “system-wide” level and establish processes for customizing “system-wide” directives at the local level (e.g., Governing structure and bylaws, Medical Staff structure and function – including credentialing practices, grievance management, training, performance management/data analytics and reporting, select patient care processes [e.g., infection control, medication management, clinical documentation])	March 2017	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Upon completion of the Meta-Analysis of the Mock Survey results, identify common themes that are amenable to “system-wide” management</li> <li>• Based on decision in 1B-i and accrediting body requirements (e.g., Joint Commission standards), identify policies and processes that will be managed “system-wide”</li> <li>• Establish and disseminate guidance regarding “system-wide” policies and processes</li> </ul>
	iii) Develop a central repository for policies and procedures	January 2017	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Conduct an assessment of current state of policy management practices throughout the Agency</li> <li>• Initiate executive leadership discussion regarding the need for “system-wide” approach to policy management</li> <li>• Identify and procure a system-wide central repository for policies/procedures</li> <li>• Develop policies/guidance for managing central repository</li> <li>• Deploy new central repository</li> </ul>
	iv) Standardize the credentialing business processes and implement a single credentialing software system for Direct Service facilities.	January 2017	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Credentialing Analysis project launched with kick off meeting with the vendor, NTVI a Native owned 8a firm (10-21-16)</li> <li>• Contract awarded October 2016 for seven week assessment of current Credentialing business processes across nine Areas</li> <li>• Interviews with IHS credentialing subject matter experts scheduled to begin early November</li> </ul>

			<p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Analysis report and recommendation on a commercial off-the-shelf (COTS) solution anticipated by December 13, 2016</li> <li>• Software implementation as a phased implementation begins February 2017 and will take approximately six to nine months to complete</li> </ul>
	v) A standard governing body structure will be developed to improve planning and oversight processes while ensuring that all Direct Service facilities are meeting external accreditation and certification Governance requirements.	January 2017	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Quality Consortium (QC) Working Group completed final draft of standardized Governing Body Bylaws template</li> <li>• Draft template circulated to QC members for review/discussion 3 Nov 2016</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Concurrence of leadership on draft template</li> <li>• Review of final draft by Office of General Counsel</li> <li>• Formal adoption by agency</li> </ul>

**Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems (Lead: Laura Lee)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>1C) Strengthen Human Resources</b>			
<p><b>Key Goal(s):</b></p> <ul style="list-style-type: none"> <li>✓ Enhance Human Resources systems to support the recruitment and retention of highly qualified staff</li> <li>✓ Implement system-wide quality and safety training program</li> </ul>	<p>i) Identify HR challenges/barriers to the delivery of safe and high quality healthcare</p>	<p>September 2016</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Received approval for extending Federal Pay Scale for select medical specialties and reduced administrative barrier for recruitment and relocation benefits</li> <li>• Extended the reach of IHS for Recruitment Actions</li> <li>• Developed new search committee process to strengthen recruitment</li> <li>• Developed plan for increasing the Native American Pipeline through budget and administrative pathways</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Redesigning the IHS Workforce programs (e.g., loan repayment and scholarship) to better support recruitment and retention of critical disciplines</li> <li>• Developing quality competencies to enhance the recruitment of quality-focused staff</li> </ul>
	<p>ii) Support enhanced efforts to recruit and retain highly qualified clinicians and executives</p>	<p>November 2016</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• New search committee process to strengthen management implemented</li> <li>• Deployed Commissioned Corps Officers to fill critical vacancies</li> <li>• Implemented the use of Global Recruitment Actions</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Establish a Native American Pipeline for new hires</li> </ul>
	<p>iii) Develop a system-wide quality and patient safety training program:</p> <ul style="list-style-type: none"> <li>– Conduct a training needs assessment at the national, the Area, and the Service Unit levels</li> <li>– Establish expectations/corporate guidance regarding for staff development</li> <li>– Provide training about quality improvement and patient safety for all IHS employees involved in patient care or patient care support</li> </ul>	<p>January 2017</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Completed an assessment of available patient safety and quality educational options</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Conduct current state/needs assessment of AO and SU re: patient safety and quality training</li> <li>• Determine if training program will be internally developed or procured</li> <li>• Develop training curriculum and implementation plan</li> <li>• Deploy training program</li> </ul>

**Priority 1: Strengthen Organizational Capacity to Improve Quality of Care and Systems (Lead: Laura Lee)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>1D) Standardize Data and Reporting Requirements</b>			
<b>Key Goal(s):</b> <ul style="list-style-type: none"> <li>✓ Develop system-wide performance measurement plan</li> <li>✓ Assure all AOs and SUs have access to a data analytics tool</li> </ul>	i) At the Agency level, establish a performance metrics (PM) plan that cascades from the national Quality Office, to Area offices, to Service units (e.g., measures of clinical care, patient access, and financial performance) This plan must include the establishment of roles, responsibilities, and timelines for review and oversight of data and reports	January 2017	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Convened IHS performance metrics workgroup at the HQ level with AO and SU representatives charged with developing a system-wide PM program/plan</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Develop and deploy PM Plan – elements to include HQ, AO and SU level metrics; roles, responsibilities, and timelines for review and oversight of data and reports; a communication plan</li> </ul>
	ii) Identify and deploy a data analytics tool for use across the Agency	February 2017	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Identified team to plan and conduct pilot deployment of data dashboard in select Emergency Departments</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Executive leadership (in consultation with AO Directors and Quality Officers) selects data analytics tool(s) to deploy throughout IHS</li> <li>• Develop implementation plan for training about, and deployment of, data analytics tool</li> <li>• Deploy analytics tool</li> </ul>
	iii) Standardize data formats and collection, data analytics, and reporting requirements across the Agency to inform program, policy, and resource decisions.	February 2017	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• See 1D-i</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• See 1D-i</li> </ul>



