MINUTES

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD

QUARTERLY BOARD MEETING

October 20-21, 2020

Via Zoom

Summary of Minutes

Issue	Summary	Action	Follow-Up
TUESDAY OCTOBER 20, 2020			
Call to Order:	**at 8:40 am by Nick Lewis, NPAIHB Chairman**		
Roll Call:	Shawna Gavin, Secretary, called roll: There were 26 delegates present, a quorum is established.		
Chairman's Report, Nick Lewis, NPAIHB Chair	We are now 7 months into the pandemic. This period has been difficult for many of us, not only personally, but it has devastated many of our families and communities. My heart goes out to each and every one of you. It is important to show our gratitude and appreciation to each other. You have all been working so hard,24/7 with no end in sight. We are hopeful for a vaccine, at some point, that is safe for our communities. Lummi, as you know, has been open to participating in a vaccine clinic trial. This was definitely controversial for our community and tribal leaders. In my role as Board Chair I have continued to: Chair the Tuesday, COVID-19 Tribal calls. We have IHS leadership on those calls and our state partners. Since the last board meeting, we have also had two major tribal consultations in our area. • We had the Region 10 Tribal Consultation in August. We made it really clear that we were not satisfied with the process. We did get some changes to the agenda and were allotted a little more time. It's the follow-up that is critical. We will be holding the Region to follow-up with us. There was a call yesterday. • We also just held the Region 10 Vaccine Planning Consultation for Indian Country on October 1st. We were able to share over 10 asks during the meeting and followed up with testimony with all our asks.		

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This month, I also chaired our Health Committee meeting at ATNI. We were able to bring two resolutions forward and get them passed.

- The first is specific to the CDC, making the ask that CDC include tribal governments in their vaccine guidance documents and not just refer to tribal organizations.
- The second one is specific to federal state and local jurisdictions, making the ask that tribes have access to the vaccine through federal, state and local sources, and that tribes be able to determine their priority populations.

We have to stay on the IHS and other federal agencies, as well as state and local jurisdictions, to make sure our people get safe and effective vaccines. We also want to make sure that governmental agencies are aware of the historical trauma related to vaccines and medical care. There is, and will be vaccine hesitancy in our communities.

We, as tribal representatives, also need to stay on top of developments in D.C. The Supreme Court nomination, and the election. The most important thing we can all do is vote, and encourage our tribal community members to do the same.

I have also been active with the NIHB board meetings and facilitated some of the NIHB plenary sessions last week.

Lastly, I wanted to share that the Executive Committee has been meeting weekly since March. Recently we have focused on review and edits to the Board's bylaws. Review of the bylaws was previously requested by the delegates, and this was good timing to address them. It's been 20 years since they were updated, and proposed changes will get us more in line with current practices. We are all accountable to the board and I think we will have some good discussion tomorrow about the bylaws.

I also know the Personnel Committee reviewed some changes to the Board's Program Operations Manual, and HR policies. Several new policies are being proposed, including an updated

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	telework policy.		
Approve Agenda	**MOTION to approve the agenda by Martina Gordon, Confederated Tribes of Umatilla; Second by Cheryl Raser, Swinomish Tribe: MOTION CARRIED.**	**MOTION PASSED**	
Review and approve July's quarterly Board minutes	**MOTION to approve the July quarterly Board minutes by Greg Abrahamson, Spokane Tribe; Second by Cheryle Kennedy, Grand Ronde Tribe; Two abstentions: MOTION CARRIED.**	**MOTION PASSED**	
Executive Director Report, Laura Platero	***Please see attached PowerPoint***		
Financial Reports & FY 2021 NPAIHB Budget, Eugene Mostofi,	**MOTION to approve Finance reports by Cassie Sellards-Reck, Cowlitz Tribe; Second by Andy Joseph, Jr., Colville; Question was called by Libby Wannabe, Snoqualmie: Cassie Sellards-Reck votes no. MOTION CARRIED.**	**MOTION PASSED**	
IHS Area Director Report, Dean Seyler, Portland Area IHS Director	***COVID-19 Related PPE and Equipment Distributed to Area I/T/U Facilities:*** ◦ *Abbott ID-NOW COVID-19 Analyzers* ◦ *39 analyzers* ◦ *ID-NOW Test Kits* ◦ *1,201 Test Kits (28,824 individual tests)* ◦ *N-95 Respirators, various sizes* ◦ *3M Brand: 75,000 each* ◦ *Moldex Brand: 223,680 each* ◦ *Halyard Brand: 16,800 each* ◦ *Procedure/Surgical Masks, various levels* ◦ *244,800 each* ◦ *Cloth Face Masks* ◦ *36,500 each* ◦ *Nitrile Exam Gloves, various sizes* ◦ *1,135,250 pairs* ◦ *Gowns, various levels* ◦ *49,400 each* ◦ *Bouffant Caps* ◦ *41,000 each*		

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- *Face Shields*
  - *111,250 each*
- *Safety Goggles*
  - *16,500 each*
- *Non-Contact Infrared Thermometers*
  - *2,073 each*
- *Hand sanitizer*
  - *132 cases*
- *Collection Swabs, various*
  - *35,500 each*
- *Saline Media*
  - *6,650 3mL tubes*
- *Viral Transport Media*
  - *80,200 tubes*
- *Empty Transport Tubes*
  - *24,000 tubes*

Area COVID-19 Support

IHS coronavirus website ihs.gov/coronavirus
Establishment of COVID-19 National Task Force
- Area Vaccine Work Groups

Continued focus to support I/T/U

Area COVID Update:

Establishment of COVID-19 vaccine work group to coordinate with National Task Force
Email from Ashly Tuomi – Friday October 2, 2020
Data sheet requesting information for planning purposes
October 7, 2020 deadline
Contact Ashley at Ashley.Tuomi@ihs.gov or at 503-414-5550

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Chief Medical Officer Update

Area Diabetes Consultant
Improvement work surrounding credentialing of medical staff
CMO Transition – Dr. Terranella to leave post effective November 1. Drs. Lee Lawrence and Natalie Holt (CMO and Deputy CMO from Great Plains) acting until filled.

Dear Tribal Leader Letters:

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"Early Alert" issued by the Department of Health and Human Services Office of Inspector General (OIG) on August 28, 2020
Tribal Consultation on the use of $5 million from the Fiscal Year (FY) 2020 appropriations that the Indian Health Service (IHS) has allotted to support national Community Health Aide Program (CHAP) expansion.
https://www.ihs.gov/ihm/circulars/2020/community-health-aide-program

PPPHCEA – HHS Testing Funds Transfer (FY20 closeout)

Sent week of June 1st, 2020
Requires a comprehensive Budget, Signed Amendment & Testing plan
Portland Still has 12 Tribes outstanding

FY2021 Documents

All Annual Funding Agreements have been sent to TI Tribes – please ensure they are signed and returned to avoid any delays in payments.
Funding Tables – TV, if you have not seen your table please contact our office.

Calendar Year Tribes

Documents will be sent by end of October for January 1, 2021 – execution

Contract Support Costs

Portland Area Continues to work on prior year reconciliations for prior years to trueup

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payments and ensure all CSC amounts are brought up to current.

Division of Sanitation Facilities Construction

Total current staff: 32; 5 staff departed in 2020

Positions filled with new employees:

- Director, Portland Area DSFC: CAPT Alex Dailey, P.E., PMP
- Environmental Engineer, Spokane District Office: LT Bijay Tamang, P.E.
- Environmental Engineer, Olympic District Office: Faith Malay, EIT
- Environmental Engineer, Olympic District Office: William Char, EIT
- Construction Inspector, Olympic District Office: Jennifer Toth
- Tribal Utilities Consultant, Olympic District Office: LCDR David Kostamo P.E., RS
- Construction Inspector, Port Angeles Field Office: Zackary Olson
- Positions Pending
  - Tribal Utility Consultant, Olympic District Office
- Positions Vacant
  - Environmental Engineers (2)
  - Engineering Technicians (2)
- Olympic District Office will be moving approximately January 2021 to new location.

Division of Sanitation Facilities Construction

2021 Regular Projects (Existing Homes)

- Initial submission of projects for potential 2021 funding recently completed
- First submission using the updated national Sanitation Deficiency System (SDS) guidance
- Key changes: scoring category adjustments, project tier structure
- FY20: 30 projects on SDS list (18 funded)
- FY21: 50 projects
- Final submission to HQ due November 2nd

2021 Housing Projects (New or Like-New Homes)

- Proposals being accepted for 2021 Housing projects

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Division of Sanitation Facilities Construction

2020 appropriation resulted in 32% increase in IHS construction funding over last year.
- Does not include contributed funds – projects are still under development

50 Projects on the FY20 Funding Plan, 7 amendments to prior year projects
Currently finalizing FY20 projects and gathering needs for FY21 funding (Regular and Housing Projects)
CARES Act funding: $10M nationally for SFC
- Portland Area reached out to 64 utility organizations in April and May
- The collected responses were submitted to IHS HQ for review
- Awaiting distribution of funding

Division of Health Facilities Engineering

CARES Act Facilities Funding Was Previously Distributed
Maintenance and Improvement (M&I)
- $3,075,000 distributed to Portland Area Service Units and Tribes
- For M&I Activities to prevent, prepare for, and respond to Corona Virus
- To be expended in a reasonable amount of time.

Equipment (EQ)
- $5,268,800 distributed to Portland Area Service Units and Tribes
- For purchasing medical equipment to prevent, prepare for, and respond to Corona Virus
- To be expended in a reasonable amount of time.

Portland Area Facilities Advisory Committee (PAFAC)

Planning to Convene Meeting in November
FY21 Objective – Maintain Funding Readiness for Regional Specialty Referral Center Pilot.
Need to Confirm Existing Members and Fill Vacancies
- Direct Service – Vacant, Vacant, Vacant

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	◦ Title I – Dr. Alan Shelton, Vacant, Vacant ◦ Title V – Sharon Stanphill, Mark Johnston, John Stephens ◦ Federal – Vacant ◦ Alternate – Steve Kutz **NOW IS THE TIME TO:** ◦ Roll out flu vaccines through every means possible ◦ Get children up to date on the primary series of vaccines ◦ Get adolescents caught up on HPV, Tdap and meningococcal vaccines ◦ Get adults caught up on Tdap, Zoster (shingles) and pneumococcal vaccines ◦ Look closely at your clinic's immunization system- ◦ adequate number of trained staff ◦ the ability to store and manage vaccines ◦ the ability to electronically report to the State ◦ The ability to generate reports on vaccine coverage for your population **Question from Libby Wannabe, Snoqualmie Tribe:** Has there been any effort to request extension for the deadlines to use the various funding provided through the CARES and other Acts or funding streams? With the Pandemic and the end of the year activities, it seems the request is well justified. **MOTION to support and write a clear response use and deadline of the CAREs funds. MOTION by Libby Watanabe, Snoqualmie Tribe; Second by Andy Joseph, Jr., Colville Tribe with a resolution, I believe resolutions have a strong standing when we're moving Board actions to support a letter like that**. Question called by Cassie Sellards-Reck; Obinna Oleribe also asks for flexibility in the use of funds. **MOTION CARRIED.**	**MOTION PASSED**	**IN PROGRESS**
CMS Update, Kitty Marx, Director, CMS Division of Tribal Affairs & Lane Terwilliger, CMS Tribal Affairs	***Please see attached PowerPoint***		

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Legislative & Policy Update, Geoff Strommer, Partner, Hobbs Strauss Dean & Walker	***Please see attached PowerPoint***		
Congressional Update, Derek Kilmer (WA)	*See full minutes.*		
Terry Bentley Tribal Regional Specialist, Pacific District	***Please see attached PowerPoint***		
	4:40PM Recess for the Day		
THURSDAY OCTOBER 21, 2020			
Call to Order:	at 8:31AM by Cheryle Kennedy		
Tribal Workforce Survey, Dr. Erik Brodt, OHSU	***Please see attached PowerPoint***		
BHA Advisory and CHAP Board Advisory, Sue Steward, CHAP Project Director	***Please see attached PowerPoint***		
Northwest Tribal EpiCenter Update, Victoria Warren-Mears	***Please see attached PowerPoint***		
COVID-19 Response, Celeste Davis, EH Director	***Please see attached PowerPoint***		
Tribal Opiate Response Update, Colbie Caughlan, Project Director	***Please see attached PowerPoint***		
COVID-19 Communications Workgroup Update,	***Please see attached PowerPoint***		

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Stephanie Craig Rushing			
Bylaws Discussion	**MOTION by Andy Joseph, Jr. Colville; second by Obinna Oleribe, Klamath Tribes; MOTION CARRIED.**	**MOTION PASSED**	Laura Platero send out via email 11/13/2020
Committee Reports	**Elders Committee – Chandra Wilson, NPAIHB staff** (A copy of the report is attached) **Veterans – Don Head, NPAIHB Staff –** Did not meet **Public Health – Victoria Warren-Mears, Epicenter Director** (A copy of the report is attached) **Behavioral Health – Danica Brown, NPAIHB Mental Health Program Manager** (A copy of the report is attached) **Personnel – Cassie Sellards-Reck, Cowlitz** (A copy of the report is attached) **Youth – Paige Smith, NPAIHB –** Did not meet **Legislative Report – Laura Platero, Executive Director** (A copy of the report is attached)		
Resolutions:	***21-01-01 National Congress of American Indian's Native Vote Grant*** **MOTION** by Cheryl Raser, Swinomish Tribe; second by Lona Johnson, Nooksack Tribe; Question called by Marilyn Scott, Upper Skagit: **MOTION CARRIED.** ***21-01-02 COVID-19 Food Security Survey for Washington State Tribes with Potential Expansion to Idaho and Oregon State Tribes*** **MOTION** by Marilyn Scott, Upper Skagit Tribe; second Cheryl Raser, Swinomish Tribe; **MOTION CARRIED.**	**MOTION PASSED** **MOTION PASSED**	

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	21-01-03 Injury Prevention Program; Tribal Injury Prevention Cooperative Agreement Program **MOTION by Obinna Oleribe, Klamath Tribes; second by Shawna Gavin, Umatilla Tribe; MOTION CARRIED.** ***21-01- 04 Revisions to the NPAIHB Program Operations Manual*** **MOTION by Cheryl Raser, Swinomish Tribe; second by Cassie Sellards-Reck, Cowlitz Tribe: MOTION CARRIED.**	**MOTION PASSED** **MOTION PASEED**	
	ADJOURN: at 3:39PM Motion by Obinna Oleribe, Klamath Tribes, second by Kim Coombs, Shoalwater Bay Tribe: **MOTION CARRIED.**	**MOTION PASSED**	

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TUESDAY OCTOBER 20, 2020

Call to Order: at 8:40 am by Nick Lewis, NPAIHB Chairman

Invocation: Andy Joseph, Jr., Colville Tribal Council

Roll Call: Shawna Gavin, Secretary, called roll:

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

There were 26 delegates present, a quorum is established.

Review of future board Meeting Dates/sites:
January 19 -21, 2021
April 20 – 22, 2021, TBD
July 20-22, 2021TBD
October 19 – 21, 2021 TBD

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9:00AM - **CHAIRMAN'S REPORT, NICK LEWIS, NPAIHB CHAIR**

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It is important in this time to show our gratitude and appreciation to each other. You have all been working so hard,24/7 with no end in sight.

We are hopeful for a vaccine, at some point, that is safe for our communities. Lummi, as you know, has been open to participating in a vaccine clinic trial. This was definitely controversial for our community and tribal leaders.

In my role as Board Chair I have continued to:

Chair the Tuesday, COVID-19 Tribal calls. We have IHS leadership on those calls and our state partners.

Since the last board meeting, we have also had two major tribal consultations in our area.

- We had the Region 10 Tribal Consultation in August. We made it really clear that we were not satisfied with the process. We did get some changes to the agenda and were allotted a little more time. It's the follow-up that is critical so we will be holding the Region to follow-up with us. There was a call yesterday.
- We also just attended the Region 10 Vaccine Planning Consultation for Indian Country on October 1st. We were able to share over 10 asks during the meeting and followed up with testimony with all our asks.

This month, I also chaired our Health Committee meeting at ATNI. We were able to bring two resolutions forward and get them passed.

- The first one is specific to the CDC, making the ask that CDC include tribal governments in their vaccine guidance documents and not just refer to tribal organizations.
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We, as tribal representatives, also need to stay on top of developments in D.C. The Supreme Court nomination and the election. The most important thing we can all do is vote and encourage our tribal community members to do the same.

I have also been active with the NIHB board meetings and facilitated some of the NIHB plenary sessions last week.

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Lastly, I wanted to share that the Executive Committee has been meeting weekly since March. Recently we have focused on review and edits to the Board's bylaws. Review of the bylaws was previously requested by the delegates, and this was good timing to address them. It's been 20 years since they were updated, and proposed changes will get us more in line with current practices. We are all accountable to the board and I think we will have some good discussion tomorrow about the bylaws.

I also know the Personnel Committee reviewed some changes to the Board's Program Operations Manual, and HR policies. Several new policies are being proposed too, including an updated telework policy.

REVIEW AND APPROVE AGENDA –MOTION by Martina Gordon, Confederated Tribes of Umatilla; Second by Cheryl Rasar, Swinomish Tribe: MOTION CARRIED.

REVIEW AND APPROVE JULY'S QUARTERLY BOARD MINUTES MOTION by Greg Abrahamson, Spokane Tribe; Second by Cheryle Kennedy, Grand Ronde Tribe; Two abstention: MOTION CARRIED.

EXECUTIVE DIRECTOR REPORT, LAURA PLATERO
Policy Alerts

- This Week -- Supreme Court Votes on Supreme Court Nomination
    - On October 22, Senate Judiciary Committee will vote on the nomination of Amy Coney Barrett to be Associate Justice of the Supreme Court.
    - By October 26, Senate Majority Leader plans to bring vote to Senate.
    - Supreme Court scheduled to hear ACA case on November 10th.
- Continuing Resolution for FY 2021 – through December 11
- Next COVID-19 Package
    - Members of Senate reconvened on Monday, October 19.
- Majority Leader McConnell plans to bring a package to the Senate floor that is similar to the one advanced in September.
- Members of the Senate will reconvene on Monday, October 19. While Treasury Secretary Mnuchin and House Speaker Pelosi continue to negotiate toward a coronavirus relief proposal, Majority Leader McConnell supported a relief package that is similar to the one the Senate failed to advance in September.
- On Thursday, October 22, the Senate Judiciary Committee will vote on the nomination of Amy Coney Barrett to be associate justice of the Supreme Court. Senate Majority Leader McConnell plans to bring her nomination before the entire Senate.
- The House returns on November 16th, then breaks the week of Thanksgiving. Then back in session December 01 – 10, 2020.

Funding Update – July 2020 to Sept 2020

New Awards and Supplements: $11,415,372
Continuations on Existing Awards: $4,219,867

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Office & Administration

- Physical office closed on 3/16/20
  - Closure of office anticipated through January.
  - A few essential staff continue to go into the office.
- Finance
  - FY 2021 NPAIHB budget
  - Accounting Policy & Procedures to Executive Committee
  - Continue to implement Microix
- Human Resources
  - Program Operations Manual – several new policies were reviewed and approved by the Personnel Committee.
  - Resolution to be presented at this meeting.

Personnel/Human Resources

- New Hires
  - Reshell Livingston – Asthma Project Coordinator – 7/13/20
  - Jessica Rienstra – ECHO RN Case Manager – 7/21/20
  - Chandra Wilson (rehire) – Tobacco Project Specialist - 8/17/20
  - Itai Jeffries – Two Spirit LGBTQ Program Manager – 10/2/20
  - Jonas Greene – Communications Manager – 10/12/20
  - Kaitlyn Hunsberger – BHA Student Support Coordinator – 10/16/20
- Promotions
  - Candice Jimenez – Promotion to MCH Opioid Project Director – 9/16/20
- Separations
  - Sarah Sullivan – Policy Analyst – 9/1/20
- Open Positions
  - Health Policy Specialist - Posted 10/19/20
- Recognitions
  - No specific employees – but would like to acknowledge ALL employees!

Looking Forward

- Continue ICS response work to COVID-19 with focus on vaccines
- Advocate on next COVID-19 package and FY 2021 appropriations
- Revive work on strategic plan
- Implement new HR policies – teleworking (new telework agreements needed), etc.
- Begin work to brand NPAIHB
- On hold – Organization assessment of NPAIHB through EpiCenter Grant

FINANCIAL REPORTS & FY 2021 NPAIHB BUDGET, EUGENE MOSTOFI,

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Eugene reviewed with the Board the following financial statement:

- 2021 Indirect Budget 10/1/2020
  - Includes finance and administration for 2million budget, 1.6 million is salaries, the remainder is things such as equipment rental, leases, coffee,audit and attorney fees. FY 2021 includes new positions that serve the entire organization. Those positions include Deputy Director, Communications Manager, and finance support.
- NPAIHB Balance Sheet as of 8/31/2020
  - Finance is in the process of closing entries for the end of the fiscal year September 30th Currently staff have an excess of vacation accruals, with the pandemic staff haven't been using their leave. We are asking staff to use their vacation hours. The Board has a policy of no more than eighty hours of carry over or lose it by December 31..
- Statement of Revenues and Expenditures 10/1/2019 – 5/31/2020
  - Some grants have different spending years, some have budgets that start in August, then some have budgets that start in September or October. This creates an issue for developing an annual budgetAll projects are on target for spending and doing an excellent job in spending which allows recovery of indirect cost. Total spending is 17million. The organization is currently working with project directors on their projects grants budgets for FY21. We intend to have those available by next Board meeting.
- August 2020 Over/Under Recovery
  - This report shows us the spending from the prior year FY2019 spending 15.4 million compared to this year's 17.9 million budget. That's about 2.5 million increase from 2019 to 2020 in grant spending.
- NPAIHB Indirect Rate last five years
  - Our indirect cost rate through August is 24.8, that's the indirect cost pool. We are still in the process of negotiating the final rate. Last year's rate was 32.1. Our projected rate for next year rate is 28.5 percent.
- Statement of Expenditures 10/1/2020 – 9/30/2021
  - Red line is the direct cost and you can see that increasing from last year at 7.3 million to this year its 8.2 million. Since 2016 that base was 4.5 million and in 2020 it's almost doubled, at 8.2 million. You can see the blue line shows a is steady increase over those years.

Obinna Oleribe, Klamath Tribes: Why is the Board still paying rent?

Eugene Mostofi, Account Manager: Contract and commitments, right before the pandemic we renewed our leases. Laura can expand more on that.

Laura Platero, NPAIHB Executive Director: Before COVID we were half way through a seven-year lease. Since that time we have reached out to our lawyer and reviewed the lease closely and there is really no way for us to get out of the lease unless we bought it out or the other option is to sublease our space.. Right now, the market is saturated with a lot of vacant space in Portland, and at this time we would not have luck subleasing it out. We will continue to monitor and explore those options as Portland recovers.

Andy Joseph, Jr. Colville Tribe: My question is about the vacation leave, sometimes staff don't get to use all of their vacation because of their work. On Colville we allow staff to carry over and the balance is

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paid out at the end of the year. Might be another way to show appreciation for our staff and help retain them since they earn their vacation time and not take it away financially. Something to think about.

Eugene Mostofi, Account Manager: The indirect would be affected.

Nick Lewis, NPAIHB Chairman: I forgot to get a motion on our Financial report earlier.
MOTION to approve Finance reports by Cassie Sellards-Reck, Cowlitz Tribe; Second by Andy Joseph, Jr., Colville; Question by Libby Wannabe, Snoqualmie. Cassie Sellards-Reck votes no. MOTION CARRIED.

IHS AREA DIRECTOR REPORT, DEAN SEYLER, PORTLAND AREA IHS DIRECTOR

Indian Health

CARES ACT	8,764,817.00
CONTRACT SUPPORT COSTS-COVID	10,193,075.00
CORONARIVUS AID, RELIEF, AND ECONOMIC SECURITY ACT, 2020	44,846,963.00
COVID IDDA	45,096,866.00
FAMILIES FIRST CoVID19 RESPONSE ACT	3,015,170.00
CoVID19 REIMBURSABLE PROVIDER PAYMENTS	6,376,437.08
TOTAL	118,293,328.08

COVID-19 Related PPE and Equipment Distributed to Area I/T/U Facilities:
Area COVID-19 Support

- IHS coronavirus website ihs.gov/coronavirus
  - For updated information
- Establishment of COVID-19 National Task Force
  - Area Vaccine Work Group
- Continued focus to support I/T/U

Area COVID Update:

- Establishment of COVID-19 vaccine work group to coordinate with National Task Force
- Email from Ashly Tuomi – Friday October 2, 2020
- Data sheet requesting information for planning purposes
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- Contact Ashley at Ashley.Tuomi@ihs.gov or at 503-414-5550

Chief Medical Officer Update

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- Improvement work surrounding credentialing of medical staff
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  - Environmental Engineer, Olympic District Office: William Char, EIT
  - Construction Inspector, Olympic District Office: Jennifer Toth
  - Tribal Utilities Consultant, Olympic District Office: LCDR David Kostamo P.E., RS
  - Construction Inspector, Port Angeles Field Office: Zackary Olson
- Positions Pending
  - Tribal Utility Consultant, Olympic District Office
- Positions Vacant
  - Environmental Engineers (2)
  - Engineering Technicians (2)
- Olympic District Office will be moving approximately January 2021 to new location.

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- 2021 Regular Projects (Existing Homes)
  - Initial submission of projects for potential 2021 funding recently completed

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- First submission using the updated national Sanitation Deficiency System (SDS) guidance
- Key changes: scoring category adjustments, project tier structure
- FY20: 30 projects on SDS list (18 funded)
- FY21: 50 projects
- Final submission to HQ due November 2nd

- 2021 Housing Projects (New or Like-New Homes)
  - Proposals being accepted for 2021 Housing projects
  - Final submission to HQ due November 2nd

Division of Sanitation Facilities Construction

- 2020 appropriation resulted in 32% increase in IHS construction funding over last year.
  - Does not include contributed funds – projects are still under development
- 50 Projects on the FY20 Funding Plan, 7 amendments to prior year projects
- Currently finalizing FY20 projects and gathering needs for FY21 funding (Regular and Housing Projects)
- CARES Act funding: $10M nationally for SFC
  - Portland Area reached out to 64 utility organizations in April and May
  - The collected responses were submitted to IHS HQ for review
  - Awaiting distribution of funding

Division of Health Facilities Engineering

CARES Act Facilities Funding Was Previously Distributed

Maintenance and Improvement (M&I)

- $3,075,000 distributed to Portland Area Service Units and Tribes
- For M&I Activities to prevent, prepare for, and respond to Corona Virus
- To be expended in a reasonable amount of time.

Equipment (EQ)

- $5,268,800 distributed to Portland Area Service Units and Tribes
- For purchasing medical equipment to prevent, prepare for, and respond to Corona Virus
- To be expended in a reasonable amount of time.

Portland Area Facilities Advisory Committee (PAFAC)

- Planning to Convene Meeting in November
- FY21 Objective – Maintain Funding Readiness for Regional Specialty Referral Center Pilot.
- Need to Confirm Existing Members and Fill Vacancies
  - Direct Service – Vacant, Vacant, Vacant
  - Title I – Dr. Alan Shelton, Vacant, Vacant
  - Title V – Sharon Stanphill, Mark Johnston, John Stephens
  - Federal – Vacant
  - Alternate – Steve Kutz

NOW IS THE TIME TO:

- Roll out flu vaccines through every means possible

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- Get children up to date on the primary series of vaccines
- Get adolescents caught up on HPV, Tdap and meningococcal vaccines
- Get adults caught up on Tdap, Zoster (shingles) and pneumococcal vaccines
- Look closely at your clinic's immunization system-
    - adequate number of trained staff
    - the ability to store and manage vaccines
    - the ability to electronically report to the State
        - The ability to generate reports on vaccine coverage for your population

Delegates asked if there has been an effort to request extension for the deadlines to use the various funding provided through the CARES and other Acts or funding streams? The deadline to spend funds is December 31. Mr. Seyler believed that a legislative change is required for an extension. He also stated that the IHS funding deadline for spending is two years.

MOTION to support and write a clear response on use of and deadline of the CARES funds by Libby Watanabe, Snoqualmie Tribe; Second by Andy Joseph, Jr., Colville Tribe. Resolution included. Question by Cassie Sellards-Reck; **MOTION CARRIED.**

10:30AM - **CMS UPDATE, KITTY MARX, DIRECTOR, CMS DIVISION OF TRIBAL AFFAIRS & LANE TERWILLIGER, CMS TRIBAL AFFAIRS.**

Role of CMS Tribal Affairs

- CMS Division of Tribal Affairs (DTA) is located in Baltimore within the Children and Adults Health Programs Group (CAHPG), Center for Medicaid & CHIP Services (CMCS).
- DTA serves as the point of contact on Indian health issues for the agency and works in collaboration with Native American Contacts (NACs) to provide technical assistance to our Tribal and Federal partners.

COVID-19 Public Health Emergency

- CMS has approved 1135 waivers that provide flexibilities in response to COVID-19.
- These waivers apply to Medicare and Medicaid providers, including IHS, Tribal and urban Indian facilities that participate in Medicare and Medicaid.
- For more information, go to CMS.gov and click on "LEARN MORE ABOUT COVID-19
- Even prior to declaration of public health emergency (PHE), CMCS deployed a Disaster Relief Toolkit and began technical assistance to help states ready their response efforts.
- CMS developed tools and checklists to speed state applications and approvals for various flexibilities specific to the PHEFor more information on the Medicaid disaster relief toolkits and checklists, go to Medicaid.gov and click on Resources for States:
    - https://www.medicaid.gov/resources-for-states/index.html
- On June 30th, CMS participated on a NIHB Webinar on Medicaid and Telehealth.

CMS ITU Trainings and Webinars

- Each year, CMS provides training to ITU patient benefits coordinators on the programs and benefits available through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace.

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- Due to travel restrictions, CMS held its ITU face to face trainings as virtual trainings in July through September.
  - To register for upcoming trainings, visit www.regionalcmsitutrainings.com
- In FY 2021, CMS will resume its two (2) week medical coding boot camp trainings for ITU coding staff.

Tribal Calendar
2020 – 2021 18-month calendar can be download from the website, or you can order online.

Community Health Access and Rural Transformation (CHART) Model
The **CHART Model** is a voluntary model that will test whether aligned financial incentives, operational & regulatory flexibilities, and robust technical support will help rural providers transform care on a broad scale.

- The CHART Model consists of **two tracks** for rural communities to **implement Alternative Payment Models (APMs)** to improve access to high quality care and reduce costs:
- **Community Transformation Track**

CHART Community Transformation: Capitated Payment Amount (CPA)
CMS will replace Participant Hospitals' FFS claim reimbursement with bi-weekly payments that equal the annual CPA over the course of the Performance Period.

CHART: Model Timeline
The Community Transformation Track will begin July 2021 with a pre-implementation period.

CHART: Next Steps
Depending on the track your organization is interested in, below are some possible next steps for you to take.

- Read the Community Transformation Track NOFO
- Seek opportunities for community partnership and gauge interest from stakeholders such as providers, payers, and potential Advisory Council members
- Engage SMA
- Identify regional and local health priorities
- Tune into our Application Support Office Hour webinar on October 27, 2020
- Stay tuned for additional CHART Model resources that will be posted on our webpage and shared through our CHART Listserv

These questions were asked, or comments made, to CMS representatives:

- *What is the scope of 1135 waivers*?
  - CMS: These are limited to public health emergencies. There was a discussion about possibly using 1115 waivers as a vehicle for CHAP provider reimbursement. There was also a discussion about the CHART model.
- *What is the status of Washington State DHAT SPA? WA state is waiting for the CMS Administrator to issue a final decision whether to reject the Administrative Law Judge's recommendation or not.*

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- CMS: They are waiting for the Administrator's final decision, which we don't have yet. So, it's kind of the SPA was disapproved by CMS but it is I guess pending until we get a final Administrative decision or final decision from the Administrator.

- *As to CHART model, who are the possible lead organizations applying for the award?*
  - CMS: State Medicaid agencies can be a lead, a State office of rural health, local health departments, independent practices associations, academia health centers, or health systems in themselves might be a lead organization. But, that lead organization, again, has with its partners have at least ten thousand fees for service Medicare beneficiaries that they will be serving in that geographic location.
- *For CHART, how will we know if any organization in our region has been chosen?*
  - CMS: Selection will be made in the Spring; applications are due February. But, this is the time if you're interested or a possibility in your particular State to talk with your State Medicaid agency and see if they have reviewed the model and whether they'd be interested in applying.
- *Is it your recommendation to states to submit 1115 waivers instead of SPAs for CHAP provider approvals to become Medicaid reimbursable?*
  - CMS: They can't make a recommendation and don't know if it would be approved. Their opinion is that 1115 waivers it give states more flexibility.
- *Urban Indian organizations need <u>100% FMAP.</u>*
  - CMS: When CMS issued the 2016 State Health Care letter where we looked at the statue that applied for 100% FMAP for services through and IHS facility we really did look to see if we could by policy extend that 100% FMAP to Urban Indian health centers and unfortunately, weren't able to get there. The Urban Indian programs the States can claim 100%FMAP for services provided by Urban Indian health center, it the health center has Coordinated Care agreement with IHS and the Tribes. We know that hasn't worked out very satisfactorily under the SHO letter and Coordinated Care agreement. The IHS and Tribe make the referral to the Urban Indian health center. But not vice versa the Urban Indian health center might be that patient primary care provider and for them to have to go back to the IHS or Tribe to state the 100% FMAP has been kind of cumbersome. I know in the HEROES Act that was passed by the House there is a provision that would extend 100% FMAP to Urban Indian health centers for two years. But, at least there is legislation that is pending now and that is what will be required to extend the 100% *FMAP for services provided by Urban Indian health centers. It will need a legislative fix.*
- *What is status of Washington State SPA submission on September 25 for a cost-based rate for tribal substance use residential treatment facilities.*
  - CMS: They have not seen it but will check on it.
- *Could CHART model provide opportunity for Washington State Tribes to work with the American Indian Health Commission (AIHC) that partners with the Tribes of Washington and the Urban program in the State because the Medicaid population statewide may meet the requirements.*
  - CMS: They will take the question back to leadership as to AIHC and Washington Tribes. A presentation is taking place at the CMS TTAG on November 18th and 19th and we have invited the CMI staff to participate on that TTAG meeting. They

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CMS representatives were thanked for helping with Colville's Inpatient Encounter Rate for their Nursing Home in the State of Washington. They were also thanked for joining the Board meeting and for their work with Tribes.

LUNCH BREAK at 11:30 am

12:00PM - VIRTUAL COMMITTEE MEETINGS – via zoom breakout rooms

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1:30PM - **LEGISLATIVE & POLICY UPDATE, GEOFF STROMMER, PARTNER, HOBBS STRAUSS DEAN & WALKER**

Legal Challenges to the Affordable Care Act: ***Texas v. United States***

- Case brought by Texas and other "Red States" arguing that the individual mandate to the Affordable Care Act (ACA) is unconstitutional.
- Plaintiff States also argued that the individual mandate is so central to the statutory scheme that the entire ACA must be struck down.
- In December 2018, a federal District Court in Texas held that, following passage of the Tax Cuts and Jobs Act of 2017, the "individual mandate" provision of the ACA can no longer be considered a valid exercise of Congress's power to tax and is therefore unconstitutional.
- The District Court also held that the individual mandate is not severable from the remainder of the Act and that the ACA is constitutionally invalid in its entirety.

District Court Decision Impact on Tribal Health

- The District Court's ruling extends to Section 10221 of the ACA, which amended and permanently authorized provisions of the Indian Health Care Improvement Act (IHCIA), and to other Indian-specific health care provisions incorporated into the Act, even though they are not dependent on the ACA's individual mandate.
- If the District Court's decision is upheld in full, the IHCIA amendments and other Indian-specific provisions in the ACA would be struck down.

Fifth Circuit Court of Appeals

- The District Court's decision was appealed to the Fifth Circuit Court of Appeals.
- The U.S. House of Representatives intervened in the case, siding with California and other "Blue States" in support of upholding the ACA.
- United States change of litigation position:
  - In the District Court, the United States agreed that the individual mandate is now unconstitutional, but argued that most of the rest of the ACA should be preserved.
  - In the Court of Appeals, the United States changed its position, supporting the District Court's decision holding that the entire law must be struck down.

Tribal Amicus

- An amicus brief was submitted on behalf of a national coalition of Tribes and Tribal Organizations, arguing:
  - That the District Court did not correctly apply long-established severability rules requiring that a court should preserve as much of a statute as possible when one provision is found unconstitutional.
  - The IHCIA and certain other Indian-specific provisions in particular should be preserved, because:

    (1) they can operate as intended by Congress without the individual mandate in place;

    (2) the IHCIA's legislative history shows that it originated as a freestanding bill in 1976, separate from the rest of the ACA, underscoring that it operates independently of the remainder of the ACA; and

    (3) there is no evidence whatsoever that Congress would have wanted the IHCIA

and other Indian provisions to fail if the individual mandate were deemed unconstitutional.

Fifth Circuit Court of Appeals Decision

- The 5th Circuit panel upheld the District Court's decision that the individual mandate is unconstitutional.
- The panel criticized the District Court's analysis on the question of severability and remanded the case back to District Court to re-consider whether the individual mandate provisions are severable from the remainder of the ACA.
- In January 2020, parties filed petitions for review in the Supreme Court.

US Supreme Court

- Briefing began in March and is now completed.
- Coalition of Tribes and Tribal Organizations submitted an *amicus* brief defending the validity of the IHCIA and other Indian provisions in the ACA.
- As in the Court of Appeals, the United States declined to defend the ACA.
- The Court has scheduled oral argument for November 10, 2020.
- Key issues to be decided by Court include:
  - standing;
  - constitutionality of ACA provisions in light of removal of the individual mandate; and
  - application of severability doctrine.
- If the Court gets past threshold procedural questions regarding standing, a decision from the Court could:
  - disagree that any provision of the ACA is unconstitutional;
  - uphold the District Court's decision;
  - agree with the 5th Circuit and remand back to the District Court; or
  - agree with 5th Circuit and make its own decision on what provisions are severable.

Impact of Make Up of the US Supreme Court

- How will the make-up of the Court impact the case?
- Make-up of the Court is different from 2012 ACA SCOTUS decision decided by a 5-4 vote:
  - Justice Scalia and Kennedy no longer on Court;
  - Justice Gorsuch and Kavanaugh are new on Court; and
  - Justice Ginsberg's death and a potential new Justice Barrett.
- Less ideological differences on the Court on severability doctrine than on other issues.

Juul Litigation

- Several tribes represented by our firm have sued e-cigarette maker Juul, Philips Morris USA, and Altria Group, Inc., alleging that the companies have engaged in a deceptive marketing scheme targeting Native youth that has resulted in significant damages.
- The tribes seek injunctive relief, abatement to combat the e-cigarette epidemic, and compensatory damages.
- The lawsuits will be processed as part of the Multidistrict Litigation in the U.S. District Court for the Northern District of California brought by many non-tribal plaintiffs in the same federal court.
- We expect more tribes and tribal schools will file suit in the MDL in the near future.

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Allegations Against Juul

- The complaints allege that Juul has aggressively and deceptively marketed its products as a safe alternative to cigarettes, without disclosing the known dangers of addiction and vaping-related illnesses that the products can create or aggravate.
- The complaints assert that Juul's design, marketing, and distribution of products to minors—specifically targeting tribal youth, despite knowing that they are more susceptible to addiction than non-Native Americans
- As a result of Juul's misconduct, tribes have been forced to expend scare resources on public health, law enforcement, and education programs. The tribes seek to recoup these expenses and stop the deceptive marketing practices moving forward

Upcoming Hearing on Motions to Dismiss

- On September 21, 2020, Judge Orrick heard argument on the defendants' pending motions to dismiss cases filed by individual plaintiffs and government entities, which include a group of seven school districts from around the country.
- Many of the arguments in the motions, including those involving the Racketeer Influenced and Corrupt Organizations Act (RICO), will have an impact on the tribal complaints.
- The issues involved are complex and the court's decisions on the motions to dismiss could be issued any day.

Opioid Crisis

- Disproportionately impacting Indian Country.
  - Health services have been overwhelmed.
  - Education and addiction therapy costs have substantially increased.
  - Evictions from housing for drug-related criminal activity.
  - Almost every tribal member has been affected.

Opioid Litigation

- Over 2,000 cases filed by Tribes, States, cities, counties, and other categories of plaintiffs. Most cases, other than States, consolidated in multidistrict litigation (MDL) in federal court.
- Defendants are Manufacturers and Distributors of prescription opioids, and Retail Pharmacies.
- Plaintiffs are seeking payment from those who created and benefited from the crisis to cover the damages incurred, abatement costs, and some injunctive relief.
- MDL Judge has stated goal of "global settlement."
- MDL Judge initially created several litigations "tracks" with different "bellwether" plaintiffs, including two tribal cases (Muscogee Creek & Blackfeet).
- Bulk of claims in those bellwether cases survived initial motions to dismiss. Early cases settled before trial.
- To move MDL along, Judge later remanded several additional cases to other courts, including Cherokee.
- Several cases across the country now headed toward trial; only one so far has gone to judgment (Oklahoma against J&J, judgment now pending appeal).

Opioid Settlement

- Purdue Pharma (manufacturer of OxyContin) and Mallinckrodt plc filed for bankruptcy and are negotiating bankruptcy plans with plaintiffs/creditors that would include a tribal allocation.

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- Three major Distributors (Cardinal, McKesson, and AmerisourceBergen), as well as J&J, are also in active settlement discussions with government plaintiffs including Tribes.
- Other defendants expected to follow.
- Tribes fought for seat at the negotiating table, and will need to agree on distribution of tribal abatement funds.

105(*l*) Leasing Issues

Section 105(*l*) Leasing; *Jamestown* case

- Facility is eligible if T/TO (1) owns, or holds a leasehold or trust interest in, facility; and (2) uses it to carry out an ISDEAA agreement.
- *Jamestown S'Klallam Tribe v. Azar* (D.D.C.): Can IHS deny lease compensation for space allocable to services to non-beneficiaries?

Section 105(*l*) Appropriations

- FY 2021 House draft appropriations bill would establish a new mechanism to fully fund 105(*l*) leases: a separate, indefinite appropriation.
- Bill also contains several restrictions on 105(*l*) lease compensation; e.g., funds may only be used for space needed to carry out the "Federal program"—apparently endorsing IHS's position in the *Jamestown* case.

Contract Support Cost Issues

- Both IHS and BIA are committed to fully funding CSC from indefinite appropriations provided by Congress, yet conflicts remain.
- Recent and current litigation:
  - *Navajo Health Foundation – Sage Memorial Hospital v. Burwell.*
  - *Swinomish Indian Tribal Community v. Azar.*
  - *San Carlos Apache Tribe v. Azar*.
- *Sage Memorial* (D.N.M.): IHS must pay CSC in support of services funded by third-party revenues.
- *Swinomish* (D.D.C.): IHS need NOT pay CSC in support of services funded by third-party revenues. Currently on appeal in D.C. Circuit. Oral argument October 1, 2020.
- *San Carlos Apache (D. Ariz.)*: Follows *Swinomish* in denying CSC on expenditures of third-party revenues; court finds *Sage Memorial* unpersuasive

340B Program Overview

- 340B Program assists covered entities, including tribal outpatient health programs, by requiring drug companies provide certain covered drugs at discounted prices

Illegal Restriction of 340B Access

- Drug companies have taken two steps to restrict access to 340B pricing:
  - Refusing to ship to contract pharmacies, so patients now cannot get discounted drugs at those pharmacies
  - Refusing to provide discount pricing if health programs do not agree to participate in burdensome reporting requirements

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Efforts to Address 340B Restriction

- Tribes have requested HRSA and the HHS Office of Inspector General take action
- HRSA is looking into whether it has authority to act, and has sent a harsh letter to Eli Lilly warning that covered entities could bring a False Claim Act suit
- Ryan White Clinics for 340B Access filed suit against HHS on October 9
- House Energy & Commerce and Senate HELP Committee are examining statutory fixes and have requested comments by October 30

Brent Simcosky, Jamestown S'Klallam: The case is coming before the Supreme Court.

Geoff Strommer: The question is if the Court will look at whether or not the Medicaid expansion piece is so closely tied to the individual mandate then they could not possibly work without the individual mandate.

2:30PM - **CONGRESSIONAL UPDATE, DEREK KILMER (WA)** 3:40PM
It great to see many of your faces. Let me first start off by recognizing that these are extraordinary times which have only exacerbated by some of the disparities in access like financial services, health care, education, and broadband. Tribes have been working to resolve some of these issues long before the crisis began. Today, I want to reaffirm my commitment to ensuring that the Federal Government honors its Trust Responsibility and Trust obligations which includes support for the I/T/U system of care. I'm on the Appropriations Committee. I'm on the Interior Environment Subcommittee and in that role, I have been fighting well before this pandemic to grow these investments and to address some long-standing disparities in health care fund and infrastructure in Indian country. To that end, I want to share a few updates that were included in the priorities that were included in the updated version of the HEROES Act that passed earlier this month. First, the bill extends the deadline for using existing CARES funding through December 31st 2021 and then adds some flexibility to the authorized uses to better meet the needs Tribal communities are facing. The bill also provides additional $1.7B for IHS programs, including a billing supplement reduced third party revenue collections and $64M for Urban Indian organizations, and it guarantees IHS and other Tribal health organizations direct access to the Strategic National Stockpile. On top of that the bill includes $600M for IHS to modify existing health facilities to provide isolation space, and quarantine space, and equipment and to fund maintenance and improvement projects. And then finally, HEROES 2.0 requires IHS in coordination with the CDC and with National Institutes of Health to conduct research and field studies to improve understanding of Tribal health and equities and authorizes grants to expand the use of technology to enable collaborative learning, and capacity building models to respond to COVID-19 specifically in Indian Country.

Tribes and NPAIHB engaged with Rep. Kilmer and asked various questions.

BREAK

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3:30PM - **RURAL NATIVE VETERANS HEALTHCARE NAVIGATOR, DR. JAY SHORE OF RURAL HEALTH & TERRY BENTLEY, TRIBAL RELATIONS SPECIALIST**

U.S. DEPARTMENT OF VETERANS AFFAIRS (VA)

Established in 1930

•Elevated to cabinet level in 1989

•U.S. federal government's second largest department (after the Department of Defense)

•Three main components:

- −Veterans' Health Administration
  - Office of Rural Health
- −Veterans Benefit Administration
- −National Cemetery Administration

RURAL VETERAN VISION, MISSION & STSTRATEGIC GOALS

Vision

America's Veterans thrive in rural communities

Mission

Improve the health and well-being of rural Veterans through research, innovation, and the dissemination of best practices

Promote federal and community care solutions for rural Veterans

OBJECTIVES

- Unite relationships within VA and the federal government to exchange rural-centered information
- Collaborate with non-governmental organization that support rural Veterans' health and well-being
- Expand ORH's partnership and programing reach

Reduce rural health care workforce disparities

OBJECTIVES

- Expand understanding of current health care workforce
- Support rural implications of the MISSION Act

Enrich rural Veteran health research and innovation

OBJECTIVES

- Increase rural Veteran health research
- Innovate new models of care for Veterans who live in rural communities
- Build recognition of VA's rural research, innovations and outcomes

RURAL NATIVE VETERAN HEALTH CARE NAVIGATOR PROGRAM (RNV-HCNP)

Rural Native Veteran Health Care Navigator Program

Our overall goal is to use an evidenced-based approach to increase Rural Native Veterans' (RNV) access to healthcare and Veteran-associated benefits., and subsequently improve health outcomes. This program will connect RNVs to enhanced health

RURAL NATIVE VETERAN HEALTH CARE NAVIGATORS

A Health Care Patient Navigator:
Is a member of the healthcare team who helps Rural Native Veteran patients navigate the healthcare system and barriers that impede access to care? Such assistance may include:

- Coordinate patient care that engages VA, VHA, IHS, federally recognized tribes, local communities, and other state and federal agencies to improve access to healthcare and benefits
    - This includes, but not limited to, Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA)
- Connect patients with other resources
- Help patients understand the healthcare system

ADVANCING TRIBAL-VA PARTNERSHIP

- Awareness of Tribal to US Government relations in context of past history. Diversity of tribes, culture and experiences with Federal Government and VA

Principles of Trusted Interactions

- *Acknowledgement (*Past issues and disparities, current challenges)
- *Openness* (Transparency of programs, expectations and timelines)
- *Listening* (Tribal input received and acted upon)
- *Action* (following through on commitments, behavior > words)

Build on current successes (MOU, VA Contracting Program, etc.)

PROJECT APPROACH

National Scope/Local Focus

National Scope: Coordinated and cohesive effort to attend to the needs of Rural Native Veterans at an enterprise level, across the US in an evidence- based, systematic and coordinated manner.

Local Focus: Adapting the national efforts to the needs of individual tribes, villages, islands, and environment of rural Native Veterans

Jay H. Shore, MD, MPH | Population Specialist Veterans Rural Health Resource Center Salt Lake City Department of Veterans Affairs Office of Rural Health
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Mr. Chris Turner, Acting Project Manager
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TERRY BENTLEY TRIBAL REGIONAL SPECIALIST, PACIFIC DISTRICT

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MINUTES

OTGR Webex Wednesday's
POST-TRAUMATIC STRESS DISORDER (PTSD) and POST TRAUMATIC GROWTH (PTG)
Sarah Súñiga, PhD, Pronouns: She/her/hers, Clinical Psychologist
Women Veterans Program Manager, VA Portland Healthcare System and Dr. Megan Hawker, Clinical Director, Interfaith Community Services, North San Diego, CA

11/4/20	**NATIONAL MUSEUM OF THE AMERICAN INDIAN**	Monica Mohindra, Library of Congress, Harvey Pratt, Sculptor
11/18/20	**WOMEN VETERANS**	Jacquelyn Hayes-Byrd, CWV; Mary Glen, VBA C&P MSG Lorena Wilson, Soldier for Life Program, Deputy Director, Northeast US and Europe
12/2/20	**Electronic Health Record Modernization**	Paula Paige, VA EHR Director of Communications

National Updates

VA/IHS/THP Reimbursement Agreement (73 IHS/116 THP)	FY20 YTD	Program Inception to Date
Disbursed	$17,025,741	$121,822,890
Unique Veterans	5,052	11,481
Inpatient Claims	2,209	5,103
Outpatient Claims	52,087	346,814

- VA/IHS MOU - Status Update (October 2020)
- VA Office of Community Care conducted tribal consultation on August 25, 2020 and written comments closed September 25, 2020 --VHA should be issuing something final this fall.

