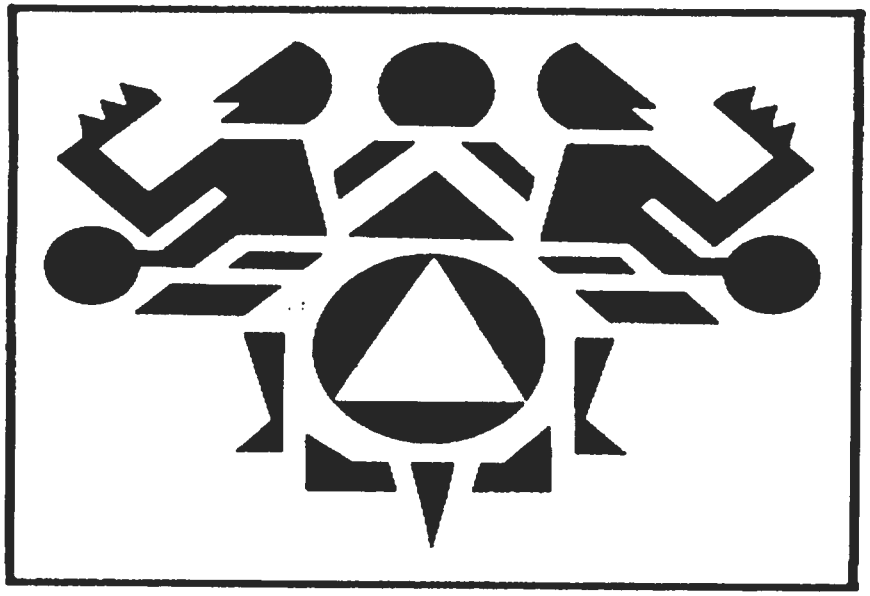
SUMMARY OF MINUTES



QUARTERLY BOARD MEETING

APRIL 16-18, 2013

SWINOMISH CASINO & LODGE

ANACORTES WA

April 2013 Quarterly Board Meeting
Summary of Minutes

Issue	Summary	Action	Follow-Up
Area Director Report	Area Meetings: 2013 DHHS Region 10 Tribal Consultation will be held 5/14-16/13 at the DoubleTree in Seattle. The Combined Councils conference is a very important conference that occurs on a yearly basis and will be held in San Diego on 4/22-26/13 10th Annual DST National Meeting will be held 7/23-26/13 in Minneapolis; no site selected yet.	Due to the sequestration & IHS travel restriction; this will be a virtual conference	
Area Director Report	Chief Medical Officer position is being advertised for the second time. Dr. Rudd from the Warm Springs Service Unit has been the Acting CMO. The Human Resources focus for the Area is to take a look at how we move forward in a timely fashion to fill vacancies at the 6 federal sites. There is a HR service that functions out of the Alaska Area Office. The Portland Area does have the highest amount of civil service employees within the 3 areas: California, Alaska & Portland that makes up the Western Region.	We are actively involved with meeting the OTM benchmark of filling a vacancy once the proper paperwork is in place of 80 days or less. Currently we are at 63 days of filling a vacancy. I have charged Terry Dean, Roselyn Tso & Rich Truitt to review the overall Portland Area IHS Human Resource Program	
Area Director Report	VA/IHS MOA for reimbursement; we have met with the VISN 20 Director and are moving forward with the federal site that was identified to start as a pilot site testing connection.	Headquarters staff will be meeting with the Vancouver VISN office that will be processing the bills. We plan on being aggressive with the other 5 federal sites to get them set up.	
Area Director Report	Fund Distribution Workgroup; planning to call the group together in May or June. The existing members are 3 folks that represent T-1; 3 from T-5 & 3 from	We need to take a look at the charter; when compared to what the federal IHS regulations state on what governs a charter it doesn't fully comply with that.	

April 2013 Quarterly Board Meeting
Summary of Minutes

	DST. We haven't had an All Tribes meeting since 2008. We haven't had a full year's budget enacted since about that time.	We also need to take a look at the work that has been done & work that is coming up.	
Area Director Report	Dr. Roubideaux conference call regarding sequestration. The sequester and rescission cuts $228 million from IHS FY13 budget. I asked Finance to duplicate this slide for the Portland Area.	The Portland Area budget is $288.6 million; the sequester and rescission cuts $14.2 from the Portland Area FY13 budget; the amount of the sequester is $13.6 million and the .02% rescission amount is $612k.	
IHS Director	Sequestration; bad thing about this is across the board cuts because Congress didn't make a deal on the deficit reduction plan moving forward. We are working with Area Directors & are working on getting the final numbers & notifying you of the funding levels for the rest of the years. I have held calls with all 12 Areas. Last week the President released his 2013 President's budget proposal; we are happy to see that IHS continues to be a priority under this Administration, the President and the Secretary.	Even in this difficult budget environment, the President is proposing $124 million increase over FY12 appropriations. The Administration also proposes for both BIA & IHS new appropriations language that lists each contract line by line in an appropriations budget rather than having it just a one line for the appropriations level.	
IHS Director	Working closely with the Area Directors and doing what we can to keep Corp mission and preparing for the ACA implementation in 2014; including the marketplace for exchanges and Medicaid expansion in those states where it is happening and looking at our business partners	The business plan template was sent out to all facilities; it is required for federal facilities and optional for tribal facilities. We hope the ACA is going to bring great benefits to all American Indians; including those that are served by the IHS and our tribal programs and urban health	