**Priority 2: Meet and Maintain Accreditation for IHS Direct Service Facilities (Lead: Jeff Salvon-Harman)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>2A) Ensure Accreditation of IHS Direct Service Facilities</b>			
<b>Key Goal(s):</b> <ul style="list-style-type: none"> <li>✓ Seek and attain accreditation for all IHS hospitals</li> <li>✓ Establish coordinated system-wide program for continuous accreditation readiness</li> </ul>	i) Secure the services of a single accrediting organization for all IHS Direct Service facilities	June 2017	<b>Complete</b> <ul style="list-style-type: none"> <li>• All hospitals coming under same accreditation via separate contracts</li> </ul> <b>Pending</b> <ul style="list-style-type: none"> <li>• Master contract Statement of Work development by March 2017</li> </ul>
	ii) Assure that training, technical assistance, and appropriate resources are available for staff responsible for maintaining compliance with accreditation/certification standards/requirements	March 2017	<b>Complete</b> <ul style="list-style-type: none"> <li>• GPA TJC/JCR contract with TA sharing to all of IHS (July 2016)</li> </ul> <b>Pending</b> <ul style="list-style-type: none"> <li>• Master contract SOW development</li> </ul>

**Priority 2: Meet and Maintain Accreditation for IHS Direct Service Facilities (Lead: Jeff Salvon-Harman)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>2B) Implement Annual Mock Surveys for all IHS Direct Service Facilities</b>			
<b>Key Goal(s):</b> <ul style="list-style-type: none"> <li>✓ Establish an mock survey program</li> <li>✓ Develop process for evaluating and managing mock and actual survey findings and for communicating organizational learning</li> </ul>	i) Develop Agency-wide process for the conduct of annual mock surveys as well as a formal process for evaluating survey findings and for identifying and addressing system-wide trends	October 2016	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• 2016 mock surveys performed</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Evaluation of 2016 mock survey results</li> <li>• Plan for annual mock and formal surveys</li> </ul>
	ii) Develop a formal process for evaluating survey findings, tracking corrective actions and for identifying and addressing system-wide trends	November 2016	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Draft timeline for post survey follow-up and corrective action plans completed</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Approval of draft timeline</li> <li>• Identification of resources/tools</li> </ul>
	iii) Establish Area-level capacity to respond to survey findings and support monitoring of compliance with standards.	November 2016	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Inclusion of Area Offices and HQ in survey results review and Corrective Action Plan development</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Draft timeline (post survey)</li> <li>• Unification and coordination of Area QMs/SU QAPI Officers</li> <li>• Create QM/QAPI Listserv</li> </ul>
	iv) Develop formal organizational learning processes to communicate about mock and actual survey findings (e.g., regularly scheduled conference calls with Area Office and Service Unit leaders to discuss deficiencies found through the mock and actual survey processes, corrective actions taken, and best practices identified)	November 2016	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Establish frequency and method of communicating with Areas and SUs for summary results</li> <li>• Draft timeline (post survey)</li> </ul>

**Priority 3: Align Service Delivery Processes to Improve Patient Experience (Lead: Karen Scott)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>3A) Improve the Patient Experience</b>			
<p><b>Key Goal(s):</b></p> <ul style="list-style-type: none"> <li>✓ Establish processes at the Service Unit level to monitor the patient experience</li> <li>✓ Develop and field patient experience survey at the SU level</li> <li>✓ Identify opportunities for improvement and launch initiatives to improve the patient experience</li> </ul>	<p>i) Develop a comprehensive process to monitor continuously patients' experiences; including (but not limited to) the design and methodology for a patient experience survey and the establishment of processes and procedures to review and respond to the data collected</p>	<p>December 2016</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Conducted current state assessment of patient experience survey processes at the SU</li> <li>• Identified survey tool for pilot fielding</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Coordinate with Office Information Technology and SU's for pilot</li> <li>• Discuss with Southcentral FDN</li> <li>• Field survey pilot in four sites</li> <li>• Seek OMB/PRA clearance/approval</li> <li>• Develop system-wide strategy for measuring the patient experience throughout the IHS (including standard survey fielding guidance, reporting requirements, communication processes/pathways)</li> </ul>
	<p>ii) Establish a cadre of HQ and AO resources to support the SUs efforts in evaluating and improving the patient experience</p>	<p>December 2016</p>	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Identify a point of contact at the AO and at each SU to manage the survey process and to effect change based on survey findings;</li> <li>• Review and identify potential external resources to support improvement efforts (e.g., IHI)</li> </ul>