VA established the Healthcare Coordination *Advisory Board* (HCAB) to assist in developing and implementing a standardized approach for care coordination when care is not available within the IHS or THP healthcare facilities and a referral is made to VA for care.

8/25/20 – VA held a *tribal consultation* to obtain feedback on the approach to care coordination and 5 elements identified

Alaska Pharmacy Modification
An alternative methodology selected to be more measurable and standardized. Wholesale Acquisition Cost (WAC) + admin fee.

IHS/THP Agreement Modification. VA developed an amendment to the IHS/THP agreements, which:
Reimburses for covid-19 testing and services through purchased referred care
Reimburse for telehealth services at the outpatient all-inclusive rate
Clarifies langue regarding certification requirements

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Extends the agreements for 2 years, through June 30, 2024, to allow time for development and consultation on a new agreement.
VA and IHS National agreement was executed on 9/30/2020 and the modification template was sent to the local VA Contract Officers to execute with individual Tribal Health Programs.

- HR 4908 Native American PACT Act – was received in the Senate on September 23, 2020 and referred to the Senate Veterans Affairs Committee. It would exempt Native Veterans from paying copays and deductibles in the VA Health Care System on the base of federal treaty obligations for healthcare that exist in perpetuity.
- HR 2791 VA Tribal Advisory Committee Act of 2019 – is still with the House. It would establish a committee to strengthen the government-to-government relations between tribes and the VA and improving VA accountability to AI/AN Veteran health needs.

- Information as requested for the upcoming virtual event on November 11, 2020 for the National Native American Veterans Memorial – see information and link below:
  https://national-native-american-veterans-memorial-dedication-424c.eventfarm.com/app/pages/d30e0f09-d3f5-4137-8dce-c4dd588e5788

- The National Museum of the American Indian will host a virtual event on November 11, 2020, to mark the completion of the National Native American Veterans Memorial and acknowledge the service and sacrifice of Native veterans and their families. More information about this event is forthcoming, and we hope you will join us online for the occasion.

We Succeed Together - OTGR Partners

- Tribal Governments
- VA Administrations (VHA, VBA and NCA)
- State Departments of Veterans Affairs
- VA Rural Health Consultants
- Minority Outreach Coordinators
- Tribal Indian Health Boards
- Tribal Health Program Directors
- Indian Health Service
- Urban Indian Health Programs
- Veteran Service Organizations
- Other Federal, State and Community Partners

OTGR Team and Contact Information

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David.Ward@va.gov
www.va.gov/tribalgovernment - Main website
Tribal.agreements@va.gov – VA-IHS-THP Reimbursement Agreements

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Tribal.Consultation@va.gov – email for tribal leaders to submit inquiries directly to VA

4:40PM Recess for the Day

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WEDNESDAY OCTOBER 21, 2020

Call to Order: at 8:31AM by Cheryle Kennedy

8:41AM - **TRIBAL WORKFORCE SURVEY, DR. ERIK BRODT, OHSU**
GOALS: Tribal Health Workforce Survey

1. Accurate picture of Tribal Health Workforce data & needs in the PNW
2. Inform health professional education programs and schools across the region
3. Illuminate the economic impact of Tribal health workforce

Tribal Health Workforce Survey

- Pilot in 2019 designed with Tribes in Oregon
- 78% Response Rate – (7 of 9 Tribes in OR)
- More comprehensive picture of health workforce needs compared to existing data
- *Already* driving educational & policy change

DETAILS: Tribal Health Workforce Survey

- Survey arrive from NPAIHB EXEC-Director Platero
- Honorarium to person who completes survey ($125)
- Goal completion by end of November
- Analysis & Economic Impact Modeling
- Develop & Share polished report with Tribes

9:11AM – **BHA ADVISORY AND CHAP BOARD ADVISORY, SUE STEWARD, CHAP PROJECT DIRECTOR**

Standing up the PACCB
Portland Area CHAP Certification Board (PACCB) – To stand up the PACCB the following is needed:

1)To pass a resolution of the NPAIHB - completed at the July QBM
2)Recruit and educate potential nominees to the board;
3) NPAIHB E.D. formal request to IHS Area Director Seyler to consider nominees;
4) Affirmation of 11-member board (13-member when CHA/Ps are added) by Director Seyler;
4) Schedule the first PACCB meeting for December 2020.

The PACCB shall:

1) Develop and affirm PACCB bylaws;
2) Review and accept the Portland Area CHAP Standards and Procedures;
3) Approve applications and recommend CHAPs for certification to the Area Director;

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4) Approve applications and recommend CHAP education programs for certification to the Area Director;
4) Approve applications and affirm units of CHAP continuing education

Timeline PACCB Implementation

PACCB

- Membership –October/November 2020
- Approve Bylaws – December 2020
- Approve PACCB Standards and Procedures – December 2020
- First PACCB approval of applications –February/March 2021

IHS

- Consultation with tribes on the $5M – July to October 2020
- Appoint PACCB members – November 2020

BHARC, CHARC, DHARC

- Membership –December 2020
- Create & Approve Bylaws – February 2021

9:45AM **– <u>NORTHWEST TRIBAL EPICENTER UPDATE, VICTORIA WARREN-MEARS</u>**

Overview

- Environmental Public Health Update
- Food Security and Sovereignty During COVID-19 Update
    - Food Sovereignty Coalition Update
- Immunization update
- General state of the NWTEC
    - COVID-19 Epi Curves
- Questions and Feedback

Environmental Public Health

Fulfilling Strategic Initiative Request to assume selected services from PAO-IHS Strategic Goal #3; objective E

Environmental Public Health Program Update

- Created and established at the NPAIHB-NWTEC in October 2019 via P.L. 93-638, Title I Contract with the Portland Area IHS
- Staff Hired to Date:
    - Director, Celeste Davis – Chickasaw (hired 2/24/20)
    - Sr. Environmental Health Specialist, Shawn Blackshear (hired 10/1/20)
    - Environmental Health Specialist, Antoinette Aguirre – Navajo (hired 2/24/20)

- Environmental Health Scientist, Ryan Sealy – Chickasaw (hired 2/24/20)
- Contractor – EH Consultant, Holly Thompson Duffy

Northwest tribal food sovereignty coalition and work

Supporting Strategic Plan – Supporting Health Promotion and Disease Prevention with Policy and Systems implications

NW Tribal Food Sovereignty Coalition

- **COVID-19 Food Sovereignty Implementation Funds**
  - $45,000 in total given to tribes and tribal organizations to support food sovereignty initiatives, distribution, and access. Currently no additional funds available.

Questions about NW Tribal Food Sovereignty Coalition, contact:
Nora Frank-Buckner, Food Sovereignty Initiatives Director
nfrank@npaihb.org

Native Boost

Supporting Goal #4 of the strategic plan: Support health promotion and disease prevention activities occurring among the Northwest Tribes.

Native Boost working with stakeholders

- Native Boost aims to work with parents, community members, healthcare providers and Boost Oregon to develop materials and approaches that will improve:
  - Providers' confidence and ability to address patient/parent concerns about vaccines
  - Parents' understanding of the benefits and potential risks of vaccines
  - Parents' recognition of the importance of recommended vaccination schedules

Native Boost Activities

- Trainings on communicating with vaccine hesitant parents
  - Immunization Coordinators
  - Clinical Directors
  - Maternal Child Health ECHO
  - Tribe Site Training
- Media
  - Social Media
  - Provider Training Books
- Representation in state, regional national meetings, board
- PA Immunization Prevention Coordinators
  - AIHC Vaccine Preparedness Planning
  - CDC Vaccine with Confidence
  - WA DOH Vaccine Advisory Committee

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- OR Vaccine Planning Tribal Consultation
- Region 10 Oregon Adult Immunization Stakeholder Meeting planning committee
- Region 10 region Adult Immunization Stakeholders Annual Meeting
- CDC and IHS Vaccine Preparedness Planning meetings

FY 2021 Plans

- Create and maintain a Tribal Advisory Committee for Native Boost
- Obtain commitment for participation from 4-6 Tribal or urban (I/T/U) AI/AN clinics
- Continue a partnership with Boost Oregon, a Portland-based community-led organization to provide provider trainings and community workshops to address parental concerns about vaccine safety
- Utilize Native multi-media to experts to develop and deliver monthly vaccine safety message and build trust in I/T/U immunization programs
- Utilize NWTEC biostatistics expertise to build accessible and trusted online immunization data visualizations on an immunization dashboard

Reporting to the delegation

Supporting Strategic Goal #1; objective C: NPAIHB will maintain effective communication channels to inform the NW Tribes about emerging public health topics and strategies to improve healthcare delivery in tribal setting

Electronic Monthly activity reporting (eMAR)

- We are moving to an electronic activity reporting system
- This program automates our reports to you.
    - We will be able to provide quarterly reports and annual reports
    - We will be able to provide tribal specific reports so you know what programs have interfaced with your tribe.

General state of the TEC

- Support and conduct culturally-appropriate health research and surveillance among the Northwest Tribes
    - Growth of TEC Staff (53 total staff)
    - Partnership with the CDC Foundation to increase staff serving tribes
- Advocate for increase data access and improved ways to deliver data to tribes.
- Working with national organizations to enhance the way data is shared.

Regional COVID-19 Data

Please see PowerPoint for additional graphics

BREAK

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10:26AM – **COVID-19 RESPONSE, CELESTE DAVIS, EH DIRECTOR**

Response Challenges

- Novel infectious disease with no specific therapeutics or vaccine
- AI/AN people and Tribes start with disparities and inequities
- Lack of coordinated federal response, limited resources, mixed messages and changing recommendations
- Non-Therapeutic interventions
- Requires intense clinical and community health efforts focusing on testing, tracing, and isolating to mitigate the patient impacts and contain outbreaks
- Impacts on Tribal Health System

COVID -19 Public Health Emergency Orders

- Continue operating under State of Emergency orders…
    - Federal: Stafford Act ongoing, Public Health Emergency through January 20, 2021
    - Oregon through November 3, 2020
    - Washington ongoing
    - Idaho through November 4, 2020
    - Tribes -?
- NPAIHB Response to Date
    - Resolution Declaring a Public Health Emergency, March 20, 2020
    - Response assistance and support through shutdown and reopening
    - Expanded into ICS in August 2020 and response efforts are ongoing

Public Health and Clinical Support

- Clinical Education/Support: COVID-19 ECHO Sessions
    - 50 sessions, nearly 7000 providers
- Communicable Disease Control: Case Investigation & Contact Tracing
    - Two Case and Contact Tracing training sessions, over 100 trained
    - Deployments to Yakama, two separate teams for two weeks each
    - Remote CT assistance for Shoshone-Bannock
    - Developed Tribal Resource Guide
    - Community Resources: https://www.indiancountryecho.org/substance-use-disorder/community-resources/
    - Clinical Resources: https://www.indiancountryecho.org/substance-use-disorder/clinical-resources/
- Environmental Public Health/Occupational Health and Safety
    - 50+ public health activities in response to request for technical assistance
    - Several guidance documents related to infection prevention and reopening
- Communications

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- Health promotion messages: posts to Social Media pages over 100,000 engagements, "Safe Sweats" video PSA, Tribal-specific products, Big Foot Mask-Up cutouts

PPE and Supplies, Planning and Information

- Available for research of PPE and medical supplies, and technical assistance in procuring
- Developing Food Security questionnaire for Washington, potential expansion to Oregon and Idaho
- Resource and Surge Staffing
  - Hired 3 Tribal CTs; 1 PHN and CI/CT Lead, 1 CT, 1 PH Workforce Trainer, 1 Communications Specialist at NPAIHB-NWTEC; hiring a CHW to work with CRITFC
  - Additional term hires with supplemental funding
- Epi-Center participation in data analysis for CDC MMWR
  - Poor and incomplete data for AI/AN population
  - Data available: AI/AN at greater risk, 3.5 times higher incidence of infection
- Recent activities and time focused on medical countermeasure (MCM) Planning for the Vaccine

Preparing for a COVID-19 Vaccine

- MCM Planning includes
  - Pre-planning with Tribes to determine Tribal priorities and capabilities
  - Advocating for Tribes to be at the table in decision-making, for equitable allocation of a vaccine when available
  - When available, working with Tribes to plan for distribution and administration, tracking and reporting

To the Future – Integrated Planning

- NPAIHB will continue to operate in a State of Emergency and under the Incident Command System structure to best assist Tribes
- In the coming weeks and months….
  - Brace the communities and health system for two epidemics colliding
  - Messaging and planning support for getting as healthy as we can be
    - Influenza and all childhood immunizations
    - Expansion of telehealth for acute primary care and mental health visits
    - Preparation for COVID-19 vaccine
  - Collect sample Tribal plans and resources, develop model plans and policies
  - After-action Review/Evaluation of Response
- Integrate COVID-19 into overall Public Health Emergency Plans

11:00AM – **TRIBAL OPIATE RESPONSE UPDATE, COLBIE CAUGHLAN, PROJECT DIRECTOR**

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NPAIHB Tribal Opioid Response *Two years strong*
TOR Evaluation Update
What services have TOR Consortium Tribes implemented with grant funds?

- Service data reflecting period from Oct. 2018 through Mar. 2020
  - TOR1 began in Oct. 2018;
  - TOR2 began in Oct. 2019
  - Data collected via **Monthly TOR Activity Reports** which outline the OUD-related services and activities conducted with TOR grant funds
  - **Reports were submitted by all 28 Tribes. 100% response rate! Thank you!**

This report shows the services and activities Tribes have implemented from grant start through March 31, 2020.

Staff Support & Workforce Development
Staff Support

- **17 Tribes have hired or supported staff** for opioid response programs
  - **113 staff positions** were funded in whole or in part with TOR funds (permanent and temporary)
    - Service Coordinators, Peer Mentors/Recovery Coaches, Counselors, Program administrators, Clinicians, Administrative Support Staff

Workforce Development

- **16 Tribes offered workforce development activities** for staff, including attendance at trainings, professional conferences, or regional gatherings.
  - Five Tribes have hosted a professional training!
- Special development regarding MAT capacity:
  - **16 medical professionals from 6 Tribes were trained and became DATA 2000-waivered**

Public Awareness Campaigns
Increase Public Awareness

- **21 Tribes developed public awareness campaigns** related to opioids
  - 15 Tribes had begun to implement their campaigns

THRIVE's Caring Message Campaign:
https://www.facebook.com/watch/?v=1770033006484269 , text "Caring" to 65664.

Naloxone

- **17 Tribes purchased naloxone kits**
  - About **3,000 naloxone kits** were purchased
  - **16 Tribes had distributed** naloxone kits
  - About **1,100 kits** had been distributed.

12 Tribes **developed policies** for naloxone use and distribution

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Medication-Assisted Treatment

- 18 Tribes made MAT available to their Tribal members:
  - **7 Tribes incorporated MAT into their tribal clinics**
    - ***35 individuals*** *were initiated on MAT*
  - **5 Tribes linked with an IHS clinic** to refer patients for MAT
    - ***19 individuals*** *were referred*
  - **12 Tribes linked with an external clinic** to refer patients for MAT
    - ***70 individuals*** *were referred*
- 6 Tribes **developed policies** for the implementation of a MAT program in their communities.

MAT Policy template: http://www.indiancountryecho.org/wp-content/uploads/2019/06/MAT-Policies-and-Procedures-Template.docx
The Tribal Opioid Response Strategic Agenda is online at: http://www.npaihb.org/wp-content/uploads/2020/03/NPAIHB_TOR_Agenda_Booklet_FINAL.pdf

Prevention Services

- **15 Tribes implemented prevention programs**
  - 8 Tribes implemented **culturally-based** prevention programs
- Prevention programs reached **4,600 people**, including almost **800 youth**

	# of Tribes	**# of People Served**
Implemented any recovery services	12	572
Implemented culturally based recovery programs	10	334
Implemented recovery coaching program	5	55
Implemented housing recovery services	3	47
Implemented other recovery services	9	136

Clinic Enhancements

- **9 Tribes incorporated safer opioid prescribing practices**
  - 6 Tribes developed **culturally appropriate education materials** for clinic use
  - 5 Tribes implemented the CDC's guidelines
  - 4 Tribes used the Prescription Drug Monitoring Program database
- **Several Tribes increased the capacity of their clinics**
  - Including training for medical providers, expansion of decision tools within their EHR systems.

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Summary

- Tribes used their TOR funds to implement a range of services, highlighting their commitment to providing a comprehensive response to opioids in their communities.
- Tribes understood that there is not one singular approach to opioid response and that a varied, cross-sector strategy would more effectively reach and support the people in their communities who would benefit from services.
- Given the current funding context related to OUD, Tribes conscientiously braided together funding sources to ensure that their opioid response was comprehensive, timely, and grounded in cultural strengths.

A Note about COVID-19

- Restrictions and shutdowns related to the COVID-19 pandemic began in mid-March 2020 and, therefore, are not reflected in this service data period.
- Tribes have been actively adapting to this new context, finding creative ways to provide services to and maintain contact with clients, while adhering to social distancing and other public health guidelines.
- The impact of the virus and related restrictions will likely be evident in future reports that use data collected after March 2020

EVALUATION ACTIVITIES

- Monthly TOR Activity Report
  - Continue throughout grant period
  - Thank you for 100% completion!
- GPRA Client-Level Interviews
  - GPRA intakes will continue throughout the grant period
  - GPRA follow-up interviews will begin in July and continue throughout the grant period
  - Please stay in touch with NPC about your progress with GPRA interviews
  - Please make sure to submit interviews to NPC within 4 days of completing them

Notice of Funding Opportunity Community Opioid Intervention Pilot Project (COIPP)

IHS' Office of Clinical and Preventive Services/Division of Behavioral Health

- Due Date to Apply: December 15, 2020
- 33 awards will be issued for a 3-year project period, with awards of up to $500,000
- 2 grants per IHS Area (24 awards total)
- 6 set-aside grants for urban Indian organizations
- 3 set-aside grants with Maternal & Child Health as the population of focus. One grant will be funded in each of the three highest priority IHS Areas (Alaska, Bemidji, and Billings)

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Contact Information:
JB Kinlacheeny at JB.Kinlacheeny@ihs.gov
COIPP website for links to the full funding announcement documents www.ihs.gov/asap/coipp

Tribal Opioid Response projects
TOR1: FY 2018-2020, extended to 2021
TOR2: FY 2019 -2021
FOR3: FY 2020-2022
Project Contacts:
Colbie Caughlan, ccaughlan@npaihb.org
Eric Vinson, evinson@npaihb.org

11:35AM – **COVID-19 COMMUNICATIONS WORKGROUP UPDATE, STEPHANIE CRAIG RUSHING**

NPAIHB's COVID Messaging Strategies
COVID Messaging Workgroup

- Weekly meetings
- Assess trending topics
- Follow CDC messaging recommendations
- Set-up weekly messaging calendar
- Monitor NPAIHB Social Media analytics recommendation

- Team introductions and roles
    - Roger, Tam, Candice, Stephanie, Celena – Content creators, etc.
- Discuss our meetings and what we review or need to produce
- Assessment (What content should we focus on?) - COVID related content is our focus based on…
    - Stephanie sharing content from COVID related meetings & shared from Management
    - Tribal request
    - Partnerships - other projects who reached out such as WEAVE-Nora
    - Roger share COVID related CDC messaging recommendations
- Weekly calendar - Brainstorming out the week or two on related content
    - Share how we split up the workload/days
        - Roger – Tuesday's
        - Candice – Friday's
        - Etc.
- NPAIHB board pages suggest 6 PM posting time – our highest peak and traffic

Current Messaging Channels

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http://www.npaihb.org/tips-resources-for-community-messaging/

Messaging Channels: We R Native

- Website
- Social
- Text NATIVE to 97779
- PSAs

Join the movement by #ExercisingSafeSweats. COVID-19 poses a unique threat to our communities, our cultures, and our traditions. ASK your Elders to share WISDOM on how to ADAPT your ceremonies to practice your ways AT HOME. PROTECT the ones you LOVE. PRACTICE your ways AT HOME. TOGETHER...WE WILL...GROW STRONGER.
In partnership with We R Native, We Are Healers, and Northwest Portland Area Indian Health Board.

Analytics
This is across all three platforms. Reach, engagements, gained total, videos viewed/including IG and FB stories total. People are clicking the links provided in the messaging – some also lead back to the COVID board page.

Next steps: Hope to do more messaging on risk reduction.

Upcoming Community-Friendly Article Topics

- What's happening with the vaccine?
- Influenza and Covid. What's the difference?
- Open does not mean over – Tips to prevent transmission, coping with the new norm
- Contact tracing
- Mental Health and Covid

Upcoming PSA Themes (1 min PSAs)

- Importance of wearing masks
- Open doesn't mean over: Continue practicing preventive measures
- Protect our community: Importance of immunizations
- Coping with isolation and loneliness
- Asymptomatic transmission of COVID
- Practice Traditional Practices Safely: Hunting, Gathering, Fishing

Upcoming Print Campaign: Mask up

- Bigfoot Cutouts
- Yard signs
- Posters

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- Stand Here Floor decals
- Window clings
- BF masks

DISCUSSION: **Vaccine hesitancy**
"We know a lot of people are concerned about the safety of vaccines right now. If you have questions, please talk to your doctor. They can answer your questions, help you weigh your options, and give you the information you need to make a good decision for you and your family. Your health and wellbeing is my number one priority."

DISCUSSION:
- Any other COVID topics that we haven't covered, that you'd like us to address?
- Any other communication channels that we ought to explore?

LUNCH

1:00PM - **Bylaws Discussion**

Laura read through the redline changes, and Chairman Lewis facilitated the discussion. He proposed a process for review. There was concern by one Delegate that the process may not be inclusive of all voices. There was also discussion about the Board's role as an organization. There was discussion on circulating the Bylaws to all Delegates via email to all Tribes with a deadline for comments.

MOTION to send out the redline version of the Bylaws by Andy Joseph, Jr. Colville; second by Obinna Oleribe, Klamath Tribes; MOTION CARRIED.

Committee Reports

Elders Committee – Chandra Wilson, NPAIHB staff (A copy of the report is attached)

Veterans – Don Head, NPAIHB Staff – Did not meet

Public Health – Victoria Warren-Mears, Epicenter Director (A copy of the report is attached)

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

Personnel – Cassie Sellards-Reck, Cowlitz (A copy of the report is attached)

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Youth – Paige Smith, NPAIHB – Did not meet

Legislative Report – Laura Platero, Executive Director (A copy of the report is attached)

RESOLUTIONS:

21-01-01 National Congress of American Indian's Native Vote Grant
MOTION by Cheryl Rasar, Swinomish Tribe; second by Lona Johnson, Nooksack Tribe; no discussion; Question called by Marilyn Scott, Upper Skagit: **MOTION CARRIES**

21-01-02 COVID-19 Food Security Survey for Washington State Tribes with Potential Expansion to Idaho and Oregon State Tribes
MOTION by Marilyn Scott, Upper Skagit Tribe; second Cheryl Rasar, Swinomish Tribe; **MOTION CARRIES**

21-01-03 Injury Prevention Program; Tribal Injury Prevention Cooperative Agreement Program
MOTION by Obinna Oleribe, Klamath Tribes; second by Shawna Gavin, Umatilla Tribe; MOTION CARRIES

21-01- 04 Revisions to the NPAIHB Program Operations Manual
MOTION by Cheryl Rasar, Swinomish Tribe; second by Cassie Sellards-Reck, Cowlitz Tribe: MOTION CARRIES

21-01-05 COVID-19 Funding to Tribes and IHS/Tribal Health Clinics
MOTION by Obinna Oleribe, Klamath Tribes; second by Brent Simcosky, Jamestown S'Klallam Tribe: MOTION CARRIED.

Announcement from Vickie LaFromboise, regarding masks for Tribal use from Amerigroup

Marilyn Scott, Upper Skagit requested that the ATNI resolutions sent out.

ADJOURN: at 3:39PM Motion by Obinna Oleribe, Klamath Tribes, Second by Kim Coombs, Shoalwater Bay Tribe: **MOTION CARRIED.**

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_____ _____

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

_____ _____

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

_____ _____

Approved by Greg Abrahamson
NPAIHB Secretary **Date**

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

QUARTERLY BOARD MEETING
ZOOM MEETING

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AGENDA

TUESDAY OCTOBER 20, 2020

8:30 AM	Call to Order Invocation Welcome Roll Call	Nick Lewis, NPAIHB Chair Greg Abrahamson, NPAIHB Secretary
8:45 AM	1. Approve Agenda 2. Future Board Meeting Dates/Sites • January 19 - 21, 2021 ~ Portland, OR • April 20 – 22, 2021, TBD • July 20 – 22, 2021, TBD • October 19 – 21, TBD 3. Review and Approve June and July QBM Minutes	
9:00 AM	Chairman's Report **(1)**	Nick Lewis, NPAIHB Chair
9:15 AM	Executive Director Report **(2)**	Laura Platero, NPAIHB Executive Director
9:45 AM	Financial Report & FY 2021 NPAIHB Budget **(3)**	Eugene Mostofi, Funding Accounting Manager
10:00 AM	IHS Area Director Report **(4)**	Dean Seyler, Portland Area IHS Director
10:30 AM	CMS Update **(5)**	Kitty Marx, Director, CMS Division of Tribal Affairs, CMCS & Lane Terwilliger, CMS Tribal Affairs (confirmed)
11:30 AM	LUNCH BREAK	
12:00 PM	**Committee Meetings** 1. Elders 2. Veterans	Virtual Rooms: Staff: Clarice Charging Staff: Don Head

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	3. Public Health 4. Behavioral Health 5. Personnel 6. Youth 7. Resolutions/Legislation	Staff: Victoria Warren-Mears Staff: Danica Brown Staff: Andra Wagner Staff: Paige Smith Staff: Laura Platero / Contractor: Veronica Smith
1:30 PM	Legislative & Policy Update **(6)**	Geoff Strommer, Partner, Hobbs Strauss Dean & Walker
2:30 PM	Congressional Update	Rep. Derek Kilmer (WA) (confirmed)
3:15 PM	BREAK	
3:30 PM	Rural Native Veteran Healthcare Navigator **(7)**	Dr. Jay Shore of VA Office of Rural Health & Terry Bentley, Tribal Relations Specialist-Pacific District (AK, WA, OR,ID,NV,CA) U.S. Department of Veterans Affairs Office of Tribal Government Relations
4:30 PM	Recess for Day	
4:30PM	*Optional*: Review of IHS COVID-19 Pandemic Vaccine Draft Plan Work Session	NPAIHB Policy Team

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WEDNESDAY OCTOBER 21, 2020

8:30 AM	Call to Order	Cheryle Kennedy, Vice Chair
8:45 AM	Tribal Workforce Survey **(8)**	Dr. Erik Brodt, OHSU
9:15 AM	BHA Advisory and CHAP Board Advisory **(9)**	Sue Steward, CHAP Project Director
9:45 AM	Epi Center Update **(10)**	Victoria Warren-Mears, NWTEC Director
10:15 AM	COVID-19 Response **(11)**	Celeste Davis, Environmental Health Director
10:45 AM	BREAK	
11:00 AM	Tribal Opiate Response (TOR) Update **(12)**	Colbie Caughlan, Project Director – THRIVE, TOR, Response Circles
11:30 AM	COVID-19 Communications Workgroup Update **(13)**	Stephanie Craig Rushing, THRIVE & PRT Project Director
12:00 PM	LUNCH BREAK	
1:00 PM	Bylaws Discussion	Executive Committee with Geoff Strommer, Partner, Hobbs Strauss Dean & Walker
2:15 PM	Committee Report Recommendations	Committee Leads
3:30 PM	Resolutions	Cheryle Kennedy, Vice Chair
4:00 PM	Adjourn	

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

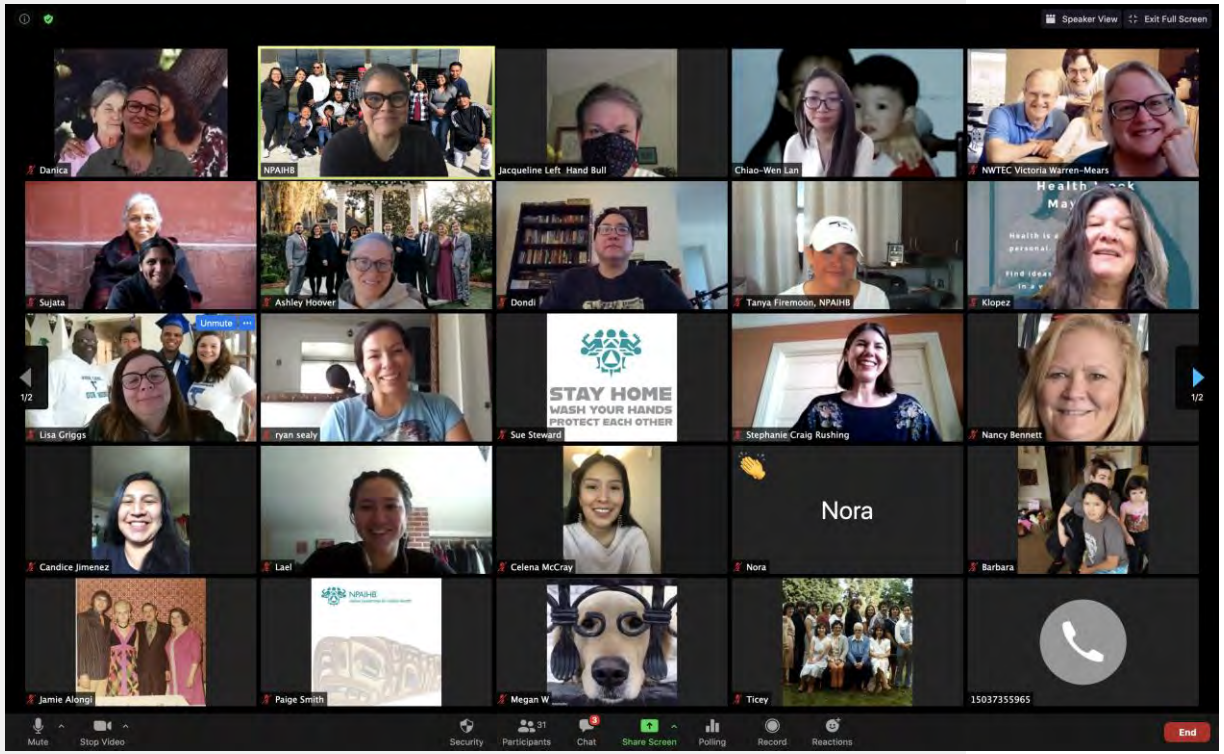
EXECUTIVE DIRECTOR REPORT

Virtual Quarterly Board Meeting
October 20, 2020

Laura Platero, JD

Report Topics

1. Policy Alerts
2. Funding Update
3. Office & Administration
4. Personnel/HR
5. Looking Forward



NPAIHB Staff Morning Check-In

Policy Alerts

- **This Week -- Supreme Court Votes on Supreme Court Nomination**
  - On October 22, Senate Judiciary Committee will vote on the nomination of Amy Coney Barrett to be Associate Justice of the Supreme Court.
  - By October 26, Senate Majority Leader plans to bring vote to Senate.
  - Supreme Court scheduled to hear ACA case on November 10th.
- **Continuing Resolution for FY 2021 – Until December 11**
- **Next COVID-19 Package**
  - Members of Senate reconvened on Monday, October 19.
  - Majority Leader McConnell plans to bring to the Senate floor a package that is similar to the one advanced in September.

Funding Update – July 2020 to Sept 2020

New Awards and Supplements: **$11,415,372**

Continuations on Existing Awards: **$4,219,867**

Office & Administration

- Physical office closed on 3/16/20
  - Closure of office anticipated through January.
  - A few essential staff continue to go into the office.
- Finance
  - FY 2021 NPAIHB budget
  - Accounting Policy & Procedures to Executive Committee
  - Continue to implement Microix
- Human Resources
  - Program Operations Manual – several new policies were reviewed and approved by the Personnel Committee.
  - Resolution to be presented at this meeting.

Personnel/Human Resources

- New Hires
- Reshell Livingston – Asthma Project Coordinator – 7/13/20
- Jessica Rienstra – ECHO RN Case Manager – 7/21/20
- Chandra Wilson (rehire) – Tobacco Project Specialist - 8/17/20
- Itai Jeffries – Two Spirit LGBTQ Program Manager – 10/2/20
- Jonas Greene – Communications Manager – 10/12/20
- Kaitlyn Hunsberger – BHA Student Support Coordinator – 10/16/20

Personnel/Human Resources Cont'd

Promotions

Candice Jimenez – Promotion to MCH Opioid Project Director – 9/16/20

Separations

Sarah Sullivan – Policy Analyst – 9/1/20

Open Positions

Health Policy Specialist - Posted 10/19/20

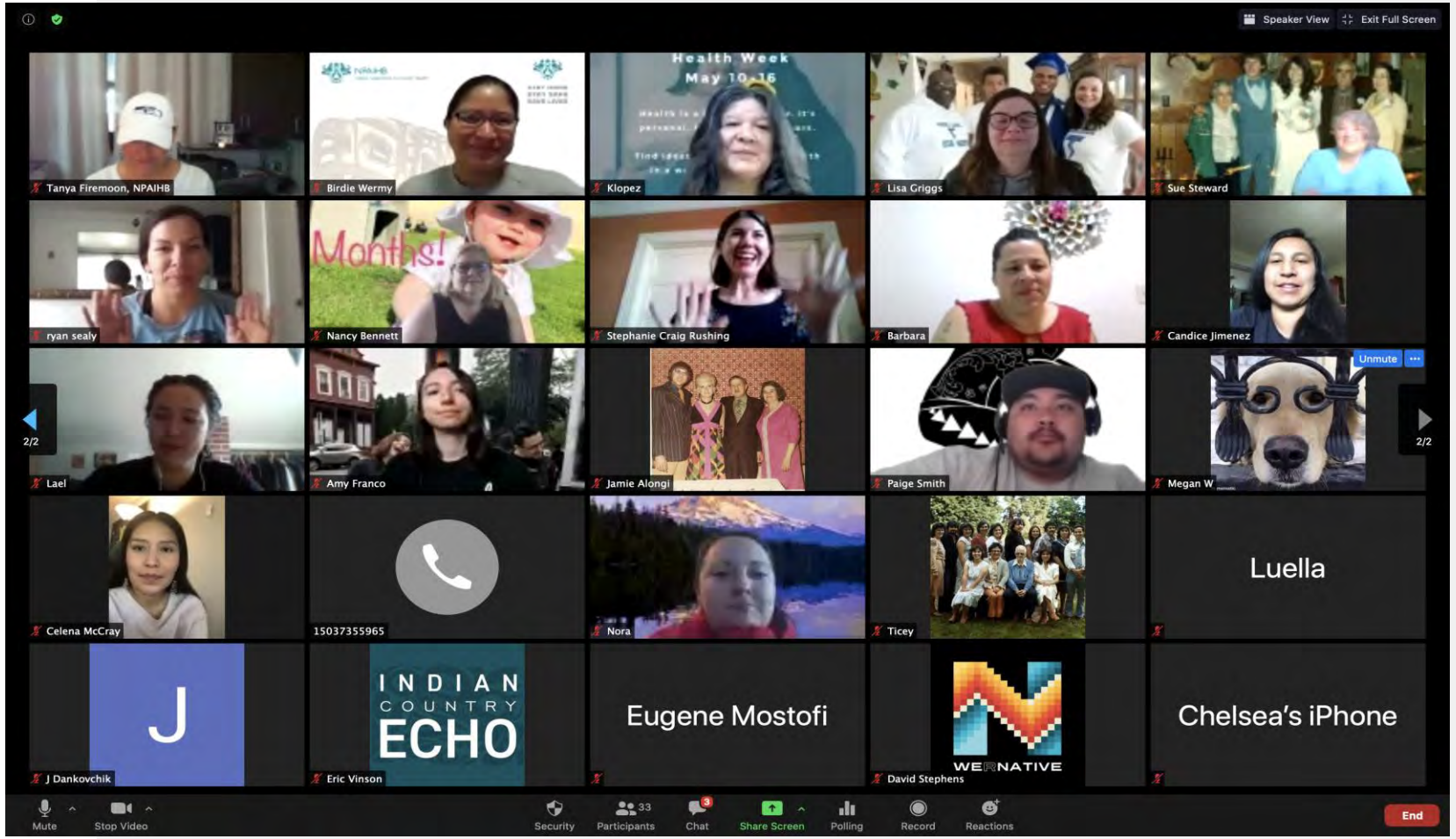
Recognitions

No specific employees – but would like to acknowledge ALL employees!

Looking Forward

- Continue ICS response work to COVID-19 with focus on vaccines
- Advocate on next COVID-19 package and FY 2021 appropriations
- Revive work on strategic plan
- Implement new HR policies – teleworking (new telework agreements needed), etc.
- Begin work to brand NPAIHB
- On hold – Organization assessment of NPAIHB through EpiCenter Grant

Questions…?


Speaker View
Exit Full Screen
Tanya Firemoon, NPAIHB
Birdie Wermy
Health Week
May 10-16
Klopez
Lisa Griggs
Sue Steward
ryan sealy
Months!
Nancy Bennett
Stephanie Craig Rushing
Barbara
Candice Jimenez
2/2
Lael
Amy Franco
Jamie Alongi
Paige Smith
Unmute
Megan W
2/2
Celena McCray
15037355965
Nora
Ticey
Luella
J
J Dankovchik
INDIAN COUNTRY ECHO
Eric Vinson
Eugene Mostofi
WERNATIVE
David Stephens
Chelsea's iPhone
Mute
Stop Video
Security
Participants
33
Chat
Share Screen
Polling
Record
Reactions
End

Indian Health Service

NPAIHB-QBM – ZOOM MEETING

DEAN M. SEYLER

DIRECTOR, PORTLAND AREA

OCTOBER 20, 2020

Indian Health Service
Portland Area

Indian Health

CARES ACT	8,764,817.00
CONTRACT SUPPORT COSTS-COVID	10,193,075.00
CORONARIVUS AID, RELIEF, AND ECONOMIC SECURITY ACT, 2020	44,846,963.00
COVID IDDA	45,096,866.00
FAMILIES FIRST CoVID19 RESPONSE ACT	3,015,170.00
CoVID19 REIMBURSABLE PROVIDER PAYMENTS	6,376,437.08
TOTAL	118,293,328.08

Indian Health Service
Portland Area

COVID-19 Related PPE and Equipment Distributed to Area I/T/U Facilities:

- Abbott ID-NOW COVID-19 Analyzers
  - 39 analyzers
- ID-NOW Test Kits
  - 1,201 Test Kits (28,824 individual tests)
- N-95 Respirators, various sizes
  - 3M Brand: 75,000 each
  - Moldex Brand: 223,680 each
  - Halyard Brand: 16,800 each
- Procedure/Surgical Masks, various levels
  - 244,800 each
- Cloth Face Masks
  - 36,500 each
- Nitrile Exam Gloves, various sizes
  - 1,135,250 pairs
- Gowns, various levels
  - 49,400 each
- Bouffant Caps
  - 41,000 each
- Face Shields
  - 111,250 each
- Safety Goggles
  - 16,500 each
- Non-Contact Infrared Thermometers
  - 2,073 each
- Hand sanitizer
  - 132 cases
- Collection Swabs, various
  - 35,500 each
- Saline Media
  - 6,650 3mL tubes
- Viral Transport Media
  - 80,200 tubes
- Empty Transport Tubes
  - 24,000 tubes

03-05-2020 through 09-30-2020

Indian Health Service
Portland Area

Area COVID-19 Support

- IHS coronavirus website ihs.gov/coronavirus
  - For updated information
- Establishment of COVID-19 National Task Force
  - Area Vaccine Work Group
- Continued focus to support I/T/U

Indian Health Service
Portland Area

Area COVID Update:

- Establishment of COVID-19 vaccine work group to coordinate with National Task Force
- Email from Ashly Tuomi – Friday October 2, 2020
- Data sheet requesting information for planning purposes
- October 7, 2020 deadline
- Contact Ashley at Ashley.Tuomi@ihs.gov or at 503-414-5550

Indian Health Service
Portland Area

Chief Medical Officer Update

- Area Diabetes Consultant
- Improvement work surrounding credentialing of medical staff
- CMO Transition – Dr. Terranella to leave post effective November 1. Drs. Lee Lawrence and Natalie Holt (CMO and Deputy CMO from Great Plains) acting until filled.

Indian Health Service
Portland Area

Dear Tribal Leader Letters:

https://www.ihs.gov/newsroom/triballeaderletters/

- **"Early Alert" issued by the Department of Health and Human Services Office of Inspector General (OIG) on August 28, 2020**

- **Tribal Consultation on the use of $5 million from the Fiscal Year (FY) 2020 appropriations that the Indian Health Service (IHS) has allotted to support national Community Health Aide Program (CHAP) expansion.**
- **https://www.ihs.gov/ihm/circulars/2020/community-health-aide-program**

Indian Health Service
Portland Area

PPPHCEA – HHS Testing Funds Transfer (FY20 closeout)

- Sent week of June 1st, 2020
- Requires a comprehensive Budget, Signed Amendment & Testing plan
- Portland Still has 12 Tribes outstanding

FY2021 Documents

- All Annual Funding Agreements have been sent to TI Tribes – please ensure they are signed and returned to avoid any delays in payments.
- Funding Tables – TV, if you have not seen your table please contact our office.

Calendar Year Tribes

- Documents will be sent by end of October for January 1, 2021 – execution

Contract Support Costs

- Portland Area Continues to work on prior year reconciliations for prior years to true up payments and ensure all CSC amounts are brought up to current.

Indian Health Service
Portland Area

Division of Sanitation Facilities Construction

- Total current staff: 32; 5 staff departed in 2020
- Positions filled with new employees:
  - Director, Portland Area DSFC: CAPT Alex Dailey, P.E., PMP
  - Environmental Engineer, Spokane District Office: LT Bijay Tamang, P.E.
  - Environmental Engineer, Olympic District Office: Faith Malay, EIT
  - Environmental Engineer, Olympic District Office: William Char, EIT
  - Construction Inspector, Olympic District Office: Jennifer Toth
  - Tribal Utilities Consultant, Olympic District Office: LCDR David Kostamo P.E., RS
  - Construction Inspector, Port Angeles Field Office: Zackary Olson

- Positions Pending
  - Tribal Utility Consultant, Olympic District Office

- Positions Vacant
  - Environmental Engineers (2)
  - Engineering Technicians (2)

- Olympic District Office will be moving approximately January 2021 to new location.

Indian Health Service
Portland Area

Division of Sanitation Facilities Construction

- 2021 Regular Projects (Existing Homes)
  - Initial submission of projects for potential 2021 funding recently completed
  - First submission using the updated national Sanitation Deficiency System (SDS) guidance
  - Key changes: scoring category adjustments, project tier structure
  - FY20: 30 projects on SDS list (18 funded)
  - FY21: 50 projects
  - Final submission to HQ due November 2nd

- 2021 Housing Projects (New or Like-New Homes)
  - Proposals being accepted for 2021 Housing projects
  - Final submission to HQ due November 2nd

Indian Health Service
Portland Area

Division of Sanitation Facilities Construction

- 2020 appropriation resulted in 32% increase in IHS construction funding over last year.
  - Does not include contributed funds – projects are still under development
- 50 Projects on the FY20 Funding Plan, 7 amendments to prior year projects
- Currently finalizing FY20 projects and gathering needs for FY21 funding (Regular and Housing Projects)
- CARES Act funding: $10M nationally for SFC
  - Portland Area reached out to 64 utility organizations in April and May
  - The collected responses were submitted to IHS HQ for review
  - Awaiting distribution of funding

Indian Health Service
Portland Area

Division of Health Facilities Engineering

CARES Act Facilities Funding Was Previously Distributed

Maintenance and Improvement (M&I)

- $3,075,000 distributed to Portland Area Service Units and Tribes
- For M&I Activities to prevent, prepare for, and respond to Corona Virus
- To be expended in a reasonable amount of time.

Equipment (EQ)

- $5,268,800 distributed to Portland Area Service Units and Tribes
- For purchasing medical equipment to prevent, prepare for, and respond to Corona Virus
- To be expended in a reasonable amount of time.

Indian Health Service
Portland Area

Portland Area Facilities Advisory Committee (PAFAC)

- Planning to Convene Meeting in November
- FY21 Objective – Maintain Funding Readiness for Regional Specialty Referral Center Pilot .
- Need to Confirm Existing Members and Fill Vacancies
  - Direct Service – Vacant, Vacant, Vacant
  - Title I – Dr. Alan Shelton, Vacant, Vacant
  - Title V – Sharon Stanphill, Mark Johnston, John Stephens
  - Federal – Vacant
  - Alternate – Steve Kutz

Indian Health Service
Portland Area

NOW IS THE TIME TO:

- Roll out flu vaccines through every means possible
- Get children up to date on the primary series of vaccines
- Get adolescents caught up on HPV, Tdap and meningococcal vaccines
- Get adults caught up on Tdap, Zoster (shingles) and pneumococcal vaccines
- Look closely at your clinic's immunization system-
  - adequate number of trained staff
  - the ability to store and manage vaccines
  - the ability to electronically report to the State
  - The ability to generate reports on vaccine coverage for your population


INDIAN HEALTH SERVICE
PHS · 1955 ·

CMS Division of Tribal Affairs

Centers for Medicare & Medicaid Services (CMS) Listening Session

Northwest Portland Area Indian Health Board Quarterly Meeting – October 20, 2020

Role of CMS Tribal Affairs

- **CMS Division of Tribal Affairs (DTA) is located in Baltimore within the Children and Adults Health Programs Group (CAHPG), under the Center for Medicaid & CHIP Services (CMCS).**

- **DTA serves as the point of contact on Indian health issues for the agency and works in collaboration with Native American Contacts (NACs) to provide technical assistance to our Tribal and Federal partners.**

Native American Contacts (NACs)

COVID-19
Public Health Emergency

- **CMS has approved 1135 waivers that provide flexibilities in response to COVID-19.**
- **These waivers apply to Medicare and Medicaid providers, including IHS, Tribal and urban Indian facilities that participate in Medicare and Medicaid.**
- **For more information, go to CMS.gov and click on "LEARN MORE ABOUT COVID-19"**

COVID-19
Public Health Emergency

- **Even prior to declaration of public health emergency (PHE), CMCS deployed a Disaster Relief Toolkit and began technical assistance to help states ready their response efforts.**
- **CMS developed tools and checklists to speed state applications and approvals for various flexibilities specific to the PHE, such as an 1135 Waiver Checklist and Disaster Relief SPA templates.**
- **For more information on the Medicaid disaster relief toolkits and checklists, go to Medicaid.gov and click on Resources for States:**
  - **https://www.medicaid.gov/resources-for-states/index.html**

COVID-19
Public Health Emergency

- **CMS has issued guidance, such as five batches of general FAQs and two sets of FAQs on legislation (FFCRA, CARES Act).**
- **CMS released a Medicaid & CHIP Telehealth Toolkit to help states implement telehealth coverage policies during the PHE.**
- **On June 30th, CMS participated on a NIHB Webinar on Medicaid and Telehealth.**

CMS ITU Trainings and Webinars

- **Each year, CMS provides training to ITU patient benefits coordinators on the programs and benefits available through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace.**

- **Due to travel restrictions, CMS held its ITU face to face trainings as virtual trainings in July through September.**
  - **To register for upcoming trainings visit www.regionalcmsitutrainings.com**

- **In FY 2021, CMS will resume its two (2) week medical coding boot camp trainings for ITU coding staff.**

Tribal Calendar

Monthly drop-in “news ads” and Radio Clips

Community Health Access and Rural Transformation (CHART) Model

The **CHART Model** is a voluntary model that will test whether **aligned financial incentives, operational & regulatory flexibilities, and robust technical support** will help rural providers **transform care** on a broad scale.

The CHART Model consists of **two tracks** for rural communities to **implement Alternative Payment Models (APMs)** to improve access to high quality care and reduce costs:

Community Transformation Track

Communities receive **upfront funding**, **financial flexibilities** through a predictable capitated payment amount, and **operational flexibilities** through benefit enhancements and beneficiary engagement incentives.

ACO Transformation Track

Rural Accountable Care Organizations (ACOs) receive **advance shared savings payments** to participate in the Medicare Shared Savings Program (Shared Savings Program).

Goals

- **Improve access to care in rural areas**
- **Improve quality of care and health outcomes for rural beneficiaries**
- **Increase adoption of APMs among rural providers**
- **Improve rural provider financial sustainability**

CHART Community Transformation: Award Recipient Eligibility

CMS anticipates selecting up to 15 Award Recipients (Lead Organizations) for the Community Transformation Track.

Examples of entities eligible to apply to be a Lead Organization include but are not limited to:

- State Medicaid Agencies (SMAs)
- State Offices of Rural Health
- Local Public Health Departments
- Independent Practice Associations
- Academic Medical Centers
- Health Systems

Each Lead Organization must delineate the boundaries of its "Community," which must meet the following criteria:

Encompass either (1) a single county or census tract; or (2) a set of contiguous or non-contiguous counties or census tracts. Each county or census tract must be classified as rural, as defined by the Federal Office of Rural Health Policy's grant program eligibility criterion.

Include at least 10,000 Medicare Fee-for-Service (FFS) beneficiaries with a primary residence located within the Community.

CHART Community Transformation: Funding and Timeline

CMS will award cooperative agreements of up to $5 million to each Lead Organization on behalf of their respective Community.

During the Pre-Implementation Period, each Lead Organization will work with community partners to develop a strategy to implement health care delivery system redesign.

During each of the six Performance Periods, Lead Organizations and Participant Hospitals will implement their Transformation Plan.

All cooperative agreement funding is tied to performance requirements including but not limited to the following:

Funding Amount	Performance Requirements
Up to $2 million for the Pre-Implementation Period	Awarded upon selection into the Community Transformation Track and acceptance of the Terms & Conditions.
Up to $500,000 per Performance Period	Awarded upon CMS approval of Transformation Plans and a sufficient amount of Participant Hospitals' revenue in a CPA arrangement in each Performance Period.

CHART Community Transformation: Community Partners

Each Lead Organization will form an Advisory Council, recruit Participant Hospitals, engage the SMA and Aligned Payers, and develop and implement the Transformation Plan.