April 2013 Quarterly Board Meeting
Summary of Minutes

	The definition of Indian issue is at this point now with Congress and they are just looking for a vehicle to correct that. We are trying to clarify the issues around the payer of last resort and the issues about purchasing insurance with contract health service funds and how that would apply to tribal versus direct service programs. There is a letter on its way that would help clarify some of that.	programs. We are doing everything we can to make sure that in the planning for the marketplaces that CCIIO and CMS and HHS understand the unique needs of our people. Each state is different and the market for the marketplace is different; that is why we are asking all facilities to do the business plan. The real issue is the need for Congress to come up with a deficit reduction plan so that we can avoid these kinds of politics in the first place. Congress and the President have the opportunity to fix this for 2014 and the President is proposing a budget that will do that; so now it is Congress's turn.	
IHS Director	Travel restrictions – the challenge we have is that we have had in place now for about 2 years progressively increased travel restrictions and OMB is mandating agency-wide.	We got hit with disappointing new language in the CR that Senator Corbin put in and just found out about it the end of March. There is now even more increased scrutiny about conferences and there is also increased scrutiny of travel. There is a new approval process that basically now you co no longer exempt things like tribal consultation meetings or events; grantee meetings or trainings. We have to go through a conference approval process if we spend more than $20,000 on the meeting and if at least one federal person travels to it. There is a new wrinkle if the IHS obligates any money towards a meeting or conference without the appropriate approvals in place it is considered an anti-deficiency violation.	
IHS Director	Invitation to attend the July 2013 joint board meeting with CRIHB in Spokane WA	It will be put on the list of consideration for travel and we will do what we can. If not there in person hopefully someway to meet with everyone.	
Legislative Update	CHS workgroup – the current formula will remain the	CHS workgroup agreed that once the report becomes	

April 2013 Quarterly Board Meeting
Summary of Minutes

	same, there will be no changes.	public and is available they will schedule a meeting 30 days after it is disseminated to address the findings in this report and at that time determine what bearings it might have in making changes to the formula.	
FY14 SDPI Priorities	The last time we did consultation on SDPI was the reauthorization of the additional 2 years; 2012-2013. IHS did go through a quick consultative process and the TLDC at the time recommended that due to the timing and the urgency to get decisions made about these funding allocations recommended that consultation not happen. The IHS Director just re-awarded the funds to the categories.	Area recommendations were asked for. Our recommendations were to maintain current distribution and tribal consultation. We didn't agree with TLDC; we think that IHS & TLDC has an obligation to work with tribal leaders in all programs and consult. We can put in the letter the recommendation that the community directed grants will be used to support the Boys & Girls Club; but also if it is to be funded that the funding should be re-directed from the CDC Diabetes Wellness Program back to the community programs.	Do you want to continue to support the previous tribal consultation recommendations? (YES) Jim Roberts will work with Sharon to write these recommendations and will hold them until we get some notification from IHS to respond back.
Financial Report	The 2012 audit is complete and there were no findings found.	**Motion by Dan Gleason, Chehalis; 2nd by Bernadine Shriver, Grand Ronde to approve the financial report. Motion carried**	
Executive Director Report	Recognition of 10 years of service at the Health Board: Mike Feroglia		
Elders Committee	Report Attached		
Veterans Committee	The report will be sent out		
Public	Report Attached		

April 2013 Quarterly Board Meeting
Summary of Minutes

Health/Behavioral Health Committee			
Personnel Committee	Report Attached		
Legislative Committee	Report Attached		
RESOLUTION #13-03-01	#13-03-01 – Supporting Native Expectant & Parenting Teens (SNEPT	**Motion by Cheryl Sanders, Lummi Nation; seconded by Dan Gleason, Chehalis Tribe to ratify this resolution. Motion carried**	
RESOLUTION #13-03-02	Interventions for Health Promotion & Disease Prevention in Native American Populations	**Motion by Dan Gleason, Chehalis Tribe; seconded by Greg Abrahamson, Spokane Tribe to approve the resolution. Motion carried**	
RESOLUTION #13-03-03	Native Sexual Health Continuum Project	**Motion by Dan Gleason, Chehalis Tribe; seconded by Bernadine Shriver, Grand Ronde Tribe to approve the resolution. Motion carried**	
RESOLUTION #13-03-04	Partnership with OHSU to Apply for Funding that Addresses Indoor Air Pollution & Mitigation Strategies	**Motion by Dan Gleason, Chehalis Tribe; seconded by Leslie Wosnig, Suquamish Tribe to approve the resolution. Motion carried**	
RESOLUTION #13-03-05	Partnership with OHSU, Prevention Research Center, the Center for Healthy Communities to Apply for Funding to Address Health Promotion & Chronic Disease Prevention Needs Among AI/AN Communities	**Motion by Greg Abrahamson, Spokane Tribe; seconded by Bernadine Shriver, Grand Ronde Tribe to approve the resolution. Motion carried**	
MOTION Minutes	Motion by Dan Gleason, Chehalis Tribe; 2nd by Bernadine Shriver, Grand Ronde Tribe to approve the January 2013 minutes.	**MOTION CARRIED**	

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Colville Tribe
Coos, Suislaw & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
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Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
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RESOLUTION #13-03-02
Interventions for Health Promotion and Disease Prevention in Native American Populations

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, the National Institutes of Health (NIH) has invited proposals to support health promotion and disease prevention in Native American populations; and

WHEREAS, American Indian/Alaska Native populations are disproportionately impacted by higher rates of Alcohol and Drug (A&D) use, abuse, and associated comorbidity conditions compared to non-Indian people; and

WHEREAS, this specific funding opportunity supports the development, adaption, and testing of an evidence-based A&D prevention intervention for AI/AN youth in the Pacific Northwest; and

WHEREAS, the goals of this initiative are consistent with the goals and objectives of both the NPAIHB and the *NW Tribal EpiCenter*; and

THEREFORE BE IT RESOLVED, that the NPAIHB endorses and supports efforts by staff of the *EpiCenter,* under the guidance of the Executive Director, to pursue funding through the NIH "Interventions for Health Promotion and Disease Prevention in Native American Populations" funding opportunity.

CERTIFICATION

NO. 13.03.02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 **for,** _____ **against,** _____ **abstain on** 4-18, 2013.