**Priority 3: Align Service Delivery Processes to Improve Patient Experience (Lead: Karen Scott)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>3B) Improve the Patient Wait Times</b>			
<b>Key Goal(s):</b> <ul style="list-style-type: none"> <li>✓ Establish processes at the Service Unit level to monitor patient wait times</li> <li>✓ Develop process for tracking wait times and improvement efforts system-wide</li> <li>✓ Improve wait times system-wide</li> </ul>	i) Establish system-wide policy and processes for monitoring patient wait times	January 2017	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Reviewed current measures used for measuring primary care access</li> <li>• Assessed current methodologies to reduce wait times</li> <li>• Released BPRM scheduling module patch for auto-calculation of “Third Next Available” appointment measure</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Develop process for collecting, aggregating, and analyzing “TNA” data at multiple organizational levels</li> <li>• Explore adding “TNA” measure to data dashboard;</li> <li>• Establish policy to formalize data collection and reporting</li> </ul>
	ii) Establish a cadre of HQ- and AO-based resources to assist the SUs in the design and deployment of a process to monitor wait times and the establishment of processes and procedures to review and respond to the data collected	March 2017	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Establish workgroup, including area and service unit members and representation from IPC program</li> <li>• Identify internal points of contact and external resources to support improvement (e.g., CMS, IHI)</li> </ul>

**Priority 4: Ensure Patient Safety (Lead: Laura Lee)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>4A) Promote a Culture of Patient Safety</b>			
<p><b>Key Goal(s):</b></p> <ul style="list-style-type: none"> <li>✓ Foster a positive and just patient safety culture in the IHS</li> <li>✓ Provide system-wide education in the principles of patient safety</li> <li>✓ Evaluate the IHS culture of safety and develop strategies to foster a just culture</li> </ul>	<p>i) Develop and deploy a system-wide training and education program about the principles of patient safety to include (but not limited to):</p> <ul style="list-style-type: none"> <li>- Just Culture,</li> <li>- team work,</li> <li>- critical communication,</li> <li>- high reliability,</li> <li>- event reporting</li> <li>- safety event analysis and management,</li> <li>- prospective risk assessment</li> </ul>	<p>January 2017</p>	<p><b>Complete (See 1C-iv)</b></p> <ul style="list-style-type: none"> <li>• Assessment of available patient safety and quality educational options complete</li> </ul> <p><b>Pending (See 1C-iv)</b></p> <ul style="list-style-type: none"> <li>• Conduct current state/needs assessment of AO and SU re: patient safety training</li> <li>• Determine if training program will be internally developed or procured</li> <li>• Develop training curriculum and implementation plan</li> <li>• Deploy training program</li> </ul>
	<p>ii) Establish a standard process for evaluating the SU's culture of patient safety (e.g., deployment of the AHRQ Culture of Safety survey)</p>	<p>February 2017</p>	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Identify and secure culture of safety survey tool to be fielded</li> <li>• Develop implementation plan for fielding survey, data analytics, and data management</li> <li>• Establish processes for responding to survey findings and disseminating data and organizational responses to survey findings</li> </ul>
	<p>iii) Establish a cadre of HQ and AO resources to assist the SUs fostering a culture of patient safety</p>	<p>February 2017</p>	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Identify a point of contact at the AO and at each SU to manage the survey process and to effect change based on survey findings</li> </ul>

**Priority 4: Ensure Patient Safety (Lead: Laura Lee)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>4B) Enhance Patient Safety Event Identification and Reporting</b>			
<p><b>Key Goal(s):</b></p> <ul style="list-style-type: none"> <li>✓ Staff use of the system-wide patient safety event reporting system will be enhanced</li> <li>✓ Data collected in the patient safety event reporting system will be used actively to drive improvement at the local and system-wide levels</li> </ul>	<p>i) Review existing patient safety reporting system to identify opportunities to improve the system and its use.</p>	<p>November 2016</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Patient Safety Event Reporting Workgroup convened and charged with providing support to existing patient safety event reporting staff and assisting in the procurement and deployment of a new patient safety event reporting system</li> <li>• Current state of patient safety event reporting and management at HQ reviewed</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Review current state of patient safety event reporting at AO and SU levels</li> <li>• Identify, procurement and deploy a single system for patient safety event reporting to replace existing system</li> </ul>
	<p>ii) Develop a comprehensive “event management” process to assure that data are used for organizational learning and improvement</p>	<p>January 2017</p>	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Establish system-wide process/procedures/policies for managing all types of patient safety events (e.g., near misses, errors, sentinel events)</li> <li>• Develop system-wide guidance regarding the conduct of Root Cause Analysis, Failure Mode and Effects Analysis, Systems-based Morbidity and Mortality Rounds, performance metrics</li> <li>• Establish a reporting process for sharing patient safety event data and improvement strategies</li> </ul>