	Advisory Council	Participant Hospitals	SMA† & Aligned Payers
Responsibilities*	• Represent the Community's perspective and collectively advise the Lead Organization as they carry out their required activities • Consult on development of, and modifications to, Transformation Plans • Support hospital and payer recruitment • Advise on development of arrangements with payers	• Independently decide whether to participate • Implement the Model according to the Transformation Plan	Adhere to *following 3* alignment criteria: (1) financial (2) operational (3) quality

† CMS will specifically request Medicaid participation

CHART Community Transformation: Participant Hospital Eligibility

To participate in the Community Transformation Track, a Participant Hospital must be an acute care hospital (defined as a "subsection (d) hospital") or Critical Access Hospital that meets at least one of the below requirements:

1

Located within the Community and **receives at least 20%** of its eligible Medicare FFS revenue from services provided to residents of the Community

- or -

2

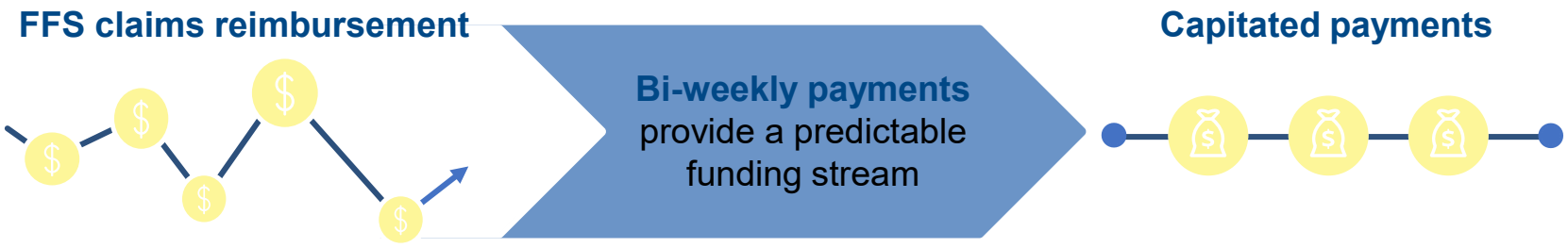
Regardless of facility location, provides services to residents of the Community that in **aggregate account for at least 20%** of the eligible Medicare FFS expenditures of the Community.

Organizations that are not eligible to participate as a Participant Hospital:

- **Federally Qualified Health Centers (FQHCs)**
- **Rural Health Clinics (RHCs)**
- **Facilities providing dialysis services exclusively**
- **Stand-alone ambulatory surgery centers**
- **Stand-alone skilled nursing facilities (SNFs)**
- **Organizations that provide home health services exclusively**

CHART Community Transformation: Capitated Payment Amount (CPA)

CMS will replace Participant Hospitals' FFS claim reimbursement with bi-weekly payments that equal the annual CPA over the course of the Performance Period.



CMS will administer each Participant Hospital's CPA through 5 steps:

1	2	3	4	5
Determine baseline revenue using historical expenditures	Apply prospective adjustments	Apply a discount	Apply mid-year adjustments	Apply end-of-year adjustments

CHART: Model Timeline

The Community Transformation Track will begin July 2021 with a pre-implementation period.

Milestone	Approximate Date*	
	Community Transformation Track	ACO Transformation Track
NOFO / RFA released / Application portal opens	Sept 15, 2020 (NOFO)	Spring 2021 (RFA)
Application deadline	February 16, 2021	Summer 2021
Participant selection	Spring 2021	Fall 2021
Pre-implementation period	July 2021 – June 2022	N/A
Performance periods	July 2022 – June 2028	Jan 2022 – Dec 2026

are subject to change.

CHART: Next Steps

Depending on the track your organization is interested in, below are some possible next steps for you to take.

- **Read the Community Transformation Track NOFO**
- **Seek opportunities for community partnership and gauge interest from stakeholders such as providers, payers, and potential Advisory Council members**
- **Engage SMA**
- **Identify regional and local health priorities**
- **Tune into our Application Support Office Hour webinar on October 27, 2020**
- **Stay tuned for additional CHART Model resources that will be posted on our webpage and shared through our CHART Listserv**

CHART: Resources

Email

CHARTmodel@cms.hhs.gov

Visit

https://innovation.cms.gov/innovation-models/chart-model

Follow

@CMSinnovates

Listserv

Sign up for the CHART Model listserv

CMS Division of Tribal Affairs

For additional information:

DTA Website: go.cms.gov/AIAN

Questions: tribalaffairs@cms.hhs.gov

HOBBS STRAUS DEAN & WALKER

Presentation to Northwest Portland Area Indian Health Board

Geoffrey D. Strommer

October 2020

Agenda

- Affordable Care Act Litigation
- Juul MDL
- Opioids MDL
- Section 105(*l*) Litigation
- Contract Support Costs Litigation
- 340B Program Update

HOBBS STRAUS DEAN & WALKER

Affordable Care Act Litigation
Texas v. United States

Legal Challenges to the Affordable Care Act: *Texas v. United States*

- Case brought by Texas and other "Red States" arguing that the individual mandate to the Affordable Care Act (ACA) is unconstitutional.
- Plaintiff States also argued that the individual mandate is so central to the statutory scheme that the entire ACA must be struck down.
- In December 2018, a federal District Court in Texas held that, following passage of the Tax Cuts and Jobs Act of 2017, the "individual mandate" provision of the ACA can no longer be considered a valid exercise of Congress's power to tax and is therefore unconstitutional.
- The District Court also held that the individual mandate is not severable from the remainder of the Act and that the ACA is constitutionally invalid in its entirety.

District Court Decision Impact on Tribal Health

- The District Court's ruling extends to Section 10221 of the ACA, which amended and permanently authorized provisions of the Indian Health Care Improvement Act (IHCIA), and to other Indian-specific health care provisions incorporated into the Act, even though they are not dependent on the ACA's individual mandate.
- If the District Court's decision is upheld in full, the IHCIA amendments and other Indian-specific provisions in the ACA would be struck down.

Fifth Circuit Court of Appeals

- The District Court's decision was appealed to the Fifth Circuit Court of Appeals.
- The U.S. House of Representatives intervened in the case, siding with California and other "Blue States" in support of upholding the ACA.
- United States change of litigation position:
  - In the District Court, the United States agreed that the individual mandate is now unconstitutional, but argued that most of the rest of the ACA should be preserved.
  - In the Court of Appeals, the United States changed its position, supporting the District Court's decision holding that the entire law must be struck down.

Tribal Amicus

- An amicus brief was submitted on behalf of a national coalition of Tribes and Tribal Organizations, arguing:
  - That the District Court did not correctly apply long-established severability rules requiring that a court should preserve as much of a statute as possible when one provision is found unconstitutional.
  - The IHCIA and certain other Indian-specific provisions in particular should be preserved, because:

    (1) they can operate as intended by Congress without the individual mandate in place;

    (2) the IHCIA's legislative history shows that it originated as a freestanding bill in 1976, separate from the rest of the ACA, underscoring that it operates independently of the remainder of the ACA; and

    (3) there is no evidence whatsoever that Congress would have wanted the IHCIA and other Indian provisions to fail if the individual mandate were deemed unconstitutional.

Fifth Circuit Court of Appeals Decision

- The 5th Circuit panel upheld the District Court's decision that the individual mandate is unconstitutional.
- The panel criticized the District Court's analysis on the question of severability and remanded the case back to District Court to re-consider whether the individual mandate provisions are severable from the remainder of the ACA.
- In January 2020, parties filed petitions for review in the Supreme Court.

US Supreme Court

- Briefing began in March and is now completed.
- Coalition of Tribes and Tribal Organizations submitted an *amicus* brief defending the validity of the IHCIA and other Indian provisions in the ACA.
- As in the Court of Appeals, the United States declined to defend the ACA.
- The Court has scheduled oral argument for November 10, 2020.
- Key issues to be decided by Court include:
  - standing;
  - constitutionality of ACA provisions in light of removal of the individual mandate; and
  - application of severability doctrine.
- If the Court gets past threshold procedural questions regarding standing, a decision from the Court could:
  - disagree that any provision of the ACA is unconstitutional;
  - uphold the District Court's decision;
  - agree with the 5th Circuit and remand back to the District Court; or
  - agree with 5th Circuit and make its own decision on what provisions are severable.

Impact of Make Up of the US Supreme Court

- How will the make up of the Court impact the case?
- Make up of the Court is different from 2012 ACA SCOTUS decision decided by a 5-4 vote:
  - Justice Scalia and Kennedy no longer on Court;
  - Justice Gorsuch and Kavanaugh are new on Court; and
  - Justice Ginsberg's death and a potential new Justice Barrett.
- Less ideological differences on the Court on severability doctrine than on other issues.

Juul Multidistrict Litigation (MDL)

Juul Litigation

- Several tribes represented by our firm have sued e-cigarette maker Juul, Philips Morris USA, and Altria Group, Inc., alleging that the companies have engaged in a deceptive marketing scheme targeting Native youth that has resulted in significant damages.
- The tribes seek injunctive relief, abatement to combat the e-cigarette epidemic, and compensatory damages.
- The lawsuits will be processed as part of the Multidistrict Litigation in the U.S. District Court for the Northern District of California brought by many non-tribal plaintiffs in the same federal court.
- We expect more tribes and tribal schools will file suit in the MDL in the near future.

Allegations Against Juul

- The complaints allege that Juul has aggressively and deceptively marketed its products as a safe alternative to cigarettes, without disclosing the known dangers of addiction and vaping-related illnesses that the products can create or aggravate.
- The complaints assert that Juul's design, marketing, and distribution of products to minors—specifically targeting tribal youth, despite knowing that they are more susceptible to addiction than non-Native Americans.
- As a result of Juul's misconduct, tribes have been forced to expend scare resources on public health, law enforcement, and education programs. The tribes seek to recoup these expenses and stop the deceptive marketing practices moving forward.

Tribal Leadership Sub-Committee and PSC Tribal Representative Appointment

- On August 21, 2020, Judge William Orrick granted a motion filed by our firm recommending four members to serve on a Tribal Leadership Sub-Committee and appointing me to serve as the Tribal Representative on the Plaintiffs' Steering Committee (PSC), which consists of lawyers who coordinate litigation on behalf of all plaintiffs.
- The members of the Tribal Leadership Sub-Committee participate in tribal specific issues, discovery, and case management matters in the litigation.
- On the PSC, I serve as a liaison between the Tribal Leadership Sub-Committee, draw attention to tribal specific issues, and actively participate in litigation strategy and case management matters.

Upcoming Hearing on Motions to Dismiss

- On September 21, 2020, Judge Orrick heard argument on the defendants' pending motions to dismiss cases filed by individual plaintiffs and government entities, which include a group of seven school districts from around the country.
- Many of the arguments in the motions, including those involving the Racketeer Influenced and Corrupt Organizations Act (RICO), will have an impact on the tribal complaints.
- The issues involved are complex and the court's decisions on the motions to dismiss could be issued any day.

Opioid MDL

Opioid Crisis

- Disproportionately impacting Indian Country.
  - Health services have been overwhelmed.
  - Education and addiction therapy costs have substantially increased.
  - Evictions from housing for drug-related criminal activity.
  - Almost every tribal member has been affected.

Opioid Litigation

- Over 2,000 cases filed by Tribes, States, cities, counties, and other categories of plaintiffs. Most cases, other than States, consolidated in multidistrict litigation (MDL) in federal court.
- Defendants are Manufacturers and Distributors of prescription opioids, and Retail Pharmacies.
- Plaintiffs are seeking payment from those who created and benefited from the crisis to cover the damages incurred, abatement costs, and some injunctive relief.
- MDL Judge has stated goal of “global settlement.”

Opioid Litigation

- MDL Judge initially created several litigation “tracks” with different “bellwether” plaintiffs, including two tribal cases (Muscogee Creek & Blackfeet).
- Bulk of claims in those bellwether cases survived initial motions to dismiss. Early cases settled before trial.
- To move MDL along, Judge later remanded several additional cases to other courts, including Cherokee.
- Several cases across the country now headed toward trial; only one so far has gone to judgment (Oklahoma against J&J, judgment now pending appeal).

Opioid Settlement

- Purdue Pharma (manufacturer of OxyContin) and Mallinckrodt plc filed for bankruptcy and are negotiating bankruptcy plans with plaintiffs/creditors that would include a tribal allocation.
- Three major Distributors (Cardinal, McKesson, and AmerisourceBergen), as well as J&J, are also in active settlement discussions with government plaintiffs including Tribes.
- Other defendants expected to follow.
- Tribes fought for seat at the negotiating table, and will need to agree on distribution of tribal abatement funds.

105(*l*) Leasing Issues

Section 105(*l*) Leasing; *Jamestown* case

- Facility is eligible if T/TO (1) owns, or holds a leasehold or trust interest in, facility; and (2) uses it to carry out an ISDEAA agreement.
- *Jamestown S'Klallam Tribe v. Azar* (D.D.C.): Can IHS deny lease compensation for space allocable to services to non-beneficiaries?
- Section 813 of the IHCIA deems such services to be provided under the T/TO's ISDEAA agreement.

Section 105(*l*) Leasing; *Jamestown* case

- Court ruled for IHS on September 11, 2020, holding that the Tribe's proposal that IHS fund the entire facility, including space for services to non-beneficiaries, was not *reasonable*, as required by 105(*l*) and the regulations.
- Under Section 813, the full costs of serving non-beneficiaries must be recouped from those patients, not from IHS, said the court.

Section 105(*l*) Appropriations

- FY 2021 House draft appropriations bill would establish a new mechanism to fully fund 105(*l*) leases: a separate, indefinite appropriation.
- Bill also contains several restrictions on 105(*l*) lease compensation; e.g., funds may only be used for space needed to carry out the "Federal program"—apparently endorsing IHS's position in the *Jamestown* case.

Contract Support Cost Issues

Contract Support Cost Issues

- Both IHS and BIA are committed to fully funding CSC from indefinite appropriations provided by Congress, yet conflicts remain.
- Recent and current litigation:
  - *Navajo Health Foundation – Sage Memorial Hospital v. Burwell.*
  - *Swinomish Indian Tribal Community v. Azar.*
  - *San Carlos Apache Tribe v. Azar*.

Contract Support Cost Issues (Con't)

- *Sage Memorial* (D.N.M.): IHS must pay CSC in support of services funded by third-party revenues.
- *Swinomish* (D.D.C.): IHS need NOT pay CSC in support of services funded by third-party revenues. Currently on appeal in D.C. Circuit. Oral argument October 1, 2020.
- *San Carlos Apache (D. Ariz.)*: Follows *Swinomish* in denying CSC on expenditures of third-party revenues; court finds *Sage Memorial* unpersuasive.

340B Program Update

340B Program Overview

- 340B Program assists covered entities, including tribal outpatient health programs, by requiring drug companies provide certain covered drugs at discounted prices
- The Public Health Service Act, 42 USC 256b requires drug manufacturers to participate in the program as a condition of receiving payment from Medicaid or Medicare Part B for their outpatient drugs
- Covered entities, like tribal health programs, generally have drugs shipped to contract pharmacies that then fill the prescriptions for patients

Illegal Restriction of 340B Access

- Drug companies have taken two steps to restrict access to 340B pricing:
  - Refusing to ship to contract pharmacies, so patients now cannot get discounted drugs at those pharmacies
  - Refusing to provide discount pricing if health programs do not agree to participate in burdensome reporting requirements
- Neither of these efforts to restrict 340B access is authorized by statute or regulation
  - HRSA specifically authorizes shipping to contract pharmacies, including to multiple contract pharmacies
  - There is an audit process established in statute that is the mechanism for ensuring compliance

Efforts to Address 340B Restriction

- Tribes have requested HRSA and the HHS Office of Inspector General to take action
- HRSA is looking into whether it has authority to act, and has sent a harsh letter to Eli Lilly warning that covered entities could bring a False Claim Act suit
- Ryan White Clinics for 340B Access filed suit against HHS on October 9
  - Seeks to compel action against the drug companies
  - Seeks to compel promulgation of an administrative dispute resolution HHS was required to create by statue but has not
- House Energy & Commerce and Senate HELP Committee are examining statutory fixes and have requested comments by October 30

Questions?

Geoff Strommer

gstrommer@hobbsstraus.com

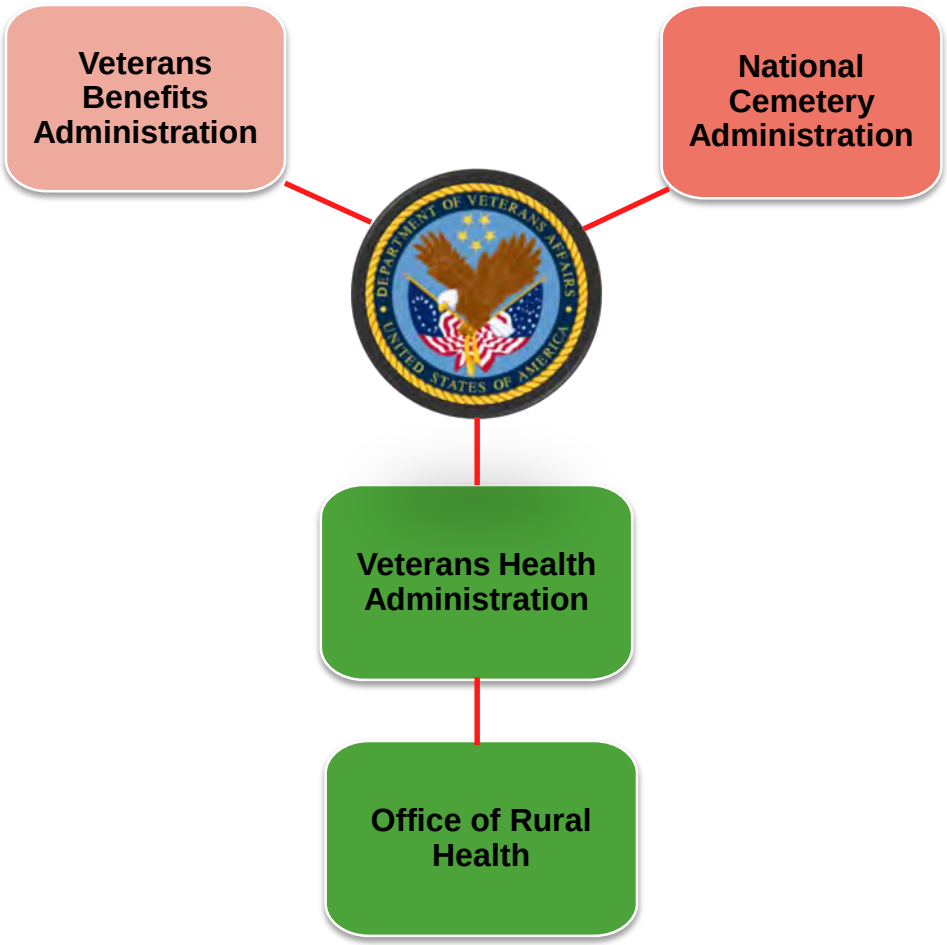
503-242-1745

Rural Native Veteran Health Care Navigator Program (RNV-HCNP)

Northwest Portland Area Indian Health Board, October 20, 2020

Jay Shore, MD MPH, Population Specialist, VRHRC-SLC

U.S. DEPARTMENT OF VETERANS AFFAIRS (VA)



- Established in 1930
- Elevated to cabinet level in 1989
- U.S. federal government's second largest department (after the Department of Defense)
- Three main components:
  - Veterans Health Administration
    - Office of Rural Health
  - Veterans Benefit Administration
  - National Cemetery Administration

RURAL VETERAN VISION, MISSION & STRATEGIC GOALS

Vision

America's Veterans thrive in rural communities

Mission

Improve the health and well-being of rural Veterans through research, innovation, and the dissemination of best practices

Promote federal and community care solutions for rural Veterans

OBJECTIVES

- ▶Unite relationships within VA and the federal government to exchange rural-centered information
- ▶Collaborate with non-governmental organization that support rural Veterans' health and well-being
- ▶Expand ORH's partnership and programing reach

Reduce rural health care workforce disparities

OBJECTIVES

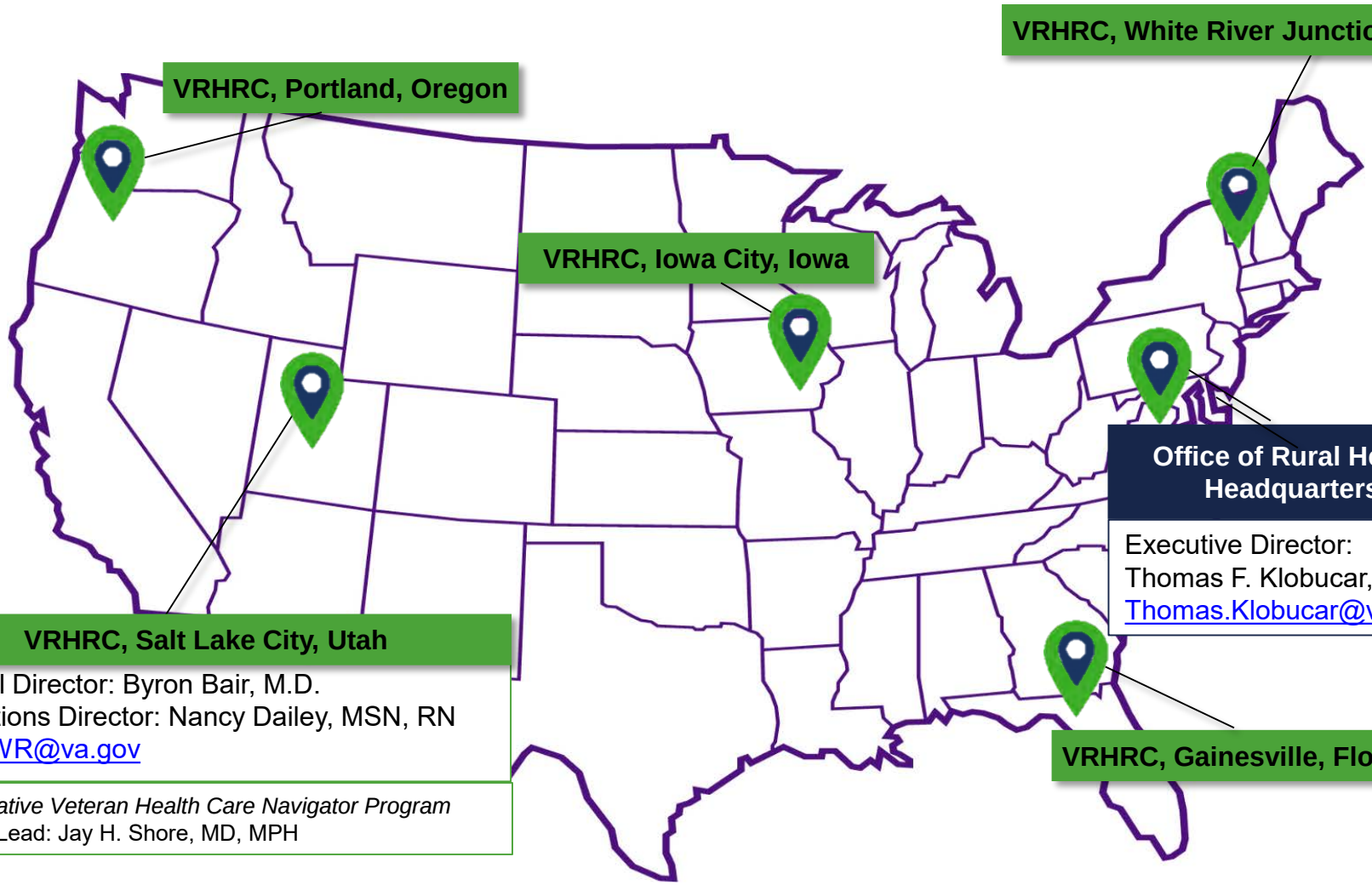
- ▶Expand understanding of current health care workforce
- ▶Support rural implications of the MISSION Act

Enrich rural Veteran health research and innovation

OBJECTIVES

- ▶Increase rural Veteran health research
- ▶Innovate new models of care for Veterans who live in rural communities
- ▶Build recognition of VA's rural research, innovations and outcomes

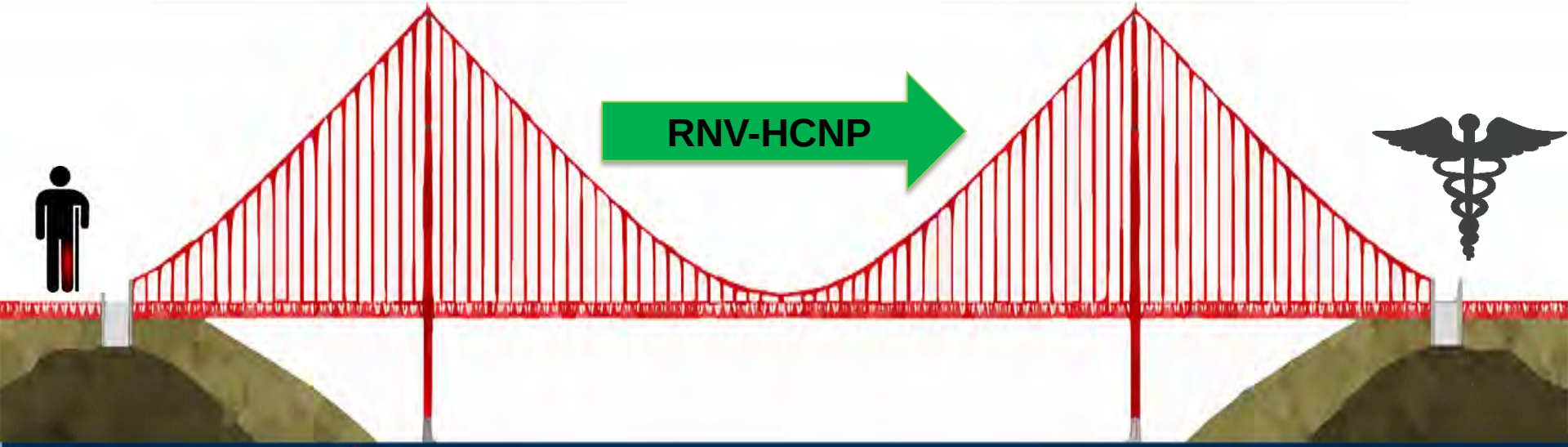
VETERAN RURAL HEALTH RESOURCE CENTERS (VRHRC)



Rural Native Veteran Health Care Navigator Program

Our overall goal is to use an evidenced-based approach to increase Rural Native Veterans' (RNV) access to healthcare and Veteran-associated benefits, and subsequently improve health outcomes.

This program will connect RNVs to enhanced healthcare options available through the MISSION Act, VA, VHA, and the new Veterans Community Care program, promoting access to all Veteran-associated benefits and resources.



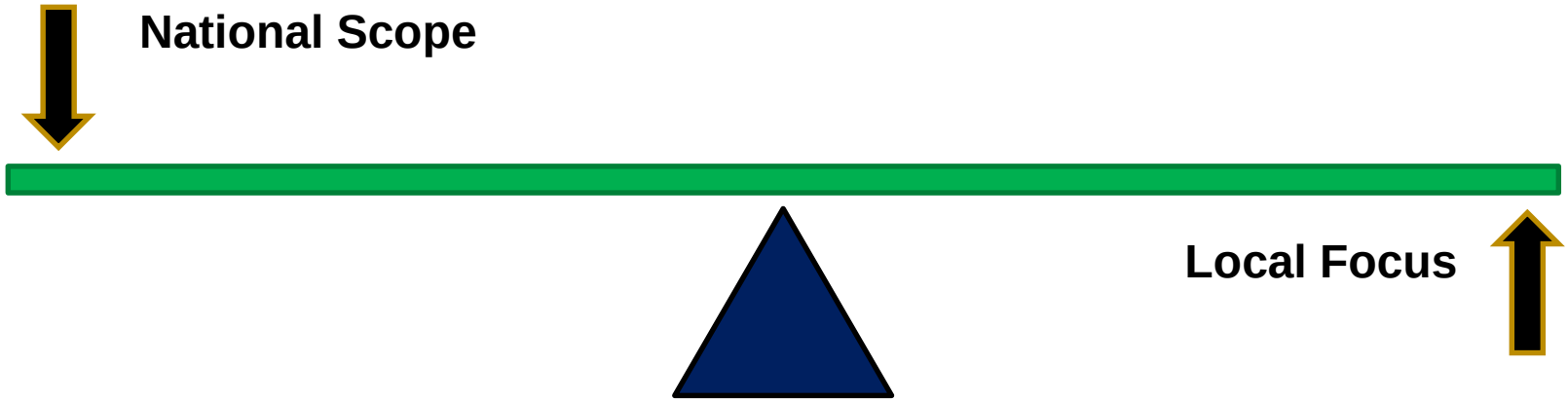
A Health Care Patient Navigator:.

- Is a member of the healthcare team who helps Rural Native Veteran patients navigate the healthcare system and barriers that impede access to care. Such assistance may include:
  - Coordinate patient care that engages VA, VHA, IHS, federally recognized tribes, local communities, and other state and federal agencies to improve access to healthcare and benefits
    - This includes, but not limited to, Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA)
  - Connect patients with other resources
  - Help patients understand the healthcare system

ADVANCING TRIBAL-VA PARTNERSHIP

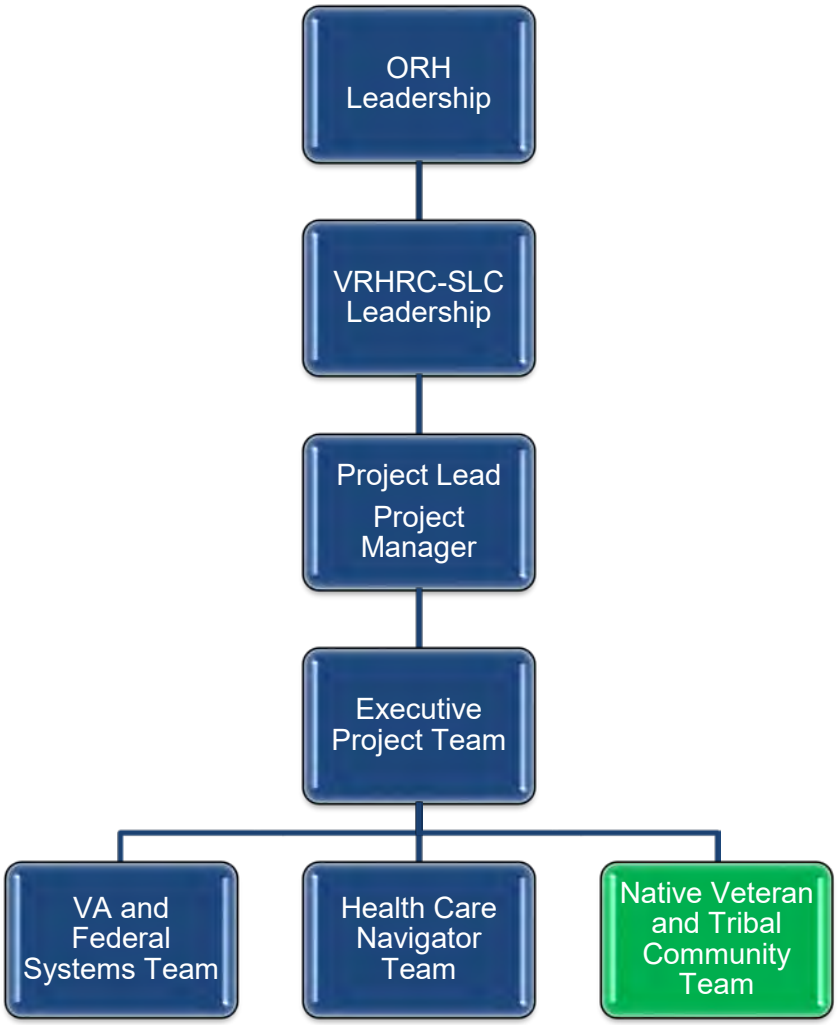
- Awareness of Tribal to US Government relations in context of past history.
  - Diversity of tribes, culture and experiences with Federal Government and VA
- Principles of Trusted Interactions
  - *Acknowledgement (*Past issues and disparities, current challenges)
  - *Openness* (Transparency of programs, expectations and timelines)
  - *Listening* (Tribal input received and acted upon)
  - *Action* (following through on commitments, behavior > words)
- Build on current successes (MOU, VA Contracting Program, etc.)

PROJECT APPROACH

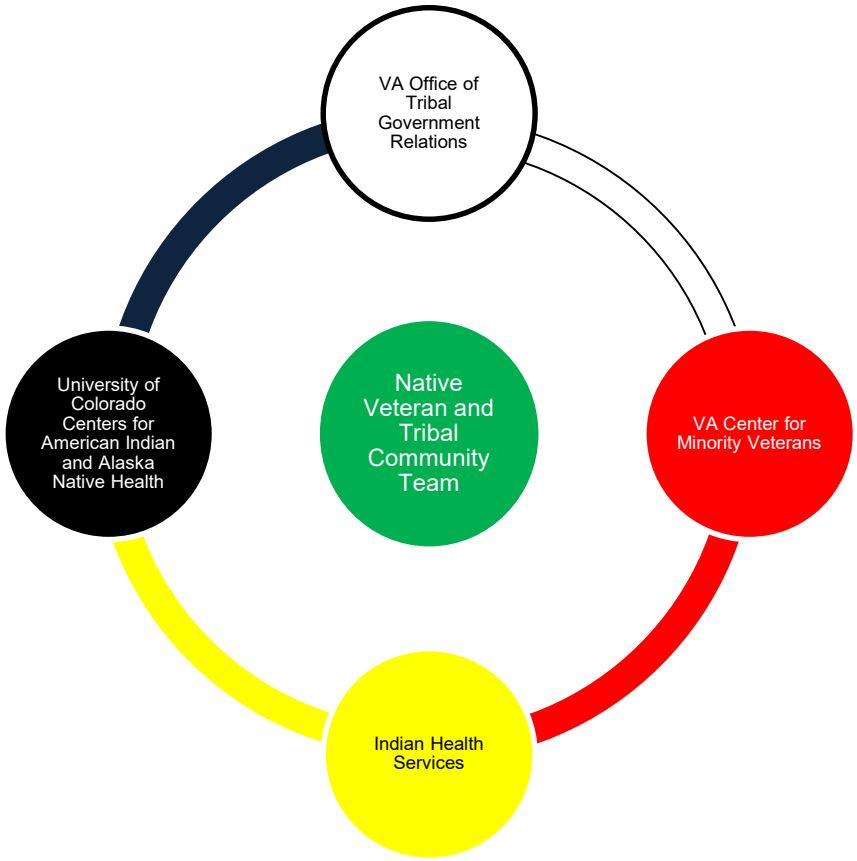


- **National Scope/Local Focus**
  - **National Scope:** Coordinated and cohesive effort to attend to the needs of Rural Native Veterans at an enterprise level, across the US in a evidence-based, systematic and coordinated manner.
  - **Local Focus:** Adapting the national efforts to the needs of individual tribes, villages, islands, communities, and environments of rural Native Veterans.

PROJECT ORGANIZATION AND PARTNERS



Native Veteran and Tribal Community Team Program Partners



PROJECT TIMELINE

Phase I Development

Seek to understand through extensive literature reviews, focus groups and listening sessions

Build project infrastructure

Identify required resources, personnel and expertise

Develop partnerships across relevant entities

Develop pilot project design and evaluation metrics

Phase II Deployment

Initiate pilot design

Refine, replicate and expand pilot sites

Evaluation

Phase III Disseminate

Integrate program into VISN and VHA infrastructure

PHASE 1 NEXT STEPS

Partner initially with 6-7 Tribal Communities from different regions across the country.

- In each region work with a specific Community to invite
  - 4-5 Rural Native Veterans.
  - 2-3 Veterans family members.
  - 2-3 communities members helping veterans.

Listen to their ideas and thoughts how to create a program that can serve them well.

During the pandemic we cannot do this in person, and will conduct discussions through phone or video.

- Approximately 45 minutes.
- Purpose is program development, not a research project.

CONTACT INFORMATION

Jay H. Shore, MD, MPH | Population Specialist
Veterans Rural Health Resource Center_Salt Lake City
Department of Veterans Affairs Office of Rural Health

Centers for American Indian and Alaska Native Health
Mail Stop F800, 13055 East 17th Avenue, Room 347
Aurora, CO 80045.
Phone: 303-724-1465
E-mail: james.shore@va.gov and jay.shore@ucdenver.edu

Mr. Chris Turner, Acting Project Manager
Phone: 801-582-1565 x2770,
E-mail: christopher.turner3@va.gov

Northwest Portland Area Indian Health Board
October 20, 2020

Presented by: Terry Bentley

Tribal Regional Specialist, Pacific District





Office of Tribal Government Relations

VA | U.S. Department of Veterans Affairs

OTGR Webex Wednesday's

10/21/20	**POST-TRAUMATIC STRESS DISORDER (PTSD) and POST TRAUMATIC GROWTH (PTG)**	Sarah Súñiga, PhD, Pronouns: She/her/hers, Clinical Psychologist Women Veterans Program Manager, VA Portland Healthcare System and Dr. Megan Hawker, Clinical Director, Interfaith Community Services, North San Diego, CA

OTGR Webex Wednesday's

11/4/20	**NATIONAL MUSEUM OF THE AMERICAN INDIAN**	Monica Mohindra, Library of Congress, Harvey Pratt, Sculptor
11/18/20	**WOMEN VETERANS**	Jacquelyn Hayes-Byrd, CWV; Mary Glen, VBA C&P MSG Lorena Wilson, Soldier For Life Program, Deputy Director, Northeast US and Europe
12/2/20	**Electronic Health Record Modernization**	Paula Paige, VA EHR Director of Communications

National Updates

VA/IHS/THP Reimbursement Agreement (73 IHS/116 THP)	FY20 YTD	Program Inception to Date
Disbursed	$17,025,741	$121,822,890
Unique Veterans	5,052	11,481
Inpatient Claims	2,209	5,103
Outpatient Claims	52,087	346,814

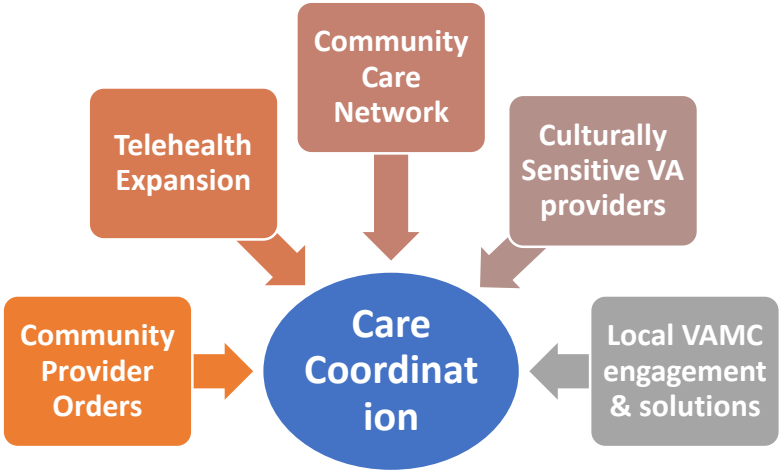
National Updates

- VA/IHS MOU - Status Update (October 2020)
  - Initial Tribal Consultation/Listening Sessions
    - Occurred over the past year prior to crafting draft Memorandum of Understanding
    - Draft Memorandum has passed legal review and is set to move forward for joint tribal consultation with IHS later this fall
- VA Office of Community Care conducted tribal consultation on August 25, 2020 and written comments closed September 25, 2020 --VHA should be issuing something final this fall.

National Updates

VA established the Healthcare Coordination *Advisory Board* (HCAB) to assist in developing and implementing a standardized approach for care coordination when care is not available within the IHS or THP healthcare facilities and a referral is made to VA for care.

The board consisted of 19 members and included VA/IHS/Tribal facility stakeholders.



8/25/20 – VA held a *tribal consultation* to obtain feedback on the approach to care coordination and 5 elements identified

National Updates

Alaska Pharmacy Modification

An alternative methodology selected to be more measurable and standardized. Wholesale Acquisition Cost (WAC) + admin fee.

IHS/THP Agreement Modification. VA developed an amendment to the IHS/THP agreements, which:

Reimburses for covid-19 testing and services through purchased referred care

Reimburse for telehealth services at the outpatient all inclusive rate

Clarifies langue regarding certification requirements

Extends the agreements for 2 years, through June 30, 2024, to allow time for development and consultation on a new agreement.

VA and IHS National agreement was executed on 9/30/2020 and the modification template was sent to the local VA Contract Officers to execute with individual Tribal Health Programs.

National Updates

- VA provided a presentation on Oct. 14 for the 2020 National Indian Health Board Tribal Health Virtual Conference.
  - Office of Academic Affiliation will present on the graduate medical program;
  - Updates on the VA-IHS MOU and the Native Focused Projects from VA Office of Rural Health with Dr. Jay Shore;
  - VA Office of Community Care plans to provide a brief update on their August 25, 2020 tribal consultation for VA/THP/IHS care coordination plan. Also on the extensions of the VA/THP/IHS Reimbursement Agreements to June 2024, including adding reimbursement for telehealth visits during Covid-19.

National Updates

- HR 4908 Native American PACT Act – was received in the Senate on September 23, 2020 and referred to the Senate Veterans Affairs Committee. It would exempt Native Veterans from paying copays and deductibles in the VA Health Care System on the base of federal treaty obligations for healthcare that exist in perpetuity.
- HR 2791 VA Tribal Advisory Committee Act of 2019 – is still with the House. It would establish a committee to strengthen the government-to-government relations between tribes and the VA and improving VA accountability to AI/AN Veteran health needs.

National Updates

- Information as requested for the upcoming virtual event on November 11, 2020 for the National Native American Veterans Memorial – see information and link below:

https://national-native-american-veterans-memorial-dedication-424c.eventfarm.com/app/pages/d30e0f09-d3f5-4137-8dce-c4dd588e5788

- The National Museum of the American Indian will host a virtual event on November 11, 2020, to mark the completion of the National Native American Veterans Memorial and acknowledge the service and sacrifice of Native veterans and their families. More information about this event is forthcoming, and we hope you will join us online for the occasion.

AIAN Veterans Utilizing VA NATIONAL

U.S.

American Indian Alaska Native Enrollees (Priority 1 to 8D)

Data Source: FY20 to Feb 2020 Enrollment Cube

Data Source: Last 5 FY (Fiscal Years) Diagnosis Cube

RURALITY	Enrollees	%
Total	63,074	
Urban	34,027	54%
Rural	29,022	36%
Highly Rural	5,565	7%
Rural	23,457	29%

GENDER	Enrollees	%
Male	55,251	88%
Female	7,823	12%
TOTAL	63,074	100%

AGE	Enrollees	%
Under 25	444	1%
25 to 49	21,198	34%
50 to 64	15,900	25%
65 and older	25,532	40%
TOTAL	63,074	100%

RACE	Enrollees	%
American Indian/Alaska Native	63,074	1%
Asian	96,490	1%
Black/African-American	1,246,643	15%
Hawaiian/Pacific Islander	57,749	1%
White	5,216,132	62%
Hispanic	529,073	6%
Multiple	65,333	1%
Unknown	981,436	11%
Declined to Answer	161,651	2%

DIAGNOSES	Enrollees	%
1. Hypertension	24,497	17%
2. Diabetes	14,444	10%
3. Post-Traumatic Stress Disorder	13,476	9%
4. Depression	12,762	8%
5. Gastro-Esophageal Reflux	9,654	7%

DIAGNOSES	Enrollees	%
6. Other Mental Health	9,459	6%
7. Obstructive Sleep Apnea	8,223	6%
8. Substance Use Disorder	7,986	5%
9. Ischemic Heart Disease	6,478	4%
10. Nicotine	6,254	4%

We Succeed Together - OTGR Partners

- Tribal Governments
- VA Administrations (VHA, VBA and NCA)
- State Departments of Veterans Affairs
- VA Rural Health Consultants
- Minority Outreach Coordinators
- Tribal Indian Health Boards
- Tribal Health Program Directors
- Indian Health Service
- Urban Indian Health Programs
- Veteran Service Organizations
- Other Federal, State and Community Partners

OTGR Team and Contact Information

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Mary.Culley@va.gov

Lorae.Pawiki@va.gov

Peter.Vicaire@va.gov

David.Ward@va.gov

www.va.gov/tribalgovernment - Main website

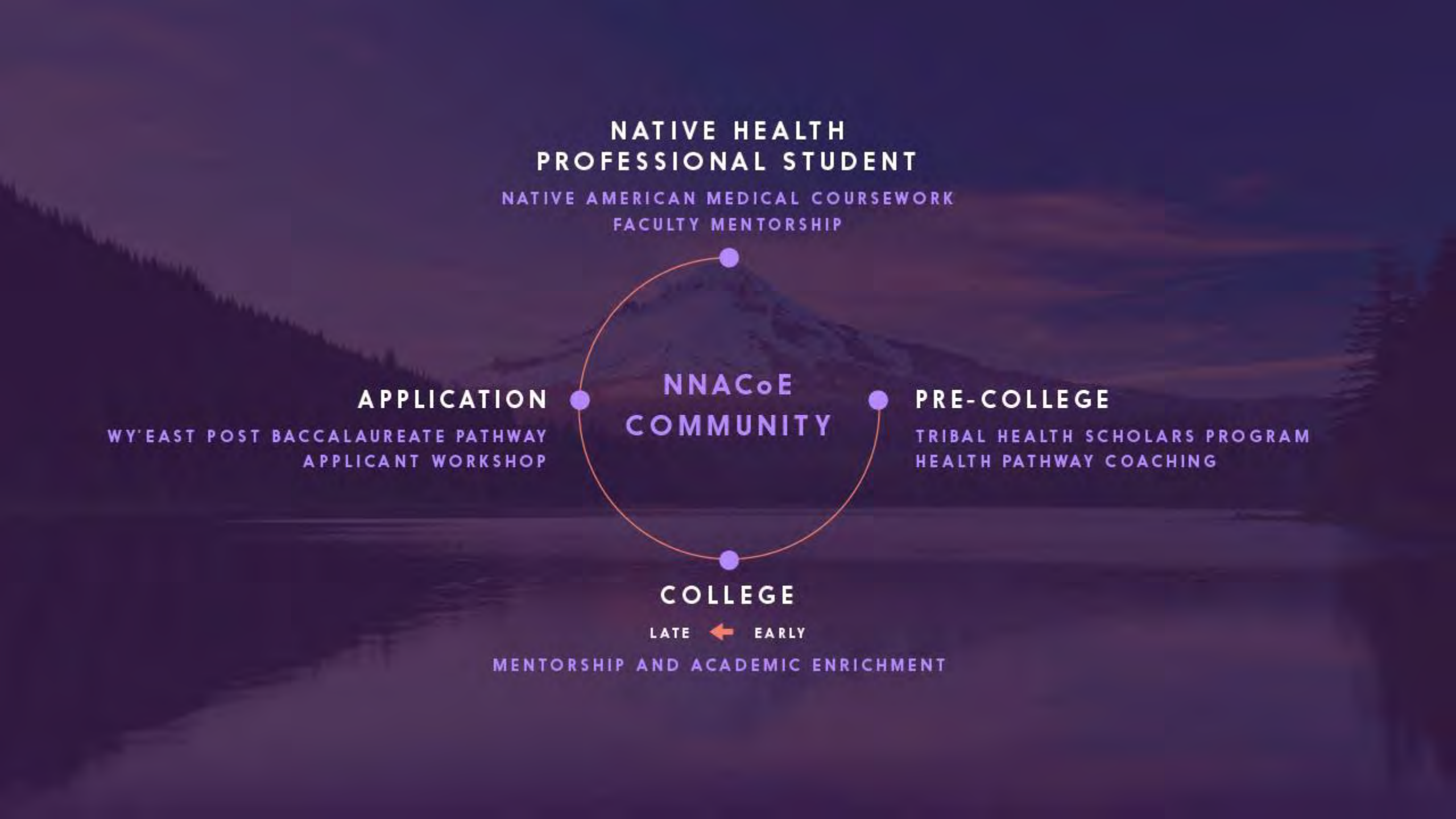
Tribal.agreements@va.gov – VA-IHS-THP Reimbursement Agreements

Tribal.Consultation@va.gov – email for tribal leaders to submit inquiries directly to VA

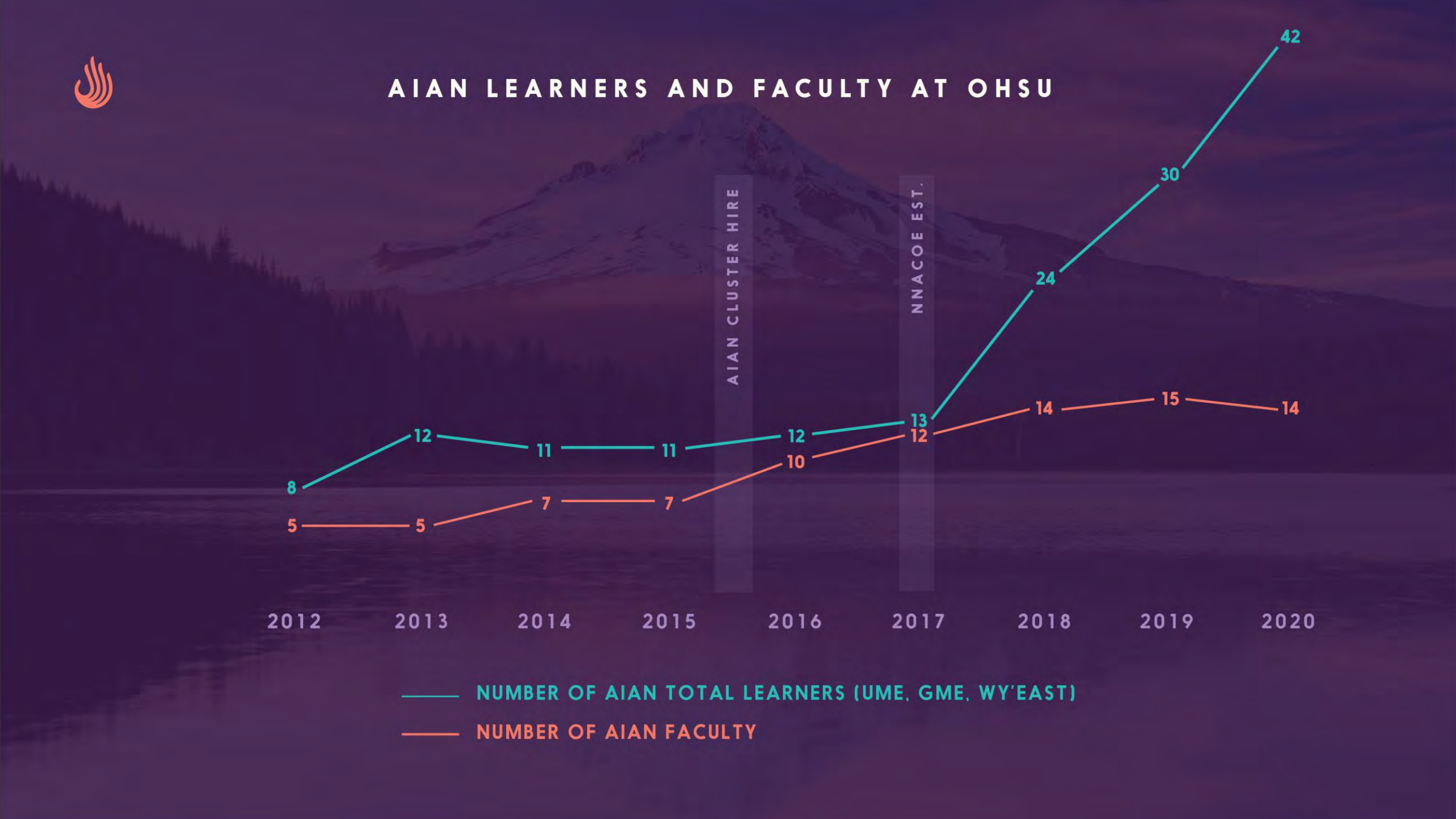
Tribal Health Workforce Survey:

NNACoE + NPAIHB joint effort to identify health workforce needs

NPAIHB QBM: OCTOBER, 2020
PRESENTED BY: Drs. Erik R. Brodt – Brodt@ohsu.edu


NATIVE HEALTH
PROFESSIONAL STUDENT
NATIVE AMERICAN MEDICAL COURSEWORK
FACULTY MENTORSHIP
APPLICATION
WY'EAST POST BACCALAUREATE PATHWAY
APPLICANT WORKSHOP
NNACoE
COMMUNITY
PRE-COLLEGE
TRIBAL HEALTH SCHOLARS PROGRAM
HEALTH PATHWAY COACHING
COLLEGE
LATE
EARLY
MENTORSHIP AND ACADEMIC ENRICHMENT

AIAN LEARNERS AND FACULTY AT OHSU



GOALS: Tribal Health Workforce Survey

1. Accurate picture of Tribal Health Workforce data & needs in the PNW
2. Inform health professional education programs and schools across the region
3. Illuminate the economic impact of Tribal health workforce

OHSU

Tribal Health Workforce Survey

- Pilot in 2019 designed with Tribes in Oregon
- 78% Response Rate – (7 of 9 Tribes in OR)
- More comprehensive picture of health workforce needs compared to existing data
- *Already* driving educational & policy change

OHSU

DETAILS: Tribal Health Workforce Survey

- Survey arrive from NPAIHB EXEC-Director Platero
- Honorarium to person who completes survey ($125)
- Goal completion by end of November
- Analysis & Economic Impact Modeling
- Develop & Share polished report with Tribes

OHSU

United States Senate
WASHINGTON, DC 20510

August 5, 2020

The Honorable Mitch McConnell
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
Washington, D.C. 20510

Dear Majority Leader McConnell and Minority Leader Schumer,

Thank you for your bipartisan efforts to respond to tl
by COVID-19. In order to support Native American,
health care education, we respectfully request $6.28
COVID-19 relief bill for the Centers of Excellence p
Resources and Services Administration (HRSA) of t
Services.