Andrew C. Joseph Jr.
Chairman

4.18.13
Date

Secretary

NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD

Burns-Paiute Tribe
Chehalis Tribe
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RESOLUTION #13-03-03
Native Sexual Health Continuum Project

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a non-governmental "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the NPAIHB's Project Red Talon has worked with tribes and tribal clinics throughout the U.S. for over 25 years to improve sexual health outcomes for AI/AN teens and young adults, and is authorized to operate nationally to carry out the goals and objectives of the Centers for Disease Control and Prevention's (CDC) RFA-1308: *Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance*; and

WHEREAS, American Indian and Alaska Native youth are disproportionally impacted by higher rates of sexually transmitted infections and teen pregnancy, compared to non-Indian people; and

WHEREAS, this specific funding opportunity supports developing the capacity of states, territorial, and local education agencies to deliver sustainable, culturally relevant initiatives for AI/AN students in districts and schools that contribute to reductions in HIV infection and other STD among adolescents, and reductions in disparities in HIV infection and other STD experienced by specific adolescent sub-populations; and

WHEREAS, the goals of this initiative are consistent with the goals and objectives of both the NPAIHB and the *NW Tribal EpiCenter*; and

THEREFORE BE IT RESOLVED, that the NPAIHB endorses and supports efforts by staff of the *EpiCenter,* under the guidance of the Executive Director, to pursue funding through the CDC "Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance" funding opportunity.

CERTIFICATION

NO. 13.03.03

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 **for, _____against, _____abstain on** 4.18 **, 20~~11~~** 13**.**

Andrew C. Joseph Jr.
Chairman

4-18-13
Date

Secretary

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
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RESOLUTION #13-03-04

Partnership with Oregon Health and Science University (OHSU) to apply for funding that addresses indoor air pollution and mitigation strategies

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, indoor air quality is particularly important for children, older adults and people with preexisting conditions who may be more vulnerable to the adverse impacts of indoor air pollution in their homes, schools and other buildings used for community activities; and

WHEREAS, housing issues impact human health and well-being: over-crowding, poor ventilation, unsafe cooking and heating practices, mold, radon,and smoking and secondhand smoke contribute to poor indoor air quality; and

WHEREAS, American Indians/Alaska Natives in the Northwest have a higher prevalence of asthma than the general population; and

WHEREAS, improvements in indoor air quality have been shown to improve asthma symptoms and to reduce emergency room visits and hospitalizations for asthma exacerbation.

THEREFORE BE IT RESOLVED that the NPAIHB EpiCenter partner with OHSU to apply for the EPA funding opportunity: EPA-G2013-STAR-Y1: Science for Sustainable and Healthy Tribes – Indoor Air Impacts. This funding opportunity will use Community-Based Participatory Research to assess the health impacts of indoor air pollutants in NW tribal communities in order to develop and test effective, culturally appropriate and acceptable pollution prevention, adaptation and mitigation strategies, with metrics for determining sustainability of the solutions.

CERTIFICATION

NO. 13.03.04

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 **for, _____against, _____abstain on** 4-18 **, 2011.** 13

Andrew C. Joseph Jr.
Chairman

4-18-13
Date

Secretary

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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RESOLUTION #13-03-05

Partnership with Oregon Health and Science University (OHSU), Prevention Research Center, the Center for Healthy Communities to Apply for Funding to Address Health Promotion and Chronic Disease Prevention Needs Among American Indian/ Alaska Native Communities

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, substantial health disparities in chronic disease continue to affect American Indian and Alaska Native people compared to other races

WHEREAS, there is a need for culturally sensitive and appropriate health interventions

WHEREAS, many tribes, especially those located in rural and remote locations, need sustainable methods and solutions to the prevention of chronic disease.

THEREFORE, BE IT RESOLVED that the NPAIHB EpiCenter partner with OHSU to apply for funding through the Centers for Disease Control and Prevention to conduct community-based research projects, dissemination of health interventions, training programs, and evaluation of these interventions to address health disparities and chronic disease among tribal communities.

CERTIFICATION

NO. 13-03-05

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 **for, _____ against, _____ abstain on** 4-18 **, 20~~14~~** 13**.**

Andrew C. Joseph Jr.
Chairman

4-18-13
Date

Secretary

Elder Committee Meeting Minutes
April 16, 2013
Swinomish Casino & Resort
Anacortes, WA 98221

Members: Bernadine Shriver-Grand Ronde, Patty Kinswa-Gaiser-Cowlitz Tribe, Gladys Hobbs-Grand Ronde, Eradonna Perkins-Shoshonne-Bannock, Janice Clements-Warm Springs, Theresa Lehman-Jamestown S'Klallam, Andy Joseph--Colville, Dan Gleason, Committee Chair, Chehalis Tribe.

NPAIHB Staff: Clarice Charging

Dan opened the April Elder meeting with prayer.

Bernadine motioned to approve January 2013 minutes. Patti seconded. Motion approved.

Native Caring Conference: Bernadine presented on the Native Caring Conference held March 27-28th at Chinook Winds Casino, Lincoln City, OR. Sessions offered were:
Social Security Basics
Fit and Strong
Dementia and Care Giving
Caring for Hearing Impaired
Healthy Native Foods
Elder Fraud
Estate Planning

Updates:
Jamestown S'Klallam: Several Elders will participate in the Mud Run a 13 mile obstacle course, June 8, 2013. The tribe has hired a new a new Elder Coordinator who has started in her position. Elders will now receive two stipends twice a year rather than once per year.

Colville Tribe: Elder Honoring Dinner will be May 3, 2013, Nespelam Community Center.

Grand Ronde: Elder Honoring Day will be held July 16, 2013. The Tribe with the collaboration of several tribal programs will host a Veteran's Summit, July 9-12, 2013. Fundraising activities for this event will be held. Assisted Living housing is at capacity with several more units currently being renovated. Elder building is finished and offers a full kitchen with a staff of three. Several Elders hold their food handler permits and assist with meal serving.

Chehalis: Currently developing plans for Elder housing and center.