**Priority 4: Ensure Patient Safety (Lead: Laura Lee)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>4C) Strengthen Processes for Risk Identification and Mitigation</b>			
<p><b>Key Goal(s):</b></p> <p>✓ Service units will have available and use standard tools to identify, investigate and respond to patient safety and quality events</p>	<p>i) Develop and deploy a standard risk identification and event management “toolkit” for all service units. The “toolkit” should include (but not be limited to) the following:</p> <ul style="list-style-type: none"> <li>• Use of Failure Mode and Effects Analysis</li> <li>• Development/use of performance metrics to detect risk</li> <li>• Use of Root Cause Analysis</li> </ul>	<p>January 2017</p>	<p><b>Complete</b></p> <p><b>Pending (See 4B-ii)</b></p> <ul style="list-style-type: none"> <li>• Establish system-wide process/procedures/policies for managing all types of patient safety events (e.g., near misses, errors, sentinel events)</li> <li>• Develop system-wide guidance regarding the conduct of Root Cause Analysis, Failure Mode and Effects Analysis, Systems-based Morbidity and Mortality Rounds, performance metrics</li> <li>• Establish a reporting process for sharing patient safety event data and improvement strategies</li> </ul>

**Priority 4: Ensure Patient Safety (Lead: Laura Lee)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>4D) Control Healthcare Associated Infections</b>			
<p><b>Key Goal(s):</b></p> <ul style="list-style-type: none"> <li>✓ SUs will implement evidence-based, nationally endorsed programs to reduce the risk of healthcare associated infections</li> <li>✓ Decrease the incidence of HAI's system-wide</li> <li>✓ Improve hand hygiene adherence system-wide</li> </ul>	<p>i) Review existing Infection Control and Prevention policies and procedures</p>	<p>January 2017</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• Infection Control elements from multiple policies consolidated into one master policy</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Clearance/approval of consolidated Infection Control policy</li> </ul>
	<p>ii) Establish system-wide evidence-based policies/procedures to guide infection control practices at the SU level</p>	<p>June 2017</p>	<p><b>Complete</b></p> <ul style="list-style-type: none"> <li>• HEN 2.0 On-boarding, organizational assessments by Premier Inc.</li> <li>• HIIN continuation with Premier Inc.</li> </ul> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Identify industry best practices and guidelines</li> <li>• Draft policies/procedures</li> </ul>
	<p>iii) Embed a Hospital Epidemiologist/Infection Control Practitioner at the HQ level to serve as an Agency consultant</p>	<p>February 2017</p>	<p><b>Complete</b></p> <p><b>Pending</b></p> <ul style="list-style-type: none"> <li>• Develop Position Description</li> <li>• Develop Job Opening Announcement for posting on USAJobs</li> </ul>



**Priority 5: Improve Transparency and Communication among IHS Stakeholders Regarding Patient Safety and Quality (Lead: Sarah Linde)**

Objectives/Goals	Deliverable(s)	Timeframe	Progress to Date: Complete/Pending Activities
<b>5A) Improve Communications Throughout the Agency Regarding Quality Issues</b>			
<b>Key Goal(s):</b> ✓ To assure accurate, timely, and transparent communication of information within the Agency (e.g., among the HQs, AOs and SUs) and to external stakeholders (e.g., tribal partners, DHHS, Congress, the media, accreditation bodies)	i) Establish communication strategies/forums based on the issue, audience, intended outcome, urgency, etc. to assure accurate, timely, and transparent information-sharing	November 2016	<b>Complete</b> <ul style="list-style-type: none"> <li>• Communication Flow Diagram drafted and presented to senior leadership (August 2016)</li> <li>• Revisions completed and presented to senior leadership (September 2016)</li> </ul> <b>Pending</b> <ul style="list-style-type: none"> <li>• Revisions being completed with plan to circulate among OCPS, OPHS, and national clinical councils for review and feedback (October 2016)</li> <li>• Incorporate feedback, finalize, and re-present to senior leadership (November 2016)</li> </ul>



## Weekly News Roundup November 7-11, 2016

Welcome to your weekly delivery of the news you can use, funding notices, analysis and regulation updates issued by federal agencies and foundations. As part of your subscription, you'll also receive a monthly Grants Intelligence newsletter. For your convenience, your news is organized by pre-award, post-award and audit.

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### Grants Development News

#### GrantsWire: Your Weekly Grant & Regulation Alert

##### Arts and Culture

**Creating Humanities Communities** — **Deadline:** Feb. 15, 2017. **Eligibility:** State, local and tribal governments; public and private institutions of higher education; and nonprofits with or without 501(c)(3) status. **Fund uses:** Pending finalized FY 2017 appropriation, to provide funds for programs that promote humanities activities in areas typically underserved by other grantmaking opportunities. **Contact:** Office of Challenge Grants National Endowment for the Humanities, 202-606-8309; e-mail: [challenge@neh.gov](mailto:challenge@neh.gov). <http://www.grants.gov/web/grants/view-opportunity.html?oppld=289891>.

[READ MORE](#)

##### NASA Final Rule Amends Grant Regulation

The National Aeronautics and Space Administration (NASA) is amending its regulation adopting the Office of Management and Budget's (OMB's) uniform grant guidance by adding new provisions related to indirect costs and access to NASA research results.