United States Senate
WASHINGTON, DC 20510

funding to HRSA's Centers of Excellence would provide necessary resources for more Native and Hispanic representation in the health care community.

As we continue to see the devastating impact of COVID-19 on diverse communities, our health care workforce must be equipped to provide accessible and informed care to all Americans. We urge you to include $6.289 million in supplemental funding for the Centers of Excellence to support Native American and Hispanic medical education, and to continue to improve and diversify the United States health care workforce to match the needs of all Americans.

Sincerely,

Jeffrey A. Merkley
United States Senator

Dianne Feinstein
United States Senator

Mazie K. Hirono
United States Senator

Ron Wyden
United States Senator

Kamala D. Harris
United States Senator

Cory A. Booker
United States Senator

Robert Menendez
United States Senator

OHSU

NPAIHB QBM
PACCB

Christina Peters, TCHPP Director
Sue Steward, CHAP Project Director
October 20, 2020

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

IHS Circular 20-06

Conditions to be met before the policy becomes permanent in the Indian Health Manual.

1) Position Descriptions
2) Funding

CHAP Nationalization Policy IHS Circular Summary

Tribes and Tribal Organizations outside of Alaska may carry out a CHAP, including those that include dental health aide therapists (DHAT), by amending their ISDEAA agreements.

Excludes Urban Indian Organizations.

Creates a National Certification Board (NCB) – the function of the NCB is to outline the minimum program standards for all CHAP provider types operating outside of Alaska, is chaired by the IHS CMO, and is made up of representatives of the ACBs.

Creates Area Certification Boards (ACB) - Their membership must include at least one federal representative appointed by the respective IHS Area Director. The ACB establishes board composition in its standards and procedures to certify individuals as their respective provider types.

IHS Areas may enter into a relationship with another IHS Area that has an ACB or with the Alaska CHAPCB for the purposes of certifying its CHAP providers.

NCB determines baseline requirements and scope of practice for ALL CHAP provider types.

Existing CHAP providers can submit their out of Area certification to the new ACB for consideration and approval in order to provide services in that new Area.

DHATs must meet the federal training requirements for certification. However, DHATs may only practice as part of a CHAP program in states that authorize the use of mid-level dental providers. This requirement only applies to Tribes and Tribal Organizations seeking to include a CHAP as a PSFA in an ISDEAA contract or compact.

Standing up the PACCB

Portland Area CHAP Certification Board (PACCB) – To stand up the PACCB the following is needed:
1)To pass a resolution of the NPAIHB - completed at the July QBM
2)Recruit and educate potential nominees to the board;
3) NPAIHB E.D. formal request to IHS Area Director Seyler to consider nominees;
4) Affirmation of 11-member board (13-member when CHA/Ps are added) by Director Seyler;
4) Schedule the first PACCB meeting for December 2020.

The PACCB shall:
1) Develop and affirm PACCB bylaws;
2) Review and accept the Portland Area CHAP Standards and Procedures;
3) Approve applications and recommend CHAPs for certification to the Area Director;
4) Approve applications and recommend CHAP education programs for certification to the Area Director;
4) Approve applications and affirm units of CHAP continuing education.

Timeline

PACCB Implementation

PACCB

Membership –October/November 2020
Approve Bylaws – December 2020
Approve PACCB Standards and Procedures – December 2020
First PACCB approval of applications –February/March 2021

IHS

Consultation with tribes on the $5M – July to October 2020
Appoint PACCB members – November 2020

BHARC, CHARC, DHARC

Membership –December 2020
Create & Approve Bylaws – February 2021

PACCB Member Seating Chart

PACCB Member Seating Chart		
Position	Nominating Tribal Organization or Partner	Role on the PACCB
1 - PAIHS Director	IHS Area Director	This member is appointed by the Portland Area IHS Director as required by IHS Circular No. 20-06. This delegate serves as a liaison between PAIHS and PACCB.
2- NPAIHB Delegate	NPAIHB Delegates	This member is nominated by the NPAIHB delegates to also serve as a liaison between the NPAIHB Delegates and the PACCB.
3 - NPAIHB E.D.	NPAIHB Executive Director	This member is nominated by the NPAIHB Executive Director and serves as a liaison between NPAIHB and the PACCB.
4 - BHA/P Association	BHA/P Association	This member is nominated by the BHA/P Association of BHA/Ps working within a TCHP program for the Portland Area Tribes. This position serves as a liaison between the BHA/P Association and the PACCB.
5 - CHA/P Association	CHA/P Association	This member is nominated by the CHA/P Association of CHA/Ps working within a TCHP program for the Portland Area Tribes. This position serves as a liaison between the CHA/P Association and the PACCB. (This nomination is delayed until the CHA/P Association is operational).
6 - DHA/T Association	DHA/T Association	This member is nominated by the DHA/T Association of DHA/Ts working within a TCHP program for the Portland Area Tribes. This position serves as a liaison between the DHA/T Association and the PACCB.
7 - BHARC	BHARC Association	This member is nominated by the BHARC who is a LCSW or Licensed MSW working within CHAP for the Portland Area Tribes or IHS.
8 - CHARC	CHARC Association	This member is nominated by the CHARC who is a Licensed Physician (preferred) or could be a licensed Nurse Practitioner or Physician Assistant working within CHAP for the Portland Area Tribes or IHS. (nomination delayed until CHARC is operational).
9 - DHARC	DHARC Association	This member is nominated by the DHARC who is a DMD or DDS working within CHAP for the Portland Area Tribes or IHS.
10 - ID DOH	Idaho Department of Health and Welfare, Division of Medicaid	This member nominated by Idaho Department of Health and Welfare, Division of Medicaid (DOH) and serves as a liaison between the DOH and PACCB.
11 - OR OHA	Oregon Health Authority	This member is nominated by the Oregon Health Authority (OHA) and serves as a liaison between the OHA and PACCB.
12 - WA HCA	Washington Healthcare Authority	This member is nominated by the Washington State Healthcare Authority (HCA) and serves as a liaison between the HCA and PACCB.
13 - CHAP Education Program	PA CHAP Education Programs	This member is nominated by the Portland Area CHAP education programs.

PACCB Member Duties

- **This 13 member board will:**
  - Review and recommend CHAP provider applications for certification to the I.H.S. Area Director. The CHAP provider application is considered approved and the individual certified when the A.D. has signed the individuals letter and certificate of certification.
    - Applications from all disciplines of CHAP including CHA/P, DHA/T, and BHA/P will be reviewed by this Board.
  - Review and recommend CHAP applications for certification of education programs to the I.H.S. Area Director. The CHAP Education Program is considered approved and the individual certified when the A.D. has signed the CHAP Education Program letter and certificate of certification.
  - Review and update continuing education requirements for all disciplines of CHAP.
  - Work closely with IHS, State agency, Academic Review Committees, and the NPAIHB CHAP CB Work Group to support the Portland Area CHAP program and Portland Area Tribes utilizing CHAP providers
  - Meet in-person at a pre-determined location 3 or 4 times per year for 1-2 days per meeting.
    - Covid-19 travel restrictions will be adhered to
  - Determine by-laws for the operation and procedures of the board at the first meeting
  - Review and approve the CHAP Standards and Procedures for the Portland Area at the first meeting

PACCB Good to Know

- **Conditions of membership:**
- Appointments are open ended with no terms or term limits, if new appointments are necessary, there is a process to appoint new board members if existing board members can no longer serve on the board
- The PACCB pays for travel, per diem and lodging only. There is no board stipend.
- There is no alternate, so interested individuals must discuss with their employer the time commitment and member wages during the PACCB meetings. All meetings are in person and required.
- Interested parties will need to submit a CV or Resume and letter from their employer that approves the time away from the individual's normal duties.

- **The PACCB is important for our tribes and is one way that AI/AN people can retain:**
- how our midlevel tribal community health providers are educated;
- how they meet our priority health care needs in our communities;
- how our tribal cultural traditions are retained within our healthcare model; and
- how our homegrown providers are treated within our communities and by others'.

- We are asking partner organizations to send their member CV and letter by October 26, 2020
- Thank you so much for your continued support of the CHAP implementation in the Portland Area. Please contact Sue Steward, ssteward@npaihb.org, Christina Peters, cpeters@npaihb.org, or Tanya Firemoon, tfiremoon@npaihb.org if you have any questions.

NORTHWEST TRIBAL EPIDEMIOLOGY CENTER UPDATE FALL 2020

Victoria Warren-Mears,
vwarrenmears@npaihb.org

OVERVIEW

- Environmental Public Health Update
- Food Security and Sovereignty During COVID-19 Update
  - Food Sovereignty Coalition Update
- Immunization update
- General state of the NWTEC
  - COVID-19 Epi Curves
- Questions and Feedback

ENVIRONMENTAL PUBLIC HEALTH

Fulfilling Strategic Initiative Request to assume selected services from PAO-IHS

Strategic Goal #3; objective E

ENVIRONMENTAL PUBLIC HEALTH PROGRAM UPDATE

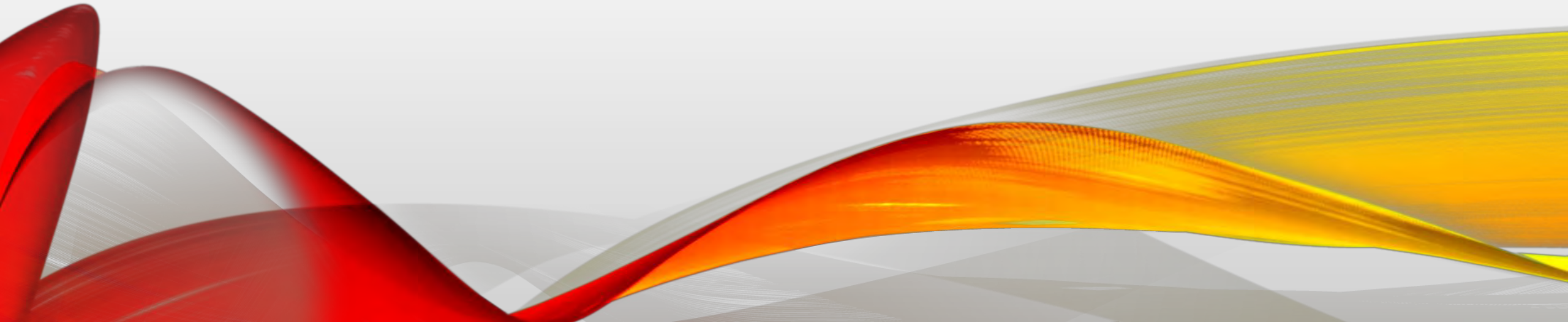
- Created and established at the NPAIHB-NWTEC in October 2019 via P.L. 93-638, Title I Contract with the Portland Area IHS
- Direct environmental public health services for Tribes, except
  - Yakama, Stillaguamish, Shoshone-Bannock, Klamath, and Kalispel who remain under IHS
- Staff Hired to Date:
  - Director, Celeste Davis – Chickasaw (hired 2/24/20)
  - Sr. Environmental Health Specialist, Shawn Blackshear (hired 10/1/20)
  - Environmental Health Specialist, Antoinette Aguirre – Navajo (hired 2/24/20)
  - Environmental Health Scientist, Ryan Sealy – Chickasaw (hired 2/24/20)
  - Contractor – EH Consultant, Holly Thompson Duffy

ENVIRONMENTAL PUBLIC HEALTH PROGRAM UPDATE

- Pandemic required remote TA and virtual inspections until August
  - EPH skill-set includes communicable disease control, so shifted efforts to assist and train Tribes in Case Investigation and Contact Tracing
- Activities, August to Present
  - Site visits to provide TA and conduct environmental health and safety assessments, inspections, and reviews in Siletz, Coquille, Nez Perce, NWWIHB-Lummi, Lower Elwha, and Suquamish
  - Received cooperative agreements as follows:
    - CDC Tribal – EH Data Tracking and EH Hazards and Disasters
    - CDC Regular – EH Data Tracking and EH Hazards in Drinking Water Wells
    - EPA Tribal – Preventing Lead Exposure from Drinking Water in Schools/Child Care Centers

NORTHWEST TRIBAL FOOD SOVEREIGNTY COALITION AND WORK

Supporting Strategic Plan – Supporting Health Promotion and Disease Prevention with Policy and Systems implications



NW TRIBAL FOOD SOVEREIGNTY COALITION

- **COVID-19 Food Sovereignty Implementation Funds**
  - $45,000 in total given to tribes and tribal organizations to support food sovereignty initiatives, distribution, and access. Currently no additional funds available.
- **COVID-19 Response Funds from NAAF**
  - Funding to conduct resource identification of food distribution channels in the NW and a feasibility assessment of a potential business model for a consortium of NW tribes to purchase a local farm in Washington state.
  - Initiative to increase access of healthy food to tribal communities throughout the region through a Community Supported Agriculture (CSA) model.
  - Assessment of the interest/need of a Community Supported Fisheries (CSF) box is also being done

NW TRIBAL FOOD SOVEREIGNTY COALITION, CONT.

- **NTFSC Strategic Planning Series**
  - Completed 4 virtual strategic planning sessions throughout August and September
  - Priorities were set for the next two years and five workgroups created
  - 1) Revitalizing Intertribal Food Systems, 2) Revitalizing and Protecting Traditional Food Knowledge, 3) Internal and External Partnerships, 4) Tech Support and Media 5) Leadership team (existing)
  - Workgroups will convene over the next 1-2 years to work on the priorities set for each group

NW TRIBAL FOOD SOVEREIGNTY COALITION, CONT.

- **Regional Food Sovereignty Assessment**
  - Will assess the needs of tribal communities and food sovereignty programs in the NW
  - Will highlight the potential economic development aspects of these programs
- **Food Security during COVID-19 Survey**
  - Partnership with UW, WSU, TCC and NWTEC to develop unique culturally and regionally relevant survey to define and measure constructs of food security that are of importance to the AI/AN population, including alternative food systems such as hunting, gathering, and fishing.
  - The project will address the needs of groups/households affiliated with the 29 federally recognized tribes in WA State.

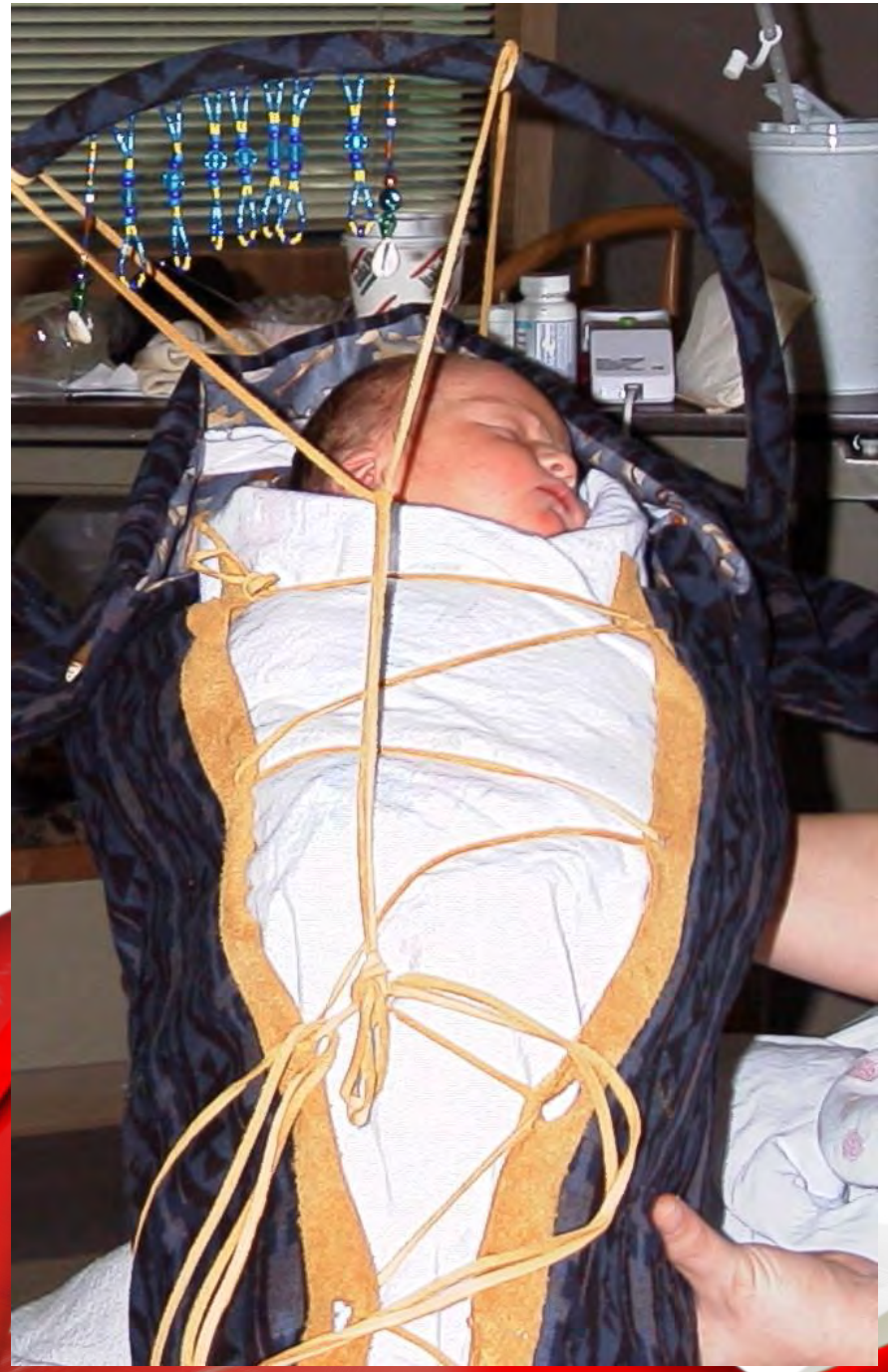
NW TRIBAL FOOD SOVEREIGNTY COALITION, CONT.

- **Food Security during COVID-19 Survey, cont.**
  - Qualitative interviews to inform construct/adapt a household-level survey to assess:
    - Changes in food access pathways (supermarkets, food assistance, food banks, mobile deliveries)
    - Types of foods acquired and
    - Economic well-being
  - The data will provide insights to Washington State tribes, tribal organizations, and state food agencies trying to respond to rapid alterations in food supply and demand from tribes during the pandemic

Questions about NW Tribal Food Sovereignty Coalition, contact:

Nora Frank-Buckner, Food Sovereignty Initiatives Director

nfrank@npaihb.org



NATIVE BOOST

Supporting Goal #4 of the strategic plan: Support health promotion and disease prevention activities occurring among the Northwest Tribes.

NATIVE BOOST WORKING WITH STAKEHOLDERS

- Native Boost aims to work with parents, community members, healthcare providers and Boost Oregon to develop materials and approaches that will improve:
  - Providers' confidence and ability to address patient/parent concerns about vaccines
  - Parents' understanding of the benefits and potential risks of vaccines
  - Parents' recognition of the importance of recommended vaccination schedules

NATIVE BOOST ACTIVITIES

- Trainings on communicating with vaccine hesitant parents
  - Immunization Coordinators
  - Clinical Directors
  - Maternal Child Health ECHO
  - Tribe Site Training
- Media
  - Social Media
  - Provider Training Books
- Representation in state, regional national meetings, board
- PA Immunization Prevention Coordinators
  - AIHC Vaccine Preparedness Planning
  - CDC Vaccine with Confidence
  - WA DOH Vaccine Advisory Committee
  - OR Vaccine Planning Tribal Consultation
  - Region 10 Oregon Adult Immunization Stakeholder Meeting planning committee
  - Region 10 region Adult Immunization Stakeholders Annual Meeting
  - CDC and IHS Vaccine Preparedness Planning meetings

FY 2021 PLANS

- Create and maintain a Tribal Advisory Committee for Native Boost
- Obtain commitment for participation from 4-6 Tribal or urban (I/T/U) AI/AN clinics
- Continue a partnership with Boost Oregon, a Portland-based community-led organization to provide provider trainings and community workshops to address parental concerns about vaccine safety
- Utilize Native multi-media to experts to develop and deliver monthly vaccine safety message and build trust in I/T/U immunization programs
- Utilize NWTEC biostatistics expertise to build accessible and trusted online immunization data visualizations on an immunization dashboard

REPORTING TO THE DELEGATION

Supporting Strategic Goal #1; objective C: NPAIHB will maintain effective communication channels to inform the NW Tribes about emerging public health topics and strategies to improve healthcare delivery in tribal setting

ELECTRONIC MONTHLY ACTIVITY REPORTING (EMAR)

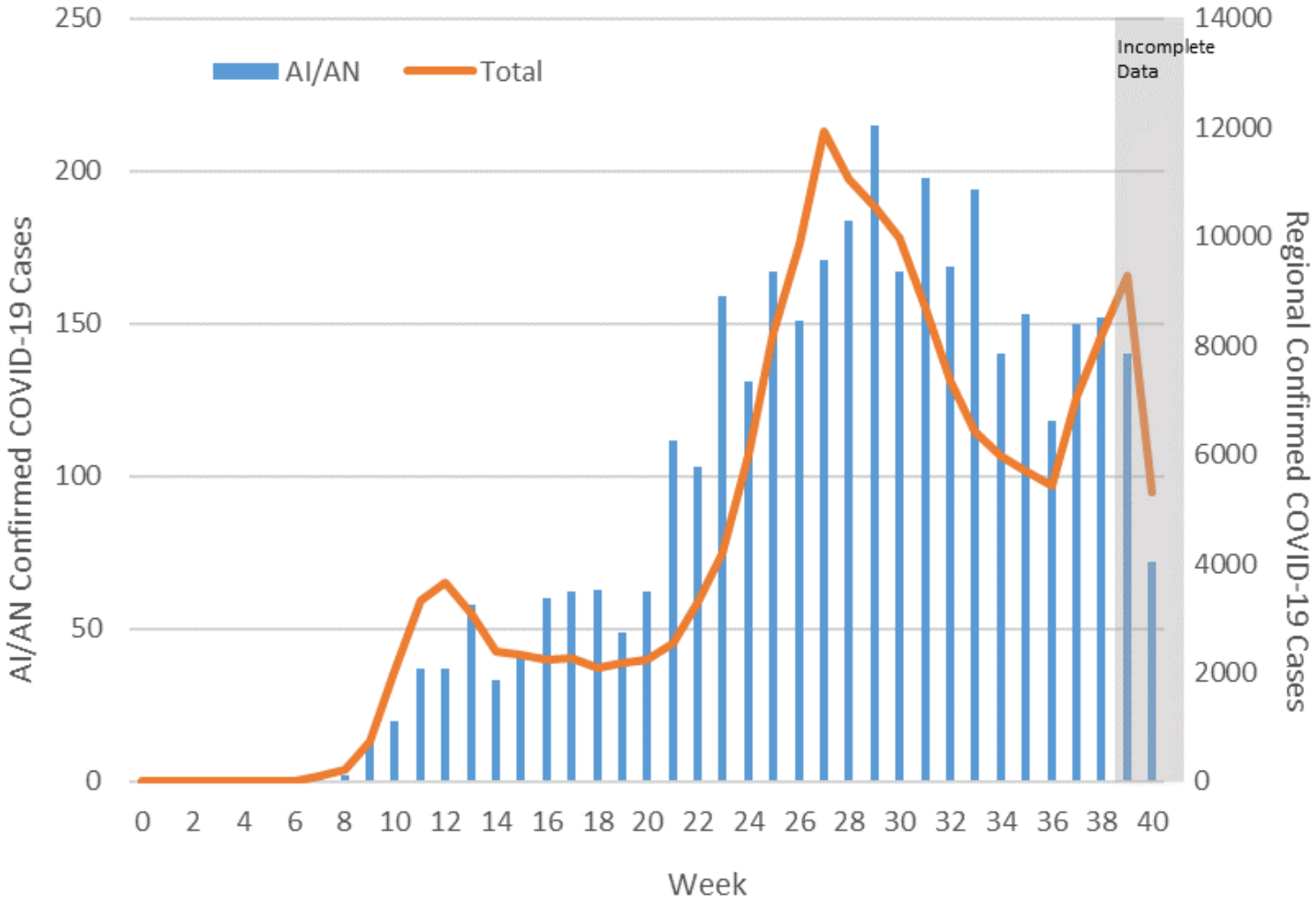
- We are moving to an electronic activity reporting system
- This program automates our reports to you.
  - We will be able to provide quarterly reports and annual reports
  - We will be able to provide tribal specific reports so you know what programs have interfaced with your tribe.

GENERAL STATE OF THE TEC

- Support and conduct culturally-appropriate health research and surveillance among the Northwest Tribes
  - Growth of TEC Staff (53 total staff)
  - Partnership with the CDC Foundation to increase staff serving tribes
- Advocate for increase data access and improved ways to deliver data to tribes.
- Working with national organizations to enhance the way data is shared.

Regional COVID-19 Data

EpiCurve of COVID-19 Cases by Week



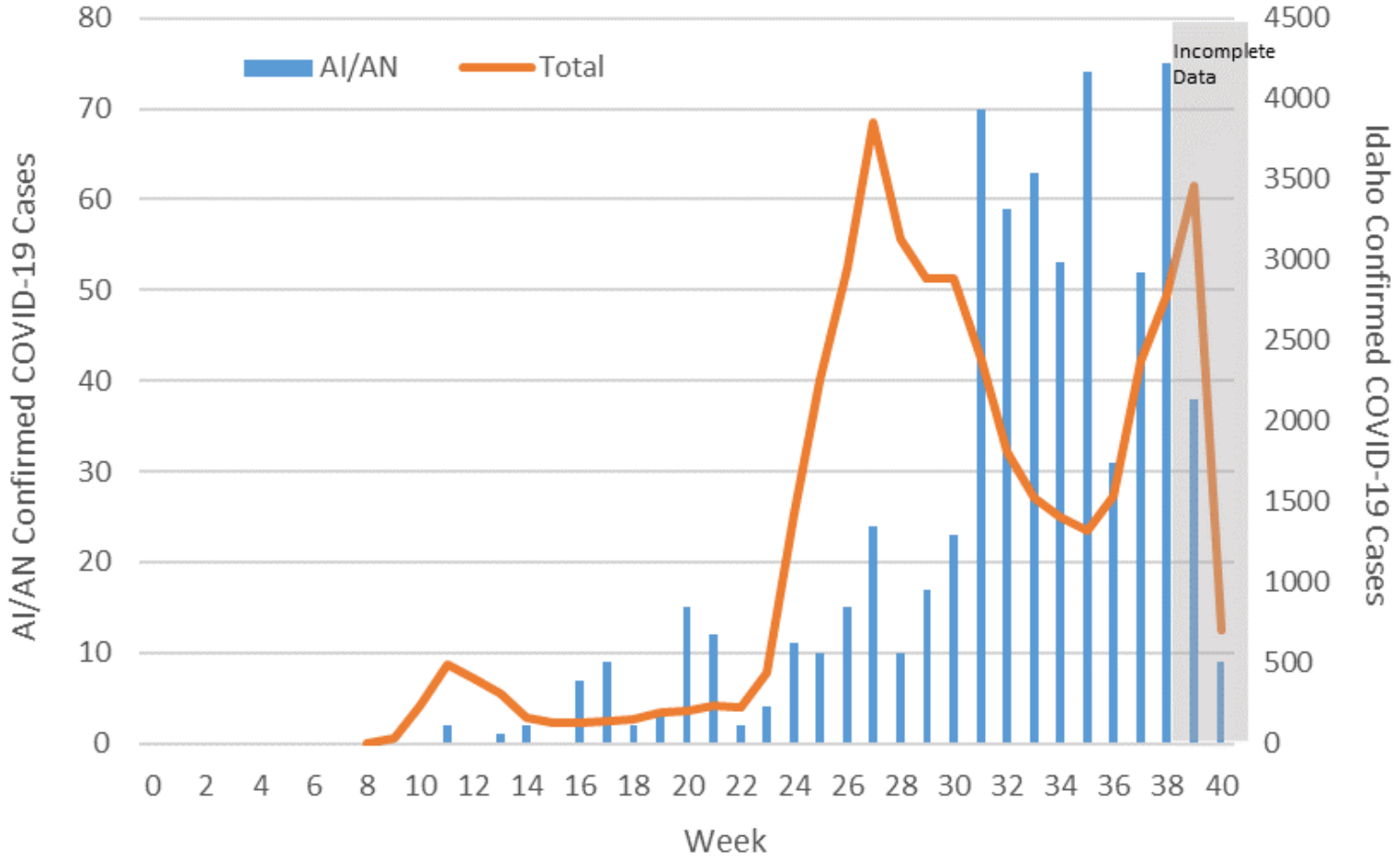
Data Source: CDC COVID-19 Case Surveillance Data, accessed through the DCIPHER system.

Characteristics of COVID-19 Cases through 10/14

Three-State Region			
Race		N	%
	AI/AN	3,586	2.0%
	Non-AI/AN	113,371	64.4%
	Unknown	59,011	33.5%
	Total	175,968	100.0%
Sex		AI/AN	State Total
	Male	42.6%	47.3%
	Female	54.7%	50.1%
	Other	0.0%	0.0%
	Missing/Unknown	2.7%	2.6%
Age Group		AI/AN	State Total
	0-9	6.7%	3.9%
	10-19	12.7%	10.7%
	20-29	22.1%	22.6%
	30-39	18.7%	17.5%
	40-49	13.9%	15.2%
	50-59	11.6%	13.0%
	60-69	8.4%	8.5%
	70-79	4.0%	4.8%
	80+	1.8%	3.9%
	Missing	0.0%	0.0%
Hospitalization Status		AI/AN	State Total
	Hospitalized	8.5%	7.0%
	Not Hospitalized	82.4%	83.2%
	Unknown	9.1%	9.8%

Idaho COVID-19 Data

EpiCurve of COVID-19 Cases by Week



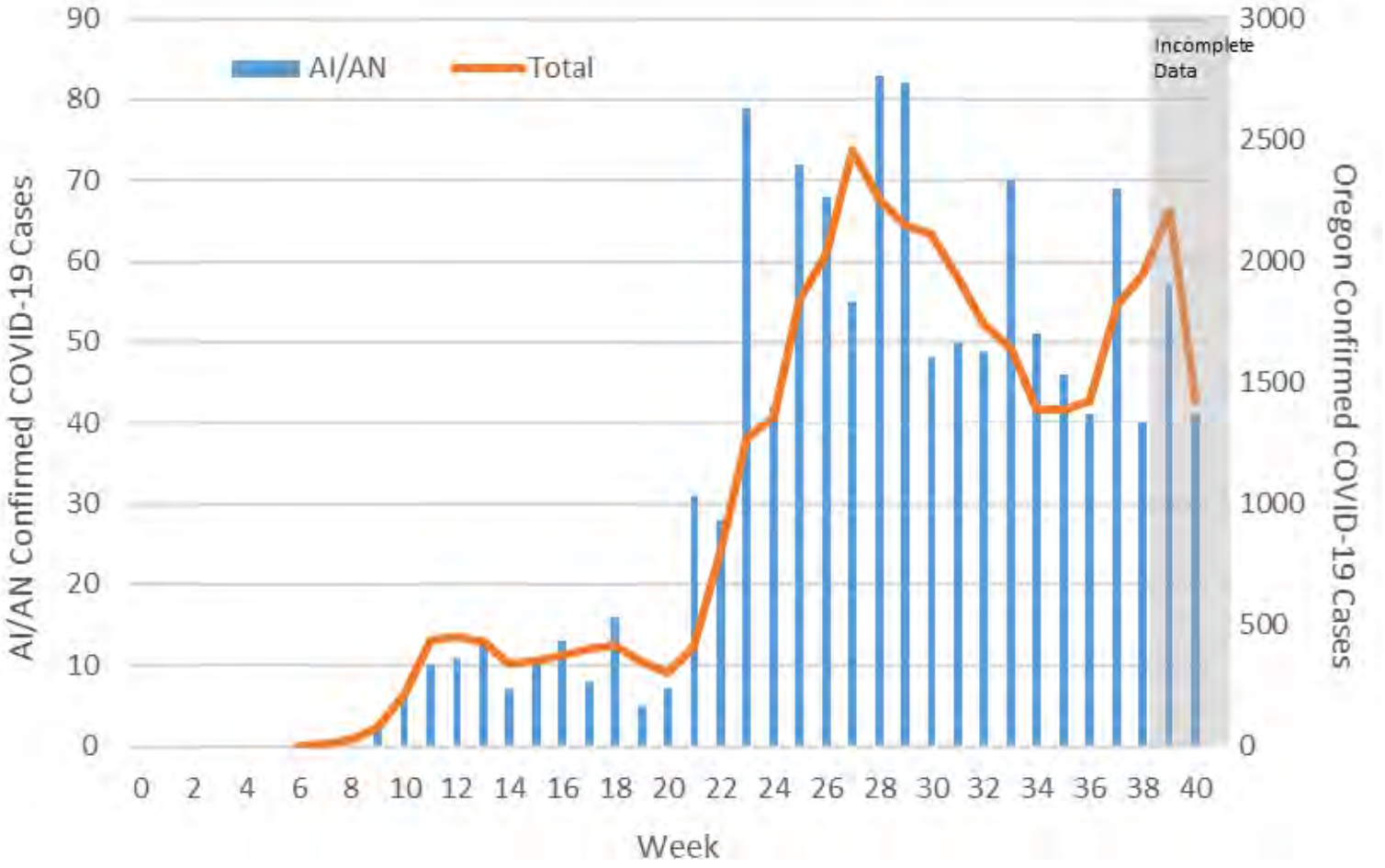
Data Source: CDC COVID-19 Case Surveillance Data, accessed through the DCIPHER system.

Characteristics of COVID-19 Cases through 10/14

Race		N	%
	AI/AN	693	1.6%
	Non-AI/AN	26,625	63.1%
	Unknown	14,855	35.2%
	Total	42,173	100.0%
Sex		AI/AN	State Total
	Male	36.9%	48.7%
	Female	58.3%	50.7%
	Other	0.0%	0.0%
	Missing/Unknown	4.8%	0.6%
Age Group		AI/AN	State Total
	0-9	7.2%	2.3%
	10-19	14.6%	11.7%
	20-29	18.5%	23.8%
	30-39	21.8%	17.0%
	40-49	12.3%	15.3%
	50-59	10.0%	12.7%
	60-69	8.7%	8.5%
	70-79	4.3%	4.9%
	80+	2.7%	3.5%
	Missing	0.0%	0.0%
Hospitalization Status		AI/AN	State Total
	Hospitalized	6.5%	4.1%
	Not Hospitalized	61.0%	67.8%
	Unknown	32.5%	28.1%

Oregon COVID-19 Data

EpiCurve of COVID-19 Cases by Week

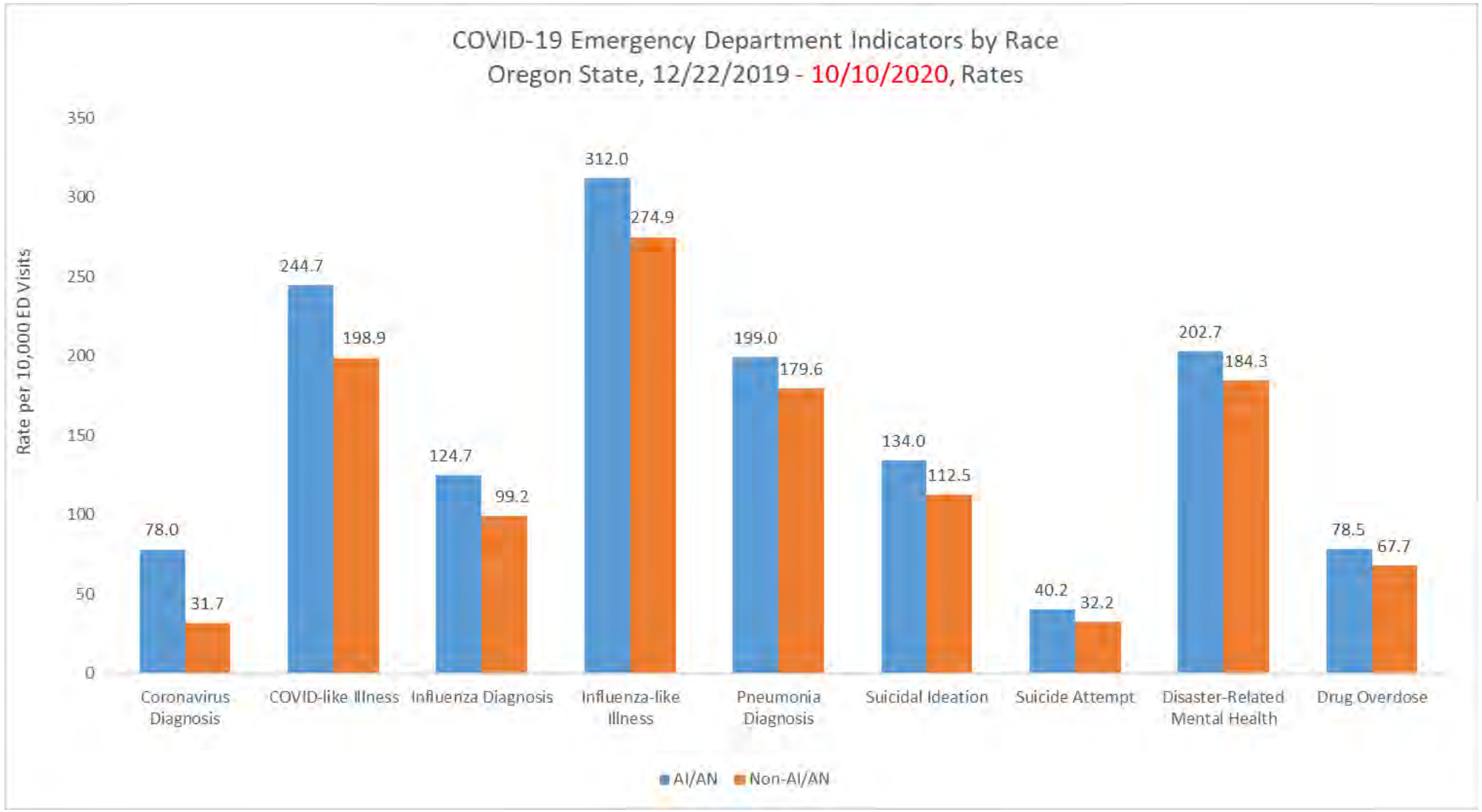


Data Source: CDC COVID-19 Case Surveillance Data, accessed through the DCIPHER system.

Characteristics of COVID-19 Cases through 10/14

Race		N	%
	AI/AN	1,211	3.2%
	Non-AI/AN	31,968	84.6%
	Unknown	4,602	12.2%
	Total	37,781	100.0%
Sex		AI/AN	State Total
	Male	44.4%	48.0%
	Female	55.2%	51.6%
	Other	0.0%	0.0%
	Missing/Unknown	0.3%	0.4%
Age Group		AI/AN	State Total
	0-9	8.2%	4.8%
	10-19	13.3%	10.7%
	20-29	22.3%	21.8%
	30-39	18.3%	17.8%
	40-49	15.1%	16.0%
	50-59	10.9%	12.7%
	60-69	7.1%	7.9%
	70-79	3.2%	4.8%
	80+	1.6%	3.6%
	Missing	0.0%	0.0%
Hospitalization Status		AI/AN	State Total
	Hospitalized	8.2%	7.2%
	Not Hospitalized	85.2%	82.0%
	Unknown	6.6%	10.9%

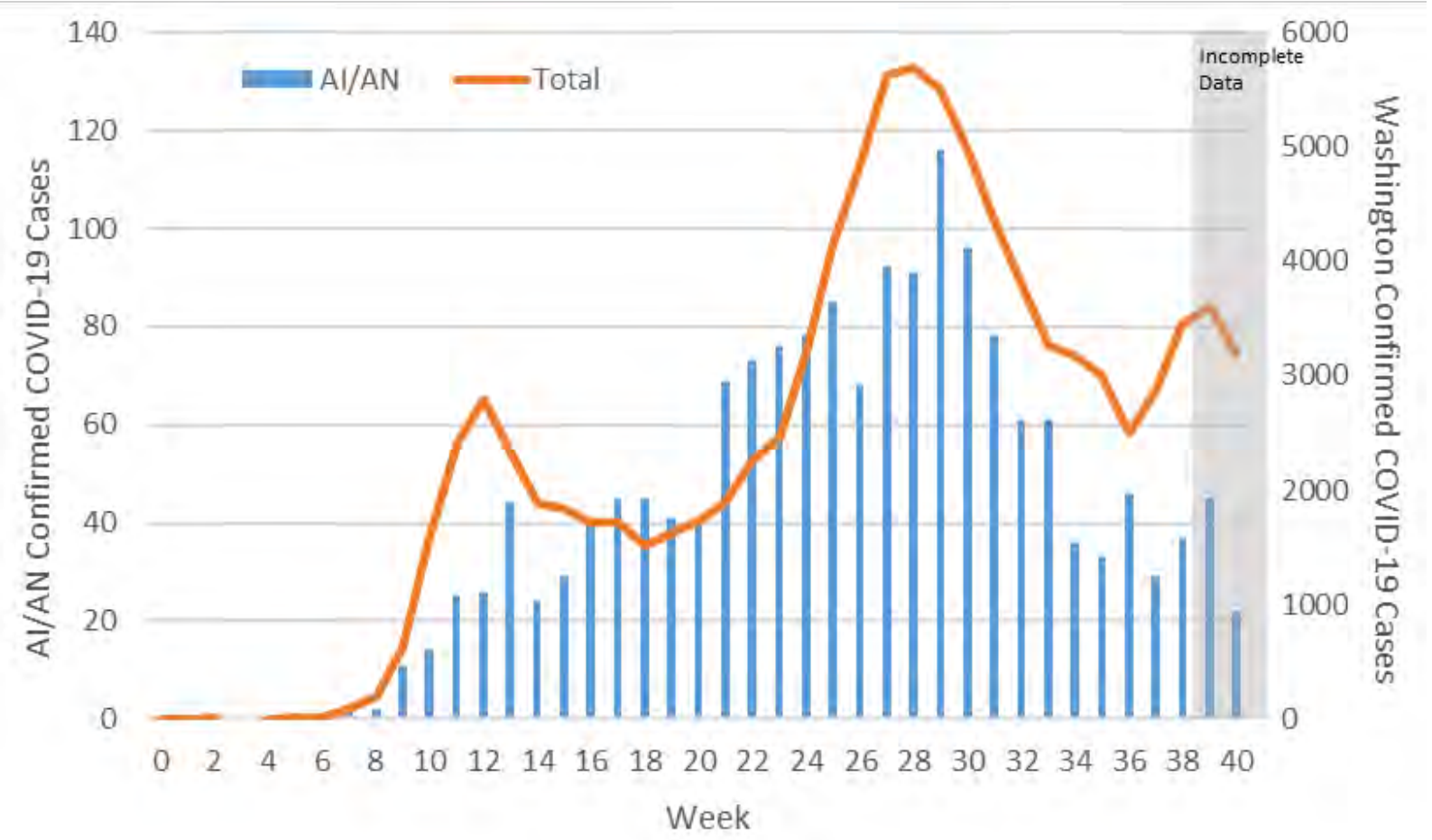
Oregon COVID-19 Data



Data Source: Emergency department data from the Oregon ESSENCE system, data pulled 10/12/20.

Washington COVID-19 Data

EpiCurve of COVID-19 Cases by Week

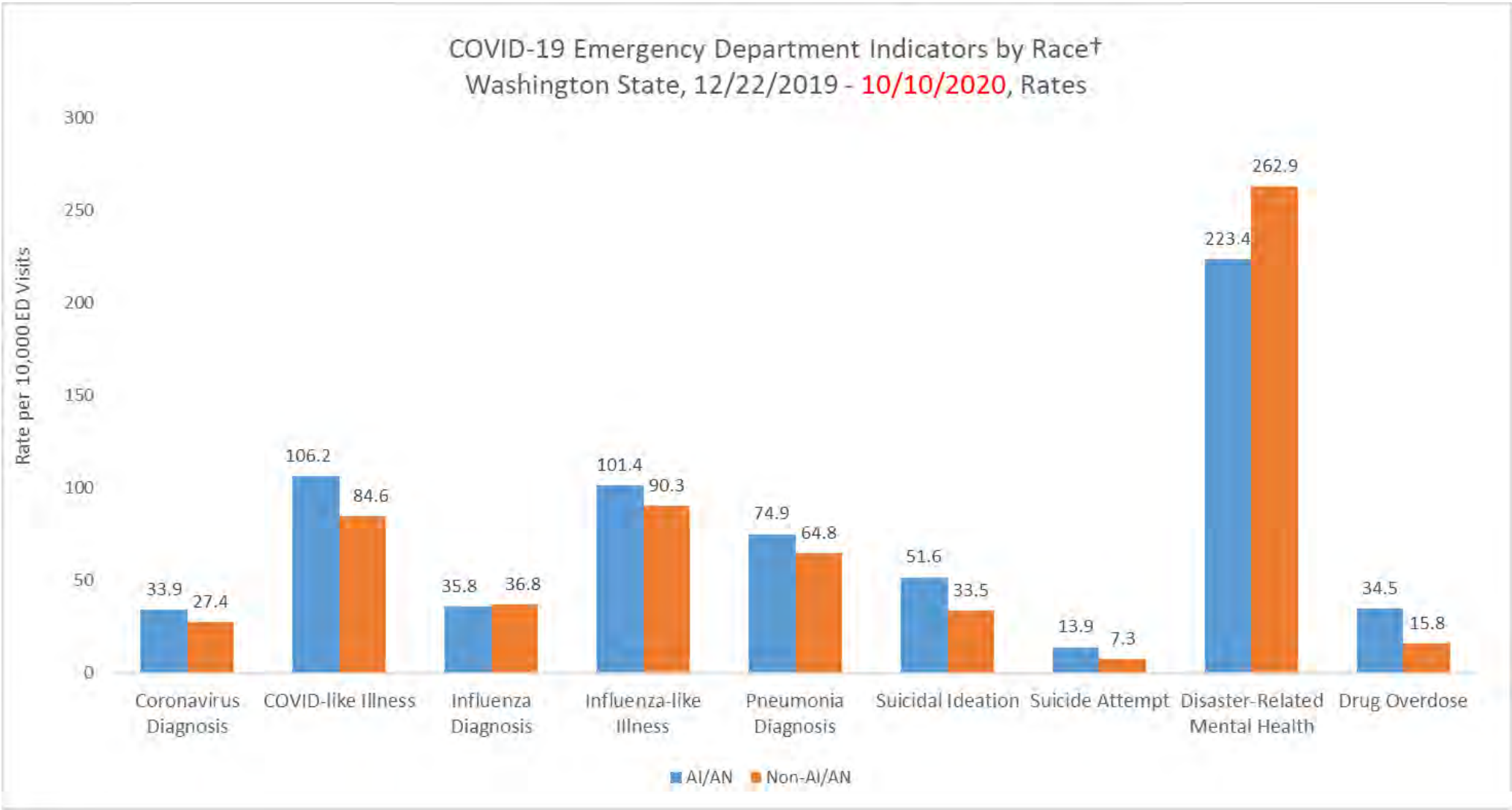


Data Source: CDC COVID-19 Case Surveillance Data, accessed through the DCIPHER system.