Elders Committee

Tuesday April 16, 2013
Swinomish Casino & Lodge, Anacortes, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	DAN GLEASON Council	CHEHALIS TRIBE	360-273-5911 360 273-5914 FAX
2	Bernadine Shriver	CTGR	bernadineshriver@frontier.com 503-663-7624
3	Elder-Chair Elder Comm Gladys Hobbs	CTCR	971-241-8486 ghobbs2004@Yahoo.com
4	Patty Kinswa-Gaiser	Cowlitz	360-864-7006 citelders@cowlitz.org
5	Erma Lorna Parkins Delegate	Shoshone-Bannock Tribes	Eperkins@sbtribes.com
6	Andy Joseph Jr.	Colville	andy.joseph@colvilletribes.com 509 631 4406
7	Theresa K Lehman	Jamestown	Lehman1949@hotmail.com
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NPAIHB Quarterly Board Meeting
Swinomish Casino Resort
Bow, WA

Legislative Committee Report

April 18, 2013

Present:
John Stephens, Swinomish Tribe
Sandra Sampson, Umatilla Tribe
Steve Kutz, Cowlitz
Greg Abramson, Spokane Tribe
Ed Fox, Port Gamble Tribe
Sal Sahme, Warm Springs Tribe
Kim Zillyet Harris, Shoalwater Tribe
Elizabeth Buckingham, Makah Tribe
Joe Finkbonner, NPAIHB
Jim Roberts, NPAIHB

New Business:

The Legislative Committee heard an update on Contract Support Cost issues and that the Board is currently negotiating with IHS on settlement of past year's claims. Delegates recommended the Board assist Tribes to respond to settlement letters being issued by IHS so that NW Tribes have a consistent approach to dealing with IHS over settlement issues. The Executive Director and Policy Analyst will discuss options with attorneys and report back on what can be done.

The Legislative Committee also discussed and recommended the following resolutions for action:

1. Partnership with OHSU Prevention Center to apply for funding to address HP/DP needs among AI/AN communities. This is a CDC application.
2. Native Sexual Health Continuum Project. This is a CDC school based surveillance funding opportunity. ion

3. Interventions for HP/DP in Native American Populations. This is a NIH funding opportunity.
4. Partnership with OHSU to address indoor air pollution and mitigation strategies.
5. Ratify Supporting Native Expectant and Parenting Teens.

Adjourn at 1:00 p.m

Legislative/Resolution Committee

Tuesday April 16, 2013
Swinomish Casino & Lodge, Anacortes, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	John Stephens - Alt. Programs Admin	Swinomish	360 4667Hb
2	Sandra Sampson alternate	Umatilla	541-310-7871
3	Stephen Kautz Alt.	Cowlitz.	360-731-2885
4	Jim Roberts	NPMHB	
5	Greg Abrahamson	Spokane	509 4586507
6	Ted Foe	Port Gamble S'Klallam	efox@pgst.nsn.us
7	JA(SAhome	WSCT	SSAhmE@gmail.com
8	Kim Zillyett-Harris	Shoalwater Bay	kzillyett@shoalwaterbay-nsn.gov
9	Elizabeth Buckingham	MAKAH	elizabeth.buckingham@bia.gov
10	Joe Finkbonner	NPA-HB	
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Behavioral Health and Public Health Committee Meeting
April 16, 2013
Swinomish Casino and Lodge
Anacortes, WA

In attendance:
Victoria Warren-Mears, staff
Colbie Caughlin, staff
Rachel Ford, staff
Dianna Lahmann, WADOH EP Contracting
Kim Kummer, Makah Tribe Public Health Dept
Wendee Gardner, staff
Carrie Sampson, staff
Martina Gordon, Umatilla
Lisa Guzman, Kalispel Tribe
Karen Hansen, Kootenai Tribe
Cheryl Saunders, Lummi Nation
Maria Gardipee, WA DOH
Kelle Little, Coquille Indian Tribe
Caroline Cruz, Warm Springs
Andrew Mason, Hoh Tribe

Introductions: Introduction of all in attendance.

Follow Up from January 2013 Meeting in Pendleton, OR: Colbie Caughlin provided follow up on the discussion regarding ADHD and Autism. Many questions were raised at the previous meeting indicating a need for additional education, training and awareness activities. The Board staff are collecting and compiling information and will send it to the committee. Following provision of materials we will discuss needed next steps.

Resolutions:
Three resolutions from Project Red Talon were mentioned and briefly discussed.

- Expectant and parenting teen grants (Resolution)
- Promoting adolescent health through school based HIV prevention and surveillance (Resolution)
- Interventions for HP/DP – application to NIDA. Alcohol and drug prevention curriculum. Adaptation to AI/AN youth.

Two additional resolutions will be presented in partnership with Oregon Health and Science University.

- Asthma prevention
- Prevention Research Center continuation

Announcements:
Maria Gardipee announced that at the EP Conference in June there will be an opportunity to meet with new secretary of DOH. He is from Clark County and has some experience working with Tribes.

H1N1 update: WA State is working with AIHC. Vaccine white paper for tribal participation in emergency event. There is to be a follow up survey by AIHC about how vaccine distribution worked. Questions

include: What option did you exercise and how did you select your option? Tribes in WA can be their own local health district. Hope to also complete this process for Strategic Stockpile.

Emergency Preparedness conference. Announced: June 26th through 27th at Northern Quest Resort and Casino. Contact rford@npaihb.org
Who should attend? Emergency Managers and Public Health, Clinic Professionals, Tribal Leaders
Public Health focus; is not guns and hoses conference.

People have not been accepting emergency funds from the State of Washington. Lack of contracting with some of the Washington Tribes (~4 of tribes are not contracting).

A discussion was held regarding potentially beneficial topics for the EP conference.