[READ MORE](#)

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### Grants Management News

#### LSC Proposes To Revise Grant Regulations

The Legal Services Corporation (LSC) seeks public comment on a proposed rule that, if finalized, would update its definition of LSC funding and amend its regulations related to cost standards and procedures to bring them in line with current federal grant policy.

[READ MORE](#)

#### Federal Agency Issuances

*A Compilation of Award Guidance, Notices and Regulatory Updates Issued by Federal Agencies and Offices*

##### Agency for International Development

Amended its Agency for International Development Acquisition Regulation to include a new clause entitled "Nondiscrimination Against End-Users of Supplies or Services" (48 C.F.R. Part 752). Effective date: Oct. 25, 2016. 81 Fed. Reg. 73352-73354, Oct. 25, 2016; <https://www.gpo.gov/fdsys/pkg/FR-2016-10-25/pdf/2016-25881.pdf>.

[READ MORE](#)

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## ***Single Audit News***

### **Better Oversight Sought for Texas Medicaid MCOs**

The Texas Health and Human Services Commission plans by July 2017 to request performance audits of managed care organizations (MCOs) participating in the state's Medicaid and Children's Health Insurance Program (CHIP) based on an assessment of potential risks, adding that it will also document the processes used for selecting MCOs for a performance audit, in response to a recent Texas Office of State Auditor (OSA) recommendation.

[READ MORE](#)

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## ***Grants Intelligence - November 2016***

### **Smart Cities, Open Data and Smart Grant Administration**

Over the past three years, I have witnessed the emergence of innovative technology in government by attending Smart Cities Week conferences, hosted by the Smart Cities Council. Founded in 2011 by Jesse Berst, a former technology analyst and featured columnist in several technological publications, the Smart Cities Council defines a "smart city" as one that "uses information and communications technology (ICT) to enhance its livability, workability and sustainability."

[READ MORE](#)

### **Why Would I Have to Disclose? Disclosure Obligations for Awardees — Part 1**

The following is a hypothetical case study involving a nonprofit organization that receives federal funds (as well as private funding). We will discuss its response to noncompliance issues and determine if, when and how it must disclose noncompliance to the federal government. This is the first of four articles, setting the stage by laying out the varying disclosure regimes.

[READ MORE](#)

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## ***Ask the Expert***

### **Can We Amend Our Award Agreement After It Is Executed?**

Q. I work with a federal agency. I write mostly cooperative agreements. We use legal authorities to base our agreements on such as the U.S. Code. My question is: Can I add an authority after the cooperative agreement is in place and signed by both parties? If so, how can I justify it? Thanks, Brian in Gatlinburg, Tennessee

[READ MORE](#)

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## ***Monthly Newsletters***

*We take all the news each month and compile into a monthly newsletter for your files.*

[Federal Grants Development Handbook Newsletter, November 2016](#)

[Federal Grants Management Handbook Newsletter, November 2016](#)

[Single Audit Information Service Newsletter, November 2016](#)

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### ***Indirect Costs and Cost Allocation Plans - An eLearning Course***

**Karen Norris | Self-guided course**

In this eLearning course, Karen Norris of Thompson Information Services will discuss the changes in the new uniform grant reform guidance related to calculating and charging indirect costs to federal grants. The presentations will include: an overview on indirect cost rates, including developing and submitting indirect cost rate proposals; how the rules governing indirect costs have changed; and provide practical examples how agencies can prepare for these changes.

[READ MORE](#)

### ***Assessing Audit Weaknesses: The Most Common Single Audit Findings and Strategies to Avoid Them***

**Troy Rector | Tuesday, November 22, 2016 | 2:00 -3:30 PM ET**

No organization receiving federal funding likes having findings reported in the Single Audit. So, what if you could know, in advance, what those findings are likely to be? That advance warning would spotlight where issues might arise. It would also give you time to bring policies and procedures into alignment before an auditor cites you for failing to comply with some aspect of the Uniform Guidance. Imagine the difference that would make—especially if you've had previous findings. Now, a seasoned auditor is ready to give you this advantage, in time to make all the difference on your next Single Audit. Troy Rector is an expert at auditing organizations that receive federal grant awards. In this 90-minute webinar, he spotlights today's most common single audit findings, and the strategies you can use to avoid them. This practical, ready-to-use guidance is valuable to all federal grant recipients—and it's a must for organizations with a history of findings! By revealing the most-common findings, Rector gives you vital early warning on where to focus your own implementation and evaluation efforts. From policies to procedures, you know how to make sure you're fully compliant with Uniform Guidance.