Characteristics of COVID-19 Cases through 10/14

Race		N	%
	AI/AN	1,682	1.8%
	Non-AI/AN	54,778	57.1%
	Unknown	39,554	41.2%
	Total	96,014	100.0%
Sex		AI/AN	State Total
	Male	43.5%	46.5%
	Female	52.9%	49.3%
	Other	0.0%	0.0%
	Missing/Unknown	3.6%	4.3%
Age Group		AI/AN	State Total
	0-9	5.5%	0.0%
	10-19	11.5%	4.4%
	20-29	23.5%	10.7%
	30-39	17.7%	23.3%
	40-49	13.6%	18.3%
	50-59	12.8%	15.5%
	60-69	9.3%	13.8%
	70-79	4.5%	9.1%
	80+	1.5%	4.9%
	Missing	0.0%	0.0%
Hospitalization Status		AI/AN	State Total
	Hospitalized	9.5%	8.2%
	Not Hospitalized	89.1%	90.5%
	Unknown	1.4%	1.3%

Washington COVID-19 Data



Data Source: Emergency department data from the Washington RHINO system, data pulled 10/10/20.

QUESTIONS AND SUGGESTIONS

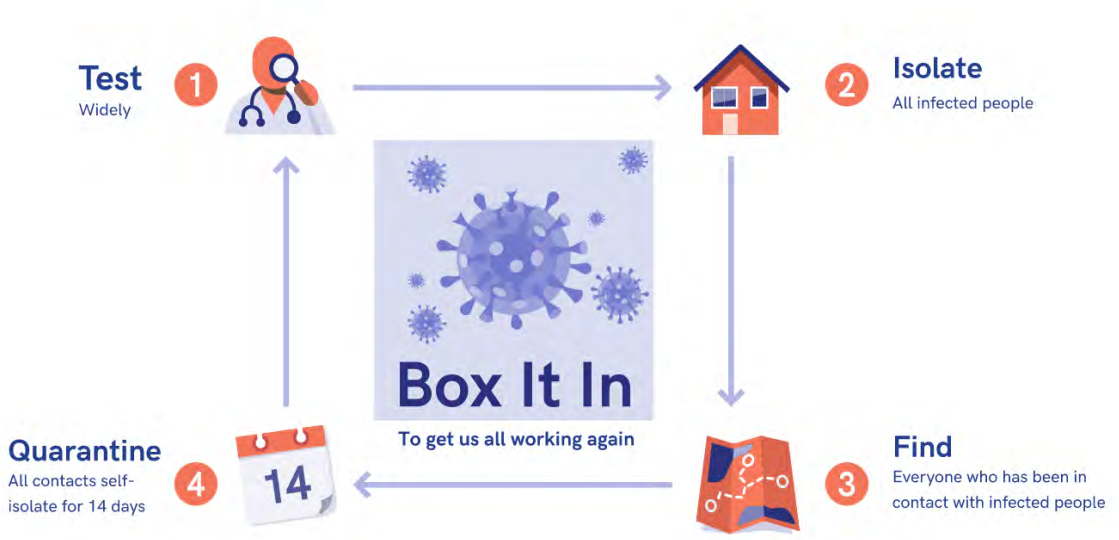
COVID-19 Response Update

Celeste L. Davis, REHS, MPH

Incident Commander

Response Challenges

- Novel infectious disease with no specific therapeutics or vaccine
- AI/AN people and Tribes start with disparities and inequities
- Lack of coordinated federal response, limited resource mixed messages and changing recommendations
- Non-Therapeutic interventions
  - Stay-at-home orders
  - Closure of schools and non-essential services
- Requires intense clinical and community health efforts focusing on testing, tracing, and isolating to mitigate tl the patient impacts and contain outbreaks
- Impacts on Tribal Health System
  - Loss of Revenue
  - Expansion of Telemedicine/Telehealth
  - Provider Burn-out



COVID -19 Public Health Emergency Orders

- Continue operating under State of Emergency orders…
  - Federal: Stafford Act ongoing, Public Health Emergency through January 20, 2021
  - Oregon through November 3, 2020
  - Washington ongoing
  - Idaho through November 4, 2020
  - Tribes - ?

- NPAIHB Response to Date
  - Resolution Declaring a Public Health Emergency, March 20, 2020
  - Response assistance and support through shutdown and reopening
  - Expanded into ICS in August 2020 and response efforts are ongoing

Public Health and Clinical Support

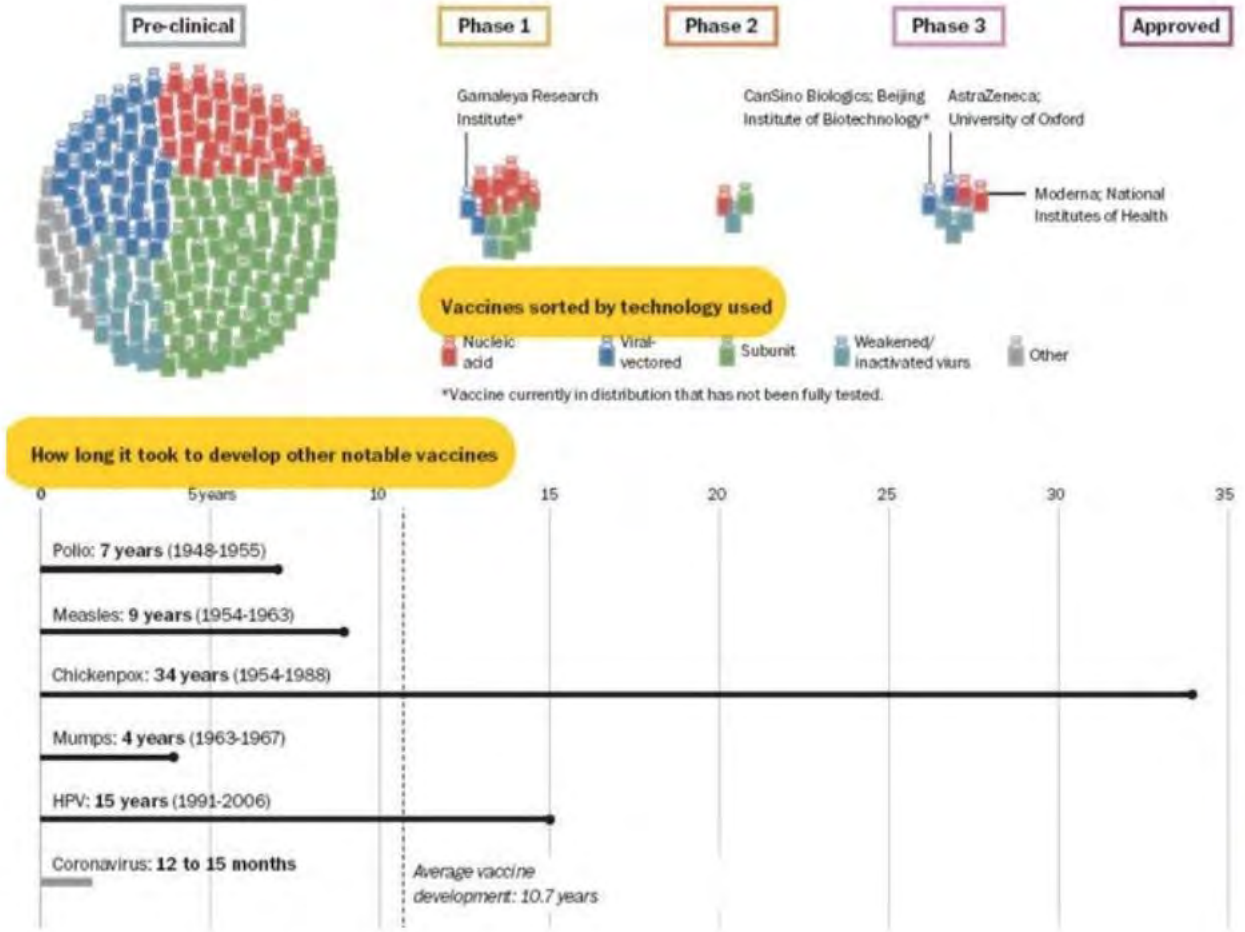
- Clinical Education/Support: COVID-19 ECHO Sessions
  - 50 sessions, nearly 7000 providers
- Communicable Disease Control: Case Investigation & Contact Tracing
  - Two Case and Contact Tracing training sessions, over 100 trained
  - Deployments to Yakama, two separate teams for two weeks each
  - Remote CT assistance for Shoshone-Bannock
  - Developed Tribal Resource Guide
- Environmental Public Health/Occupational Health and Safety
  - 50+ public health activities in response to request for technical assistance
  - Several guidance documents related to infection prevention and reopening
- Communications
  - Health promotion messages: posts to Social Media pages over 100,000 engagements, “Safe Sweats” video PSA, Tribal-specific products, Big Foot Mask-Up cutouts

PPE and Supplies, Planning and Information

- Available for research of PPE and medical supplies, and technical assistance in procuring
- Developing Food Security questionnaire for Washington, potential expansion to Oregon and Idaho
- Resource and Surge Staffing
  - Hired 3 Tribal CTs; 1 PHN and CI/CT Lead, 1 CT, 1 PH Workforce Trainer, 1 Communications Specialist at NPAIHB-NWTEC; hiring a CHW to work with CRITFC
  - Additional term hires with supplemental funding
- Epi-Center participation in data analysis for CDC MMWR
  - Poor and incomplete data for AI/AN population
  - Data available: AI/AN at greater risk, 3.5 times higher incidence of infection
- Recent activities and time focused on medical countermeasure (MCM) Planning for the Vaccine

Preparing for a COVID-19 Vaccine

- MCM Planning includes
  - Pre-planning with Tribes to determine Tribal priorities and capabilities
  - Advocating for Tribes to be at the table in decision-making, for equitable allocation of a vaccine when available
  - When available, working with Tribes to plan for distribution and administration, tracking and reporting



To the Future – Integrated Planning

- NPAIHB will continue to operate in a State of Emergency and under the Incident Command System structure to best assist Tribes
- In the coming weeks and months…..
  - Brace the communities and health system for two epidemics colliding
  - Messaging and planning support for getting as healthy as we can be
    - Influenza and all childhood immunizations
    - Expansion of telehealth for acute primary care and mental health visits
    - Preparation for COVID-19 vaccine
  - Collect sample Tribal plans and resources, develop model plans and policies
  - After-action Review/Evaluation of Response
- Integrate COVID-19 into overall Public Health Emergency Plans

NPAIHB Tribal Opioid Response

Two years strong

TOR Evaluation Update

What services have TOR Consortium Tribes implemented with grant funds?

- Service data reflecting period from Oct. 2018 through Mar. 2020
  - TOR1 began in Oct. 2018; TOR2 began in Oct. 2019

Grant Cohort	2018			2019												2020		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TOR1 (22 Tribes)	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
TOR2 (6 Tribes)													√	√	√	√	√	√

- Data collected via **Monthly TOR Activity Reports** which outline the OUD-related services and activities conducted with TOR grant funds
  - **Reports were submitted by all 28 Tribes. 100% response rate! Thank you!**

This report shows the services and activities Tribes have implemented from grant start through March 31, 2020.

*Evaluation slide presentation developed by the NPAIHB TOR local evaluation team at NPC Research.

Staff Support & Workforce Development

Staff Support

- **17 Tribes have hired or supported staff** for opioid response programs
  - **113 staff positions** were funded in whole or in part with TOR funds (permanent and temporary)
    - Service Coordinators, Peer Mentors/Recovery Coaches, Counselors, Program administrators, Clinicians, Administrative Support Staff

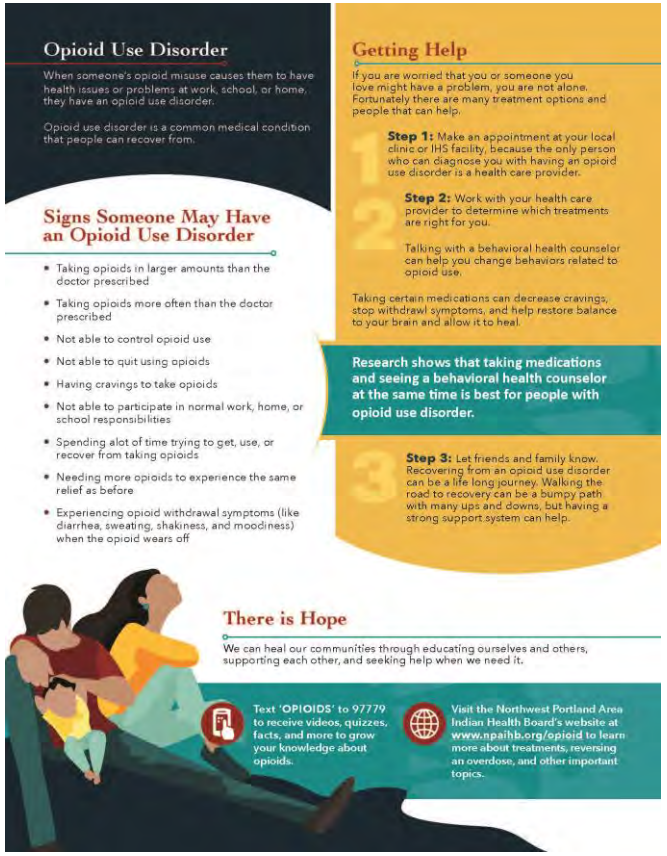
Workforce Development

- **16 Tribes offered workforce development activities** for staff, including attendance at trainings, professional conferences, or regional gatherings.
  - Five Tribes have hosted a professional training!
- Special development regarding MAT capacity:
  - **16 medical professionals from 6 Tribes were trained and became DATA 2000-waivered**

Public Awareness Campaigns

Increase Public Awareness

- **21 Tribes developed public awareness campaigns** related to opioids
  - 15 Tribes had begun to implement their campaigns



Naloxone

- **17 Tribes purchased naloxone kits**
  - About **3,000 naloxone kits** were purchased
- **16 Tribes had distributed** naloxone kits
  - About **1,100 kits** had been distributed.
- 12 Tribes **developed policies** for naloxone use and distribution.

Medication-Assisted Treatment

- 18 Tribes made MAT available to their Tribal members:
  - **7 Tribes incorporated MAT into their tribal clinics**
    - ***35 individuals*** *were initiated on MAT*
  - **5 Tribes linked with an IHS clinic** to refer patients for MAT
    - ***19 individuals*** *were referred*
  - **12 Tribes linked with an external clinic** to refer patients for MAT
    - ***70 individuals*** *were referred*

- 6 Tribes **developed policies** for the implementation of a MAT program in their communities

Prevention Services

- **15 Tribes implemented prevention programs**
  - 8 Tribes implemented **culturally-based** prevention programs
- Prevention programs reached **4,600 people**, including almost **800 youth**

	# of Tribes	# of People Served	# of Youth Served
Implemented any prevention services	15	4,651	774
Implemented culturally based prevention programs	8	3,562	356
Implemented other prevention programs	12	1,089	418

Recovery Services

- **13 Tribes implemented recovery services**
  - 10 Tribes implemented **culturally-based** recovery programs
  - 5 Tribes implemented recovery coaching programs
- Served almost **600 individuals**

	# of Tribes	# of People Served
Implemented <u>any</u> recovery services	12	572
Implemented culturally based recovery programs	10	334
Implemented recovery coaching program	5	55
Implemented housing recovery services	3	47
Implemented other recovery services	9	136

Clinic Enhancements

- **9 Tribes incorporated safer opioid prescribing practices**
  - 6 Tribes developed **culturally appropriate education materials** for clinic use
  - 5 Tribes implemented the CDC's guidelines
  - 4 Tribes used the Prescription Drug Monitoring Program database

- **Several Tribes increased the capacity of their clinics**
  - Including training for medical providers, expansion of decision tools within their EHR systems.

Overview of TOR-funded Activities

Most Tribes used TOR dollars to fund multiple strategies.

- TOR1 Tribes implemented an average of 7 activities since Oct 2018.
- TOR2 Tribes implemented an average of 3-4 activities in the first 6 months of the grant.

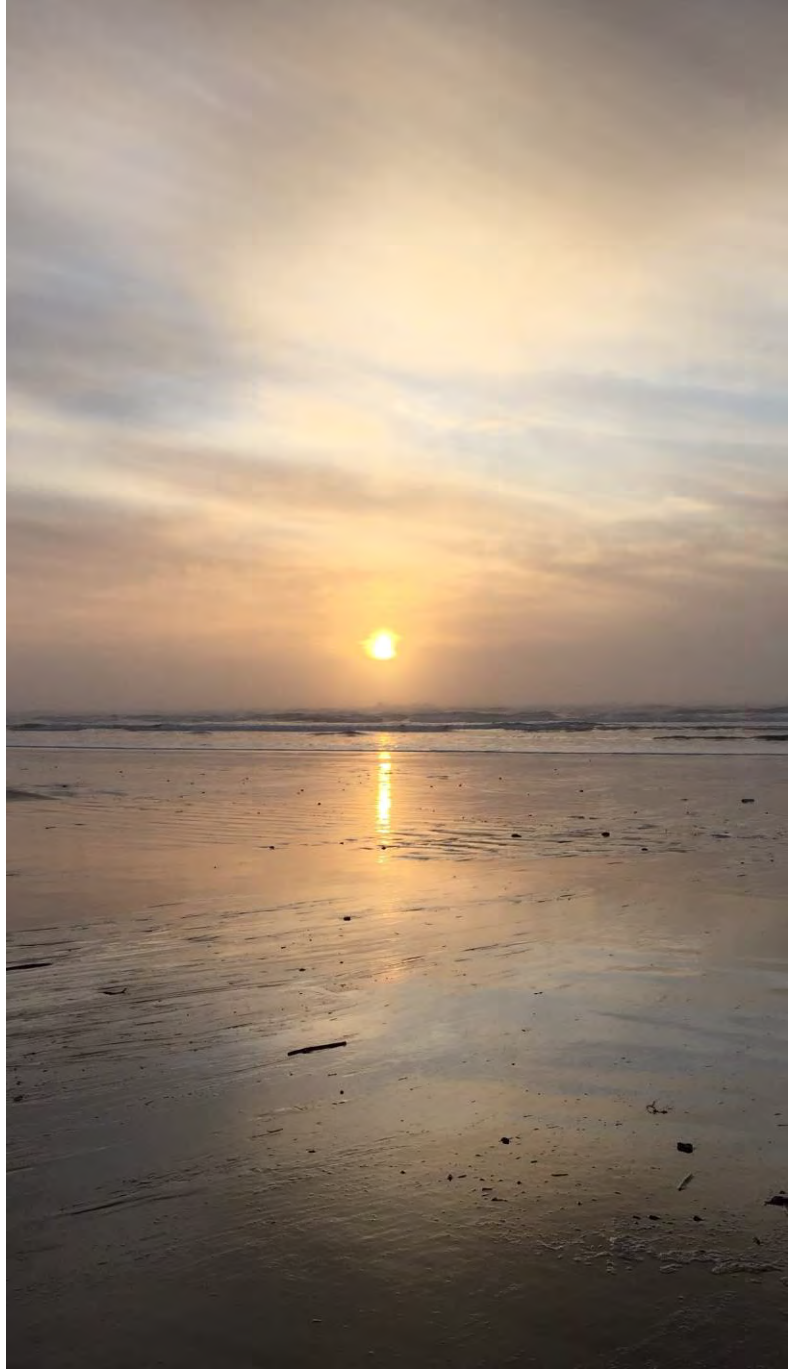
Activity	Tribe																										
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	BB
Public awareness campaign	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√		√	√				√		√	√	√	No activity
Support for staff positions	√	√	√	√	√		√	√	√	√	√			√	√	√	√			√			√		√			
EHR adaptations	√	√	√	√	√	√	√	√	√	√	√		√		√	√	√	√	√	√			√	√	√		√	
Safer prescribing practices	√			√	√		√	√	√				√		√												√	
Naloxone	√	√		√	√	√		√	√	√	√		√	√	√		√	√	√		√		√					
Medication-Assisted Treatment	√	√	√	√			√	√			√		√		√	√	√	√	√	√			√		√	√	√	
Policy development	√			√	√			√	√		√		√	√	√		√		√				√					
Recovery support services	√		√		√		√		√	√			√	√		√		√	√	√						√		
Prevention programs	√		√	√	√			√	√	√	√		√	√	√	√			√	√						√		
Wraparound services	√	√	√	√	√		√	√	√	√	√		√	√	√	√	√	√	√							√		
Workforce development	√	√	√	√	√		√	√	√	√	√		√		√				√	√				√			√	
Behavioral Health Aid Manual						√															√	√						

Summary

- Tribes used their TOR funds to implement a range of services, highlighting their commitment to providing a comprehensive response to opioids in their communities.
- Tribes understood that there is not one singular approach to opioid response and that a varied, cross-sector strategy would more effectively reach and support the people in their communities who would benefit from services.
- Given the current funding context related to OUD, Tribes conscientiously braided together funding sources to ensure that their opioid response was comprehensive, timely, and grounded in cultural strengths.

A Note about COVID-19

- Restrictions and shutdowns related to the COVID-19 pandemic began in mid-March 2020 and, therefore, are not reflected in this service data period.
- Tribes have been actively adapting to this new context, finding creative ways to provide services to and maintain contact with clients, while adhering to social distancing and other public health guidelines.
- The impact of the virus and related restrictions will likely be evident in future reports that use data collected after March 2020.



EVALUATION ACTIVITIES

- Monthly TOR Activity Report
  - Continue throughout grant period
  - Thank you for 100% completion!

- GPRA Client-Level Interviews
  - GPRA intakes will continue throughout the grant period
  - GPRA follow-up interviews will begin in July and continue throughout the grant period
  - Please stay in touch with NPC about your progress with GPRA interviews
  - Please make sure to submit interviews to NPC within 4 days of completing them

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

text

OPIOID

to

97779

Notice of Funding Opportunity Community Opioid Intervention Pilot Project (COIPP)

IHS' Office of Clinical and Preventive Services/Division of Behavioral Health

- Due Date to Apply: December 15, 2020
- 33 awards will be issued for a 3-year project period, with awards of up to $500,000
- 2 grants per IHS Area (24 awards total)
- 6 set-aside grants for urban Indian organizations
- 3 set-aside grants with Maternal & Child Health as the population of focus. One grant will be funded in each of the three highest priority IHS Areas (Alaska, Bemidji, and Billings)

The intent is to increase knowledge and use of culturally appropriate interventions and to encourage an increased use of medication-assisted treatment (MAT). This program will support Tribal and urban Indian communities in their effort to provide prevention, treatment, and recovery services to address the impact of the opioid crisis within their communities. Each application for the COIPP will be required to address the following objectives:

- Increase public awareness and education about culturally-appropriate and family-centered opioid prevention, treatment, and recovery practices and programs in AI/AN communities.
- Create comprehensive support teams to strengthen and empower AI/AN families in addressing the opioid crisis in Tribal or urban Indian communities.
- Reduce unmet treatment needs and opioid overdose related deaths through the use of MAT.

Contact Information:

JB Kinlacheeny at JB.Kinlacheeny@ihs.gov

COIPP website for links to the full funding announcement documents www.ihs.gov/asap/coipp

Tribal Opioid Response projects

TOR1: FY 2018-2020, extended to 2021

TOR2: FY 2019 -2021

FOR3: FY 2020-2022

Project Contacts:

Colbie Caughlan, ccaughlan@npaihb.org

Eric Vinson, evinson@npaihb.org

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

NPAIHB Tribal Opioid Response

Two years strong

TOR Evaluation Update

What services have TOR Consortium Tribes implemented with grant funds?

- Service data reflecting period from Oct. 2018 through Mar. 2020
  - TOR1 began in Oct. 2018; TOR2 began in Oct. 2019

Grant Cohort	2018			2019												2020		
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
TOR1 (22 Tribes)	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
TOR2 (6 Tribes)													√	√	√	√	√	√

- Data collected via **Monthly TOR Activity Reports** which outline the OUD-related services and activities conducted with TOR grant funds
  - **Reports were submitted by all 28 Tribes. 100% response rate! Thank you!**

This report shows the services and activities Tribes have implemented from grant start through March 31, 2020.

*Evaluation slide presentation developed by the NPAIHB TOR local evaluation team at NPC Research.

Staff Support & Workforce Development

Staff Support

- **17 Tribes have hired or supported staff** for opioid response programs
  - **113 staff positions** were funded in whole or in part with TOR funds (permanent and temporary)
    - Service Coordinators, Peer Mentors/Recovery Coaches, Counselors, Program administrators, Clinicians, Administrative Support Staff

Workforce Development

- **16 Tribes offered workforce development activities** for staff, including attendance at trainings, professional conferences, or regional gatherings.
  - Five Tribes have hosted a professional training!
- Special development regarding MAT capacity:
  - **16 medical professionals from 6 Tribes were trained and became DATA 2000-waivered**

Public Awareness Campaigns

Increase Public Awareness

- **21 Tribes developed public awareness campaigns** related to opioids
  - 15 Tribes had begun to implement their campaigns

Naloxone

- **17 Tribes purchased naloxone kits**
  - About **3,000 naloxone kits** were purchased
- **16 Tribes had distributed** naloxone kits
  - About **1,100 kits** had been distributed.
- 12 Tribes **developed policies** for naloxone use and distribution.

Medication-Assisted Treatment

- 18 Tribes made MAT available to their Tribal members:
  - **7 Tribes incorporated MAT into their tribal clinics**
    - ***35 individuals*** *were initiated on MAT*
  - **5 Tribes linked with an IHS clinic** to refer patients for MAT
    - ***19 individuals*** *were referred*
  - **12 Tribes linked with an external clinic** to refer patients for MAT
    - ***70 individuals*** *were referred*

- 6 Tribes **developed policies** for the implementation of a MAT program in their communities

Prevention Services

- **15 Tribes implemented prevention programs**
  - 8 Tribes implemented **culturally-based** prevention programs
- Prevention programs reached **4,600 people**, including almost **800 youth**

	# of Tribes	# of People Served	# of Youth Served
Implemented any prevention services	15	4,651	774
Implemented culturally based prevention programs	8	3,562	356
Implemented other prevention programs	12	1,089	418

Recovery Services

- **13 Tribes implemented recovery services**
  - 10 Tribes implemented **culturally-based** recovery programs
  - 5 Tribes implemented recovery coaching programs
- Served almost **600 individuals**

	# of Tribes	# of People Served
Implemented <u>any</u> recovery services	12	572
Implemented culturally based recovery programs	10	334
Implemented recovery coaching program	5	55
Implemented housing recovery services	3	47
Implemented other recovery services	9	136

Clinic Enhancements

- **9 Tribes incorporated safer opioid prescribing practices**
  - 6 Tribes developed **culturally appropriate education materials** for clinic use
  - 5 Tribes implemented the CDC's guidelines
  - 4 Tribes used the Prescription Drug Monitoring Program database

- **Several Tribes increased the capacity of their clinics**
  - Including training for medical providers, expansion of decision tools within their EHR systems.

Overview of TOR-funded Activities

Most Tribes used TOR dollars to fund multiple strategies.

- TOR1 Tribes implemented an average of 7 activities since Oct 2018.
- TOR2 Tribes implemented an average of 3-4 activities in the first 6 months of the grant.

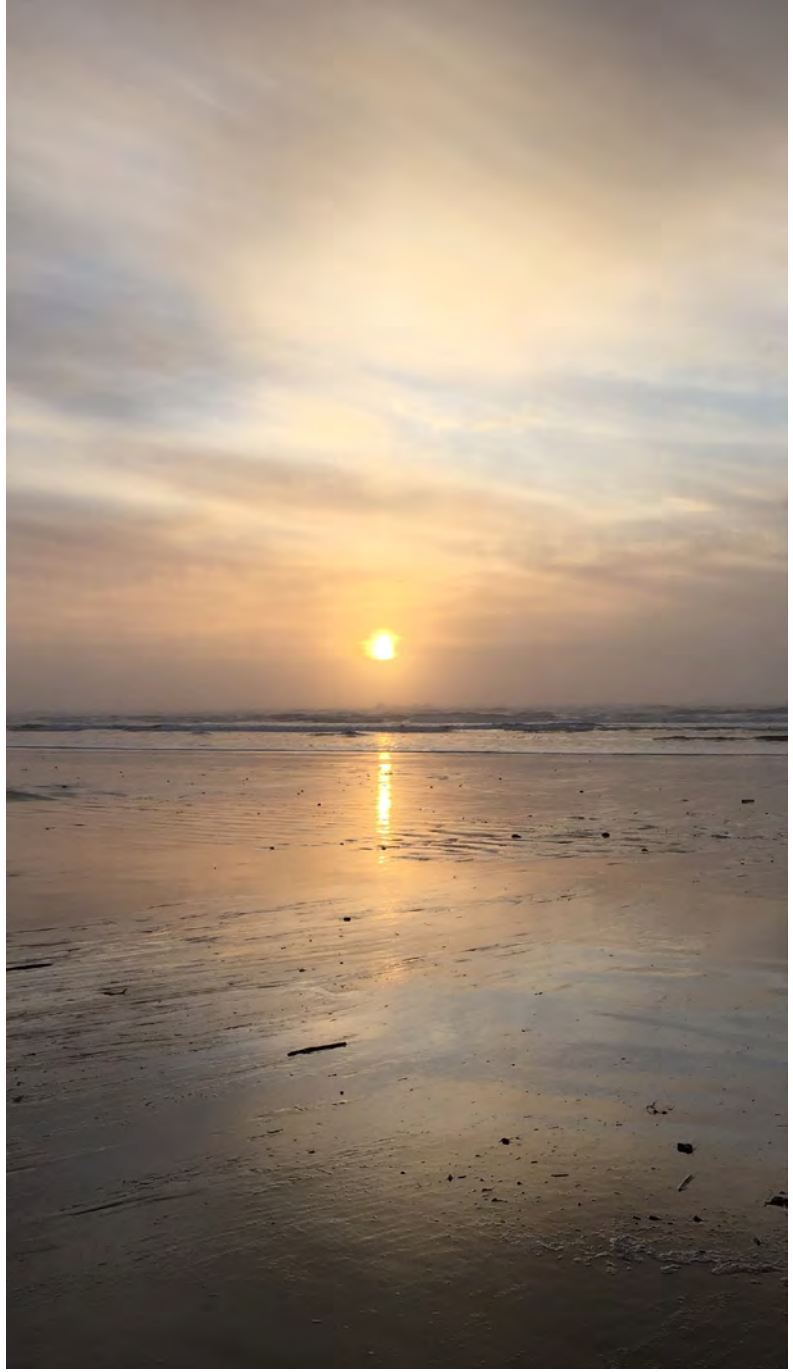
Activity	Tribe																										
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	BB
Public awareness campaign	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√		√	√				√		√	√	√	No activity
Support for staff positions	√	√	√	√	√		√	√	√	√	√			√	√	√	√			√			√		√			
EHR adaptations	√	√	√	√	√	√	√	√	√	√	√		√		√	√	√	√	√	√			√	√	√		√	
Safer prescribing practices	√			√	√		√	√	√				√		√												√	
Naloxone	√	√		√	√	√		√	√	√	√		√	√	√		√	√	√		√		√					
Medication-Assisted Treatment	√	√	√	√			√	√			√		√		√	√	√	√	√	√			√		√	√	√	
Policy development	√			√	√			√	√		√		√	√	√		√		√				√					
Recovery support services	√		√		√		√		√	√			√	√		√		√	√	√						√		
Prevention programs	√		√	√	√			√	√	√	√		√	√	√	√			√	√						√		
Wraparound services	√	√	√	√	√		√	√	√	√	√		√	√	√	√	√	√	√							√		
Workforce development	√	√	√	√	√		√	√	√	√	√		√		√				√	√				√			√	
Behavioral Health Aid Manual						√															√	√						

Summary

- Tribes used their TOR funds to implement a range of services, highlighting their commitment to providing a comprehensive response to opioids in their communities.
- Tribes understood that there is not one singular approach to opioid response and that a varied, cross-sector strategy would more effectively reach and support the people in their communities who would benefit from services.
- Given the current funding context related to OUD, Tribes conscientiously braided together funding sources to ensure that their opioid response was comprehensive, timely, and grounded in cultural strengths.

A Note about COVID-19

- Restrictions and shutdowns related to the COVID-19 pandemic began in mid-March 2020 and, therefore, are not reflected in this service data period.
- Tribes have been actively adapting to this new context, finding creative ways to provide services to and maintain contact with clients, while adhering to social distancing and other public health guidelines.
- The impact of the virus and related restrictions will likely be evident in future reports that use data collected after March 2020.



EVALUATION ACTIVITIES

- Monthly TOR Activity Report
  - Continue throughout grant period
  - Thank you for 100% completion!

- GPRA Client-Level Interviews
  - GPRA intakes will continue throughout the grant period
  - GPRA follow-up interviews will begin in July and continue throughout the grant period
  - Please stay in touch with NPC about your progress with GPRA interviews
  - Please make sure to submit interviews to NPC within 4 days of completing them

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

text

OPIOID

to

97779

Notice of Funding Opportunity Community Opioid Intervention Pilot Project (COIPP)

IHS' Office of Clinical and Preventive Services/Division of Behavioral Health

- Due Date to Apply: December 15, 2020
- 33 awards will be issued for a 3-year project period, with awards of up to $500,000
- 2 grants per IHS Area (24 awards total)
- 6 set-aside grants for urban Indian organizations
- 3 set-aside grants with Maternal & Child Health as the population of focus. One grant will be funded in each of the three highest priority IHS Areas (Alaska, Bemidji, and Billings)

The intent is to increase knowledge and use of culturally appropriate interventions and to encourage an increased use of medication-assisted treatment (MAT). This program will support Tribal and urban Indian communities in their effort to provide prevention, treatment, and recovery services to address the impact of the opioid crisis within their communities. Each application for the COIPP will be required to address the following objectives:

- Increase public awareness and education about culturally-appropriate and family-centered opioid prevention, treatment, and recovery practices and programs in AI/AN communities.
- Create comprehensive support teams to strengthen and empower AI/AN families in addressing the opioid crisis in Tribal or urban Indian communities.
- Reduce unmet treatment needs and opioid overdose related deaths through the use of MAT.

Contact Information:

JB Kinlacheeny at JB.Kinlacheeny@ihs.gov

COIPP website for links to the full funding announcement documents www.ihs.gov/asap/coipp

Tribal Opioid Response projects

TOR1: FY 2018-2020, extended to 2021

TOR2: FY 2019 -2021

FOR3: FY 2020-2022

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Eric Vinson, evinson@npaihb.org

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

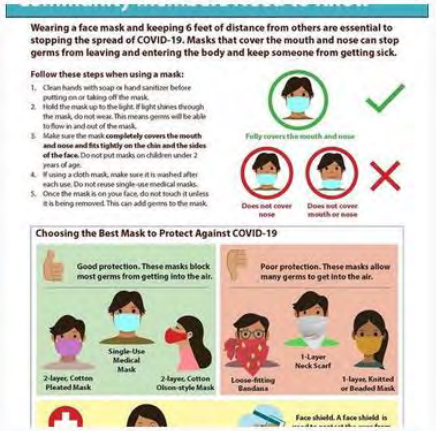
NPAIHB
Indian Leadership for Indian Health

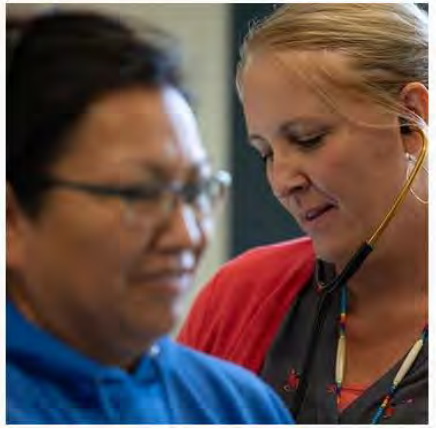
NPAIHB's COVID Messaging Strategies

NPAIHB QBM

October 2020

COVID Messaging Workgroup

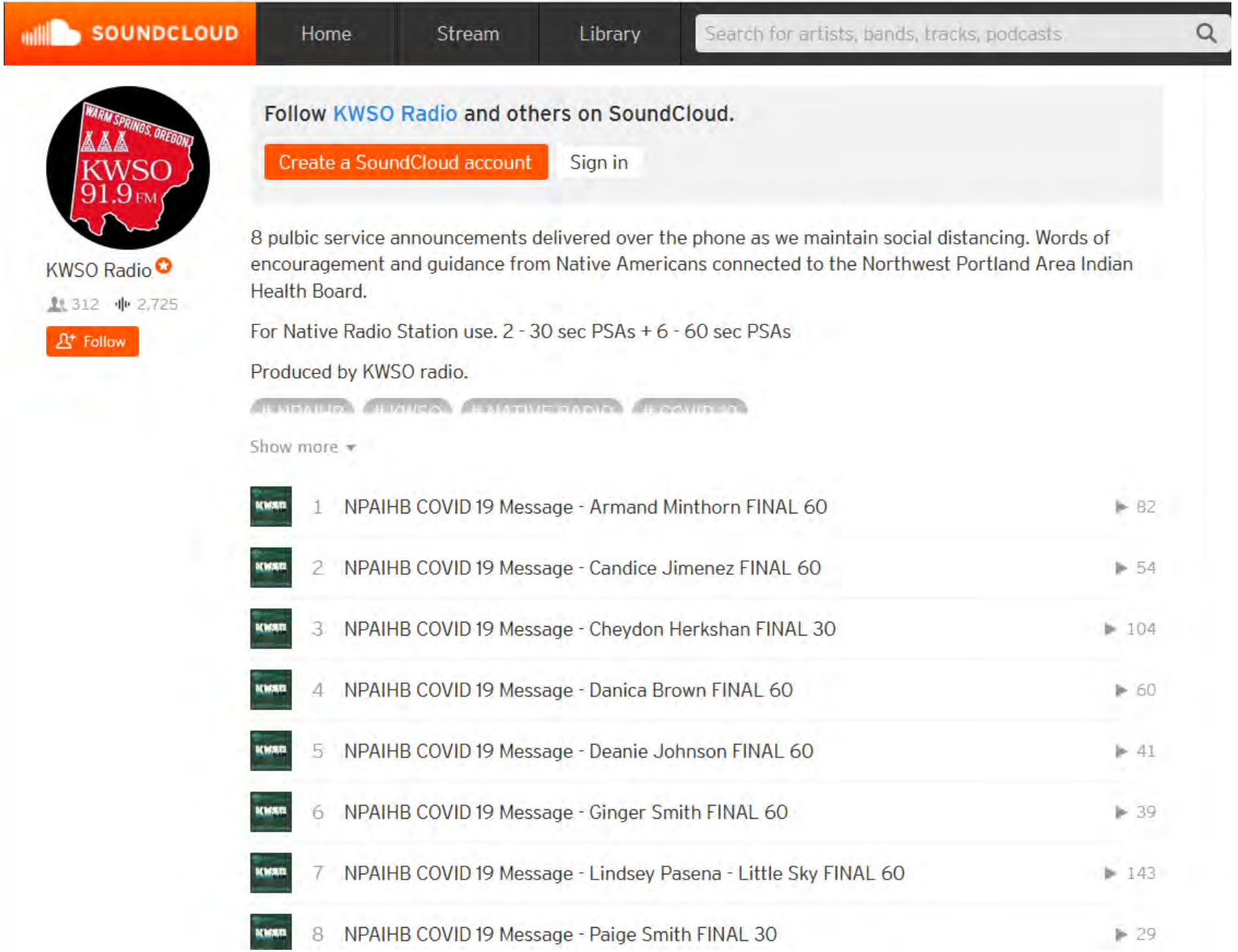




- Weekly meetings
- Assess trending topics
- Follow CDC messaging recommendations
- Set-up weekly messaging calendar
- Monitor NPAIHB Social Media analytics recommendation

Current Messaging Channels

- NPAIHB Website
- NPAIHB Social Media + YouTube
- Radio
- PSAs: Safe Sweats + New storyboards
- Print: Mask-up Bigfoot
- Articles: Tribal Papers



https://soundcloud.com/kwso-radio/sets/npaihb-kwso-covid-19-radio-psas

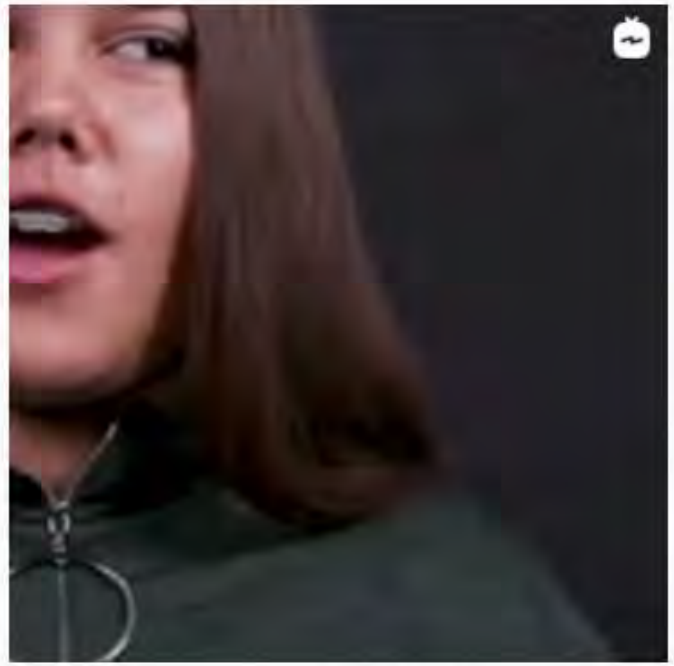
"People can look completely normal and feel healthy, and unknowingly spread the virus to others. We can stop spreading this virus by staying home..."

LINDSEY PASENA-LITTLESKY

STAY HOME
STAY SAFE
SAVE LIVES

Brought to you by KWSO radio and NPAIHB


community
safety
NPAIHB
STAY SAFE
SAVE LIVES




THE CALIFORNIA TRIBAL EPIDEMIOLOGY CENTER
On the Ground Now
Wildfire season is here, and COVID-19 is not going away anytime soon. This is a critical time for those with illnesses and those needing to prepare for fire danger.
If you need to evacuate, you may have to be in a place with others that exposes you to a secondary emergency, disease.
We want to help you stay healthy from COVID-19 during the wildfire season. Check out our tips to keep yourself and your family safe.
Keep Physically Distancing!
Don't evacuate one emergency and go into another unprepared.
Emergency shelters and public places have a high risk of contact with COVID-19.
COVID-19 is still a contagious disease that can be fatal, especially for Native communities. Keep your distance, if possible.
6 feet
Prepare and Be Aware
The best way to prepare for wildfires during the COVID-19 pandemic is to do the following before something happens:
Know the location of local shelters.
Gather important papers by the door.
Sign-up for the County Emergency Text System online.
Use delivery instead of in-person shopping.
Have at least 7 days of all medications.
Take photos of every room in home for insurance.
Prepare at least 2 masks & hand sanitizer for each person.
If you see danger, tell, post, & leave.
Check on family with heart or lung illnesses. Fire smoke and COVID-19 are big threats. They may need to stay in a room with an air filter
For more info:
CUT ALONG DASHED LINE
POST ME @ HOME
IF YOU NEED TO LEAVE, REMEMBER:
People + pets + phones + photos
Identification + phone numbers
Meds + vitamins + eye glasses
Hair/toothbrush
Pillow + blanket
Change of clothes


STAY SAFE
SAVE LIVES


Labor Day Weekend
Continue being a good + safe relative
WEAR A MASK & KEEP A SAFE DISTANCE
STAY SAFE
SAVE LIVES

Northwest Portland Area Indian Health Board

56 subscribers

CUSTOMIZE CHANNEL | YOUTUBE STUDIO

HOME | VIDEOS | PLAYLISTS | CHANNELS | DISCUSSION | ABOUT

Uploads PLAY ALL

SORT BY

Medication-Assisted Treatment Myths

3 views • 2 days ago

Supporting Someone with Opioid Addiction

15 views • 2 days ago

How Long Will COVID-19 Last?

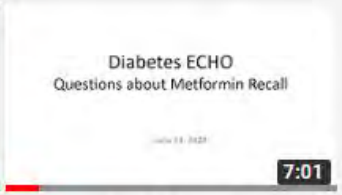
9 views • 5 days ago

Making Masks

5 views • 1 week ago

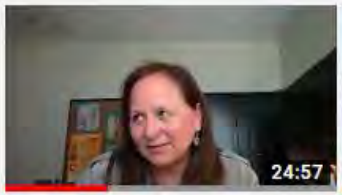
What NW Tribal Clinics are doing to Prepare

3 views • 2 weeks ago



Diabetes ECHO: Questions About Metformin Recall

29 views • 2 weeks ago

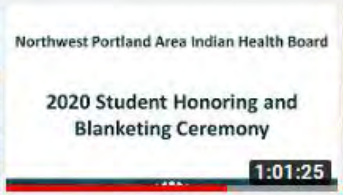


Diabetes ECHO 5 14 2020

9 views • 1 month ago

The Confederated Tribes of Coos, Lower Umpqua &...

31 views • 1 month ago



Northwest Portland Area Indian Health Board 2020...

76 views • 2 months ago

Recovering From Opioid Addiction is Possible

9 views • 2 months ago

What People with Opioid Addiction Want You to Know

13 views • 2 months ago

Tribal Opioid Response – Healing Ourselves and Our...

416 views • 2 months ago

Tribal Opioid Response – Healing Our Patients with...

40 views • 2 months ago

didgʷálič Wellness Center

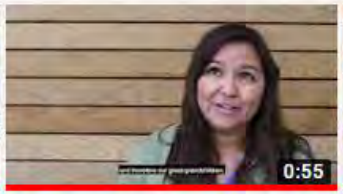
48 views • 2 months ago

NPAIHB COVID-19 Clinical Update 3 18 2020

144 views • 3 months ago

2020 RFA Webinar Playback

42 views • 7 months ago



Valerie Segrest, Muckleshoot - NW Tribal Food Sovereignt...

15 views • 8 months ago

Shannon Wheeler, Nez Perce - NW Tribal Food Sovereignt...

33 views • 8 months ago

Messaging Channels: We R Native

- Website
- Social
- Text NATIVE to 97779
- PSAs

wernative • Following

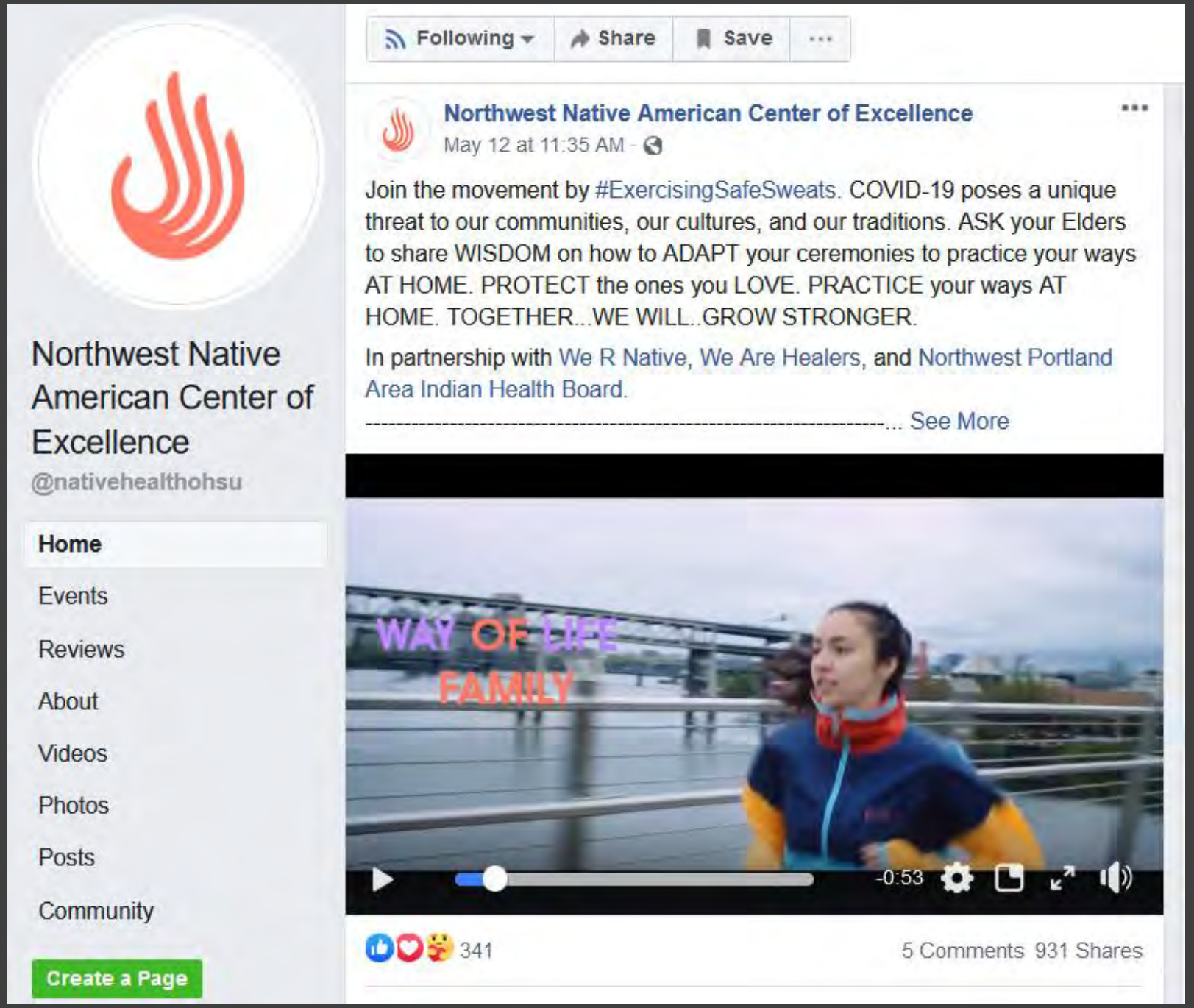
wernative Cleaning..... Ugh, not your favorite activity, BUT it's super important. Disinfecting spaces commonly used (tables, laptop/keyboard, etc.) can help prevent spread. Here's a tip: create a cleaning playlist and just jam while you're cleaning. If dancing starts, just let it happen 😊 **Please follow instructions while using cleaning supplies. Be sure to ventilate the room and circulate air if possible.