Topics suggested for Public Health Emergency Preparedness Conference:

- How to build jurisdictional relationships?
- Cross jurisdictional best practices.
- Mock exercise. Food poisoning on a canoe journey
    - See how response is. Process evaluation. How did people work together? What were the issues?
    - Earthquake preparedness, volcanic activity preparedness.

One page summary sheet of discussion to entice people to participate. Rural people network with other communities. Model tribal programs and implementation and good plan development. Featured tribes. Flood, outbreak, earthquake. Outline people who we would like to see there at the meeting.

- Template of actions that would be needed.

Funds for equipment – within the contract jurisdiction. Equipment becomes a regional asset.

- Document role of tribal health director in the emergency preparedness?

- Youth preparedness training. Nisqually youth and another tribe have trained youth.

It was mentioned that Drew from Coquille would be great to volunteer to assist in conference planning particularly as it relates to tribally relevant topics.

Sharing resources across the border. Preparing and communicating across the borders. Canada and US have signed documents across borders for materials.

Laura Sawnee-Spencer, Cherokee, Public Health Accreditation Presentation on June 4, 2013.
We will provide travel reimbursement for anyone who wishes to attend.

Public Health/Behavioral Health Committee

Tuesday April 16, 2013
Swinomish Casino & Lodge, Anacortes, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Caroline M. Cruz Health & Human Services Dir.	Confed Tribes of Warm Springs	541-553-0497 caroline.cruz@ctstribes.org
2	Dianna Lahmann Tribal Contracts Coordinator	WA State DOH	360-236-4079 dianna.lahmann@doh.wa.gov
3	Rachel Ford	NPAIHB	
4	Kim Kummer	Makah	360-393-0067 kim.kummer@ihs.gov
5	Wendee Gardner	NPAIHB	wgardner@npaihb.org (503) 416-3275
6	Martina Gordon	CTUIR/Yellowhawk	mgordon@ctuir-works.org
7	Carrie Sampson	CTUIR/NPAIHB	csampson@npaihb.org
8	Lisa Guzman	Healthcare Admin Kalispel Tribe	509-789-7612 Lguzman@camashealth.com
9	Karen Hansen	Kootenai Tribe of Idaho	208-267-5223 Karen@Kootenai.org
10	CHERYL SANDERS	Lummi Nation	Cherylls@lummi-nsn.gov
11	MARIA GARDIPEE WA. DOH		360-236-4021 maria.gardipee@doh.wa.gov
12	Kelli Latta	Coquille Indian Tribe	kelli.la@coquilletribe.org
13	Andrew Mason	Hoh Tribe	andrewm@hohtribe-nsn.org
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Northwest Portland Area Indian Health Board
Quarterly Board Meeting
Personnel Committee

April 16, 2013

Start Time: 12:15 p.m.

Members Present: Shawna Gavin, Martin Estrada

Members Absent: Cassandra Sellards-Reck, Rose Purser

Staff Present: Bobby Puffin

Decisions:

Martin Estrada, Skokomish Delegate, was appointed to the Personnel Committee by Chairman Andy Joseph prior to the meeting.

Following the quarterly personnel report and discussion of the Employee Satisfaction Survey, the committee members made one recommendation:

Bobby will research the possibility of conducting another survey focused on the employees' attitudes and perceptions of the clients with whom they work in their projects.

End Time: 1:05 p.m.

Personnel Committee

Tuesday April 16, 2013
Swinomish Casino & Lodge, Anacortes, WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Shawna Gavin	CTUIR	Shawnagavin@ctuir.org
2	MARTIN Estrada Health Director	SKOKOMISH TRIBE	360-426 5755 mestrada@skokomish.us
3	Bobby Puffin HR Coordinator		
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ANDY REPORT

Update on the Board's Hill Visits in November and during NCAI:

- Jaime Herrera Butler
- Lunch with Doc Hastings
- Patty Murray Breakfast Meeting
- Maria Cantwell,
- Jeff Merkley
- Max Baucus Office & Finance Committee Staff; Richard Litsey

Mention the Legislative Plan and how contributions from the Board and ATNI are important.

IHS National Budget Formulation Meeting held February 12-13, in Washington, DC

CHS Workgroup Meeting held in Denver on February 20-21, 2013

National Congress of American Indians March 4-7, 2013: Discussion about key

HHS Budget Consultation held on March 6-7, 2013.

- Chaired the IHS presentation and provided testimony on IHS budget to HHS budget council
- Discussion about ACA Implementation and Indian definition fix
- Kathleen Sebelius agreed that Indian definition should be aligned to the Medicaid & IHS eligibility regulations

Back to Washington D.C. again this month to testify before the House Interior Appropriations Subcommittee on the IHS FY 2014 budget.

Andy give your thoughts about how important our lobbying work is in light of Sequestration of $228 million cut in IHS funding this year.

Dear TLDC Members and Advisors

The purpose of this TLDC Conference Call on April 12, 2013 is to:

a. **Determine Tribal Consultation issue(s) on the distribution of FY 2014 SDPI funding**
b. **Provide recommendation(s) to IHS Director on these issues**

At the December 2012 TLDC Meeting, Dr. Roubideaux stated "there is still a need to gather input from Areas on how they (Tribal Leaders) want SDPI distribution moving forward (if it is authorized). TLDC needs to come up with a plan for how to gather input through the Tribal Consultation process."

Agenda

1. **Legislation: H.R. 8** – American taxpayer Relief Act of 2012 extends SDPI at $150 million per year for one more year (FY 2014) - **NIHB**

2. **Current distribution of SDPI Funding** as stated in Dear Tribal Leader Letter dated May 2, 2011 - **DDTP**

SDPI Total Funding	$150 m
Community-directed Grants	$104.8 m
DP/HH Initiative Grants	$23.3 m
Urban Program set-aside (for grants)	$7.5 m
Administrative Support for C-D & DPHH set-aside	$8.2 m
Data Infrastructure Support set aside	$5.2 m
CDC Native Diabetes Wellness Program	$1.0 m

3. **SDPI Grant Application Process - DDTP**
   - Since this is only one year of funding, the process will be a continuation application.