[READ MORE](#)

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*Want more? Upgrade your subscription to the Grants Compliance Expert to receive complete access to our suite of resources. Join our community of subscribers online! You can find us at [Thompson Grants on LinkedIn](#). Follow us on Twitter [@thompsongrants](#) and blog with us on Thompson's grants blog, Funding Attractions: [fundingattractions.com](#).*

## **Sophie Trettevick Indian Health Center**

### **Mental Health Counselor**

Sophie Trettevick Indian Health Center is owned and managed by the Makah Tribe in Neah Bay, Washington. We offer family practice, mental health counseling, chemical dependency services, massage therapy, physical therapy, acupuncture, and a Tribal youth center. We are seeking an energetic and enthusiastic counselor or clinical social worker who truly cares about patients as unique individuals with their own challenges, hopes, and dreams. Your work will include both one-on-one appointments and the creation of innovative and culturally sensitive group activities, with an emphasis on family and community as well as the individual. We collaborate with our school, social services, and other child- and family-serving organizations, aim to practice fully integrated care within our health center, and actively seek input from our community. You'll have the opportunity to work with traditional weavers, carvers, drum-makers, and experts in native plants and foods. You'll also be working with a team supported by a Circles of Care grant, a major SAMHSA grant that will allow us to create our own mental health care system strictly focused on Makah ways of living for children, teens, young adults, and their families.

Neah Bay is a great place to live and work. Become a part of our community!

Requirements: LMHC, minimum of 2 years post-masters experience is preferred, Master's or doctoral degree in mental health counseling, clinical social work, or a related field from an accredited university. Must be licensed in Washington state or able to become licensed before starting work.

The qualified candidate must have knowledge of and experience with dual-diagnosis/addiction treatment, understand teaching principles necessary to carry out a patient health education program, and have the ability to respond to emergency/urgent care situations.

You can find a full list of our Career Opportunities located on our website at: <http://makah.com/makah-tribal-info/employment/>

### **How to Apply**

<http://makah.com/makah-tribal-info/employment/>

Makah Tribal Council

Personnel Office

P.O. Box 115

71 Makah Bay Drive

Neah Bay, WA 98357

Phone: (360) 645-2055

Fax: (360) 645-3123

E-mail: [tabitha.herda@makah.com](mailto:tabitha.herda@makah.com)

**Sophie Trettevick Indian Health Center**

**Two Positions available:           Chemical Dependency Counselor and CD Supervisor**

Sophie Trettevick Indian Health Center is owned and managed by the Makah Tribe in Neah Bay, Washington. We offer family practice, mental health counseling, chemical dependency services, massage therapy, physical therapy, acupuncture, and a Tribal youth center. We are seeking two experienced Chemical Dependency counselors to complete our addiction recovery team. Our counselors share clinical care responsibilities including conducting intake interviews, evaluations, and assessments; individual and group counseling for clients and their families; case management; referrals and follow-up services; and collaborating with our Healing to Wellness Court. The right match may also be enlisted to take on the role of clinical supervisor, including overseeing clinical care at our agency and supervising our Chemical Dependency counselor trainees. This includes the implementation of and guidance for the clinical substance abuse program, clinical supervision for our other CDPs and trainees, collaboration on the development of a Medication Assisted Treatment program, and periodic reviews of each counselor's clinical files

We collaborate with our school, social services, and other child- and family-serving organizations, aim to practice fully integrated care within our health center, and actively seek input from our community. You'll have the opportunity to work with traditional weavers, carvers, drum-makers, and experts in native plants and foods. You'll also be working with a team supported by a Circles of Care grant, a major SAMHSA grant that will allow us to create our own mental health care system strictly focused on Makah ways of living for children, teens, young adults, and their families.

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Requirements: Current certification as a Chemical Dependency Professional, and must have completed or be willing and able to complete an HIV/AIDS training approved by DBHR. Must be licensed in Washington state or able to become licensed before starting work.

The qualified candidate must have knowledge of group and individual counseling techniques to effectively communicate with clients, understand the disease of alcoholism and substance abuse and the implication of physical, spiritual, emotional and psychological factors, be able to maintain effective working relationships with staff, public and private agencies, and the general public, and be able to operate effectively in crisis and/or emergency situations.

You can find a full list of our Career Opportunities located on our website at: <http://makah.com/makah-tribal-info/employment/>

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Fax: (360)645-3123

E-mail: [tabitha.herda@makah.com](mailto:tabitha.herda@makah.com)

## **Sophie Trettevick Indian Health Center**

### **Youth Mental Health Counselor**

Sophie Trettevick Indian Health Center is owned and managed by the Makah Tribe in Neah Bay, Washington. We offer family practice, mental health counseling, chemical dependency services, massage therapy, physical therapy, acupuncture, and a Tribal youth center. We are seeking an energetic and enthusiastic counselor or clinical social worker who has a knack for working with teens and young adults. Your work will include both one-on-one appointments and the creation of innovative and culturally sensitive group activities, with an emphasis on family and community as well as the individual. We collaborate with our school, social services, and other child- and family-serving organizations, aim to practice fully integrated care within our health center, and actively seek input from our community. You'll have the opportunity to work with traditional weavers, carvers, drum-makers, and experts in native plants and foods. You'll also be working with a team supported by a Circles of Care grant, a major SAMHSA grant that will allow us to create our own mental health care system strictly focused on Makah ways of living for children, teens, young adults, and their families.

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E-mail: [tabitha.herda@makah.com](mailto:tabitha.herda@makah.com)



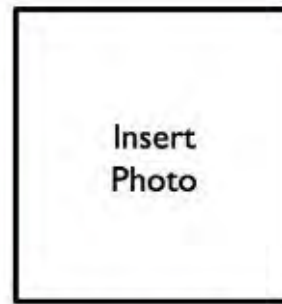
Are you ready to guide our research advocacy?  
To honor and build upon our legacy?  
Apply to serve as Director of the  
NCAI Policy Research Center!