10w

Liked by **nativehealthohsu** and **231 others**

MARCH 28

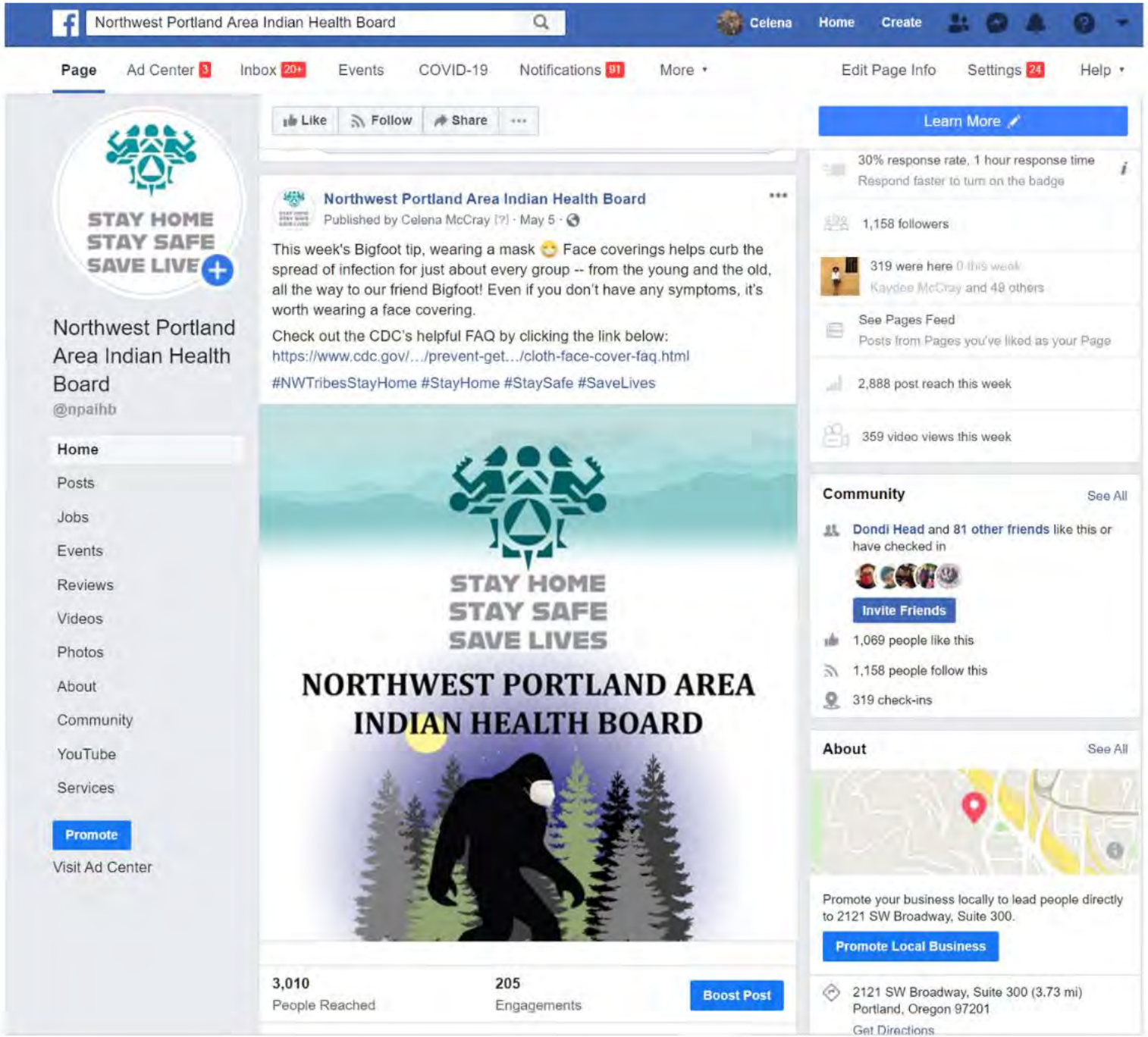
Add a comment... Post



- NNACOE
- NPAIHB
- We R Native
- We Are Healers

- Over 100,000 views in three weeks

https://youtu.be/OysNk-fUY6w



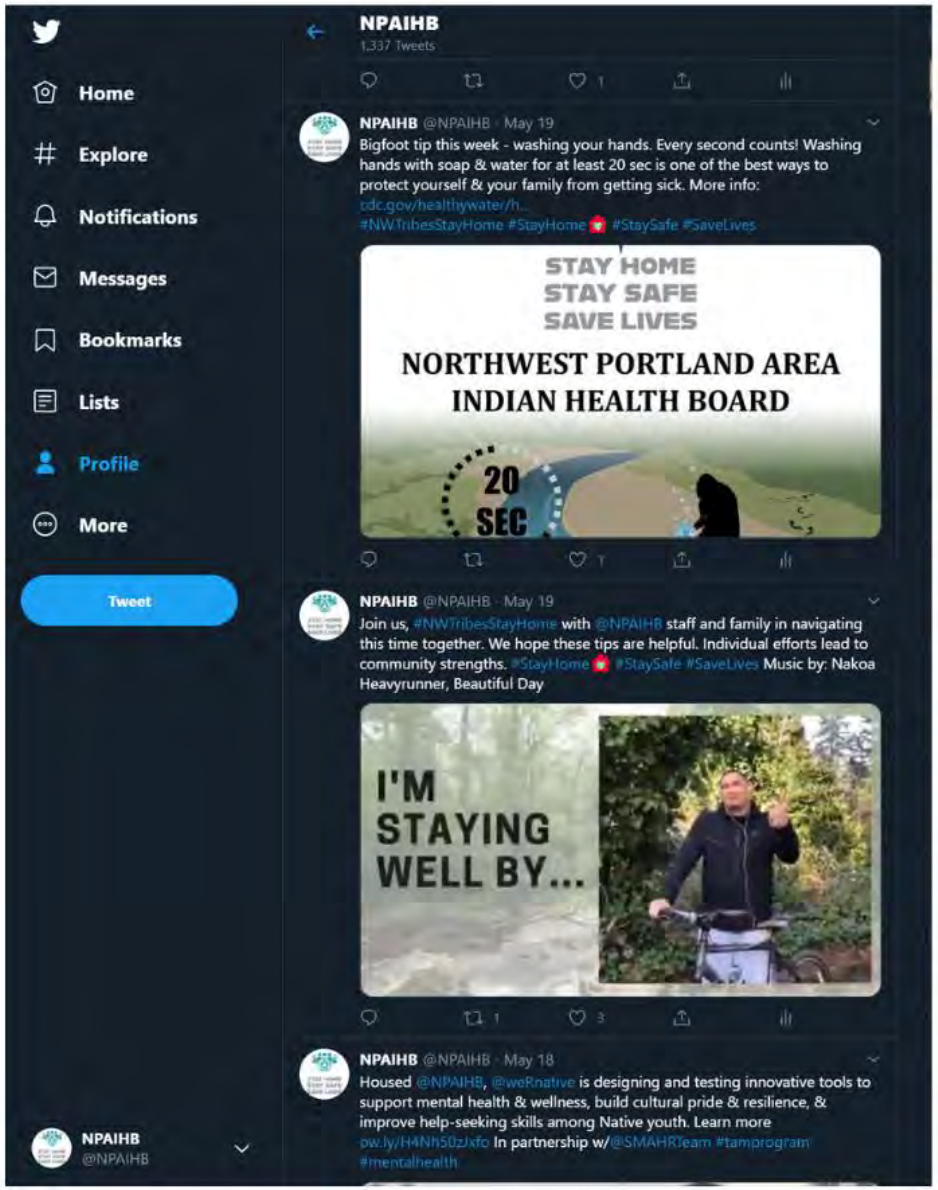
June

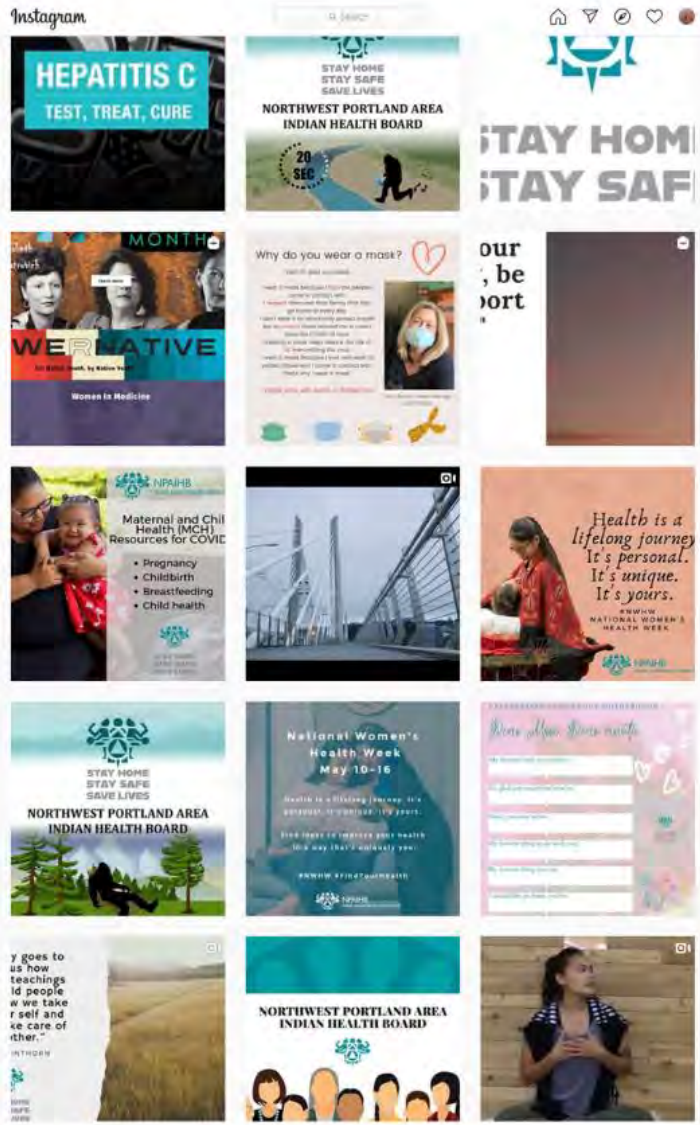
39,081 REACH + ENGAGEMENTS

July

26,856 REACH + ENGAGEMENTS

STAY HOME
STAY SAFE
SAVE LIVES





August

14,021REACH + ENGAGEMENTS

September

23,720 REACH + ENGAGEMENTS

NPAIHB
Indian Leadership for Indian Health

106,208

TOTAL REACH AND ENGAGEMENTS ON SOCIAL MEDIA

Upcoming Community-Friendly Article Topics

- What's happening with the vaccine?
- Influenza and Covid. What's the difference?
- Open does not mean over – Tips to prevent transmission, coping with the new norm
- Contact tracing
- Mental Health and Covid

Exercise Safe Sweats

weRnative

2.7K views • 4 months ago

Exercise Safe Sweats - Sarah

weRnative

68 views • 2 months ago

Exercise Safe Sweats - Rosa

weRnative

103 views • 2 months ago

Exercise Safe Sweats - Paige

weRnative

69 views • 2 months ago

Exercise Safe Sweats - Jasmine

weRnative

75 views • 2 months ago

Upcoming PSA Themes (1 min PSAs)

- Importance of wearing masks
- Open doesn't mean over:
  Continue practicing preventive measures
- Protect our community: Importance of immunizations
- Coping with isolation and loneliness
- Asymptomatic transmission of COVID
- Practice Traditional Practices Safely: Hunting, Gathering, Fishing

Upcoming Print Campaign: Mask up

- Bigfoot Cutouts
- Yard signs
- Posters
- Stand Here Floor decals
- Window clings
- BF masks


MASK
UP

STAY SAFE . SAVE LIVES .

KEEP A SAFE DISTANCE .

DISCUSSION: **Vaccine hesitancy**

“We know a lot of people are concerned about the safety of vaccines right now. If you have questions, please talk to your doctor. They can answer your questions, help you weigh your options, and give you the information you need to make a good decision for you and your family. Your health and wellbeing is my number one priority.”

DISCUSSION:

- Any other COVID topics that we haven't covered, that you'd like us to address?
- Any other communication channels that we ought to explore?

Elder Committee Meeting Minutes

Zoom Meeting
October 19-21, 2020
Portland, OR

Members: Denise – Chehalis Tribe

NPAIHB Staff: Tanya Firemoon, Luella Azule, Kerri Lopez, Chandra Wilson, Clarice Charging

- Approval of July 2020 Elder Committee Meetings
- Presentation of the NW Tribal Elder's Project by Kerri Lopez and Chandra Wilson
    - Update on BOLD Grant Award to address Alzheimer's Disease and Related Dementia's (ADRD). This award is in part of the BOLD Infrastructure for Alzheimer Act that was recently passed
    - The grant will promote the implementation of the CDD Road Map and the healthy Brain initiative Road map for Indian Country
    - The BOLD infrastructure is deigned to:
        - Create a public health program infrastructure
        - Focus on increasing early detection and diagnosis of dementia
        - Dementia risk reduction
        - Prevention of avoidable hospitalizations
        - Supporting dementia patient caregivers
- Recap from Tanya Firemoon, Program Specialist, Tribal Community Health Provider Program Specialist
    - Virtual two-day event, "Gathering of NW Elders, Knowledge Holders & Culture Keepers", October 15 & 16th,2020
    - This event will provide support for Behavioral Health Aides and family care givers within their community. Contact Tanya Firemoon for details tfiremoon@npaihb.org

Northwest Tribal Elder's Project (NTEP)

Alzheimer's Disease and Healthy Aging

Public Health Programs to Address Alzheimer's Disease and Related Dementia's (ADRD)

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

Grant Submission

- Submission response to CDC-RFA: Building Our Largest Dementia Infrastructure (BOLD)
- 3 - Year Funding cycle
  - Continuation Application for Year 2 and 3
- Project staff on grant response
  - Kerri Lopez, Director, WTDP/NTCCP
  - Rosa Frutos, Project Coordinator, NTCCP
  - Chandra Wilson, NTEP, Intern/Coordinator

Healthy Brain Initiative (HBI) Road Map for Indian Country (RMIC)

- First-ever public health guide focused on dementia in AI/AN
- Intended as a community engagement tool
- HBI/RMIC can help tribal communities:
  - Understand effects of dementia
  - Understand caregiving
  - Identify public health approaches

Proposed Purpose of NTEP

- Year 1-3
  - Build an Elder's advisory/coalition
  - Capacity Building/NTEP strategic plan
  - Developing Policies
  - Mobilizing partners
  - Health education and promotion
  - Empowering community (engagement)
  - Strengthening workforce (assessment)

Next Steps

- Present to NW Tribal Elder's Committee
  - Feedback and input
  - Strategic Plan
- Finalize year 1 scope of work & activities
  - Introduce RMIC series in project strategic plan
  - Program planning
    - Identify prevention
    - Identify priority setting

Questions

- Contact NTE Project Staff
  - Kerri Lopez, Project Director
    - Klopez@npaihb.org
  - Chandra Wilson, Project Coordinator
    - cwilson@npaihb.org

Northwest Portland Area Indian Health Board
Behavioral health committee meeting at the October Virtual QBM, October 2020:

Attendees:
Danica Love Brown, NPAIHB Behavioral Health Director
Martina Gordan, Umatilla Tribes/Yellowhawk Tribal Health Center
Alan Ham, Confed. Tribes of Grand Ronde Health Committee
Valery Chance, Stillaguamish Tribe of Indians
Stephanie Craig Rushing, NPAIHB, Adolescent Health
Birdie Wermy, NPAIHB Behavioral Health Manager
Maiya Martinez from the Spokane Tribe, Youth Delegate
Colbie Caughlan, Project Director for TOR, THRIVE, and RC
Marilyn M Scott, Upper Skagit Indian Tribe
Lisa Guzman, Umatilla Tribes/Yellowhawk Tribal Health Center
Selene Matina Rilatos, Siletz tribe
Ali Desautel, Kalispel Tribe of Indians
Michael Stickler, State of Oregon

Agenda:

Introductions and check in/updates:

- Martina Gordan, Umatilla Tribes/Yellowhawk Tribal Health Center

Updated the health commission meeting, seeing an increase in anxiety issues. BH2I Grant. Concern about the treatment of anxiety in the medical field, its connection to SUD.

- Lisa Guzman, Umatilla Tribes/Yellowhawk Tribal Health Center

Concerns for youth/family in their community, as of not for resources available to tribes.
Colbie response: THRIVE project, NPAIHB can offer any training and consolation for staff would need, such as QPR, Lael has a list available (psychological crisis response training, etc.), different suicide prevention curriculum available, consultation, protentional TOT of HOC, books and other resources (Zero Suicide, tattered teddies). From the clinic, community; wellness kits offer to the community. Follow up with Lael. Concerns about the level of youth and family Suicide, burnout of service providers. BH2I grant, identified gap individual seeking assistance needing transportation, utilize peer mentors, looking to alternative resources.

Recovery Kits-resource guide, native connections conscious de self-regulation, note books and pens, bracelets (recover, hope and connection), worry stone, gum, lotion, candy, Chapstick, sage, "you matter" cards, stickers part of men's health. Offering some wellness and hope for recovery. (see attached)

  - Colbie Response: Martina, if the clinic has implemented the full PHQ9 with you BH2I grant, one of those questions can really help providers focus on anxiety and can be really helpful. Some clinics only do a couple of the PHQ9 questionnaire but are looking at implementing the whole thing for reasons such as addressing anxiety. Opioid Response Network. Responding to Concerning Posts on Social Media for Adults working with youth: https://www.healthynativeyouth.org/curricula/responding-to-concerning-posts-on-social-media/

- THRIVE supplies,
- Suggestion to Hire driver and car with TOR grant funds, state oversite dollars

- Alan Ham, Confed. Tribes of Grand Ronde Health Committee

No update

- Valery Chance, Stillaguamish Tribe of Indians

In agreement with other in the increase in suicide and anxiety, SUD.

- Stephanie Craig Rushing, NPAIHB, Adolescent Health

Adolescent Health response, Springboard Lab (23 youth from across the country to develop mental health skills), #indigilove if you want to find it on Twitter! Creating swag to share with participants, and can do their own campaign and share with their own networks, youth are supporting each other.

- BRAVE campaign, includes video series, delivered via text message. These are tools that young people can access outside of clinical setting. The BRAVE Intervention focuses on help-seeking skills, delivered via text message: https://www.healthynativeyouth.org/curricula/brave/

- THRIVE's Caring Message Campaign: https://www.facebook.com/watch/?v=1770033006484269, text "Caring" to 65664.

- Birdie Wermy, NPAIHB Behavioral Health Manager

1803 Covid and BH ECHO, survey and interviews; project updates, Zoom trainings, recorded Zoom 101 training here: https://youtu.be/zr8nys1xNws

- Greetings! The NPAIHB's Behavioral Health Project would like to request your time in completing a survey we are conducting with Medical and Behavioral Health Providers. Your participation in this survey will incorporate your thoughts, voice and perceptions on the needs of best practices and future trainings needed during COVID. Please visit the link here: https://www.surveymonkey.com/r/CWQCDPZ
- We've heard this more than once that communities are in need of training for those who've lost someone to drugs, alcohol, suicide or COVID. I know there are webinars out there specific to those topics and maybe we just send these out or forward them out? Also I like the idea of the wellness bags, if we have enough money in our budget to provide these to the programs as an idea, maybe they can order through us or their own supplier and send them out. These ere thoughts I had during the meeting.

- Maiya Martinez from the Spokane Tribe, Youth Delegate

At college right now at Ft. Lewis, noticed as a college student, loosing connection to home and not as much communication, families and community feeling overwhelmed. Native students feeling isolated and overwhelmed. Springboard, 3 groups (self-love, mental health, ???). Taking healthy risks, being vulnerable, allow yourself to helps. Shared Social Marketing Bootcamp around **Consent** with the Response Circles Project at the NPAIHB: https://www.facebook.com/watch/?extid=0&v=1293586487648058

- Marilyn M Scott, Upper Skagit Indian Tribe

Local communities have been impacted by suicide and those in recovery, many in treatment programs and MAT were not able to do groups, virtual groups and meetings, some community members that the BH team, they were not feeling connected through the virtual groups, were not able to connect with SUD councilors, to talk about issues, recovery rent and food. What they did was, delivering lunch and breakfast to families, put together wellness boxes with different things that help with relaxation and PPE, put together boxes with various thing to help the family out including hand sanitizer and cleaning supplies, craft kits, and things for families to do together. Figure out ways to support families and children. NW Indian College NARCH, Native Transformation, interviews with tribal members sharing their stories about how they have entered or maintained Opioid misuse, members that might have identified ways of getting better, resilience, cultural Ways, Stacy Rasmus. Community Advocacy Board they asked the interviews to go back and interview them now that Covid, how they have maintained their wellness. Report out by the first of 2021. Native Transformation grants.

- Selene Matina Rilatos, Siletz tribe

Echoed what Marilyn shared, IPV programs and doing alternative activities, auntie story group, increase in people going into SUD treatment and overdose. Increase in stress of on-line school, resource scarcity, MAT is doing well and helped many people. At lease 10 homes lost to the fires, or items in the home were ruined, tribe trying to support those families. CARES programs offering serves. Seeing increase in PTSD.
Valery Change response: Stillaguamish tribe can help in anyway, please contact me!

- Michael Stickler, Tribal Health Analysis Tribal Health Authority

Covid is happening, trying to back to the work that needs got get done,

- Ali Desautel, Kalispel Tribe of Indians

Just had first Covid death, struggling with that, seeing a lot more depression, anxiety, seeing people have been in recover who are using. Doubling up on call staff right now.

Needs/Requests/Follow-up:

Colbie will follow up with Umatilla to provide resources and support
Birdie to send out survey and reach out about interviews.

YELLOWHAWK
TRIBAL HEALTH CENTER

June 2, 2020 NEWSLETTER

TO OUR PATIENTS

June is ORAL HEALTH month and MEN'S HEALTH month

Since June is both oral health and men's health month we here at Yellowhawk Tribal Health Center thought why not combine the two. Here is some important information from our Dental Department about men's dental health.

+ Men are less likely to brush their teeth than women. The American Dental Association recommends brushing your teeth twice a day with a soft-bristled brush with fluoride toothpaste.
+ Men are twice as likely to develop oral cancer if they smoke or drink. Regular dental visits can help identify oral cancers early.
+ Men tend to change their toothbrushes less frequently. The American Dental Association recommends replacing your toothbrush every 3-4 months.
+ Men are more likely to have untreated dental decay. Regular dental visits can help prevent untreated dental decay.
+ Men have a greater potential for dry mouth. Talk to your dentist for suggestions if you experience dry mouth.

General Dental Recommendations:

+ Get Checked!
+ Brush and floss regularly
+ Cleanings are recommended at least twice a year, unless otherwise indicated by your dental team

To schedule an appointment call the Dental Department at 541.240.8698.

PATIENT RESOURCES

Support from a Distance: Recovery Kits

The Behavioral Health Department's Chemical Dependency and Prevention Program, like many programs at Yellowhawk Tribal Health Center, have been working to switch programming and services to a virtual format whenever possible during the COVID-19 shutdown. To help support our community members in recovery the department developed and mailed Recovery Kits to those in need of support.

The kits include: a worry stone, sage, hand lotion, chapstick, bracelet, mint gum and mints, a sucker, a notepad for journaling, a resource guide, and self-care information.

Shayne Arndt, Chemical Dependency Manager, says he "appreciates the teamwork of Yellowhawk staff to develop and distribute recovery kits to support community members during the COVID-19 emergency."

If you would like to reach your counselor or Peer Recovery Mentor please call 541.240.8670.

For the latest information on COVID-19 testing at Yellowhawk see our website at yellowhawk.org.

+ 46314 Timíne Way
Pendleton, OR 97801
+ P 541.966.9830
+ F 541.240.8753

CHEMICAL DEPENDENCY RESOURCES

THE NATIONAL HELP LINE NUMBER IS 1.800.662.4357

Below is a list of resources available for those in need of locating meetings in the area that are still taking place, also resources for those struggling and want to talk, and a list of locations that have internet chat rooms that focus on AA/NA alternative recovery talk

Need to talk but your meeting has been cancelled? **Call the Oregon Alcohol and Drug Helpline 800.923.4357**

LOCATING MEETINGS:

- Locations of local meetings in our areawww.district3aa.org
- Resources to talk with and access for informationwww.na.org
- Talk to a professional www.sober.com
- Keep up on things happening in recovery https://www.oregonrecovers.org/

INTERNET RESOURCES:

- smartrecovery.org
- addictionrecoveryguide.org
- 12steps.org
- na-recovery.org
- aachats.org
- healthfulchat.org/drugs-and-alcohol-chat-room.html
- sobercourage.com/support-online
- addictionrecoveryguide.org

YELLOWHAWK
TRIBAL HEALTH CENTER

Northwest Portland Area Indian Health Board
Quarterly Board Meeting
Personnel Committee Meeting Notes

October 20, 2020

Start Time: 12:10 pm

Members Present: Cassandra Sellards-Reck

Staff Present: Andra Wagner

- Personnel Committee members Cassie and Andra attended the Legislative Committee Meeting. Cassie requested that the relined version of the revised Program Operations Manual be sent to all delegates. The POM Revisions Resolution was presented and adoption of the revised Program Operations Manual was recommended by the Personnel Committee.

- Personnel update was reviewed.
    - _6___ new hires
    - _1___ promotion
    - _1___ intern
    - _1___ resignations
    - 1 Open Position – Health Policy Specialist

Adjourned at 12:22 p.m.

Public Health Committee
Quarterly Board Meeting
October 20, 2020

Attendees:

NPAIHB Delegates/Alternates
Kelle Little, Coquille
Ali Desautel, Kalispel
Obinna Oleribe, Klamath
Karen Hanson, Kootenai
Lona Jackson, Nooksack
Aliza Brown, Quinault
Marcie Muschamp, Siletz
Jeidah DeZurney, Siletz (Youth Delegate)
Libby Watanabe, Snoqualmie
Connie Whitener, Squaxin Island
Andrew Shogren, Swinomish

Guests
Maria Gardipee, AIHC
Tempest Dawson, North Sound Accountable Community of Health
Christina Diego, SIHB

NPAIHB Staff/Contractors/Assignees
Victoria Warren-Mears
Dawn Rae Bankson
Nancy Bennett
Kim Calloway
Bridget Canniff
Celeste Davis
Melino Gianotti
Sheila Hosner
Ticey Mason

- Public Health Committee overview
    - Delegates are invited to participate
    - Discuss public health issues of common interests, including environmental health
    - Epi Center
        - Largest in the US
        - Maternal and child health, surveillance, statistics, modernization, environmental public health, cancer, dental support, diabetes, and more
        - NARCH
        - New organizational chart as of last Saturday

    - Advisory committee for the Epi Center
    - Annual survey- will return next January
    - Tribal sharing
- COVID-19 response updates: Celeste Davis
    - Focused on how we can support tribal efforts
    - COVID-19 ECHO for clinical education, every Monday and Wednesday
    - Social media messages and campaigns
    - Pre-planning for COVID-19 vaccine
        - 2 viable vaccines going through clinical trials (Pfizer and Moderna)
        - Cold storage- we are not recommending buying a -80 freezer yet
        - Evaluating challenges
    - Testing
- Public health modernization: Bridget Canniff
    - Oregon Health Authority approached the Board to expand and work on the modernization contract. Evaluating the surveys. Put together a small project team to review the past surveys. Contract is awaiting signature.
        - Recruit a small number of people. Stipend. Potentially 20 total hours of commitment.
    - Assessments: Barbara Gladue, bgladue@npaihb.org
        - Biennium ends in June. We are in the 1st phase, doing assessments.
        - Tribes have been very responsive.
    - Washington: Nancy Bennett, nbennet@npaihb.org
        - Data briefs
        - Save the Date: virtual data partners meeting in February
- Website: Victoria Warren Mears
    - The website is back
    - The directory document does not have COVID-19 activities
- Dental Support Center
    - Ticey Mason: tmason@npaihb.org
- Youth Delegate Program: Jeidah
    - Social media campaigning- test run in youth delegate community first
        - We R Native gear incentive
- Questions
    - Marci: will there be cold storage provided for tribes to share?
        - Victoria and Celeste: NPAIHB does not have plans to provide cold storage at this time. Waiting for more information regarding outcomes of trials.
    - Libby Watanabe: Is it possible to email to connect regarding public health support? We don't have a health clinic, but is it possible to schedule a meeting to strategize to look at ways of supporting vaccine distribution?
        - Victoria and Celeste: Yes, we can think about some work sessions and scheduling. Katie Johnson may be part of the IHS task force for countermeasures.
    - Andrew Shogren: Tuesday COVID-19 calls and the AIHC has calls, too. PPE supplies- cannot find small N95s (important for dental clinics). Mental health issues are starting to be a concern. Have talked to Colbie about it. We need youth-oriented.

- Alli: We are seeing more depression and anxiety.
- Connie Whitener: Bridget or Victoria This may not be an issue to bring up here but. my BH is on paper and we wanted to add them to RPMS/EHR. and our IT people are wanting us to go to a new system due to security and possible hacking. Is any other Health clinic that wants to stay with I.H.S. RPMS having any trouble with this issue? They are saying that our BH staff to use the RPMS/EHR would have to be inhouse and could not do it remotely due to security issues. If we add more people, it is not being updated.
    - Libby: At last week's NIHB Tribal Health Summit RADM Weahakee announced funding provided that will allow the IHS to upgrade RPMS. With the Snoqualmie Tribe, we use RPMS and have a good consultant CAC that keeps us functional. I hope that's helpful. Libby
    - Victoria: Reach out to Katie Johnson, kjohnson@npaihb.org
- Request: More information from Jeidah to send to Libby, Elizabeth.watanabe@snoqualamietribe.us

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

2121 S.W. Broadway
Suite 300
Portland, OR 97201
Phone: (503) 228-4185
Fax: (503) 228-8182
www.npaihb.org

This 13-member federal certification board for CHAP will:

- Review and approve, request more information, or deny all applications by CHAPs for certification.
    - Applications from all disciplines of CHAP including CHA/P, DHA/T, and BHA/P will be reviewed by the board.
- Review and approve, request more information, or deny all applications by CHAP education programs for certification.
    - All CHAP education programs are required to be certified by the PACCB.
- Review and update continuing education requirements for all disciplines of CHAP.
- Work closely with IHS, State agency, Academic Review Committees, and the NPAIHB CHAP CB Work Group to support the Portland Area CHAP program and Portland Area Tribes utilizing CHAP providers
- Meet in-person at a pre-determined location 3 or 4 times per year for 1-2 days per meeting.
    - Covid-19 travel restrictions will be adhered to
- Determine by-laws for the operation and procedures of the board at the first meeting
- Review and approve the CHAP Standards and Procedures for the Portland Area at the first meeting

Important things to know:

- Appointments are open ended with no terms or term limits, if new appointments are necessary, there is a process to appoint new board members if existing board members can no longer serve on the board
- The PACCB pays for travel, per diem and lodging only. There is no board stipend.
- There is no alternate, so interested individuals must discuss with their employer the time commitment and member wages during the PACCB meetings. All meetings are in person and required.
- Interested parties will need to submit a CV or Resume and letter from their employer that approves the time away from the individual's normal duties.

The PACCB is important for our tribes and is one way that they can retain:

- how our mid-level tribal community health providers are educated;
- how tribes support our priority health care needs in our communities;
- how our tribal cultural traditions are retained within our healthcare model; and
- how our homegrown providers are treated within our communities and by others.
- Please send an email to Sue Steward, CHAP Project Director ssteward@npaihb.org with the employee letter and nominee CV by October 26, 2020.

Introduction:

Background/History:

Purpose: To describe and compare the AK CHAP Certification Board (AK CHAPCB) membership positions and provide a recommendation for consideration by the NPAIHB for the Portland Area CHAP Certification Board (PACCB)

Authority:

The Portland Area Community Health Aide Program Certification Board, (PACCB) is established under the authority of the Act of November 2, 1921 (25 U.S.C. § 13, known as the Snyder Act) pursuant to 25 U.S.C. § 1616l (Section 119 of Pub. L. 94-437), the Indian Health Care Improvement Act, as amended, including the permanent reauthorization and amendments in Section 10221 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, which incorporated by reference, as amended by Section 10221, S. 1790 as reported by the Senate Committee on Indian Affairs in December 2009, the authority of the July 2, 2020 (Indian Health Service Circular No. 20-06) and directives and circulars of the United States Department of Health and Human Services, Public Health Service, Indian Health Service, and Portland Area Indian Health Service. [i]

Purpose:

The Purpose of this board is to fulfil the board functions of providing certification and oversight of providers and education programs in the CHAP. Policy decisions and other broader ideological discussions and decisions will be discussed at the NPAIHB CHAP Advisory Workgroup in order to ensure broad participation of all Portland Area Tribes in the direction and policy decisions related to the CHAP program.

Board functions:

The PACCB sets standards for the community health aide program and certifies individuals as community health aides and practitioners, dental health aides (including primary dental health aides, dental health aide hygienists, expanded function dental health aides, and dental health aide therapists), and behavioral health aides and practitioners. Each of these individuals is subject to specific requirements and engages in a specific scope of practice set forth in the *PACCB Standards & Procedures*. For historical reasons, these various health aides are often referred to generically as "community health aides" or "Tribal Community Health Providers (TCHP)." [ii]

The Board certifies and reviews certification for all TCHP training and education programs. Training and Education certificates are issued to programs that apply for certification on the standard Board form and who adopt and adhere to requirements of sections 5.10.015 [educational program philosophy] through 5.10.070 [faculty continuing education].

The third function of the Board is to approve continuing education for all disciplines of TCHPs.

Sponsors/Stakeholders: Health and Human Services, (HHS), Indian Health Services (IHS), the forty-three Tribes of Northwest Portland Area Indian Health Board (NPAIHB), and Urban Indian Programs (UIP) who employ DHA/Ts.

Board nominations and appointments

PACCB member vacancies are filled through nominations by the respective workgroup, committee, or organization identified by the seat number. The nomination is presented to the PACCB for acceptance or denial. If the nomination is accepted, then the board forwards the nomination to the IHS Area Director for consideration of appointment. The first PACCB nominations for each identified position will be presented to the NPAIHB for acceptance or denial. If the nomination is accepted, then NPAIHB forwards the nomination to the IHS Area Director for consideration of appointment.

Terminology:

ACB – Area Certification Board

ACCB – Alaska CHAP Certification Board

BHA – Behavioral Health Aide

BHARC – Behavioral Health Academic Review Committee

BHA/P – Behavioral Health Aide or Practitioner

BHAP – Behavioral Health Aide Program

BHP – Behavioral Health Practitioner

Board – Portland Area CHAP Certification Board

CHA – Community Health Aide

CHARC – Community Health Academic Review Committee

CHA/P – Community Health Aide or Practitioner

CHAP – Community Health Aide Program

CHP – Community Health Practitioner

DHA – Dental Health Aide

DHARC – Dental Health Academic Review Committee

DHAP – Dental Health Aide Program

DHAT – Dental Health Aide Therapist

DT – Dental Therapist

HHS – Health and Human Services

IHS – Indian Health Service

NCB – National Certification Board

NPAIHB - Northwest Portland Area Indian Health Board

PDHA – Primary Dental Health Aide

TCHP – Tribal Community Health Provider

UIP – Urban Indian Program

AK CHAPCB Membership:

As a reference point, the Alaska CHAPCB membership is comprised of 12 seats:

-
- Position 1 – Norton Sound Health Corporation
- Position 2- Southeast Alaska Regional Health Corporation – Eliminated October 2013
- Position 3 – Tanana Chiefs Conference
- Position 4 – Yukon-Kuskokwim Health Corporation
- Position 5 – Anchorage Service Unit
- Position 6 – Association of CHAP Directors
- Position 7 – Training Centers
- Position 8 – CHA/P Association
- Position 9 – Alaska Area Native Health Service Director
- Position 10 – State of Alaska
- Position 11 – Medical Director
- Position 12 – Dental Academic Review Committee Representative
- Position 13 – Behavioral Health Academic Review Committee Representative

Recommended board composition for first PACCB

The NPAIHB CHAP Board Advisory Workgroup identified thirteen (**13)** positions to represent the Portland Area CHAP community in both leadership and medical profession for the first PACCB.

Position 1 - member appointed by the Portland Area IHS Director as required by IHS Circular No. 20-06.
Position 2 - member nominated by the NPAIHB delegates to also serve as a liaison between the NPAIHB and the PACCB.
Position 3 - member nominated by the NPAIHB Executive Director.
Position 4 – member nominated by BHA/P Association of BHA/Ps working within a TCHP program for the Portland Area Tribes.
Position 5 – member nominated by CHA/P Association of CHA/Ps working within a CHAP for the Portland Area Tribes. (Delay this nomination until CHA/Ps are added)

Position 6 – member nominated by the DHA/T Association of DHA/Ts working within a CHAP for the Portland Area Tribes.
Position 7 - member nominated by BHARC who is a LCSW or Licensed MSW working within CHAP for the Portland Area Tribes or IHS.
Position 8 - member nominated by CHARC who is a Licensed Physician (preferred) or could be a licensed Nurse Practitioner or Physician Assistant working within CHAP for the Portland Area Tribes or IHS. (nomination delayed until CHARC is operational)
Position 9 - member nominated by DHARC who is a DMD or DDS working within CHAP for the Portland Area Tribes or IHS.
Position 10– member nominated by Idaho Department of Health and Welfare, Division of Medicaid.
Position 11 – member nominated by Oregon Health Authority.
Position 12– member nominated by Washington State Health Care Authority.
Position 13 - One member nominated by the Portland Area CHAP education programs.

Rationale: This smaller body of individuals provides a strong cross section of experience necessary to both certify TCHPs and their education programs as well as work with the larger NPAIHB Board and NPAIHB CHAP Board Advisory Workgroup to implement a CHAP in the Portland Area. The PACCB will be informed on broader policy areas by the NPAIHB CHAP Workgroup and this board membership will be limited to the expertise needed to certify TCHPs of all disciplines as well as education programs.

Control and Communication Plan: The PACCB position plan will be included in the PACCB By-laws and housed within the PACCB document management files on the NPAIHB website. The date created and each edit to the document will be included in the document footer.

Schedule of Review: The PACCB seating plan will be reviewed annually at the Spring meeting or as suggested by the CHAP Board Advisory Workgroup.

Approvals: Approval of CHAP certifications will be demonstrated by the signature of the IHS Area Director

References:

- Alaska Area CHAP Certification Board Standards & Procedures
- IHS Circular 20-06 Policy for CHAP Nationalization
- Portland Area CHAP Standards & Procedures.

[i] Alaska CHAPCB Standards and Procedures, April 2020. Retrieved from akchap.org.

[ii] Alaska CHAPCB Standards and Procedures, April 2020. Retrieved from akchap.org.

PACCB Member Seating Chart		
Position	Nominating Tribal Organization or Partner	Role on the PACCB
1 – PAIHS Director	IHS Area Director	This member is appointed by the Portland Area IHS Director as required by IHS Circular No. 20-06. This delegate serves as a liaison between PAIHS and PACCB.
2- NPAIHB Delegate	NPAIHB Delegates	This member is nominated by the NPAIHB delegates to also serve as a liaison between the NPAIHB Delegates and the PACCB.
3 – NPAIHB E.D.	NPAIHB Executive Director	This member is nominated by the NPAIHB Executive Director and serves as a liaison between NPAIHB and the PACCB.
4 – BHA/P Association	BHA/P Association	This member is nominated by the BHA/P Association of BHA/Ps working within a TCHP program for the Portland Area Tribes. This position serves as a liaison between the BHA/P Association and the PACCB.
5 – CHA/P Association	CHA/P Association	This member is nominated by the CHA/P Association of CHA/Ps working within a TCHP program for the Portland Area Tribes. This position serves as a liaison between the CHA/P Association and the PACCB. (This nomination is delayed until the CHA/P Association is operational).
6 – DHA/T Association	DHA/T Association	This member is nominated by the DHA/T Association of DHA/Ts working within a TCHP program for the Portland Area Tribes. This position serves as a liaison between the DHA/T Association and the PACCB.
7 - BHARC	BHARC Association	This member is nominated by the BHARC who is a LCSW or Licensed MSW working within CHAP for the Portland Area Tribes or IHS.
8 - CHARC	CHARC Association	This member is nominated by the CHARC who is a Licensed Physician (preferred) or could be a licensed Nurse Practitioner or Physician Assistant working within CHAP for the Portland Area Tribes or IHS. (nomination delayed until CHARC is operational).
9 - DHARC	DHARC Association	This member is nominated by the DHARC who is a DMD or DDS working within CHAP for the Portland Area Tribes or IHS.
10 – ID DOH	Idaho Department of Health and Welfare, Division of Medicaid	This member nominated by Idaho Department of Health and Welfare, Division of Medicaid (DOH) and serves as a liaison between the DOH and PACCB.
11 – OR OHA	Oregon Health Authority	This member is nominated by the Oregon Health Authority (OHA) and serves as a liaison between the OHA and PACCB.
12 – WA HCA	Washington Healthcare Authority	This member is nominated by the Washington State Healthcare Authority (HCA) and serves as a liaison between the HCA and PACCB.
13 – CHAP Education Program	PA CHAP Education Programs	This member is nominated by the Portland Area CHAP education programs.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

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RESOLUTION # 21-01-01

NATIONAL CONGRESS OF AMERICAN INDIAN'S NATIVE VOTE GRANT

WHEREAS, the Northwest Portland Area Indian Health Board (herein after "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 Northwest Portland Area Indian Health Board 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 primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, the participation of American Indian and Alaska Natives (AI/AN) in tribal, federal, state, and local elections has a direct impact on tribal communities and the health and well-being of AI/AN people; and

WHEREAS, the National Congress of American Indians (NCAI) is committed to American Indians and Alaska Natives (AI/AN) exercising their right to vote in all elections through nonpartisan activities and education and relies on tribal nations, partner organizations, and tribal citizens to become actively engaged in getting out the vote; and

WHEREAS, NCAI is offering Community Mini Grants for projects in support of its non-partisan Native Vote initiative for the 2020 election cycle.

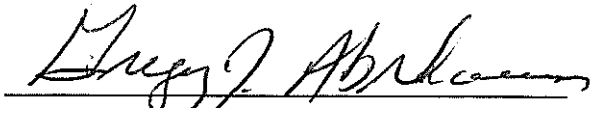
THEREFORE, BE IT RESOLVED, that the Northwest Portland Area Indian Health Board (NPAIHB) endorses and supports grant submission, under the guidance of the Executive Director, to the National Congress of American Indians (NCAI) in the amount of $2,000 to fund non-partisan Native Vote activities promoting voter registration, providing information on how to vote, and turning out American Indian/Alaska Native voters in the Northwest.

CERTIFICATION

NO. 21-01-01

The foregoing resolution was duly adopted at the Virtual October 20-21, 2020 Quarterly Board Meeting of the Northwest Portland Area Indian Health Board. A quorum being established; __26___for, _____0__against, __0____abstain on October 21, 2020.

Chairman



Secretary

October 21, 2020
Date

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw, &
Lower Umpqua Tribe
Coquille Tribe
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Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

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RESOLUTION # 21-01-02

COVID-19 FOOD SECURITY SURVEY FOR WASHINGTON STATE TRIBES WITH POTENTIAL EXPANSION TO IDAHO AND OREGON STATE TRIBES

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or "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 USC § 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, due to the COVID-19 pandemic, there has been disruption in the food supply chain to Northwest Tribal communities and a significant increase in the need for food assistance programs such as Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, Children (WIC), and food banks or pantries; and

WHEREAS, we are only beginning to understand the extent to which Northwest Tribes have been affected by food shortages and increasing unemployment rates which puts additional pressure on tribal food assistance programs, and

WHEREAS, there is an urgent need for additional data collection to assess changes in food access pathways (such as, supermarkets, food assistance, food banks, and mobile deliveries), the types of foods acquired, particularly traditional foods, and economic well-being during COVID-19; and

WHEREAS, the NPAIHB Northwest Tribal Epidemiology Center (NWTEC) received funding in partnership with University of Washington and Washington State

University to adapt the Washington State Food Security during COVID-19 survey (COVID-19 Food Security Survey) for Northwest Tribal communities with the potential to expand the survey to Idaho and Oregon tribes; and

WHEREAS, the data will be aggregated at the state level and compared to similar data for the general state population to provide insights to state food agencies that are trying to respond to rapid alterations in the foods supply and demand during the pandemic; and

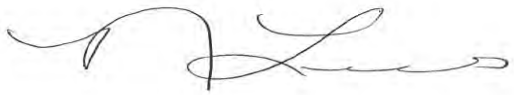
WHEREAS, tribal area level data will be provided to tribes in Washington to assist in food system planning and alterations needed during public health emergencies.

THEREFORE, BE IT RESOLVED, that the Northwest Portland Area Indian Health Board (NPAIHB) approves the implementation of the COVID-19 Food Security Survey for Washington State tribes with the potential expansion to Idaho and Oregon State tribes pending additional funding.

CERTIFICATION

NO. 21-01-02

The foregoing resolution was duly adopted at the Virtual October 20-21, 2020 Quarterly Board Meeting of the Northwest Portland Area Indian Health Board. A quorum being established; __26___ for, _____0__ against, __0___ abstain on October 21, 2020.



Chairman

Secretary

October 21, 2020
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RESOLUTION # 21-01-03

INJURY PREVENTION PROGRAM; TRIBAL INJURY PREVENTION COOPERATIVE AGREEMENT PROGRAM (TIPCAP) HHS-2020-IHS-IPP-0001

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization under P.L. 93-638 that represents forty-three Federally-recognized Indian tribes in Idaho, Oregon, and Washington on health-related issues; 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, NPAIHB operates the Northwest Tribal Epidemiology Center (*EpiCenter)*; and

WHEREAS, the *EpiCenter* has gained national recognition for developing and implementing many useful and innovative projects to improve the health and quality of life of Northwest tribes and has served as a national model for other Indian Health Service (IHS) areas to emulate in establishing their *EpiCenter* programs; and

WHEREAS, the purpose of this IHS cooperative agreement is to address the disparity in injury rates by encouraging tribes to implement focused, community-based injury prevention programs and projects using evidence-based strategies.

WHEREAS, strategies proposed strategies propose are evaluated and proven and specifically intended to address motor vehicle and pedestrian safety, and

WHEREAS, nationally, the leading causes of AI/AN unintentional injury deaths are due to motor vehicle crashes (Trends in Indian Health 2017 Edition, IHS, Division of Program Statistics) and Motor vehicle and Pedestrian related injuries are priority areas of the IHS Injury Prevention Program (IPP); and

WHEREAS, tribes have expressed interest in addressing injury prevention at the community level, especially in the area of UNINTENTIONAL INJURIES -Motor Vehicle Injury Prevention, which is one of the two priority areas for this IHS TIPCAP funding; and

WHEREAS, the NPAIHB is uniquely positioned to promote effective strategies for unintentional injuries, Motor Vehicle Injury prevention specifically with American Indian/Alaska Natives in the Northwest; and

WHEREAS, the goals of this initiative are consistent with the goals and objectives of NPAIHB.

THEREFORE, BE IT RESOLVED, that the Northwest Portland Area Indian Health Board (NPAIHB) endorses and supports an effort by staff of the *EpiCenter,* under the guidance of the Executive Director, to submit an application to IHS requesting funding under Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) HHS-2020-IHS-IPP-0001 for NPAIHB's Injury Prevention Program for American Indians and Alaska Natives.

CERTIFICATION

NO. 21-01-03

The foregoing resolution was duly adopted at the Virtual October 20-21, 2020 Quarterly Board Meeting of the Northwest Portland Area Indian Health Board. A quorum being established; __26___ for, _____0_ against, ___0___ abstain on October 21, 2020.

Chairman

Secretary

October 21, 2020
Date

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RESOLUTION # 21-01-04

REVISIONS TO THE NPAIHB PROGRAM OPERATIONS MANUAL

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 Northwest Portland Area Indian Health Board 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 Northwest Portland Area Indian Health Board 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 NPAIHB employs approximately 70 individuals to assist it to carry out its projects to meet the goal stated above, and has a Board-approved Program Operations Manual to state the policies that guide all critical aspects of employee operations; and

WHEREAS, the Board periodically reviews its Program Operations Manual for necessary updates or proposed changes for better employment practices; and

WHEREAS, clearly worded policies aid the Board in its employment practices; and

WHEREAS, it has been identified that revisions to the wording of some existing policies would aid in clarifying those policies for staff; and

WHEREAS, the Board has identified that including additional policies in the Program Operations Manual would aid the Board in its employment practices; and

WHEREAS, it has been determined that revising existing policies and including a Telework Policy, Social Media Policy, Political Activities Policy, Honorarium Policy,

Mental Health and Wellness Policy, and Bullying and Threats of Violence Prevention Policy into the Program Operations Manual is now appropriate; and

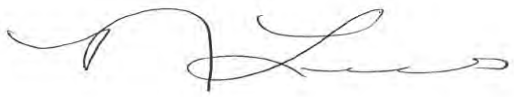
WHEREAS, the Personnel Committee reviewed and approved the revised Program Operations Manual on October 16, 2020.

THEREFORE, BE IT RESOLVED that the Northwest Portland Area Indian Health Board (NPAIHB) adopts the revised Program Operations Manual (POM).

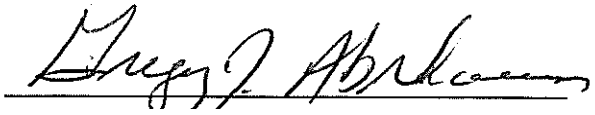
CERTIFICATION

NO. 21-01-04

The foregoing resolution was duly adopted at the Virtual October 20-21, 2020 Quarterly Board Meeting of the Northwest Portland Area Indian Health Board. A quorum being established; __26__ for, ____0__ against, __1___ abstain on October 21, 2020.



Chairman



Secretary

October 21, 2020
Date

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

PROGRAM OPERATIONS MANUAL

Adopted July 1998

REVISED
October xx_2020

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Section A: General Policies

SUMMARY

This Program Operations Manual (Manual) establishes uniform policies and procedures for all programs operated by the Northwest Portland Area Indian Health Board (Board or NPAIHB). All employees of the Northwest Portland Area Indian Health Board are expected to become thoroughly familiar with, and adhere to, its provisions. Nothing in this Manual shall be deemed to waive the sovereign immunity of the Board.

Although the Manual sets forth standard procedures for management and administration, special circumstances may require temporary exceptions that must be justified in writing by the Executive Director. Permanent policy changes will be subject to approval by the Board. The regulations and requirements of funding agencies may also supersede provisions of the Manual. Whenever possible, however, the Board will request waivers of requirements that conflict with the Board's policies and procedures. Individual Board program policies will be developed consistent with this Manual.