4. **Determine Tribal Consultation Process for FY 2014 funding (one year) - TLDC, NIHB, DDTP**
   a. TLDC determines consultation issue and makes recommendation to the IHS Director.
   b. What are the Tribal Consultation issues?
      i. SDPI funding distribution for FY 2014 –
         - Should the funding distribution for FY 2014 be kept the same? Yes/No
         - If No, what changes are recommended?
         - Encourage all comments
      ii. T.R.A.I.L. Program with Boys and Girls Clubs: *On the TRAIL (Together Raising Awareness for Indian Life) to Diabetes Prevention*
         - The IHS Director specifically mentioned the TRAIL Program at TLDC Meeting in Dec 2012 – "it is a valuable program; get nervous each year about continuation of funding. Is there any place for the TRAIL Program as part of the SDPI funding distribution – possibly expanding or helping with it because it is a valuable program since it is all about youth and diabetes prevention. Funded at $1 m/year with IHS discretionary funding.
         - Suggest that TLDC will have expanded discussion on this topic at next TLDC face-to-face meeting
      iii. Other Consultation Issues
         - Suggested changes to the distribution formula and related issues to be discussed at next TLDC meeting

5. **Possible Proposed Timeline - DDTP**

PROPOSED TRIBAL CONSULTATION PROCESS		
TLDC Conf Call Meeting – April 12	TLDC determines issues(s) related to distribution of SDPI FY 2014 funding and makes recommendation(s) to the IHS Director	Send letter no later than 4/15/13
date	IHS Director issues Dear Tribal Leader Letter requesting input from Tribal Leaders on the TLDC recommendation(s); 30 days to respond;	Consider IHS Dir sends out letter no later than 4/22/13
date	Deadline for feedback from Tribal Leaders	Consider 5/22/13
date	IHS Director conference call with TLDC to review results and discuss her decision(s)	Consider 5/24/13
date	IHS Director issues Dear Tribal Leader Letter with decision on distribution of FY 2014 funding	Consider 5/27/13
CONTINUATION APPLICATION For FY 2014 FUNDS		
Currently Planned for - May 1, 2013	Continuation Application for FY 2014 funding for Community-directed budget cycle 1 is available to grantees	Consider 5/27/13
Currently Planned for - June 1, 2013	Deadline to submit applications to Division of Grants Management through GrantSolutions	Consider 6/27/13
July	Review of Application by Area Diabetes Consultants	July
August /Sept 2013	Notice of Awards to Cycle 1 grantees	same

6. Sequestration and SDPI FY 2013 Funding - **DDTP**
7. New DDTP Leadership - **DDTP**
    a. Director
    b. Deputy Director
    c. DDTP Move to Rockville, MD
8. Confirm next TLDC face-to-face meeting - **NIHB**
    a. June 19 – 20, 2013 in Hollywood, FL at end of NIHB Public Health Summit
9. Plan TLDC participation at NIHB Public Health Summit - **NIHB**
    iv. SDPI Grantee Poster Session –
        - Travel Issues
    v. Presentation(s) on SDPI and/or Diabetes Update
        - Will there be a panel and/or plenary session on diabetes topic?

Next TLDC Conference Call:

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

2121 SW Broadway Drive
Suite 300
Portland, OR 97201
(503) 228-4185
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www.NPAIHB.org

SENT BY TELEFAX: (301) 443-4794 – Hardcopy via Federal Express

February 21, 2011

Yvette Roubideaux, M.D., M.P.H
Director
Indian Health Service
801 Thompson Avenue, Suite 440
Rockville, MD 20852

Dear Dr. Roubideaux:

The Northwest Portland Area Indian Health Board is a P.L. 93-638 Tribal organization that represents health care issues of the forty-three federally recognized Tribes in Idaho, Oregon, and Washington. We are responding to your January 25, 2011 letter, in which you have initiated Tribal Consultation in response the recent extension of the Special Diabetes Program for Indians (SDPI).

First, we want to emphasize that the following comments and recommendations represent the position of the forty-three tribal governments in Idaho, Oregon, and Washington – the Portland Area – and not the position of only one tribal entity. We are aware that federal agencies often have interpreted the comments from Tribal organizations as representing the position of only one tribe. The Northwest Portland Area Indian Health Board (NPAIHB) is one of few tribal organizations nationally that represent all federally recognized tribes in their IHS Area. As such, we ask that you recognize that our comments represent the position of all forty-three Tribes in the Portland Area.

The NPAIHB member Tribes discussed the details of your January 25, 2011 letter during our Quarterly Board Meeting held in Lincoln City, Oregon, on January 25-27, 2011. A significant portion of our consultation focused on our response to the issues of your letter. Our representatives also discussed the details of your letter at the conference of the Affiliated Tribes of Northwest Indians (ATNI) held in North Bend, Oregon on January 31 – February 1, 2011. Thus, our Quarterly Board Meeting and ATNI conference have provided appropriate venues for consultation resulting in the following recommendations.

1. **Maintain Current Distribution & Tribal Consultation**

   While the NPAIHB understands and appreciates the initial position put forward by the Tribal Leaders Diabetes Committee (TLDC), we do not agree with its preliminary recommendation to maintain the current funding distribution of the program, nor do we concur with their decision to not conduct Tribal consultation.

Portland Tribes understand completely that the evaluation of the SDPI over the past thirteen years has proven very effective with positive outcomes. However, a number of Tribes in the Portland Area as well as across the country, do not agree with the current distribution methodology and would like an opportunity to address those issues through Tribal consultation. During the TLDC teleconference the rationale for maintaining the current program and not conducting Tribal consultation was due to the urgency needed to make a decision for FY 2012 and FY 2013.