Dr. Sarah Kastelic  
2003-2011



Dr. Malia Villegas  
2011-2017



Insert Name  
2017-

NCAI is currently hiring for the position of Director of the Policy Research Center. The Director will steward the long-term vision and strategic plan for the Policy Research Center and work to ensure its sustainability. As an NCAI staff member, the Director will also be expected to participate in supporting NCAI's efforts to convene tribal leaders several times a year. For more information and to apply, please click [here](#).

Connect with us





# National Indian Health Board



## Oral Health in Indian Country Survey



We are giving away an Amazon gift card for \$100 to three (3) people who fill out our survey on oral health, so be sure to give us your input by completing the survey at the link below!

[CLICK HERE: Oral Health in Indian Country Survey](#)

We need your help! The National Indian Health Board (NIHB) is committed to bringing together stakeholders to explore solutions and develop recommendations to address oral health disparities and lack of access to oral health treatment and prevention services in Indian Country.

Diseases of the mouth and access to oral healthcare are critical issues for many American Indians and Alaska Natives. In fact, American Indians and Alaska Native children ages 2-5 years have an average of 6 decayed teeth, while the same age group in the U.S. population has only one decayed tooth. Half of Native

Americans live in what are considered "dental shortage areas." Often, oral healthcare has been so under-prioritized, that people do not know just how important oral health is to overall health.

In an effort to assess community knowledge and find effective paths forward, the NIHB is conducting an "Oral Health in Indian Country" survey. The survey will allow Tribal members, Tribal leaders and others to provide feedback on oral healthcare access and patient satisfaction in Indian Country. By telling us the state of oral healthcare in Indian Country, you are charting the course for future action. NIHB needs as much information as possible to provide an accurate picture to policymakers.

\*\*\*\*\*Please fill out this survey to help the NIHB assess Tribal leader and Tribal member knowledge of access and quality of oral healthcare issues in Tribal communities.

The survey should take no longer than 10 minutes. Responses are anonymous. If you would like to receive further information or be entered to win one of three \$100 Amazon gift cards, please provide your contact information when prompted.

[CLICK HERE: Oral Health in Indian Country Survey](#)

National Indian Health Board | [www.nihb.org](http://www.nihb.org)  
910 Pennsylvania Avenue SE | Washington, DC 20003 | Phone: 202-507-4070

[Join Our Mailing List](#)

Dear Delegates, THDs and Clinic Directors,

Please be advised that IHS has extended the comment submission deadline to **January 13, 2017** to provide comments on the proposed IHS Headquarters realignment. The announcement and November 15 Dear Tribal Leader Letter has been posted to the IHS Web site. Please use the links below to access the letter and its enclosure.

November 15, 2016

[The Principal Deputy Director notifies Tribal Leaders and Urban Indian Organization Leaders that the deadline to provide comments on the Proposed Headquarters Realignment has been extended until January 13, 2017.](#)[PDF - 836 KB]

[Enclosure: A Summary and Copies of the HQ Proposed Realignment Comments Received](#)[PDF - 11 MB]

There are **three national consultation conference calls** scheduled from **3:00PM-4:30 PM** (Eastern) on the following dates that will be presided by Principal Deputy Director Mary Smith and Ms. Fowler:

- **Monday, November 21**
- **Wednesday, November 30**
- **Monday, December 12**

I apologize for any duplication.

Laura Platero  
Government Affairs/Policy Director  
Northwest Portland Area Indian Health Board  
2121 SW Broadway, Suite 300  
Portland, OR 97201  
[www.npaihb.org](http://www.npaihb.org)  
(503) 416-3276

Welcome to Centers for Disease Control and Prevention’s (CDC) tribal resource digest for the week of November 14, 2016. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.



*Traditional Foods  
 Salmon Smoking Workshop  
 Klamath Tribal Health & Family Services  
 Photos courtesy of Perri McDaniel*

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## Request for Photos

Please send any photos of GHWIC work (community gardens, events, team meetings, etc.) to Anisha Quiroz, [AQUIROZ@cdc.gov](mailto:AQUIROZ@cdc.gov) with a short description of the photo.

### Announcements

#### Preventing and Responding to Suicide Clusters in American Indian and Alaska Native Communities Report

**H**ighlights the effects of suicide clusters on American Indian and Alaska Native communities. Discusses effective prevention strategies. Explores resources communities can use to decrease the prevalence of suicide clusters.

Full PDF Report [here](#).



#### Native Cars

**M**otor vehicle injuries are the leading cause of death among Native American and Alaska native children. The overall goal is to support existing or create new child passenger safety efforts in tribal communities.

Read more [here](#).

Application Deadline: **December 12, 2016**



#### Native American Heritage Month We R Native November Contest

**D**id you know, less than 1% of the US population is Native? In observation of Native American Heritage Month, let's show the world what it means to be Native.