These policies and procedures contain general information about the NPAIHB's employment policies and benefits. As a result, the policies and procedures herein are guidelines for all employees. These personnel policies are not intended to be, nor should they be construed as, a contract express or implied.

DELEGATION OF AUTHORITY

In the absence of persons authorized to take certain actions (e.g., signing payroll sheets, etc.), authority may be delegated by the Executive Director as needed to meet the administrative needs of the Board. If the Executive Director is not available to make such delegation, it shall be made by the Chair of the Board.

ADDITIONS AND REVISIONS

The Northwest Portland Area Indian Health Board's Executive Director and Human Resources Manager will review this Operations Manual in January and July or as needed. The Executive Director will recommend any proposed revisions and additions to the Personnel Committee. All such revisions and additions must be approved by a majority of Board members present at a regularly scheduled meeting at which a quorum has been attained.

The Executive Director has the authority to make grammatical changes, revision, or edits to the Manual that do not substantially affect the meaning or intent of the policy.

DISTRIBUTION OF OPERATIONS MANUAL

1) Copies of the Manual will be given to member delegates to the Board of Directors.
2) Each new employee of the Board will be provided a copy of this Manual for their use.
3) All employees will sign a document at their new employee orientation meeting verifying that they have received this Manual and that they are responsible for reading it and will be held accountable to follow the operational procedures set forth in this Manual.
4) Any revisions to the Program Operations Manual will be provided to all employees and documentation that an employee received and read the revisions will be placed in each employee's personnel file.

SECTION B: ADMINISTRATION, FINANCIAL POLICIES AND PROCEDURES

SUPERVISORY CONTROL

Duties of the NPAIHB Executive Director

The Executive Director is directly accountable to the NPAIHB. The Board has delegated to the Executive Director complete management control over employees and operations as specified in this Manual. In the absence of specific authority, the Executive Director shall have authority to take such actions as are in the best interests of the NPAIHB. The Executive Director may consult with the Executive Committee on matters not covered by this Manual if the matter is deemed by the Executive Director to require the guidance of the Committee. In most cases, however, the Executive Director is expected to make such decisions. The duties of the Executive Director are to:

1) Update Program Operations Manual to include:
    a. Amendments as they occur
    b. Maintenance of amendments or deletions, Board decisions, legal requirements, or changes in organization
    c. Distribution to all NPAIHB members and staff

2) Ensure that Personnel Committee is provided with quarterly updates that include reports on:
    a. Development and maintenance of job descriptions for all staff
    b. Hiring
    c. Promotions
    d. Disciplinary actions
    e. Merit citations and salary increases
    f. Leave approvals
    g. Annual performance reviews
    h. Terminations
    i. Staff orientation and development
    j. Office policies and procedures.
3) Develop, refine, and plan program management systems
4) Promote and develop active community participation in the operation of health care systems within tribal communities
5) Act as liaison between the Board and Indian Health Service and state and federal agencies

6) Develop and maintain lines of communication between the NPAIHB and Portland Area IHS and Tribal Health Clinics, Portland Area Indian Health Service, Northwest Tribes, National Indian Health Board and other Indian organizations relative to matters of health
7) As directed by the Board, develop and submit proposals for the funding and growth of Board programs and activities
8) Advise the Board relative to issues and problems as they affect health care.
9) Establish and control budgets
10) Identify and work to mobilize resources that may impact favorably on the health needs of constituent Indian tribes
11) Coordinate planning and arrangements for Quarterly Board meetings
12) Continue formal and informal dissemination of health news and information to tribal constituents and tribal health boards
13) Operate an active communications network serving the constituent tribal organizations in promotion of the objectives of the NPAIHB relating to the Indian Self-Determination Act and participation in Indian Health Service and other health programs
14) Be responsible for adherence to this Manual, state and federal laws and regulations by all employees
15) Represent the NPAIHB in coordination with Board members at various area and national health-related meetings as approved by the Board Chair and reported to the Board
16) Perform Other duties as assigned from time to time by the Chair of the NPAIHB or by various Board committee chairs with the concurrence of the Board Chair

Delegation of Authority

The overall supervisor of the NPAIHB employees will be the Executive Director who will be responsible to the NPAIHB. To the extent specifically authorized by the NPAIHB Executive Committee, the Executive Director may delegate programmatic and supervisory authority to other NPAIHB staff.

PROGRAM PLANNING AND DEVELOPMENT

1) Program planning is a continuous process for which the Executive Director is responsible.
2) Each staff member shall continually evaluate their program and provide input to the Executive Director to be used in future planning.
3) The Executive Director shall guide development of new programs.
4) The development of NPAIHB programs is the responsibility of the Executive Director.
5) All proposals for NPAIHB programs shall be reviewed and formally approved by the NPAIHB Board of Directors before the proposals are submitted to the funding agency.

PROGRAM RECORDS

Record Retention Policy

NPAIHB will be in compliance with the Federal OMB circular for all records retention related polices.

Personnel Records

The Executive Director is responsible for maintaining all personnel records in a safe and confidential manner. Records shall be kept on all personnel actions including, but not limited to, hiring, promotions, performance reviews, dismissals, reprimands, grievances, and resignations of all regular and temporary employees.

Personnel records shall be kept in individual personnel files. Upon written request, employees may receive copies of materials in their own personnel files. Copies will be made available no later than two full working days of receipt of written request.

The Personnel Committee and the Executive Committee may, as a function of their committee responsibility, review employee personnel files.

Personnel records of employees will be treated as confidential information in accordance with federal regulations. Improper or unauthorized disclosure of personnel records information will result in disciplinary action.

The Executive Director shall have sole responsibility for providing all job references requested by outside organizations.

Program Files

The records and correspondence of all NPAIHB programs are the exclusive property of the Board and are not to be removed or destroyed by current or departing staff.

All Board records relating to contracts are to be filed and stored for at least seven (7) years after completion of the contract.

All Board records relating to grants are to be filed and stored for at least three (3) years after completion of the grant.

FISCAL MANAGEMENT AND RESPONSIBILITIES

Responsibility

All operating fiscal management responsibilities and authority have been delegated by the Board to the Executive Director, with regular reports to its Executive Committee and the Board of Directors. The Executive Director retains general supervision of all fiscal operations.

Function of Executive Director:

1) Establish budget priorities and approve budgets for all NPAIHB proposals and programs to be reviewed and ratified by the Board of Directors or its Executive Committee.
2) Approve all budget modifications.
3) Control and coordinate special conditions attached to grants and contracts.
4) Consult with appropriate officials to define and clarify fiscal and other requirements for proposed and operating programs.
5) Review and approve all purchase orders and claims relating to expenditures of the Board.
6) Contract with Certified Public Accountants for regular audits of Board programs. Audits are to be obtained at least every two years.
7) Approve all contracts and agreements entered into with consultants, landlords, suppliers, etc.

Fiscal responsibilities include, but are not limited to:

1) Maintain a record of expenditures by program activities of the NPAIHB.

2) Prepare and submit all financial reports on program activities as required by the funding source or the Board of Directors.
3) Prepare for and assist in internal and independent audits.
4) Certify the availability of funds for all expenditures.
5) Maintain a chart of accounts for accounting purchases.
6) Control and maintain all accounting records.
7) Review and approve proposed budgets and budget modifications prepared by project directors.
8) Plan and coordinate the investment of Board resources to maximize interest income.

Accounting System

The NPAIHB fiscal year begins October 1st, and ends September 30th. An Accounting Manual for the NPAIHB is maintained to describe the Board's accounting systems and procedures. The maintenance of the Accounting Manual is the responsibility of the Executive Director and is approved by the Board's Executive Committee.

Credit Cards

Content is available in the Accounting Manual.

Bonded Positions

The Executive Director, Executive Director's Management Team, the Board Chair, Board Secretary and Treasurer, and all other employees involved in the handling or disbursing of funds shall be bonded.

Protection

Content is available in the Accounting Manual.

SECTION C: PERSONNEL POLICIES AND PROCEDURES

HIRING

Hiring Policies

Hiring authority for all staff positions (except the Executive Director) have been delegated to the Executive Director. The Executive Director may delegate specific responsibilities for interviews and position recommendations to staff.

All new personnel will be introduced to the Board as soon after hire as practical. A report on all staff changes will be made to the NPAIHB on a quarterly basis. The NPAIHB will comply with all federal statutes relating to non-discrimination.

In order to provide equal employment and advancement opportunities to all individuals, employment decisions by the Board will be based on merit, qualifications, and abilities. Other than Indian preference in hiring, the Board's policy is to ensure that all employees are treated equally and that no employee or job applicant shall be discriminated against in employment on the basis of race, color,

religion, age, sex, gender identity, national origin, physical or mental disability, sexual orientation, marital status, citizenship or immigration status, honorably discharged veteran or military status, genetic information, ancestry or any other characteristic protected by law.

In-house Preference Policy

Employees who have successfully completed the probationary period of their current position will be given in-house preference when applying for an open position.

Indian Preference Policy

In accordance with Title 25, U.S.C, Section 450e (b) preference will be given to Indians in all NPAIHB employment areas. For the purposes of the NPAIHB Indian Preference Policy, "Indian" shall mean "any member or descendant of a member of a federally-recognized tribe." Applicants must meet the established minimum qualifications in order for Indian preference to apply.

Candidates will be required to furnish documentary evidence of their qualifications for Indian preference when applying for employment with the board.

Returning Employment

Former regular employees who are rehired within twelve (12) months after their last day worked will have their tenure reinstated for the purpose of restoring years of service in the organization and the period off the payroll will be treated as a leave of absence without pay. Their rate of accrual of sick leave, annual leave, and the Board's contribution to their tax-sheltered annuity will be reinstated as it was on their last day of employment. Reinstated employees will not accrue annual leave or other employee benefits during the period of absence and are not guaranteed their former position or salary earned.

Former regular employees who are rehired after twelve (12) months of their last day worked will have half (1/2) of their tenure reinstated.

Hiring Procedures

The following steps, subject to the policies stated previously, will be taken in hiring personnel:

1) **Job Description:** All job descriptions will be reviewed and approved by the Executive Director

2) **Vacancy Announcement:** A vacancy announcement including qualifications and responsibilities listed in the job description, salary, and application instructions will be prepared. With the approval of the Executive Director, the Human Resources Manager may circulate the vacancy announcement among all staff before advertisement occurs and may hire in-house as appropriate.

3) **Announcement of Job Opening:** Advertised positions will be held open for a period of at least two (2) weeks.
    a) ***Promotion:*** The Board prefers to promote from within and will strive to first consider current employees with the necessary qualifications and skills to fill vacancies. Indian preference will apply.
    b) ***Reclassification:*** In some instances, it may be essential for the Board to revise an existing employee's job description. Non-exclusive examples of such situations include adding responsibilities to the employee's job description, combining two positions into one or

splitting one position into two, changing the statement of work, changing program goals, or change in funding for a program. A department supervisor may propose reclassification as a means of promotion. All promotions and reclassifications are subject to approval by the Executive Director.

c) ***Individual Personal Agreement):*** The Executive Director may directly hire a person who has been assigned to the Board for at least one (1) year from a federal, state, tribal or other agency at the Board with written concurrence of the Chair of the Board.

Vacancy announcements will be sent to tribal health directors, tribal delegates, Epi center directors, tribal chairs and other contacts and organizations in an effort to get the best qualified personnel. Vacancy announcements will also be posted on the NPAIHB website, on the NPAIHB Facebook page and on other social media.

Employment of Relatives

NPAIHB policy prohibits favoritism and/or nepotism in official transactions on the basis of family relationships. The following guidelines apply:

1) No person will hold a job which requires direct supervision of or by an immediate family member (father, son, mother, daughter, husband, wife, brother, sister).
2) No person will hold a position that is supervised by another person who resides in the same household.

Employment Agreement

All employees of the Board shall accept the conditions of employment set out in the Employment Agreement and shall sign such document when first hired.

Probationary Period

Except as provided below, no appointment to a regular staff position shall be final until the appointee has successfully completed a probationary period of not less than six (6) calendar months from the effective date of the probationary appointment.

A probationary period, for good cause as determined by the Executive Director, may be extended for a maximum of three months at which time an employee must receive a successful performance review or be dismissed. After an employee has completed one probationary period, any subsequent probationary period for a new appointment may be shortened or waived as determined by the Executive Director.

Prior to regular appointment, a written performance review shall be prepared by the employee's supervisor, approved by the Executive Director and Human Resources Manager, and made part of the employee's personnel record. Employees may view their review by accessing the on-line Performance Management Review system "ReviewSnap".

The employee may be dismissed at any time during the probationary period. Dismissal during, or at the end of, the probationary period shall be based on the employee's unsuitability for the position as determined by the Executive Director. The employee shall be notified in writing of the failure of probation. The Personnel Committee will be informed of the action taken. An employee discharged during the probationary period shall not be entitled to recourse through the grievance procedure set forth

in this Manual. Any annual leave or leave without pay taken during an employee's initial probationary period shall extend the employee's probationary period by the same amount.

ANNUAL PERFORMANCE MANAGEMENT REVIEW

An annual performance management review of regular employees must be completed by the immediate supervisor(s) and the employee on, or within thirty (30) days of, the anniversary of the employee's date of hire for the current position.

All performance reviews will utilize the on-line Performance Management Review system "ReviewSnap" in order that the efforts of all employees are assessed consistently. Performance will be measured against the rating criteria entered into that system. Those criteria will include performance measures relevant to the position as well as to the requirements of funding agreements that support the position and to the NPAIHB Strategic Plan.

Before completing the performance review, supervisors should meet informally with other individuals who assign work to the individual whose work is being reviewed to ensure that all performance criteria are fully considered in the review process.

As the first step of the review completion process, employees are required to assess their own performance and provide this information to their supervisor(s) by completing a self-review and submitting it to their supervisor(s). After the supervisor receives the employee's self-review, the supervisor must complete a review of the employee's performance and schedule a review meeting with the employee. After the supervisor(s) and the employee have met to discuss the review and have signed the review, the Executive Director and Human Resources Manager will review and sign it to complete the process.

WORK SCHEDULE

Hours of Work

The workday begins at 8:00 a.m. and ends at 5:00 p.m., with one (1) hour for lunch. Variations in the regular workweek must be arranged and approved by the employee's immediate supervisor and the Executive Director. In addition, there will be an authorized 15-minute break within every 4-hour period of work.

Hourly employees who are in positions, which from time to time, require working beyond their normal hours, will be compensated per applicable laws. Overtime is approved by the employee's immediate supervisor and the Executive Director prior to each occurrence. An hourly employee's time sheet shall reflect any overtime.

The Executive Director can authorize the use of a time clock or its discontinuation.

Flexible schedules can be arranged and approved by employee's supervisor and the Executive Director.

Travel time (except travel to and from work at the NPAIHB office) will be considered to be work time and logged accordingly by those persons on authorized travel. While out of the office on travel status, employees will be paid for eight (8) hours of work per day. Hourly workers will be compensated per applicable law for any overtime worked.

Absence from Work

Employees are required to notify their supervisor no later than thirty (30) minutes after the start of their schedule beginning the first day they will miss. Failure to report within the required time may result in disciplinary action. Three (3) consecutive days of absence without leave where any employee did not report to their supervisor is an automatic resignation from employment except in the case of inability to report due to an emergency. Documentation of the emergency will be required.

Holidays

The following shall be holidays for all employees of the NPAIHB:

New Year's Day
Martin Luther King, Jr. Day
President's Day
Memorial Day
Independence Day
Labor Day
Veterans Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas
New Year's Eve

Two Personal Holidays

Any day appointed by the President of the United States or the Governor of Oregon for Federal and State employees to observe as a holiday will be observed as a holiday for the NPAIHB staff.

When a holiday falls on Saturday, the Friday before will be observed as the holiday. Holidays falling on Sunday will be observed on Monday.

Temporary employees shall not be compensated for holidays. Part-time employees shall be compensated in proportion to their hours of work. Part-time employees' direct supervisors are responsible to ensure that the part-time employees' hours are monitored and remain within budget.

TELEWORK POLICY

NPAIHB generally requires employees to work in the NPAIHB's main office, which is located at 2121 SW Broadway, Suite 300, Portland, OR 97201. However, under certain circumstances, NPAIHB may allow employees to work from home, on a case-by-case basis, and may require employees to work from home in certain circumstances, as further described below. Telework may be appropriate for some employees and positions but not appropriate for others.

Telework is not an entitlement, it is not a Board-wide benefit, and it in no way changes the terms and conditions of employment with NPAIHB. Employees authorized or required to telework remain subject to the Program Operations Manual (POM), unless a specific exception is noted in this Telework Policy or in a written telework agreement. The Board retains discretion to withdraw, alter, modify, cancel, or otherwise terminate the Telework Policy.

For the purposes of this policy, telework means work other than business travel that is performed by an employee from their home (or other regular worksite approved under this Policy), rather than at the NPAIHB main office.

Eligibility and Approval for Option to Telework

NPAIHB determines an employee's eligibility for telework on a case-by-case basis, in its sole discretion. NPAIHB considers circumstances such as but not limited to whether the employee is organized, has proven their ability to work independently, has completed their probationary period, has a good work record, has no record of abuse of leave, position, travel requirements, funding source and other considerations. Either the Executive Director, the employee's direct supervisor, or the employee can suggest telework as a possible work arrangement.

Used appropriately, telework, along with other workplace flexibilities, can facilitate the management of work and dependent care. However, it is important to remember that telework is not meant to be a substitute for dependent care. Employees may not telework with the intent of or for the sole purpose of meeting their dependent care responsibilities while performing official duties. While performing official duties, teleworkers are expected to arrange for dependent care just as they would if they were working in the office.

Remote telework raises legal and practical considerations when the employee lives outside the states of Oregon and Washington. Considerations, such as, but not limited to, implications with regard to minimum wage requirements, overtime exemptions, payroll issues, taxes, workers compensation coverage, unemployment, health insurance and other benefits; travel costs for attending mandatory meetings or trainings; the NPAIHB's ability to comply with applicable state and local laws in the location from which the employee would work, including but not limited to rest and meal break requirements, paid leave, business nexus rules, notification rules, and work schedule and worksite safety arrangements. Approval of remote telework will be made only when the Executive Director determines that such approval is in the best interests of the NPAIHB and when the NPAIHB is assured of its ability to comply with applicable state and local laws where the employee's work site is located. In addition, as NPAIHB is an organization that serves the tribes of Idaho, Oregon and Washington, the Executive Director will consider requests to telework in these states while also looking at the position description to ensure the position would allow for teleworking. Approval will be granted on a case-by-case-basis.

Any employee requesting to telework must submit a Request for Telecommuting Authorization Form (Authorization Form) to the employee's supervisor. The option to telework is not permitted until the supervisor and Executive Director approve the Authorization Form. At NPAIHB's discretion, the Board may also require a separate telework agreement for approved telework that further outlines the details of the telework arrangement. Such a telework agreement is required for all telework, both short-term and long-term.

New Positions with Telework Option

A project director may request that a new position be posted as telework position. The project director must discuss the request with the Human Resources Manager to consider all the factors discussed above before bringing the request forward to the Executive Director for consideration.

NPAIHB Requirement that Employees Telework

The Board has discretion to require some or all employees to telework, and to waive any restrictions, procedures, or requirements of the Telework Policy as the Board deems necessary, such as in

the event of a disaster or emergency, including but not limited to a public health emergency, inclement weather, or damage resulting to the NPAIHB's main office from fire or casualty, or other events. A Temporary Telework Authorization form and telework agreement required. Telework agreement should clearly define supervisor's expectations on communication with supervisor, including duties, schedule, changes or any other information pertinent to work activities.

Under a mandate to telework, especially in a disaster or emergency, NPAIHB understands that employees may not be able to arrange for care for their children or other dependents. Employees should discuss this situation with their supervisor to determine work schedule. OFLA or FMLA may be available to cover an employee's time related to this circumstance. Contact Human Resources Manager to find out if this is an option.

Hours of Work

The work hours for all teleworkers shall be the same as the work hours for employees working in the NPAIHB office and as provided in the POM, unless otherwise modified by the NPAIHB in writing. As applicable, teleworkers are required to comply with the POM requirements for work hours and breaks. *See* Program Operations Manual Section C. Teleworkers are also required to comply with POM requirements as to recording all hours into the payroll system. See Program Operations Manual Section C. As provided in the Hours of Work section of the POM, hourly employees who are required to work beyond their normal hours will be compensated in accordance with applicable wage and hour laws. Overtime must be approved by the employee's immediate supervisor and the Executive Director prior to each occurrence. Hourly employees' time sheets shall include approved overtime.

As described in the Authorization Form, telecommuting employees are required to be available for required work meetings or other work activities as requested by their supervisor. All employees must attend the monthly All Staff meeting, and project directors must attend the monthly project director meeting. Such meetings must be attended in person, unless the Executive Director or the employee's supervisor has given prior written approval to attend via web conference or conference call.

See also "Telework Expenses – Travel" below.

Communications

An employee is expected to remain in communication with the NPAIHB and the employee's supervisors while teleworking and be readily available, just as if the employee was working at the NPAIHB office. Failure to do so may be considered in performance reviews, may result in disciplinary action, and may result in termination of eligibility and approval for telework.

Emergency Disruptions and Inclement Weather

If the NPAIHB main office is closed due to an emergency, inclement weather, or otherwise, the Executive Director, and/or supervisor, will contact the teleworking employee and provide instructions about the continuation of work at the telework site. If there is an emergency at the telework site, such as a power outage, the teleworker is required to notify their supervisor as soon as possible, and the teleworker may be reassigned to the main office, an alternate worksite, or may be required to take leave.

Alternate Worksite Maintenance and Safety

The teleworker must establish and maintain a dedicated workspace that is quiet, clean, and safe, with adequate lighting and ventilation in accordance with workplace safety requirements. To ensure compliance, NPAIHB will provide teleworkers with access to OSHA's office safety checklist. The

employee's alternate worksite must be a home office location, unless a different location is approved in advance by the NPAIHB in writing. The employee must notify the NPAIHB within five business days of any change in the employee's telework location.

Injuries sustained by the employee in their alternate worksite and in conjunction with their regular work duties are normally covered by the Board's workers' compensation policy. The NPAIHB will also consider coverage for employees whose workplace is outside of Oregon. Teleworkers are responsible for notifying their supervisor and the HR Manager of such injuries as soon as practicable. Teleworkers are liable for any injuries sustained by visitors at the alternate worksite.

Business visits or meetings with professional colleagues, clients, or the public at the alternate worksite is strictly prohibited. Meetings with other NPAIHB staff at the alternate worksite is strictly prohibited unless approved in advance by all of the employees' supervisor(s).

The teleworker agrees to adhere to any zoning regulations applicable to the designated alternate worksite. NPAIHB is not responsible for any zoning violations resulting from establishment of the alternate worksite.

Inspections

As a condition of telework, the teleworker must allow the NPAIHB or its agent to investigate and/or inspect the alternate worksite in the case of injury, theft, loss, or tort liability related to telework at the alternate worksite.

Equipment and Supplies

1) **Provision.** NPAIHB will provide basic technology equipment and related devices (e.g., computer, monitor, keyboard, mouse, etc.) necessary for the employee to perform their assigned job duties at the alternate worksite, but only if NPAIHB in its discretion determines that the applicable budget permits such expenses. The teleworker is responsible for the set-up of such equipment. Furniture, including computer workstation and chairs, shall be provided by the teleworker. Equipment furnished by NPAIHB will be delivered to the teleworker and must be inventoried (see "Inventory" below). NPAIHB reserves the right to require signature confirmation delivery. NPAIHB also reserves the right to request photos of NPAIHB-equipment on delivery or otherwise during the telework arrangement.

2) **Use.** The equipment and devices are to be used for NPAIHB business only and software shall not be duplicated.

3) **Repairs and/or Troubleshooting**. Employee should immediately report any issues with NPAIHB issued equipment or related devices to their supervisor and IT Department to get the equipment or device repaired or replaced. Employee may also contact the IT Department for support with VPN access. However, an employee with a home internet network issue should contact their home internet provider for assistance.

4) **Liability.** The teleworker is financially and legally liable for any damage that the teleworker or their visitor, guest, or household member causes to NPAIHB-provided equipment and any consequential damage resulting therefrom.

5) **Inventory.** The teleworker must work with Human Resources Manager to complete an equipment inventory clearly delineating NPAIHB-provided equipment, teleworker-provided

equipment, and any shared equipment. The equipment inventory must be completed prior to the distribution of equipment or, in the event of direct delivery to the alternate worksite, the equipment inventory must be completed as soon as possible. In the event that additional equipment is furnished, the teleworker and Human Resources will amend the inventory list to include the additional equipment.

6) **Return on Termination.** The teleworker will return all NPAIHB-provided items on termination of the telework agreement or the employment relationship through a means determined by NPAIHB upon termination. The teleworker is required to return equipment listed on the equipment inventory. Continued possession of NPAIHB property after the termination of the telework arrangement or the employment relationship constitutes possession of stolen property and NPAIHB reserves its right to reacquire such property or seek enforcement of criminal and civil penalties to the fullest extent of the law.

Data Security and Confidentiality

The teleworker shall maintain security and confidentiality of NPAIHB documents, files, and information at the same level as expected if the employee were working at the NPAIHB main office and as otherwise required by the POM. Restricted access or confidential material shall not be taken out of the main office or accessed through a computer unless approved in advance by the supervisor. The teleworker is responsible for ensuring that non-employees do not access NPAIHB data, including in print or electronic form.

Telework Expenses

1) **Co-working Spaces.** Unless otherwise authorized in writing, NPAIHB will not provide reimbursement for or furnish payment for office or other co-working spaces.

2) **Office Supplies.** NPAIHB will provide necessary office supplies. Out-of-pocket expenses for supplies normally available in the office will not be reimbursed unless pre-approved by the employee's supervisor. All supplies should be secured in the telework site and must not be used by the teleworker or others for personal purposes.

3) **Phone Service and Network Access.** Employees who work outside of the NPAIHB main office must provide their own internet and phone coverage, allowing for the performance of assigned duties and participation in phone conferences and virtual meetings during scheduled work hours. As NPAIHB's budget or grants allow, employees may be reimbursed a percentage of their internet and/or phone service. NPAIHB, in its sole discretion, may unilaterally alter, modify or withdraw the policy at any time and for any reason, including but not limited to available funding, job duties, or other factors.

4) **Travel.** Travel required by the NPAIHB for a teleworker is subject to and will be paid (travel costs and wages) as provided in this POM and consistent with applicable federal, state, and local law. An employee's ordinary commute between their home and work at NPAIHB main office is not compensated as travel and is not considered compensable work time. For special circumstances, NPAIHB will consider the location of the employee's primary work site and the nature and location of the required travel, such as, but not limited to, whether it involves an overnight stay or is for a special one-day assignment away from the individual employee's main work site, and/or NPAIHB budget, grant allowances or funding restrictions.

5) **Incidental Costs.** All incidental costs, such as residential utility costs, homeowner's insurance or cleaning services, are the responsibilities of the teleworker.

6) **Taxes.** Teleworkers should consult with a tax expert to determine the employee's own tax implications of working from a home office.

Termination of Telework

Telework may be discontinued at will and at any time at the request of the teleworker or by NPAIHB, unless NPAIHB has deemed the continuation of telework necessary for the safety of NPAIHB employees, such as in the event of a disaster or other emergency affecting the main office. In the event that NPAIHB terminates the telework arrangement, every effort will be made to provide 30 days' notice of such change to accommodate commuting, child care and other issues that may arise from the termination of a telecommuting arrangement. There may be instances, however, when no notice is possible.

LEAVE

Oregon Family Leave Act (OFLA) and Federal Family and Medical Leave Act (FMLA)

OFLA and FMLA require employers to provide eligible employees up to 12 weeks of protected leave during a leave year in certain qualifying situations. These laws set guidelines for employers and workers in the granting and taking of leave. Both OFLA and FMLA define various types of qualified absences and provide safeguards for employees who use protected leave.

Employers may not treat OFLA or FMLA leaves as unexcused absences or disciplinary incidents under attendance policies and employees have reinstatement rights when their protected leave ends.

Under OFLA, employers with 25 or more full or part-time employees in Oregon for 20 or more weeks in the year in which the leave will be taken or in the preceding year must provide OFLA leave.

Under FMLA, employers with 50 or more employees for 20 or more weeks in the year in which the leave will be taken or in the preceding year must provide FMLA leave.

Given the fluctuating number of employees at NPAIHB, which determines the applicable law, employees may qualify for either OFLA only, or for both OFLA and FMLA. In some cases, the provisions of OFLA and FMLA may vary, including recent legislative changes in the laws. Therefore, any affected employee must consult directly with the Human Resources Manager to determine eligibility and applicable coverage before the beginning of the leave whenever possible.

The NPAIHB will grant and administer all OFLA and FMLA protected leave in accordance with all applicable state and federal regulations.

Sick Leave

Each employee shall be credited with sick leave at the rate of two (2) hours for each 40-hour work week in which the employee worked for a full week or was on paid leave. No employee shall accrue more than 750 hours of sick leave. Employees may donate accumulated annual leave to fellow employees

who have exhausted their sick and annual leave and who must be off work due to serious illness or injury to themselves or immediate family (parent, spouse, child).

The NPAIHB shall keep accurate records of earned and used sick leave. NO PAYMENT FOR UNUSED SICK LEAVE SHALL BE MADE UPON SEPARATION.

Sick leave is to be used only for the following reasons:

1) Sickness or injury which makes it impossible for the employee to perform his or her duties.
2) Employee non-emergency routine medical or dental appointments.
3) Illness in employee's immediate family (parent, spouse, child) which requires the employee's presence.
4) Illness in employee's extended family which requires the employee's presence with the approval of the Executive Director.

Abuse of sick leave will result in disciplinary action.

Except in emergency circumstances, employees using sick leave are required to contact their supervisor by 8:30 am. Failure to do so will be an unexcused absence and may be subject to disciplinary action. If accrued sick leave is exhausted, an absence may be charged to personal leave or annual leave. If accrued sick leave, personal leave, and annual leave is exhausted, the absence will be leave without pay. Sick leave may not be advanced.

Except in the case of OFLA and/or FMLA protected leave, excessive absence from work may result in disciplinary action. An employee who uses three consecutive days of sick leave or uses excessive days of sick leave is required to provide to the Human Resources Manager, a letter of verification from a physician verifying the need for leave. All employee medical information will be kept confidential.

Parental Leave

Employees may use accumulated sick leave, personal leave, annual leave, or leave without pay as parental leave. Parental leave may be taken before and after the birth or adoption of a child, but may not exceed six months in duration.

Infants at Work

Employees may bring children up to six-months of age to work.

Annual Leave

Each employee with fewer than three years of service will accrue two (2) hours of annual leave for each 40-hour workweek completed, or while employee is on paid leave. After 3 years of employment with the NPAIHB, each employee will accrue three (3) hours of annual leave for each 40-hour work week completed, or while employee is on paid leave. No more than ten (10) days (80 hours) of annual leave may be carried forward to the following calendar year. Payment for annual leave in lieu of time off may not be made during the period of employment. Annual leave will not be accrued by employees on non-pay status.

Use of annual leave requires prior approval and the employee must submit an annual leave request to their supervisor. Whenever possible, the annual leave request must be submitted at least five (5) days in advance of departure. The time when planned annual leave shall be taken shall be approved by the supervisor and the Executive Director after considering the needs of the Board and the tribes and the seniority of the employees. Accurate records of earned and used annual leave shall be maintained on all employees by the Finance Department.

At any employee's departure, they shall be reimbursed for any unused accrued annual leave. Any monies owed to the Board by the employee may be deducted from the employee's final paycheck and from any unused accrued annual leave.

Cultural Leave

The purpose of cultural leave is to encourage employees to participate in tribal cultural events in order to gain or deepen their understanding of American Indian/Alaska Native (AI/AN) tribal communities so they can better serve the Board. Each employee is allowed up to three days of cultural leave per calendar year; however, each hour of cultural leave must be matched by the same number of hours of Annual leave taken on the same or consecutive days. If the event occurs on the weekend, employees may enter it on their timesheet to count toward their weekly hours. Cultural leave must be pre-approved by the employee's supervisor and the Executive Director to confirm that the event is likely to increase the employee's knowledge about AI/AN.

Non-Medical Leave of Absence Without Pay

A leave of absence may be granted to any regular employee. A leave of absence shall be granted only to an employee who desires to return to the NPAIHB and who at the time the leave is granted, has a satisfactory employment record.

Leave of absences for thirty (30) working days or less in any calendar year may be granted upon the approval of the supervisor and the Executive Director; the requirements of the position will be a consideration.

Upon request of the Executive Director and approval by the Board, longer leaves of absences without pay may be granted to an employee who: (1) desires to attend school or college or to enter training to improve the quality of their service; (2) is lent to another agency for the performance of a specific assignment; or for some other equally satisfactory reason. A leave of absence shall not be granted to an employee who is leaving the NPAIHB to accept other employment except as provided above.

Employees are not eligible for non-medical leaves of absence without pay unless they have been employed continuously for a minimum of one year.

Upon return from a leave of absence, the employee will be reinstated to their former position at the salary they were earning before the leave plus any additional cost-of-living increases given during the interim. The employee will retain all rights and benefits accrued prior to the leave.

An employee must return to work on the first scheduled workday following the expiration date of the leave. Failure of the employee to return on this date will be interpreted as voluntary resignation.

An individual on non-medical leave of absence without pay will not accrue annual leave, sick leave or other employee benefits, and the time will not count toward benefits accruing from seniority.

Leave of Absence With Pay

***Jury or Witness Duty*:** A leave of absence with pay shall be granted to any employee who serves on a jury or is a witness for the federal government, state government, or a political sub-division thereof. The employee shall be paid their regular salary. Any such jury or witness duty shall not be charged to vacation or sick leave. Any compensation, excluding parking and mileage allowances, paid to the employee by the court must be submitted to the NPAIHB.

***Education Leave*:** Employees may be granted educational leave not to exceed three (3) hours per week, which will not be charged to annual leave. To request educational leave, the employee must submit an educational leave request form to their supervisor prior to the start of their leave and with as much notice as applicable. Approval by the supervisor and the Executive Director is required and will be granted if the education is for the benefit of the NPAIHB or is supplemental to the employee's career plans. Educational leave may not be accrued. Upon completion of the course of study, the employee is required to submit their course grades to the Human Resources Manager to be kept in their personnel file as documentation of course attendance.

***Administrative Leave*:** The Executive Director may grant administrative leave for, but not limited to, the following: (1) up to three (3) days for attendance by an employee at a funeral for a member of the employee's family or member of an employee's extended family; (2) absences from work caused by severe weather; or (3) absences from work caused by a public health emergency or natural disaster.

TERMINATION OF EMPLOYMENT

Layoffs

The Executive Director may lay off an employee or employees for legitimate business reasons, such as but not limited to cost savings, organizational efficiency, end of a project or assignment, change in program priorities, or elimination of duplicative operations. For such a layoff involving two (2) or more employees, the Executive Director shall obtain prior authorization for the layoff from the Executive Committee.

The Executive Director shall decide which employee(s) are affected by the layoff based on factors including but not limited to job description, seniority, performance, production, and Indian Preference, alone or in combination. A layoff determination shall not be made based on any factors that would constitute discrimination.

The employee(s) to be laid off shall be given no less than 14 calendar days of notice, unless the employee(s) and the Executive Director jointly agree to waive the notice period, or for other reasonable cause as determined and documented by the Executive Director.

The employee(s) who have been laid off do not have a right of recall.

Severance Pay

Severance pay will not be provided to employees who terminate Board employment either voluntarily or involuntarily.

Resignations

An employee desiring to resign may do so by notifying their supervisor and/or the Human Resources Manager and/or the Executive Director in writing, giving the reasons and the effective date. Whenever possible, the employee should make every effort to give at least two weeks of notice.

Upon receipt of a notice of resignation, the Human Resources Manager shall schedule and conduct an exit interview with the departing employee to determine the reason for the resignation and any organizational changes that may need to be made to retain staff. Any responses and information given in the exit interview will be kept confidential.

PAY

Categories of Employees

NPAIHB shall maintain two major categories of employment for the purpose of distinguishing job responsibilities, requirements and compensation.

1. Exempt" employees are those salaried staff who perform professional, executive, administrative, or information technology duties, regularly exercise independent judgment and discretion, and meet the requirements necessary to be deemed exempt employees as defined by state and federal wage and hour laws. They are exempt from overtime pay.

2. Non-exempt employees are those staff who are paid on an hourly basis, perform secretarial, bookkeeping, and other support duties under the direction of NPAIHB professional staff, and are subject to the requirements of Oregon State wage and hour law, or wage and hour laws applicable to employees outside of Oregon. They are entitled to overtime pay, and will be reimbursed for time spent traveling as required by their supervisor or as requested by the employee and approved by their supervisor.

Classes of Employees

Employees of the NPAIHB are classified as follows:

1) ***REGULAR FULL-TIME EMPLOYEE*:** An employee who works a full 40-hour workweek and is employed continuously on an on-going basis for a minimum of six (6) months in a calendar year and has completed their probationary period.

2) ***REGULAR PART-TIME EMPLOYEE*:** An employee who works less than a full 40-hour workweek and is employed continuously for on an on-going basis for a minimum of six (6) months in a calendar year and has completed their probationary period. Regular part-time employees are eligible for benefits in proportion to their hours of work. The arrangement of part-time status must have approval of the immediate supervisor and the Executive Director.

3) ***TEMPORARY EMPLOYEE*:** An employee, hired for less than six (6) months on either a full-time or part-time basis. Temporary employees are not eligible for annual leave, health or disability insurance, retirement benefits, holiday pay, or in-house preference for employment. Temporary employees are eligible for sick leave.

4) ***PROBATIONARY EMPLOYEE*:** An employee who has not completed their probationary period. A probationary employee accumulates annual and sick leave. A probationary employee may be dismissed at any time during the probationary period with or without cause, or based on the employee's unsuitability for the position as determined by the supervisor and the Executive

Director. An employee discharged during the probationary period shall not be entitled to recourse through the grievance procedure in this Manual.

Payroll Policies

Time Reports: The Finance Department is responsible for the preparation of the NPAIHB payroll. Payroll checks will not be issued without a Time Distribution Report which must be approved by the supervisor and the Executive Director. Total hours will be reported for each day worked for each employee. Annual Leave, Sick Leave, Holiday Leave, Personal Leave, and Overtime must be reported in the appropriate categories of the Time Distribution report. A statement of gross earnings, an itemization of all deductions, and net earnings will be provided for each paycheck.

Pay Days: Pay days are on the 5th and 20th of each month. Time reports cover the periods of the 1st through the 15th, and the 16th through the last day of each month. The payroll week begins at 12:00 am on Monday and ends at 11:59 pm on Sunday. Time reports are due to the Finance Department on the 16th and 1st day of the following month.

Emergency Draws: Under emergency circumstances (i.e., family death, medical or other emergencies beyond the control of individuals), employees may request an emergency draw. Such a request will require the approval of the employee's immediate supervisor and the Executive Director. Emergency Draws will be made not to exceed an amount equal to the hours accumulated at the time of the request. The amount of the draw will be withheld from the paycheck that the wages were drawn against. All requests for emergency draws will be reviewed on an individual basis.

Final Paycheck Policy: Employees resigning from their position, giving the Board less than 48 hours' notice, will be paid within five (5) days of their last day worked (excluding weekends and holidays), or the next regular payday, whichever comes first. Employees giving 48 hours or more of advance notice of resignation (excluding weekends and holidays) will be paid on their final day of work.

Terminated employees, whether it is involuntary termination or by mutual consent, will be paid no later than the end of the next business day following their final day of work.

Salary Increases

Merit Increases: Merit increases will be allowed for employees after the probationary period and will depend on the employee's performance review and the availability of funds. The giving of merit increases and the effective date of merit increases are at the discretion of the supervisor. It is recommended that merit increases be made effective on the first pay period following the employee's anniversary date; however, the supervisor may choose a different effective date.

Cost-of-Living Increases: Cost-of-living increases are approved by the Executive Committee in consultation with the Executive Director and are contingent on the availability of funds and will be based on the Consumer Price Index for the Portland Metropolitan Area. The Executive Committee determines the effective date of all cost-of-living increases. All regular employees who have completed six months of employment prior to the effective date of the cost-of-living increase, are eligible for cost-of-living increases. Employees who have successfully completed one six-month probationary period and who are serving another probationary period in a new position are eligible for cost-of-living increases.

STAFF TRAINING

It is the policy of the NPAIHB to provide employees with educational opportunities, to encourage professional development so they may better perform their present jobs, and acquire skills permitting mobility to positions of greater responsibility. Employees who wish to pursue educational opportunities and training may submit a written request to their supervisor. The request must include a description of the training and a description of how the training will enhance their skills in their present position or build skills for a future position with NPAIHB. Training decisions will be based on the importance of the training to Board operations, the employee's performance review, and the availability of training funds.

For educational opportunities which require weekly hours of instruction and study on an on-going basis, please refer to the Educational Leave Policy under the Leave of Absence With Pay section of this Manual.

REPRESENTATION

Attendance at NPAIHB Meetings

Employees are encouraged to attend meetings of the NPAIHB. Employees will be required to attend meetings when requested by the Executive Director or the Board. The Executive Director will attend all meetings of the NPAIHB. Program Directors will be required to give program reports, oral and written, to the NPAIHB at the request of the Executive Director or the Chairperson.

Representation of NPAIHB

Except as set forth here, employees may not assume the role of spokesperson for the NPAIHB unless directed to do so by the Executive Director. Employees may express the policy of the Board as set forth in written documents or resolutions.

Employee Representation on Boards and Committees of Other Organizations

Employees who wish to represent the NPAIHB on Boards or Committees of other organizations must first obtain the approval of the Executive Committee.

The Board will not permit an employee to engage in any activities that create a conflict between their responsibilities as a Board employee and their personal, private, or other such interests.

Staff Representation at Meetings

Staff of the NPAIHB attends many meetings or gatherings, both national and local, within the scope of NPAIHB projects or contracts. Certain protocol and practices will govern NPAIHB staff participation in such events.

Attendance at National (outside Northwest Area) Meetings: Requirements for attending national meetings shall be: (1) authorized by the Executive Director; (2) the budget permits the expenditure; (3) the meeting relates to NPAIHB goals and objectives; (4) attendance does not interfere with regular duties and responsibilities. National meetings sponsored by the NPAIHB require participation by all authorized staff.

Local (Northwest Area): The same controls regulating attendance at national meetings shall apply to staff participation in local meetings in the Northwest Area. The Executive Director may delegate approval authority for Northwest Area travel to an employee who supervises other staff.

ELECTRONIC COMMUNICATIONS

This policy applies to all employees who work for the NPAIHB. There is no right to privacy for Internet use, including but not limited to, NPAIHB email, files, documents or other Internet sites. The Board retains the right to review all Internet use including history of usage. A panel consisting of the Executive Director and majority of the management team can recommend to the Executive Director the reading of an employee's email for the purposes of conducting an investigation.

SOCIAL MEDIA

At NPAIHB, we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media.

Guidelines

In the rapidly expanding world of electronic communication, *social media* can mean many things. *Social media* includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with NPAIHB, as well as any other form of electronic communication.

The same principles and guidelines found in NPAIHB policies and three basic considerations apply to your activities online:

(1) Ultimately, you are solely responsible for what you post online.

(2) Before creating online content, consider some of the risks and rewards that are involved.

(3) Any conduct that adversely affects your job performance, the performance of co-workers or otherwise adversely affects members, tribal contacts, Board delegates, people who work on behalf of NPAIHB or NPAIHB legitimate business interests may result in disciplinary action up to and including termination.

Know and Follow the Policies: Carefully read these guidelines, the NPAIHB, the Discrimination & Harassment Prevention Policy and the Bullying Prevention Policy and ensure your postings are consistent with these policies. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence or similar inappropriate or unlawful conduct will not be tolerated and may subject you to disciplinary action up to and including termination.

Be Respectful: Always be fair and courteous to fellow employees, tribal contacts, Board members, or people who work on behalf of NPAIHB. Also, keep in mind that you are more likely to resolved work-related complaints by speaking directly with your co-workers or by utilizing conflict resolution policy than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparage co-workers, tribal contacts, Board members, contractors or others, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or company policy.

Be Honest and Accurate: Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Be open about any previous posts you have altered. Remember that the Internet archives almost everything; therefore, even deleted postings can be searched. Never post any information or rumors that you know to be false about NPAIHB, co-workers, tribal contacts, Board members, contractors, or people working on behalf of NPAIHB.

Post Only Appropriate and Respectful Content:

Maintain the confidentiality of NPAIHB information. Do not post internal reports, policies, procedures or other internal business-related confidential communications.

Do not create a link from your blog, website or other social networking site to a NPAIHB website without identifying yourself as a NPAIHB employee.

Express only your personal opinions. Never represent yourself as a spokesperson for the NPAIHB. If NPAIHB is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of NPAIHB, co-workers, co-workers, tribal contacts, Board members, contractors or people working on behalf of NPAIHB. If you do publish a blog or post online related to the work you do or subjects associated with the NPAIHB, make it clear that you are not speaking on behalf of the Board. It is best to include a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of the Northwest Portland Area Indian Health Board."

Use of Social Media at Work:

Refrain from using social media while on work time or on equipment we provide, unless it is work-related as authorized by your supervisor or consistent with the Company Equipment Policy. Do not use NPAIHB email addresses to register on social networks, blogs or other online tools utilized for personal use.

Retaliation is Prohibited:

NPAIHB prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

Media Contacts:

Employees shall not speak to the media on behalf of the NPAIHB without the express approval of the Executive Director. All media inquiries must be directed to the Executive Director.

Representation of NPAIHB:

Employees may not act as a representative of NPAIHB on social media when using their personal accounts.

For More Information:

If you have questions or need further guidance, please contact the Human Resources Manager.

CONFLICT OF INTEREST

Prohibited Activities

No employee of the NPAIHB may

1) Participate in any political activities prohibited by law or regulation or contract/grant provisions.
2) Lobby or solicit resources for their program without Executive Director approval.
3) Write letters of support for other organizations or individuals on behalf of the Board or as a Board employee without the approval of the Executive Director.
4) Use the office postage meter for personal mail.
5) Write personal letters on Board letterhead stationery
6) Charge long-distance personal calls to the NPAIHB.
7) Use any Board resources for personal benefit.

All outside employment (moonlighting) shall be approved by the Executive Director upon a determination that such employment would not adversely affect the employee's performance and professional responsibilities to the Board. Employees are prohibited from using Board telephones, equipment, supplies, or staff time for purposes of outside employment. Staff may not conduct business related to outside employment during Board office hours. The solicitation of business for personal compensation during office hours or while on travel status as a Board employee is prohibited. Any employee who earns compensation for services in which their solicitation is based on their expertise, skills or position with the Board shall first have the approval of the Executive Director and shall turn any compensation for such services over to the Board.

Political Activities

NPAIHB's non-profit status and funding requirements prohibit NPAIHB from participating in any campaign activity for or against political candidates. In order to protect the agency's non-profit and funding status, employees are prohibited, during work time, from engaging in any political activity on behalf of or in opposition to a candidate for public office. Employees may not display campaign materials or paraphernalia on the premises or property. Employees are also prohibited from participating in lobbying activities, including support of or opposition to ballot measures, during work time, except as expressly permitted by the Executive Director. In addition, no NPAIHB materials, funds, or services may be used for lobbying or voter registration activities, except as expressly approved by the Executive Director. Employees with any questions concerning this policy should contact Human Resources Manager.

Receipt of Favors or Gifts

Employees may not accept personal favors, gifts, or other forms of compensation from vendors or contractors who have, or propose to have business dealings with the NPAIHB. Employees may accept gifts from tribal members and/or tribal employees when gifted to them in recognition of work performed for the benefit of the tribe(s) or when given to them as a giveaway at a meeting or conference. If you are uncertain, discuss with your supervisor or the Human Resources Manager.

Honorariums

An honorarium is a token payment made to bestow recognition to an individual for services they perform, for which payment is not required. An employee may not personally accept an honorarium or

fees for teaching, speaking, or writing if the topic is related to their official duties. An honorarium that is related to an employee's official duties must be paid directly to NPAIHB.

With the approval of Executive Director, an employee may accept an honorarium or fees for teaching, speaking, or writing, only if the topic is unrelated to their official duties and such activities are performed outside of official duty hours. Employee must use annual leave for time related to such request, including any time to prepare for such a request. Such honorarium is taxable to the employee.

Release of Confidential Information

Employees may not disclose privileged or confidential information without authorization by the Executive Director or Board Chairperson. For the purposes of this section, privileged and confidential information includes, but is not limited to, financial information and records of the NPAIHB, employee personnel records, and any other records or information rendered confidential by tribal, state, or federal law. Employees found to be in violation of this section are subject to the disciplinary procedures contained in this Manual, up to and including termination.

Prohibited disclosures include the dissemination of information from any employee within the finance department to anyone outside of the finance department unless such dissemination is in the regular course of duties of the finance department employee.

The release of confidential records maintained by NPAIHB in violation of the Privacy Act of 1974 (Title 5 US Code), Privacy Act Regulations (45 CFR, Part 5b), and NPAIHB policy is prohibited and subject to disciplinary action.

It is the policy of the NPAIHB that requests from NPAIHB employees for tribal data necessary to complete NPAIHB Projects are to be made in writing to the tribal council. The request must include a statement of how the data is to be used, a list of users, a description of how confidentiality will be maintained, and a sample resolution and/or data sharing agreement authorizing the release of the data. The Executive Director must approve all requests. Records obtained for NPAIHB projects that contain personal or tribal specific information are to be protected from uses other than those for which they were collected and be accessible only to those assigned to the project. Personal and tribal specific information is not to be disclosed without prior written consent of the individual or tribal government. Confidentiality must be maintained by NPAIHB employees so that the relationship and reputation of NPAIHB with its member tribes and with other agencies is not jeopardized, and the reliability of data is not questioned.

Intellectual Property and Product Ownership

The educational, administration, and research activities of NPAIHB employees may result in the discovery of new knowledge in the form of inventions, technological improvements, or in the production of educational and professional materials. All inventions, technological improvements, and educational or professional materials are the property of NPAIHB (unless they have been designated as belonging to a funding agency through written agreement) if such inventions, technological improvements, and educational or professional materials are conceived, developed and/or produced either:

(1) **Within the scope of employment.** Work is considered within the scope of employment if related to your job responsibilities, even if the NPAIHB has not specifically requested that you create the work. Work is related to your job responsibilities if it is the kind of work you are employed to do and you do it, at least in part, for your use at work, or for use by fellow employees, or for the NPAIHB or any of its clients, member tribes or their patients, or

NPAIHB's funding agencies. Your use of personal time or other facilities, systems or equipment to conceive, develop and/or produce the work will not change its basic nature as belonging to the NPAIHB if it is related to your job as described herein.