During FY 2009 (H.R. 2499, Medicare, Medicaid and SCHIP Extension Act of 2007) and the FY 2010 and FY 2011 (H.R. 6331, Medicare Improvements for Patients & Providers Act of 2008) we also faced similar timing and urgency issues and for each of these SDPI extensions and there was Tribal consultation on the SDPI funding distribution. To not conduct Tribal consultation on this SDPI reauthorization is inconsistent with past policy practice of the Indian Health Service (IHS). We were under very similar time constraints during the reauthorizations approved under H.R. 2499 and H.R. 6331, and this should not be a barrier to conducting Tribal consultation on this reauthorization of the program.

Tribal consultation has been instrumental in the success of the SDPI and should always be conducted whenever possible. We hope that you will always seek tribal leader input into programs affecting Indian people no matter what the circumstance or timing. Tribal consultation is one of your top priorities in renewing and strengthening IHS' relationship with Tribes and **we urge you to conduct a full Tribal consultation on the distribution of the FY 2012 and FY 2013 SDPI funds.**

If it is absolutely essential that a decision be made soon, than at a minimum an extension of the current program requirements could be made for FY 2012; and Tribal consultation would be utilized for FY 2013.

2. FY 2012 & FY 2013 SDPI Funding Distribution

You requested our input to maintain the current funding distribution for the additional two years that H.R. 4994, the Medicare and Medicaid Extenders Act of 2010, has reauthorized the SDPI program. Due to the reasons explained above, Portland Area Tribes do not support maintaining the current distribution of SDPI funding in FY 2012 and FY 2013. Portland Area Tribes continue to support our position on the SDPI distribution communicated to Robert McSwain, former IHS Director, outlined in our January 31, 2009 letter (see attached). We summarize those issues below and have included our 2009 letter for a detailed explanation and the Portland Area Tribes' continued position on these issues.

Basic Distribution Formula: Our January 31, 2009 letter described weaknesses in the Basic Distribution Formula (BDF) that should be addressed. Portland Area Tribes recommended the following changes to the BDF:

a. Decrease the weight of the tribal size adjustment from 12.5 percent to 8 percent;
b. Increase the weighting on the user population criteria from 30 percent to 42 percent;
c. Decrease the disease burden criteria from 57.5 percent down to 50 percent;
d. Delete the hold harmless and inflation amounts as these elements were intended to be funded once rather than becoming recurring funds as has happened from FY 2004 - FY 2009;
e. Increase the Tribal size adjustment factor from 300 to 1,200 users;
f. Use only Active User Population for calculating diabetes prevalence; we do not support using Service Population in the prevalence calculation.

Competitive Set-Aside: Portland Area Tribes are not fully supportive of a competitive grant set-aside (what has become known as the "special demonstration") in the SDPI program. Portland Area Tribes agree that there have been benefits to this program and that future efforts should be directed to translate the findings into community directed programs. Thus, Portland Area Tribes recommend returning 90 percent of the set-aside amount to the Community Directed Grant Program. The remaining 10 percent should be made available to the IHS Areas to translate the findings and best practices of the special demonstration program (competitive grant program) into the community directed grants. If this is not done, then Portland Area Tribes recommend a new competition for the special demonstration program. Other Tribes want to be able to benefit from the same opportunity that the special demonstration has provided a few select tribal communities.

Administrative Set-Aside: Portland Area Tribes support an appropriate level of funding for the administrative requirements of carrying out the SDPI, however we do not support such funding at the previous level. Our justification is that if the special demonstration funding is reduced per our recommendation, then the level of workload and administrative oversight will be greatly reduced. This cost savings should be returned to the community directed programs. We recommend decreasing the administrative set-aside from $4.1 million to $3 million due to a reduction in the administrative costs.

Data Set-Aside: Portland Area Tribes recommend that the data set-aside be discontinued and the $5.2 million be provided to the community directed program. During the past four Tribal consultations, Indian Country has been divided on recommendations to continue support for this set-aside. The Portland Area's position on this issue is that costs associated with information technology are a residual function and the responsibility of the IHS or Tribes if they take their shares. Portland Tribes are concerned that a preponderance of SDPI data funds has enhanced information technology at direct federal sites with little funding provided to Title I contracting or Title V compacting Tribes.

Urban Set-Aside: Portland Area Tribes support and recommend the continuance of a five percent set-aside (currently $7.5 million) to fund diabetes grants for the 34 Urban Indian Health Programs.

Native Diabetes Wellness Program: Portland Area Tribes do not support the $1 million set-aide for the CDC Native Diabetes Wellness Program and recommend that the funding be provided back to the community directed program. If this funding is continued, then a process should be put in place that ensures the services provided benefit the priorities of each IHS Area.

It is the position of Portland Area Tribes that our recommendations provide sound guidance to improve this very important program. Our recommendations are based on the principle that the SDPI funds should provide the greatest opportunity to reduce the burden of diabetes for Indian people. In fact, some of our recommendations would result in less overall funding to the Portland Area. On this same note, some of our recommendations would enhance the ability of small and disadvantaged Tribes to access additional funding to address diabetes issues in their communities. During the discussion on our initial recommendations we balanced these unique circumstances with what was in the best interest of Indian Country. To this end, we support building on the strength of the Community Directed grant programs with lessons learned from the special demonstration grantees.

I want to personally thank you for the opportunity to provide our comments on the SDPI and look forward to the continued success of this program. If you should have any questions concerning our recommendations, please contact Jim Roberts, Policy Analyst, at (503) 228-4185 or email at jroberts@npaihb.org.