This month's contest asks American Indian and Alaska Native youth ages 15-24 to post a picture of themselves on social media, tag their Native friends and challenge them to show the world what #weRnative means. Youth can win We R Native gear and up to \$75 (1st place), \$50 (2nd place), or \$25 (3rd place) cash prizes! Enter [here](#).

Deadlines for entries: **November 20, 2016**

### Articles

#### Urban Diabetes Care and Outcomes Summary Report, Audit Years 2011-2015

**T**his report summarizes trends in clinical outcomes among AI/AN patients with diabetes from 32 Urban Indian Health Organizations.

Full PDF report [here](#).



#### Sustainable Food System Policy

**T**he [Lower Sioux Indian Community](#) and the American Indian Cancer Foundation have developed a sustainable food system policy that encourages growing indigenous foods in community gardens.

Learn more [here](#).

### Trainings and Conferences

#### National Conference on Tobacco or Health

**T**he National Conference on Tobacco or Health (NCTOH) is one of the largest, long-standing gatherings of the United States tobacco control movement. It attracts a diverse set of public health professionals to learn about best practices and policies to reduce tobacco use—the leading preventable cause of disease and death in the United States. Learn more [here](#).

When: **March 22-24, 2017**

Where: Austin, TX

## Webinars

### Native STAND Program

A one-hour live webinar will be offered to those interested in learning more about the Native STAND program, curriculum, the dissemination project, eligibility, application process and implementation timeline. Learn more [here](#).

When: **November 17, 2016 11am PST**



### Northwest Portland Area Indian Health Board

In partnership with OMHRC a webinar on Healthy Native Youth: Offering Engaging, Relevant, Effective Health Resources. Will share tips for navigating the Healthy Native Youth website, highlight a few of the health curricula available on the site, and encourage participants to submit their own programs for inclusion. Register [here](#).

Date: **November 22, 2016, 2:00 pm ET**

## Funding Opportunities

### James A. Ferguson Emerging Infectious Diseases Fellowship Program

The Dr. James A. Ferguson Emerging Infectious Diseases Fellowship Program is a Centers for Disease Control and Prevention (CDC)-funded, nine-week summer program providing educational and professional development opportunities for fellows interested in infectious diseases research and health disparities. ELIGIBILITY REQUIREMENTS: Fellows who are members of *underrepresented populations* (as defined by the federal government) are strongly encouraged to apply! In order to be considered for acceptance into this program, the applicant must:

- Be currently enrolled as a full-time student in a medical, dental, pharmacy, veterinary, or public health graduate program
- Have at least a 3.0 GPA on a 4.0 scale
- Have the ability to commit to the length of the fellowship



### Native American Congressional Internship

Offers a 10-week summer internship for Native American and Alaska Native students who wish to learn more about the federal government and issues affecting Indian country. Learn more [here](#).

Deadline: **January 31, 2017**

## EPA EJ Small Grants Available

EPA's Environmental Justice Small Grants program provides financial assistance to community-based organizations, and local and tribal governments working on projects to address environmental and public health concerns. An eligible applicant MUST BE one of the following entities: 1. Incorporated, non-profit, community-based organizations. This includes environmental justice networks, faith based organizations and those affiliated with religious institutions; 2. Federally recognized tribal governments; OR 3. Tribal organizations.

Read more [here](#).



## USDA: Food Insecurity Nutrition Incentive (FINI) Grant Program

National Institute of Food and Agriculture (NIFA) - The purpose of the grant program is to support projects to increase the purchase of fruits and vegetables among low-income consumers participating in the Supplemental Nutrition Assistance Program (SNAP) by providing incentives at the point of purchase.

Read more [here](#).



## Grants for Gardens

Annie's offers Grants for Gardens donations to schools and other educational programs that help build school gardens. Since 2008, they have directly funded more than 350 gardens, because they believe that gardens help connect kids to real food. Read more [here](#).

Application Deadline: December 5, 2016

## Employment Opportunities

### National Indigenous Women's Resource Center

Position: Recruiting for a FT Native Affairs Senior Advisor for the Strong Hearts Helpline. Position is based in Washington, DC. Open until filled. Read more [here](#). Apply [here](#).

## Contact Information

### National Center for Chronic Disease Prevention and Health Promotion

Office of the Medical Director  
4770 Buford Highway, MS F80  
Atlanta, GA 30341  
(770) 488-5131

<http://www.cdc.gov/chronicdisease/index.htm>

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

If you have comments or suggestions about this weekly update, please email Anisha Quiroz at [AQUIROZ@cdc.gov](mailto:AQUIROZ@cdc.gov) with the words **“TRIBAL DIGEST”** in the subject line.

# BUDGET FORMULATION FY19 MEETING

**NOVEMBER 29, 2016 | 8:30 a.m.—3:00 p.m.**

**Embassy Suites by Hilton**

**7900 NE 82<sup>nd</sup> Ave**

**Portland, Oregon**

This meeting is for Tribes and Indian Health Service to come together to exchange information and determine the health priorities for the FY19 Portland Area Indian Health Service budget submission. More details to follow.

*Questions? Call CAPT Ann Arnett (503) 414-5555 or e-mail [ann.arnett@ihs.gov](mailto:ann.arnett@ihs.gov)*



***Our Mission...*** to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.