Sincerely,

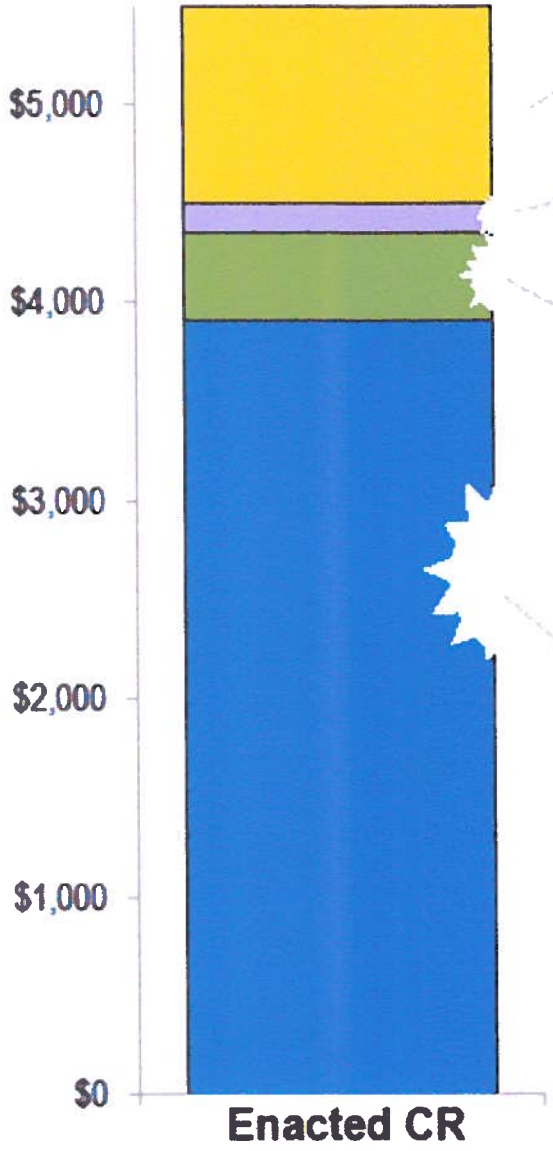
Andrew Joseph, Jr., Chairperson
Northwest Portland Area Indian Health Board and
Colville Tribal Council Member

cc: Dean Seyler, Acting Area Director, IHS-PAO
Kelly Action, IHS-NDP Director
Lorraine Valdez, IHS-NDP
Buford Rolin, TLDC Chairperson
43 PAO Tribal Leaders and Tribal Health Directors
PAO SDPI Grantees

Sequester & Rescission cuts $228 M from IHS' FY13 budget

The amount of the sequester is $220 million for IHS; the 0.2% rescission amount is $8 million

$5.49 b ⇨ **less $.228 b** ⇨ **$5.26 b**



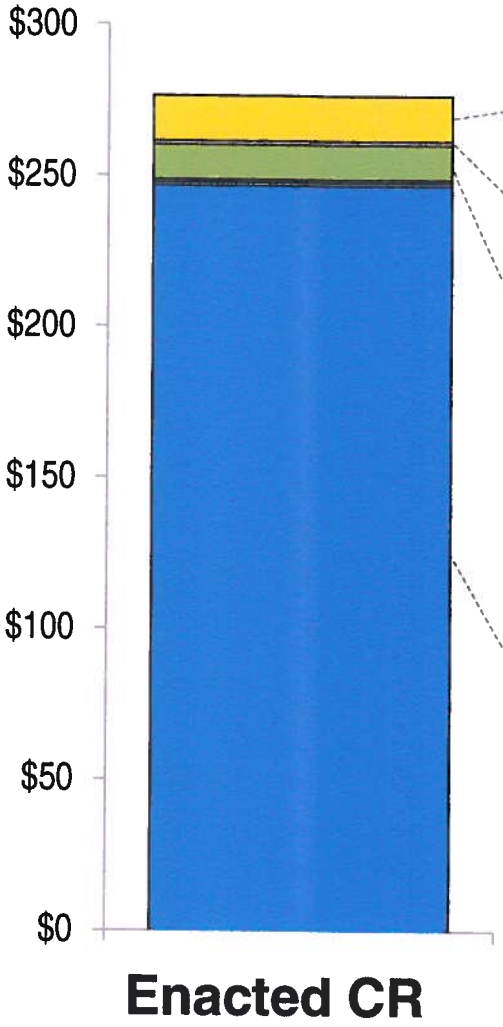
Collections ⇨ *$0 IHS sequester* *2% Medicare reduction will impact Service Units*	**$ 981 m**
Special Diabetes Program for Indians ⇨ *- $3 m sequester & rescission* *Impacts all SDPI grants*	**$147 m**
Facilities ⇨ *- $23 m sequester & rescission* *Impacts: all programs, projects, activities in line items:* o Health Care Facility Construction o Maintenance & Improvement o Equipment o Sanitation Facility Construction o Facilities & Environmental Health Support	**$419 m**
Health Care Services ⇨ *- $202 m sequester & rescission* *Impacts: all programs, projects, and activities in line items:* o Hospitals & Health Clinics Services o Contract Health Services o Dental Services o Mental Health Services o Alcohol & Substance Abuse o Public Health Nursing o Health Education o Community Health Representatives o Immunizations AK o Urban Health Programs o Indian Health Professions o Tribal Management o Direct Operations o Self-Governance o Contract Support Costs	**$3,712 m**

DRAFT Revised 3/28/13

Sequester & Rescission cuts $14.2m from Portland Area FY 13 budget

The amount of the sequester is $13.6m for Portland Area; the .02% rescission amount is $612k

$288.6m → **Less $14.2m** → **$274.4m**



Collections — $15 m

- $0 IHS sequester
- 2% Medicare reduction will impact Service Units

Special Diabetes Program for Indians — $1.2 m

-$68k sequester & rescission

- Competitive and non competitive grant activities
- Area Office consultant activities

Facilities — $11.5 m

-$633k sequester & rescission

- Health Care Facility Construction
- Maintenance & Improvement
- Equipment
- Sanitation Facility Construction
- Facilities & Environmental Health Support

Health Care Services — $246.7 m

-$13.5m sequester & rescission

- Hospitals & Clinics
- Contract Health Services
- Dental Services
- Mental Health Services
- Alcohol & Substances Abuse
- Public Health Nursing
- Health Education
- Community Health Representatives
- Urban Health Programs
- Direct Operations
- Contract Support Costs