Or,

2) On NPAIHB time (i.e. during work hours) or with the use of NPAIHB facilities, systems or equipment, whether or not it was created within the scope of employment.

These discoveries and products may not be reproduced in whole or in part, and any publication or other distribution of these products is prohibited, without the explicit written permission of NPAIHB.

Employees shall be responsible for disclosing to their immediate supervisor and the Executive Director all inventions, technological improvements, and educational and professional materials conceived, developed and/or produced within the scope of employment or on NPAIHB time or with the use of NPAIHB facilities, systems or equipment.

Employees shall be responsible for cooperating and assisting the Board to patent, license, register for copyright, publish and generally assist the Board to provide public access to new knowledge resulting from employee activities.

Project materials are to be used to assist in achieving the project goals and objectives, and to serve as resources for other Board efforts. Any use beyond this scope requires written permission. Employees may not allow anyone else to utilize the material unless permission is granted by NPAIHB in writing.

Office Dress Code

The importance of first impressions among the visiting public dictate a minimum standard of dress be maintained while working for the Board during normal business hours. Under most circumstances, staff attire should present a professional businesslike appearance. Tank tops, sweat shirts or sweat pants, T-shirts, shorts or jeans are generally not considered businesslike attire.

Workplace Relationships

NPAIHB recognizes the increased potential for conflicts of interest, appearance of favoritism and risk of sexual harassment when employees develop close personal relationships of a romantic or intimate nature, or of a character that could result in an allegation of a conflict of interest or inappropriate behavior. All employees must take care to ensure that personal relationships in the workplace do not result in conflicts of interest or situations that might impair objective judgment.

Personal relationships between a supervisor and their subordinate employee involve a heightened potential for workplace concerns, including conflicts of interest. A supervisor and their subordinate employee engaged in a personal relationship shall promptly disclose the relationship to the Executive Director and the Human Resources Manager so that the Board can work with the supervisor and subordinate employee to take appropriate steps to reduce potential conflicts and the impact the relationship may have on the workplace (such as changing direct reporting relationships). All such disclosures will be kept confidential. Failure to make a disclosure as required under this section can result in disciplinary action for both the supervisor and the subordinate employee.

DISCIPLINARY PROCEDURES

Warning

A warning is to be used to correct minor violations of policy or unsatisfactory work performance. Its purpose is to caution and instruct employees in an effort to prevent future occurrences. Unless the violation is of a serious nature adversely affecting the work or public esteem of the NPAIHB, the warning procedure is recommended. The warning must be timely and based on facts (who, what, where, when and how). It may be given by the immediate supervisor of the employee, the Human Resources Manager or the Executive Director. The warning is confidential between the staff person and the person who gave the warning. It shall be given in private and shall be informal and instructive in nature. The first warning on a particular problem shall be verbal and documented by the supervisor, Human Resources Manager or Executive Director.

If the violation of policy or unsatisfactory work performance continues after the verbal warning is given, a written warning shall be issued. Prior to the issuing of a written warning, the supervisor will share information with the Human Resources Manager to establish the facts that are to be used as the basis of the written warning. Depending on the facts, an investigation may be conducted by the Human Resources Manager. The written warning shall include the following: the standard, the employee's actual performance, corrective action needed, a time frame set forth for completion of corrective action, and the consequence of not meeting the time frame. The written warning must be reviewed and approved by the Executive Director prior to the supervisor issuing the written warning to the employee. The written warning must be presented to the employee in person by the supervisor or the Executive Director and with the presence of the Human Resources Manager. The employee shall be requested to sign and date a copy of the written warning that acknowledges its receipt. It shall be explained to the employee that such acknowledgement of the written warning does not indicate either their agreement or disagreement with the contents of the written warning. If the employee refuses to sign the acknowledgement of the written warning, the supervisor or Executive Director must certify on their own copy that: 1) the letter was delivered to the employee in-person; 2) the employee refused to sign the requested acknowledgement; 3) the exact time and place of delivery. A copy of the written warning must be sent to the Human Resources Manager and shall be placed in the employee's personnel file.

If circumstances prevent in-person delivery of the written warning, it must be mailed to the employee by certified mail, signature of addressee only, Return Receipt Requested. When the Return Receipt is received, it shall be attached to the copy of the written warning and sent to the Human Resources Manager to be placed in the employee's personnel file.

Reprimand

A reprimand can be issued by the Executive Director or a supervisor authorized to take disciplinary action with the approval of the Executive Director, and must involve the assistance of the Human Resources Manager. Prior to the issuing of a reprimand, an investigation must be conducted by the Human Resources Manager to establish the facts that are to be used as the basis of the reprimand. Unless the violation or performance issue is of a serious nature adversely affecting the work or esteem of the NPAIHB, a reprimand shall be issued to correct the conduct, or work performance, of an employee only after the verbal and written warnings have failed. It must be issued in writing. It must: 1) factually describe (who, what, where, and when) the improper action(s) of the employee; 2) state the cause or reason for the reprimand; 3) review past corrective efforts, if any; 4) specify corrective steps to be reviewed by the employee and the Executive Director or Human Resources Manager within sixty (60) days; 5) caution the employee that future occurrence will result in further disciplinary action.

The reprimand must be presented to the employee in-person by the signer. Any discussions or explanatory information must be relevant to the material in the reprimand letter. Other matters should not be introduced or considered at this meeting. The employee shall be requested to sign and date a copy of the reprimand letter that acknowledges its receipt. It shall be explained to the employee that such acknowledgement of the reprimand does not indicate either their agreement or disagreement with the contents of the reprimand letter. If the employee refuses to sign the acknowledgement of the reprimand, the supervisor must certify on their copy that: 1) the letter was delivered to the employee in person; 2) the employee refused to sign the requested acknowledgement; 3) note the exact time and place of delivery. A copy of the reprimand letter must be sent to the Human Resources Manager and will be placed in the employee's personnel file.

If circumstances prevent in person delivery of the reprimand letter, it must be mailed to the employee by certified USPS mail, signature of addressee only, Return Receipt Requested. When the Return Receipt Request card is received, it shall be attached to the copy of the reprimand and sent to the Human Resources Manager to be placed in the employee's personnel file.

Suspension Without Pay

An action suspending an employee without pay can be taken by the Executive Director. Suspension without pay will be used in conjunction with probation to discipline staff for serious violations of policy and procedures. Prior to the issuing of suspension without pay, an investigation must be conducted by the Human Resources Manager to establish the facts that are to be used as the basis of the suspension.

An employee may be suspended without pay for a period not to exceed ten (10) working days for any of the following reasons:

1) Insubordination (defiance of direct instructions of supervisor or Executive Director).
2) Recurring failure to adhere to any part of this Program Operations Manual.
3) Conduct reflecting discredit to the NPAIHB (e.g., use of alcohol or drugs while on NPAIHB business, failure to attend scheduled meetings, misrepresentation of fact).
4) Recurring unauthorized absences and/or chronic tardiness not due to a medical condition or disability.
5) Recurring failure in job performance not sufficient to warrant immediate termination.
6) Recurring failure to recognize privacy and confidentiality of other employees and NPAIHB records and files.
7) Any other violation of policy or procedure the Executive Director may deem sufficient.

Suspension must be in writing, signed by the Executive Director and must include the following:

1) Factually describe (who, what, where, when) the employee performed the violation of policy;
2) State the policy upon which the action is based;
3) Review past corrective effort, if any;
4) Describe the corrective steps to be taken by the employee;
5) Caution the employee that future occurrences will result in further disciplinary action;
6) Set forth the period of suspension listing the exact starting and ending dates; and
7) Advise the employee of their rights to appeal their suspension through the official grievance procedures of the NPAIHB.

The notice of suspension must be delivered in person to the employee by the Executive Director and with the Human Resources Manager present. The employee shall be requested to sign and date a copy of the notice of suspension that acknowledges its receipt. It shall be explained to the employee that such acknowledgement of the suspension does not indicate either their agreement or disagreement with the contents of the notice of suspension. If the employee refuses to sign the acknowledgement of the suspension, the Executive Director must certify on their copy that: 1) the letter was delivered to the employee in-person; 2) the employee refused to sign the requested acknowledgement; 3) the exact time and place of delivery. The Executive Director will, from that point, follow the guidelines established for reprimands in Section D of this document. A copy of the notice of suspension must be sent/given to the Human Resources Manager and shall be placed in the employee's personnel file.

If circumstances prevent in-person delivery of the notice of suspension, it must be mailed to the employee by USPS certified mail, signature of addressee only, USPS Return Receipt Requested. When the Return Receipt is received, it shall be attached to the copy of the notice of suspension and sent to the Human Resources Manager to be placed in the employee's personnel file.

Disciplinary Probation

The Executive Director, or employee's supervisor with the approval of the Executive Director, may take disciplinary action toward an employee by placing them on probation for the following reasons: (1) any reason listed in the section entitled "Suspension Without Pay"; (2) recurring failure to correct performance issues leading to reprimands; (3) any other violation of policy or procedure which the Executive Director shall deem sufficient to warrant disciplinary action

Unless the violation of policy or performance issue is of a serious nature adversely affecting the work or esteem of the Board, an employee shall be placed on probation only after warnings and reprimands have failed. The Executive Director shall follow the procedural guidelines established in Section C, "Disciplinary Procedures" of this document.

A notice of probation shall be prepared and shall state the reason that the employee is being placed on probation and the specific criteria that the employee must meet in order to be removed from probation. The notice must be delivered in person by the Executive Director and with the Human Resources Manager present. The employee shall be requested to sign and date a copy of the notice of probation that acknowledges its receipt. It shall be explained to the employee that such acknowledgement of the notice of probation does not indicate either their agreement or disagreement with the contents of the notice of probation. If the employee refuses to sign the acknowledgement of the notice of probation, the Executive Director must certify on their copy that: 1) the notice was delivered to the employee in-person; 2) the employee refused to sign the requested acknowledgement; 3) the exact time and place of delivery.

If circumstances prevent in person delivery of the notice of probation, it must be mailed to the employee by USPS certified mail, signature of addressee only, Return Receipt Requested. When the Return Receipt is received, it shall be attached to the copy of the notice of suspension and sent to the Human Resources Manager to be placed in the employee's personnel file.

Disciplinary probation will extend up to 90 days from the date of the supervisor's decision. During the period of probation, the employee will not be entitled to use accrued annual leave.

Violation of any part of this Program Operations Manual or repetition of the offense leading to the probation during the probationary period shall be cause for immediate dismissal at any time during the probationary period.

At the end of the probationary period, the supervisor or Executive Director will perform a performance review to assess the employee's progress in correcting the performance issue. If the issue is corrected, the employee shall be removed from probation, and such action shall be noted on the review. The review and a copy of the probation notice must be sent to the Human Resources Manager and shall be placed in the employee's personnel file.

Dismissal

Action to dismiss an employee must be taken by the Executive Director. Prior to taking action to dismiss an employee, an investigation must be conducted by the Human Resources Manager to establish the facts that are to be used as the basis of the dismissal.

Except in the case of inability to report due to an emergency, absence without leave where an employee did not report to the Executive Director for three consecutive working days is an automatic resignation from employment as provided in Section C, "Absence from Work", of this Manual.

In addition, an employee may be dismissed for any of the following reasons:

1. Malfeasance or misappropriation of NPAIHB funds or assets.
2. Conviction of a felony or class "A" misdemeanor while an employee of NPAIHB.
3. Misrepresentation of pertinent facts in the employment application.
4. Recurring insubordination.
5. Use of employee's position for personal financial gain.
6. Recurring failure in job performance.
7. Recurring failure to correct issues leading to disciplinary action.
8. Any other violation of policy or procedure which the Executive Director shall deem sufficient.

Unless the violation or performance issue is of an extremely serious nature adversely affecting the work or esteem of the Board, an employee shall be dismissed only after warnings, reprimands, and probation have failed.

The Executive Director will issue a Notice of Dismissal to an employee who is discharged. The dismissal notice will state the reason(s) for dismissal, the effective date, and must be signed by the supervisor and the Executive Director. The notice of dismissal must be delivered in person to the employee by the Executive Director and with the Human Resources Manager present. The employee shall be requested to sign and date a copy of the notice of dismissal that acknowledges its receipt. It shall be explained to the employee that such acknowledgement of the notice of dismissal does not indicate either their agreement or disagreement with the contents of the notice of dismissal. If the employee refuses to sign the acknowledgement of the notice of dismissal, the Executive Director must certify on their copy that: 1) the letter was delivered to the employee in person; 2) the employee refused to sign the requested acknowledgement; 3) the exact time and place of delivery. A copy of the notice of dismissal must be sent to the Human Resources Manager and shall be placed in the employee's personnel file.

If circumstances prevent in-person delivery of the notice of dismissal, it must be mailed to the employee by USPS certified mail, signature of addressee only, USPS Return Receipt Requested. When the Return Receipt is received, it shall be attached to the copy of the notice of suspension and sent to the Human Resources Manager to be placed in the employee's personnel file.

The Executive Director will meet with the supervisor and the Human Resources Manager to assist in identifying employee problems or recommendations. The dismissal action will be communicated to the NPAIHB Personnel Committee.

Other

Disciplinary action against the Executive Director is the responsibility of the Executive Committee, employing the procedures outlined in this section.

EMPLOYEE REDRESS

Employee Relationships with the Board of Directors

The Board of Directors of the NPAIHB shall have complete responsibility and authority through the Executive Director over all personnel engaged in programs or activities sponsored by the NPAIHB. The Executive Director shall be responsible for instruction and supervision of staff. In the event that this line of authority is abridged by a Board member, tribal employee, or other agency, the NPAIHB employee shall be responsible for informing the Executive Director of said instructions, and the Executive Director will take corrective action.

The Board of Directors of the NPAIHB delegates authority to the Executive Director for all day-to-day personnel matters. This authority is to be exercised in accordance with the Program Operations Manual policies and procedures.

Need for Vertical Communication

The Board of Directors of the NPAIHB and the Executive Director recognize the need to provide employees a method to bring concerns and suggestions to the attention of the Executive Director or their designated management team and to get definitive answers from the decision-making levels of authorized personnel. The Executive Director's personnel responsibilities include the ability to communicate with any staff.

Grievances, concerns or problems, including but not limited to the examples set forth directly below in "Types of Problems" shall be addressed through the proper chain of command. Failure to follow the chain of command may result in disciplinary action against the employee.

Types of Problems

1) Need for clarification of NPAIHB policies and procedures.
2) Need for new or amended operations procedures.
3) Concern over improper fiscal activities by any Board member or Board employee.

Resolution Process

It is the policy of the NPAIHB that issues between employees be resolved informally whenever possible. Employees are expected to make a reasonable effort to resolve job-related issues and problems with other employees in a manner as informal as possible, including dialogue and informal mediation. Each employee should keep a record of their efforts to resolve the problem(s). The employee may seek assistance from the Human Resources Manager at any time in attempt to resolve the issue informally. If the employee is unable to resolve the issue informally, the employee may file a complaint with the Human Resources Manager.

If an employee has job-related issues and problems with their immediate supervisor, a record of their efforts to resolve the problem(s) shall be kept by both the supervisor and the employee. This record should consist of any verbal or written correspondence, and shall include dates and times of such communications as well as their content. The record kept by the supervisor shall be placed in the employee's Personnel File, and shall be subject to the restrictions concerning "Confidential Information" described elsewhere in this Manual. The employee may seek assistance from the Human Resources Manager at any time in attempt to resolve the issues informally, including having the Human Resources Manager participate in a meeting with both supervisor and employee. If this process fails to produce a result satisfactory to the employee, the employee may file a formal grievance with the Human Resources Manager. However, employees may not avail themselves of the formal grievance procedures until they have first made a good faith effort to resolve the issue informally, according to the informal procedure set out above.

If the complaint involves the Executive Director, the employee may report the incident or issue to any member of the Board's Personnel Committee. Complaints are accepted either verbally or in writing. When submitted verbally, the notified individual or investigator should take the complaint down in writing and obtain the employee's verification that the prepared statement is correct. The Personnel Committee will investigate the complaint and issue the employee a notice of findings.

Formal Grievance Procedures

The purpose of this section is to set forth the grievance procedures on personnel actions available to an employee, or former employee, who has first attempted to resolve a job-related difficulty or problem with a supervisor. These procedures incorporate the proper chain of command, and all employees, or former employees, are required to follow them. Failure to follow these procedures constitutes revocation of the right of grievance.

An employee may appeal:

1) Disciplinary action (except verbal warning)
2) Performance review
3) Denial of salary increase
4) Discriminatory actions
5) The findings of an investigation
6) Other job-related issues and problems

An appeal must be in writing, identifying the action being appealed and the employee's reason for appealing the action.

Appeals must be submitted no later than 10 working days after the occurrence of the action being appealed.

Step I: The employee should file a written grievance with their immediate supervisor, and provide a copy of the written grievance to the Human Resources Manager. The written grievance should explain the nature of the problem, describe previous attempts at resolving the problem, and describe how the employee would have the problem resolved.

The supervisor is required to respond to the grievance, in writing, describing their decision and setting forth the reasons behind it, within 10 working days.

Step II: If the employee's grievance is not resolved satisfactorily with Step I, the employee may choose to submit the grievance to the Executive Director for resolution. The employee's grievance appeal shall be in writing, and shall be submitted to the Executive Director within 10 working days of the employee's receipt of their supervisor's decision. The grievance will be reviewed, an investigation into the facts of the grievance will be conducted, and a decision will be issued to the employee in writing within 10 working days of receipt.

Step III: If the employee has completed the above steps and remains dissatisfied, they may file an appeal with the NPAIHB Personnel Committee. Such appeal must be filed within 10 working days of the receipt of the decision under Step II.

The Personnel Committee will review the appeal, the employee's personnel file, and all other pertinent data and, within 10 working days of receipt of the appeal, notify the employee in writing either (1) that the request for a hearing is denied, specifying the reasons for the denial, and that the decision of the Executive Director stands; or (2) that a grievance hearing on the appeal will be held and setting a date within twenty 20 working days of the date of receipt of the appeal by the Personnel Committee.

The Chairperson of the Personnel Committee is responsible for contacting other Committee members, requesting the employee's personnel file, scheduling necessary meetings, and/or hearings, and preparing all written responses.

In the absence of funds or time for Committee travel, the employee may choose either a hearing during the next regularly scheduled Board meeting or a telephone/audio-visual conference call. The hearing must be conducted in a closed session of the Personnel Committee and all records and proceedings are to be confidential. The employee shall be present at this hearing and may be represented by legal counsel at the employee's own expense. Within five (5) working days of the hearing, the Committee must submit its written decision to the employee and the Executive Director.

Step IV: If the employee has completed the above steps and remains dissatisfied, they may file a written appeal with the Executive Committee within 10 working days of receipt of the decision of the Personnel Committee.

The Chairperson must set a date for a hearing before the Executive Committee within 20 working days of receipt of the appeal and ask that the employee, employee's attorney, Executive Director and other interested parties be present.

In the absence of funds or time for Committee travel, the employee may choose either a hearing during the next regularly scheduled Board meeting or a telephone conference/audio-visual call. The hearing must be conducted in a closed Executive Committee session and all records are to be confidential.

If the Executive Committee chooses to hear an appeal, the Executive Committee must submit a written statement of the Final Resolution of the appeal to the employee, within five (5) working days of the hearing.

The decision of the Executive Committee is final and is not subject to further appeal.

All reports and rulings related to appeals shall be filed in the employee's personnel file unless otherwise authorized in the final written decision of the appeal.

Retaliation

Any employee or Board member who has been found to have taken retaliatory action against another employee because of a formal or informal complaint or grievance will be subject to disciplinary action. Upon receipt of a complaint of retaliation, an investigation will be conducted by the Human Resources Manager to determine if retaliation has occurred. If retaliation is found to have occurred, the Executive Director will take disciplinary action up to and including termination.

Whistle-Blower Protection

Employees and volunteers are encouraged to report any dishonest, fraudulent, or unlawful activity, policy, or practice of the NPAIHB, or of another individual or entity with which the NPAIHB has a business relationship, on the basis of a reasonable belief that the activity, policy, or practice is in violation of applicable law or a clear mandate of public policy (e.g., concerning financial practices, health, safety, welfare, or protection of the environment) or of NPAIHB's policies. Such reports shall be made to the Executive Director, or if involving the Executive Director, to the Chair of the NPAIHB. Information reported will be kept confidential to the extent possible.

The NPAIHB will expeditiously investigate all such reports of suspected wrong-doing, and take action as appropriate. If, after investigation, substantial facts cannot be established, the situation will be monitored for a reasonable period of time.

The NPAIHB will not retaliate against an employee or volunteer who makes a good faith report, or who threatens in good faith to make a disclosure, to an appropriate public authority.

SECTION D: SCIENTIFIC MISCONDUCT POLICY

POLICY

The Northwest Portland Area Indian Health Board (NPAIHB) expects research Investigators to observe the highest standards of professional conduct. NPAIHB will act to prevent, detect, and deal with possible misconduct by NPAIHB research personnel.

Misconduct is defined as (1) fabrication, falsification, plagiarism, or other practices that seriously deviate from those that are commonly accepted within the scientific community for proposing, conducting, or reporting research; (2) material failure to comply with federal requirements affecting specific aspects of the conduct of research, such as the protection of human subjects and the welfare of laboratory animals.

All allegations or other indications of misconduct shall be promptly reviewed in accordance with the procedure described below. The procedure shall be prompt, thorough, and conclusive; shall protect the rights of the affected parties, including confidential treatment; and shall afford an opportunity for the accused to comment on allegations and findings of the inquiry and/or the investigation.

All allegations that are substantiated after investigation shall result in appropriate administrative action.

Accusations of falsifying or misrepresenting research results are serious charges. Any person contemplating such accusations should fully consider the gravity of the accusation and its consequences

and should make every reasonable effort to avoid lodging charges that are unsubstantiated or frivolous. Making frivolous or false accusations may constitute grounds for disciplinary action.

All allegations of scientific misconduct will be investigated, and action taken, regardless of any actions taken by external entities (e.g., funding agencies or Institutional Review Boards)?

PROCEDURE

The key decision-maker in carrying out the procedure shall be the Executive Director. In the event that the Executive Director has a conflict of interest with a specific claim, a medical epidemiologist will serve as a replacement.

The procedure for acting on allegations of scientific misconduct includes four phases: (1) the allegation; (2) initial inquiry; (3) investigation; and (4) final determination and adjudication.

1) Allegation

Charges of scientific misconduct shall be brought to the Executive Director. The charges must be stated in writing and describe what misconduct is alleged and on what basis. An allegation may be made anonymously; however, NPAIHB will protect the confidentiality of the person bringing an allegation if their identity is disclosed and that person requests confidentiality. The person bringing a charge should consider carefully whether reaching the truth can be enhanced by their full and candid cooperation or will be diminished by a request for confidentiality.

2) Initial Inquiry

The initial inquiry stage will include initial information gathering and fact-finding sufficient to determine whether an allegation of misconduct warrants an investigation. The standard for determining whether an allegation of misconduct warrants an investigation shall be reasonable cause that there has been misconduct.

a) The Executive Director will advise the accused of the allegation and of the process to follow. The Executive Director shall have the authority to take whatever steps are necessary to secure data needed to ascertain whether there is reasonable cause to believe that there has been misconduct.
b) The Executive Director will appoint an Inquiry Committee of no more than three individuals to conduct the initial inquiry into the allegations. The members of the Inquiry Committee shall not have been involved in the scientific work under question and shall be otherwise free from any material conflict of interest. Legal counsel shall advise the Committee.
c) The Inquiry Committee shall hold private and separate sessions to hear the accuser, the accused, and others as determined necessary by the Inquiry Committee. All evidence that is produced which bears directly upon the charges shall be secured and reviewed. The Inquiry Committee shall make a report and recommendation to the Executive Director within ten (10) working days after the Executive Director has been informed of the charge. Under exceptional circumstances this period may be extended but not to exceed twenty (20) working days. The recommendation from the Inquiry Committee shall either be 1) that the allegations are without merit; or 2) that there is reasonable cause to believe that the allegations are true. The report shall be made in writing and shall contain a description of the evidence reviewed, the conclusion reached and the Inquiry Committee's supporting rationale.

d) The accused shall receive the Inquiry Committee's report and if they comment on the report the comments will be made a part of the record.
e) The Executive Director shall review the recommendation and supporting rationale of the Inquiry Committee and make a final determination of whether to undertake an investigation. This decision shall be delivered in writing along with the Inquiry Committee report, without necessary delay, to the accused, the Inquiry Committee, the NPAIHB Chair and members of the NPAIHB Executive Committee. The accuser, if identifiable, shall be given the portion of the report which addresses their role and opinions and a summary of the final determination of the inquiry.

3) Investigation

The investigation stage will involve examination and evaluation of all relevant facts to determine if an instance of misconduct has taken place. If misconduct is admitted, an investigation may nevertheless be conducted to determine the extent of any adverse effects resulting from the misconduct.

a) The Executive Director shall have the authority to suspend the accused, with or without pay, during the investigation phase, or to limit the work to be done by the accused.
b) The Executive Director shall determine whether any sponsoring agency and/or Institutional/Tribal Review Board must be notified that an investigation is underway and assure that notice is given.
c) The Executive Director shall convene an Investigating Committee composed of individuals with both scientific and tribal community expertise to conduct a complete investigation of the allegations. The Investigating Committee should not be excessive in size, but should contain individuals with sufficient expertise and dedication to conduct a thorough and equitable investigation. The members of the Investigating Committee shall be free from any material conflict of interest. In order to assure no material conflict of interest, members of the Investigating Committee may be selected from outside NPAIHB. The Executive Director may also choose to have selected external experts to serve as reviewers of all or part of the Investigating Committee's report.
d) The Investigating Committee shall conduct a thorough, timely, and conclusive report within a 90-day period. Under extenuating circumstances, the Executive Director shall have the authority to extend the 90-day period, but not to exceed an additional 10 working days.
e) The investigation shall be conducted in such a way as to maximize the determination of truth in the matter. At the discretion of the Investigating Committee, the accused, the accuser and any witnesses shall be heard privately by the Investigating Committee, not in the presence of others. All relevant evidence should be secured and that evidence which bears directly upon the charge shall be reviewed. The Investigating Committee may audio or video record any session.
f) The Investigating Committee shall have necessary support (e.g., clerical, information gathering, organizational, security, record keeping, and confidentiality) which will be arranged by the Executive Director. Legal counsel shall advise the Investigating Committee.
g) The Investigating Committee will provide a written report of its process, findings, conclusions, recommendations, and supporting rationale, together with all documentation and evidence, to the Executive Director and the accused. If the accused comments on the Investigating Committee's report, such comment will be made part of the record.
h) Within five (5) working days, the Executive Director shall review the report and make a recommended finding to the Executive Committee as to whether misconduct has been substantiated. The Executive Director will also recommend further actions to the Executive Committee. This recommendation will be delivered in writing together with the Investigating Committee's report and recommendations to the accused, the Investigating

Committee, and the Chair and members of the Executive Committee. The accuser shall be given the portion of the report which addresses their role and opinions and a summary of the final determination of the investigation.

i) The Executive Director will assure that necessary reports are filed with appropriate sponsoring agencies.

4) Final Determination and Adjudication

a. With advice of legal counsel, the NPAIHB Executive Committee shall review the report and recommendations of the Executive Director. It shall have the right to call before it any party or witness from whom the Executive Committee, in its sole discretion, determines it should take additional testimony. The Executive Committee shall make a final determination regarding the alleged misconduct. This decision shall be delivered in writing without unnecessary delay to the accused, the Executive Director, the Inquiry Committee, and the Investigating Committee. The accuser, if identifiable, shall receive a summary statement of the final determination.

b. If any misconduct is substantiated, collaborators shall be advised as well as any publication offices affected.

c. If misconduct is not substantiated, the Executive Director will undertake immediate efforts to restore the reputation of those under investigation by notifying all collaborators and parties involved in the investigation and any sponsoring agencies or publishers in writing.

d. If misconduct is substantiated, the NPAIHB Executive Committee will initiate appropriate sanctions. Sanctions available to the Executive Committee include, but are not limited to the following types of actions: requiring that work be corrected or redone; requiring that work be done under supervision; requiring repayment of costs incurred by NPAIHB and caused by the misconduct; requiring that scientists or other implicated personnel be placed on probation, suspended from work with or without pay or terminated from employment. Actions or combinations of actions of this kind may be taken either for a specified period of time or permanently.

e. The Executive Committee's decision on sanctions to be administered shall be made within five (5) days of the Executive Committee's final determination regarding the misconduct and shall be delivered in writing to the accused, the Executive Director, the Inquiry Committee, the Investigating Committee, and members of the Executive Committee. The Executive Committee's decision shall be final and not subject to appeal to the full Board.

SECTION E: FINANCIAL CONFLICT OF INTEREST POLICY

The Northwest Portland Area Indian Health Board (NPAIHB) is committed to conducting Research in a manner that ensures the integrity of its Research projects. NPAIHB requires its employees and any other person who is responsible for the design, conduct or reporting of Research being conducted by NPAIHB, to promptly disclose significant financial interests and other situations that present a conflict of interest or the appearance of a conflict of interest. NPAIHB operates in accordance with federal regulations addressing Research conflicts of interest, including financial conflict of interest, as required by 42 C.F.R. Part 50, Subpart F (Public Health Service grants and cooperative agreements) and 45 C.F.R. Part 94 (Public Health Service contracts) (hereinafter collectively referred to as "Federal Regulations").

The purpose of this policy is to describe minimum requirements for identifying and managing financial conflicts of interest in the conduct of Research. These requirements apply to all Research being conducted in whole or in part in NPAIHB, regardless of the Research Sponsor.

Definitions

A **conflict of interest** arises when personal or financial interests influence professional judgment or decision-making. Anything that creates a divided loyalty or the appearance of a divided loyalty between the Investigator and either NPAIHB or research participants may be a conflict of interest. A potential conflict of interest exists when an Investigator has the potential for personal financial or other non-financial benefit from the outcome of a study, including an equity, or other financial interest in the company that is sponsoring Research in which s/he participates.

Financial Interest: Anything of monetary value, whether or not the value is readily ascertainable.

Financial Conflict of Interest (FCOI): A Significant Financial Interest that could directly and significantly affect the design, conduct or reporting of research.

Immediate Family: This includes the following individuals, regardless of whether they are living in the household of the Investigator: spouse, domestic partner, minor or dependent children or former spouse for whom financial assistance is provided, and any other related or unrelated individuals living in the household who are financial dependents.

Institution: The entity that receives funding from the Public Health Service of the U.S. Department of Health and Human Services (PHS), meaning NPAIHB or its subcontractors.

Institutional Responsibilities: These include an Investigator's professional responsibilities on behalf of NPAIHB, including those involving research and research consultation.

Investigator: The Investigator means the project director or principal investigator (PD/PI) and any other person, regardless of title or position, who is responsible for the design, conduct, or reporting of research, or proposed research. This may include collaborators or consultants. For research funded by the PHS, the term Investigator includes, but is not limited to, all Key Personnel.

Key Personnel: The PD/PI and other individuals who contribute to the scientific development or execution of a project in a substantive, measurable way, whether or not they receive salaries or compensation under a PHS grant, cooperative agreement or contract. Consultants and those with a postdoctoral role also may be considered Key Personnel if they meet this definition.

Research: A systematic investigation, study, or experiment designed to develop or contribute to general knowledge relating broadly to public health, including behavioral and social sciences research.

Research Sponsor: Is any entity which provides funding for a research study or an investigational product that is being tested in a study (e.g., pharmaceutical companies, device manufacturers, foundations, academic institutions, or government agencies).

Significant Financial Interest (SFI): A financial interest of the Investigator and those of the Investigator's Immediate Family that reasonably appears to be related to the Investigator's Institutional Responsibilities. For example, an SFI for any non-publicly traded entity exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated,

exceeds $5,000, or the Investigator or a member of the Investigator's Immediate Family holds any equity interest; or intellectual property rights and interests (e.g. patents, copyrights), upon receipt of income related to such rights and interests, regardless of value. The term "Significant Financial Interest or SFI" does not include the following types of Financial Interests:

a) Salary, royalties, or other remuneration paid by NPAIHB to the Investigator if the Investigator is currently employed or otherwise appointed or contracted by NPAIHB, including intellectual property rights assigned to NPAIHB and agreements to share in royalties related to such rights;

b) Income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles;

c) Income from seminars, lectures, or teaching engagements sponsored by a federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education; or

d) Income from service on advisory committees or review panels for a federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

PROVISIONS

1. Enrollment Bonuses and Special Payments. Investigators may not accept enrollment bonuses from research sponsors or any other special payments related to achieving targets or meeting timeframes established by the sponsor.

2. Ownership. Unless otherwise agreed to in writing by the NPAIHB entity in question, any inventions, intellectual property, or proprietary information developed as a result of research conducted while on NPAIHB work time, or using NPAIHB information, equipment, or facilities is owned by the NPAIHB entity by which the investigator is employed.

3. Publications. Investigators may not publish, formally present, or provide expert commentary on research without disclosing a SFI in any company that sponsored the study being reported.

4. Appearance of Conflict. Investigators must avoid other situations not specifically described in this policy that may create a FCOI or the appearance of a FCOI.

5. In-kind (non-cash) Support. Investigators may not accept in-kind support from research sponsors, with the exception of payment of travel expenses. Immediate Family of investigators may not accept in-kind support.

6. Travel. Investigators may receive in-kind support, such as airline tickets to attend meetings related to the conduct or review of research from research sponsors. All such in-kind support must be disclosed, which disclosure shall at a minimum include the purpose of the trip, the identity of the sponsor/organization, the destination, and the duration.

7. Education/Information about Conflict of Interest. NPAIHB shall provide Investigators and others who participate in research education about this policy, including what constitutes a FCOI and

required reporting of SFIs. NPAIHB must provide this information to Investigators prior to Investigators engaging in Research, every four years thereafter, and immediately when:

a) This policy is revised in a manner that affects the requirements for investigators;
b) An Investigator is new to NPAIHB; or
c) An Investigator is not in compliance with the policy or in compliance with a plan to manage a **FCOI.**

8. Investigator Disclosure. Prior to engaging in research, or before submitting an application for PHS-funded Research, as applicable, Investigators are required to disclose in writing any SFI (s) and the nature and scope of those interest(s). If an Investigator has SFIs, the Investigator must declare this in writing. Investigators must disclose all in-kind travel support, regardless of value.

a) Investigators must immediately disclose any new SFIs that arise during the course of research. This may occur in situations including, but not limited to, the acquisition of a financial interest through purchase, marriage, or inheritance.

b) Investigators must submit an updated disclosure of SFIs no less than annually during the course of research. Such disclosure shall include any information that was not disclosed initially or in a subsequent disclosure of SFIs, and shall include updated information regarding any previously disclosed SFI.

c) Investigators who are notified of the requirement to complete a research Conflict of Interest disclosure form must promptly complete the form and respond to requests for clarification or additional information regarding their disclosure.

d) All disclosures and actions taken with respect to this policy must be maintained for at least four (4) years from the date the final expenditure report for a study is submitted.

9. Review of Disclosures. NPAIHB designates a conflict of interest officer (CIO) to receive and review disclosure statements from investigators. The CIO may not review disclosures relating to the CIO's own research or those of the CIO's Immediate Family. The CIO determines whether there is a FCOI to report and manage. Such review must occur before the expenditure of any funds under PHS-funded research, or for ongoing PHS-funded research, within 60 days of an Investigator's disclosure of a SFI. Additionally, whenever a FCOI is not identified or managed in a timely manner (including failure by the Investigator to disclosure a SFI that is an FCOI, failure by NPAIHB to review or manage such an FCOI, or failure by Investigator to comply with a FCOI management plan), NPAIHB will, within 120 days of determining such non-compliance, complete a retrospective review of the Investigator's activities and the research to determine whether any research conducted during the period of non-compliance was biased in the design, conduct or reporting of such research. Such retrospective review shall comply with the applicable Federal Regulations.

10. Reporting to the Public Health Service NPAIHB reports a FCOI if it is related to PHS-funded Research and the SFI identified could directly and significantly affect the design, conduct, or reporting of the PHS-funded research. A SFI is related to PHS-funded research if NPAIHB reasonably determines that the SFI could be affected by the PHS-funded research, or is in an entity whose financial interest is affected by the research.

a) Timing of Reporting. NPAIHB reports to PHS before NPAIHB's expenditure of any funds under a PHS-funded research project. If NPAIHB identifies a FCOI and eliminates it before its

expenditure of PHS-awarded funds, NPAIHB does not submit an FCOI report to PHS. If NPAIHB identifies a FCOI during ongoing PHS-funded research, NPAIHB reports to PHS within 60 days of identifying the FCOI.

b) Method of Reporting. NPAIHB provides to the PHS Awarding Component an FCOI Report regarding any Investigator's SFI found by NPAIHB to be a FCOI.

c) Information to Include in Report. An FCOI report must include sufficient information to enable the PHS Awarding Component to understand the nature and extent of the FCOI, and to assess the appropriateness of NPAIHB's management plan. The requirements for what the FCOI report must contain are detailed in Reporting Requirements to PHS.

d) Annual Reporting. For any FCOI reported by NPAIHB, with regard to an ongoing PHS-funded research, NPAIHB provides to the PHS Awarding Component an annual FCOI Report that addresses the status of the FCOI and any changes to the management plan for the duration of the PHS-funded research. The annual FCOI Report specifies whether the FCOI is still being managed or explains why the FCOI no longer exists. NPAIHB provides these annual reports in the time and manner specified by the PHS Awarding Component.

e) Corrective Action. If an Investigator's failure to comply with this policy or a management plan appears to have biased the design, conduct, or reporting of the PHS-funded Research, NPAIHB promptly notifies the PHS Awarding Component of the corrective action taken or to be taken.

f) Management of Financial Conflicts of Interest. The CIO develops and implements a plan to manage (e.g., reduce or eliminate the FCOI; ensure to the extent possible that design, conduct and reporting of Research are free from bias) any FCOI consistent with the applicable Federal Regulations. NPAIHB must develop and implement a management plan before the expenditure of any funds under PHS-funded research, or for ongoing PHS-funded research within 60 days of an Investigator's disclosure of a SFI. NPAIHB monitors the Investigator's compliance with the management plan.

11. Sanctions. Failure to comply with this policy will result in institutional sanctions to the Investigator, which may include loss of Research privileges. Persons who fail to comply with this policy are subject to disciplinary action, up to and including termination.

12. Documentation and Retention of Documentation. NPAIHB maintains records relating to all Investigator disclosures and NPAIHB's review of, and response to, such disclosures (whether or not a disclosure resulted in the determination of a FCOI), and all actions under this policy, for a period of four (4) years from the date of submission of the final expenditures report for the PHS-funded research.

13. Posting on a Publicly Accessible Web Site. In accordance with Federal Regulations, this policy is posted on www.NPAIHB.org, which is accessible to the public. In addition, prior to NPAIHB's expenditure of any funds under a PHS-funded Research project, NPAIHB ensures public accessibility, via its website named above, of information concerning any SFI disclosed to NPAIHB that meets the following three criteria: (1) The SFI was disclosed and is still held by the Key Personnel; (2) NPAIHB determines that the SFI is related to PHS-funded research; and (3) NPAIHB determines that the SFI is a FCOI. NPAIHB maintains this information on the publicly

accessible website, consistent with the applicable Federal Regulations, for 4 years from the date the information was most recently updated.

14. Subcontracts. When NPAIHB subcontracts PHS-funded research to another Institution, NPAIHB takes reasonable steps to ensure that the other Institution's Investigators comply with either this policy or, if the other Institution's policy complies with federal regulations, complies with the other Institution's policies. NPAIHB includes the following terms in its subcontracts:

a) If the subcontractor's Investigators will comply with the subcontractor's financial conflicts of interest policy, the subcontractor will certify as part of the agreement that its policy complies with the Federal Regulations. Additionally, the agreement will specify time period(s) for the subcontractor to report to NPAIHB all identified financial conflicts of interest, as defined by the Federal Regulations, which time period(s) will be sufficient to enable NPAIHB to provide FCOI reports before the expenditure of funds, and within 60 days of any subsequently identified FCOI.

b) If the subcontractor will not provide such certification, the agreement will state that subcontractor Investigators are subject to NPAIHB's policy for disclosing SFIs that are directly related to the subcontractor's work for NPAIHB. The agreement will specify time period(s) for the subcontractor to submit all Investigator disclosures of SFIs to NPAIHB, and which time period(s) will be sufficient to enable NPAIHB to comply in a timely manner with its review, management, and reporting obligations under the Federal Regulations.

SECTION F: HEALTH AND SAFETY POLICY

The NPAIHB is committed to ensuring the safety of its employees, clients, and Board members while engaged in Board activities. Employees are required to immediately report any unsafe or hazardous conditions they become aware of to their supervisor and the Human Resources Manager and to take any practical steps to prevent any persons or property from being harmed by the unsafe condition(s). Supervisors are required to report such conditions to the Executive Director and are required to take whatever practical steps within their power to prevent any persons or property from being harmed by the condition(s). Failure to comply with these reporting requirements will result in disciplinary action.

All employees are required to report work-related accidents to the Human Resources Manager as soon as possible. Employees away from the Board office who suffer a work-related injury must phone in a report to the Human Resources Manager as soon as possible.

SECTION G: MENTAL HEALTH AND WELLNESS POLICY

The purpose of NPAIHB's mental health and wellness policy is to create a healthy work environment, to prevent and provide support for mental health issues, and create awareness around mental health and stigma. The Executive Director is primarily responsible for communicating this policy and overseeing its implementation, or may delegate the implementation of this policy to Human Resources.

As a Native organization, NPAIHB values the interconnectedness of all aspects of one's life and everything in our world. We understand that to live in harmony requires the balance of one's physical,

mental, emotional and spiritual well-being with the environment. The failure of any or all of these parts to wellness can lead to poor outcomes in other aspects of life, including work. Mental, emotional and spiritual health is just as important as physical health. Mental illness may be detrimental to a person, as it impacts happiness, productivity and collaboration.

The Board will:

- Create a healthy workplace. In collaboration with supervisors, employees, health and wellness experts and/or traditional healers. The Board will seek input on creating balance and addressing mental health issues in the workplace.
- Require all employees to take Question, Persuade, Response (QPR) Training. QPR is an emergency response to someone in crisis and can save lives.
- Host information sessions. We will schedule quarterly session for supervisors and employees explaining important elements of mental health and stigma, and provide resources.
- Compile helpful resources. We will establish a repository of information about mental health and stigma.

Employee Resources

Employees who feel overwhelmed by a personal or professional circumstance are encouraged to access resources provided by the Board:

- Employee Assistance Program (EAP), Providence EAP at 1-800-255-5255 or www.providence.org/eap offers confidential counseling, support, information and resources.
- Health care coverage for eligible employees includes services for mental health counseling and substance-use issues.
- Peer supports. Executive Director, Human Resources Manager and/or designee(s), will develop a peer support program that serves as a temporary source of support for employees who may be struggling. Peer supports are not meant to replace mental health counseling but may be a source of support to an employee through a conversation or cultural/traditional healing.

Co-worker Support

We acknowledge that employees may feel more comfortable reaching out to a co-worker instead of a supervisor or Human Resources. We encourage co-workers to support one another when needed and to maintain confidentiality about the employee by not disclosing with others any of the information shared by the employee.

However, if an employee is making statements that they may cause harm to themselves or others, the co-worker should report this to Human Resources or the Executive Director who will contact known resources for support.

If the harm is imminent to the employee, you are strongly encouraged to call the National Suicide Prevention Lifeline: 1-800-273-8255 (TALK). This is a national resource that may be accessed by anyone and provides support to the person in crisis and anyone trying to provide support to someone in crisis.

Taking Care of Those Who Take Care of Co-workers

If you are supporting a co-worker temporarily, you are encouraged to seek out resources to support your own wellness and self-care.

SECTION H: DRUG FREE WORK PLACE POLICY

DRUG FREE WORK PLACE GUIDING PRINCIPLES

It is the policy of the NPAIHB to provide its employees with a safe and healthy work environment. In order to do so, the Board prohibits the use, sale, dispensing or possession of illegal drugs and alcoholic beverages in the work place. Any employee who engages in such action will be subject to disciplinary action up to and including termination.

The intent of the NPAIHB's Drug Free Workplace Policy is to respond appropriately and consistently to inappropriate work behavior. The Board takes the position that misuse of alcohol and misuse of drugs are medical conditions, and that an employee with either condition should have the same opportunity to rehabilitate as with any other medical condition, should they choose to do so. Any employee who requests medical leave in order to seek treatment, will be granted OFLA and FMLA leave per the guidelines set forth in Section C of this document. Requests for leave must be made to the Human Resources Manager and will be treated as confidential medical information. However, this position in no way circumvents the policies and procedures of the NPAIHB.

DRUG FREE WORKPLACE CONDITIONS AND PROCEDURES

These conditions and procedures apply to instances of alcohol and/or drug use which affect the job performance of the individual, the safety of co-workers and the public, the reputation of the NPAIHB, and the violation of federal, state, and local laws. They are as follows:

1) Misuses of alcohol and/or misuse of drugs are recognized as medical conditions for which there is treatment and rehabilitation, and for which the employee has individual responsibility.
2) Employees who suspect that they may have an alcohol and/or drug misuse condition are encouraged to seek rehabilitation through appropriate treatment as early as possible.
3) Supervisors and/or the Human Resources Manager can, upon request from an employee, provide assistance to identify appropriate treatment options.
4) Referral for treatment will be based on safety factors, and/or test results (as specified) and the employee will be placed on medical leave for a portion of or all of the period of time that are receiving treatment. In order to maintain a stable workplace, and preserve the safety of the employee and co-workers, certification from a medical provider will be required prior to the employee's return to work.
5) The refusal of the individual to accept referral for treatment or to follow prescribed treatment will be handled through existing disciplinary procedures.
6) An employee who requests treatment for a medical condition will not have their job security or promotional opportunities jeopardized.
7) The confidentiality of records of employees who have an alcohol and/or drug misuse condition will be strictly maintained and filed separately from the personnel files, in the employee's medical file. Records will not be disclosed or released unless required by law or upon written request by the employee.
8) Employees utilizing treatment and rehabilitation programs will be expected to meet existing job performance standards, safety standards, and established work rules within the framework of existing agreements.

9) At all work sites, a reasonable request to provide a urine sample to determine the presence of alcohol, intoxicants, or controlled substances (drugs) may be made under the following circumstances:
    a. As a result of probable cause established by unacceptable work performance or workplace behavior documented by at least two supervisors who observe the employee.
    b. An on-the-job accident involving personal injury.
    c. As a condition of filing a claim for compensation under the Workers Compensation Insurance benefits offered to all employees of the Board.
    d. Monitoring of employees for a period of up to one (1) year following completion of a misuse of alcohol or misuse of drugs rehabilitation program.
10) Any employee who refuses a reasonable request by a manager or supervisor to be tested to determine the presence of alcohol, intoxicants, or controlled substances (drugs) will be considered insubordinate and will be terminated.

Additional Conditions

1) Employees of the NPAIHB or any contractor or outside vendor doing business with the Board shall not use, possess, dispense or receive alcohol, intoxicants or controlled substances (drugs) on the Board's premises or report to work under the influence of alcohol, intoxicants or controlled substances (drugs).
2) Alcohol and controlled substances (drugs) obtained without a valid prescription are prohibited from the NPAIHB offices as well as from all work conducted off the premises. Law enforcement officials will be notified if illegal drugs are found either on work site property or on work assignments.
3) Any NPAIHB employee convicted of any drug offense that has an adverse effect on the Board or a negative influence on co-workers will be subject to disciplinary action up to and including termination.
4) As a condition of continuing employment, all NPAIHB employees engaging in abnormal or erratic behavior that has a negative impact on work performance such as excessive absence from work, aggressive physical or verbal behavior, falling asleep while on duty, or displaying behavior that presents a danger to themselves or others, will be asked to submit to a urine test to determine the presence of alcohol, intoxicants or controlled substances (drugs). In the case of injury occurring on the job, employees will be asked, additionally, to submit to (a) a breath test to establish the state of impairment if a "reasonable basis" has been established regarding alcohol consumption or (b) a blood test when medical complications prevent a breath test from being conducted.
5) Any employee of the NPAIHB who is found to have willfully contaminated urine samples submitted for the purpose of testing for the presence of alcohol, intoxicants or controlled substances (drugs) will be terminated.

Nothing in the Drug Free Work Place Conditions and Procedures is to be interpreted as constituting a waiver of management's responsibility to maintain adherence to policies, safety, or the right to take disciplinary action within the framework of existing agreements, in the case of misconduct that may result from alcohol, intoxicants or controlled substance (drug) abuse.

SECTION I: HARASSMENT POLICY

Policy

The Northwest Portland Area Indian Health Board (the Board) is committed to courteous and considerate treatment of its employees. It is the intent of the Board that all employees work in an environment that is free from discrimination and/or harassment of any employee by another employee, supervisor, manager, contractor, tribal contact person, or other non-employee. All employees who witness, experience, or otherwise possess information on an incident of harassment are required to report it. All complaints that are brought to the attention of the Board will be promptly and thoroughly investigated. If it is determined that harassment occurred, the Board will take immediate and appropriate corrective action to resolve the situation. There will be a training session on the Board's Harassment Policy at least once a year and every employee shall attend such training or its equivalent.

If an employee of the Board engages in discrimination or harassment, corrective action will include appropriate disciplinary action up to and including dismissal of the employee and the assurance that:

1) The harassment will cease;
2) The harassment will not reoccur; and
3) There will be no retaliation as a result of the harassment being brought to the attention of the management or any supervisor at the Board.

This policy prohibits conduct that has the purpose or effect of unreasonably interfering with an individual's work performance or creating an offensive work environment and forbids harassment of any kind. Harassment may be direct or indirect, in-person or electronically (such as verbal or written comments made in virtual meetings or on social media).

The Board strongly disapproves of harassment of its employees in any form, and maintains that all employees, at all levels of the Board, must avoid offensive and inappropriate behavior at work when on Board business, or when they are representing the Board in any way.

Harassment can be classified as one of two types:

1. ***Quid Pro Quo*** harassment is where submissions to the conduct is a term or condition for employment or is used as a basis for an employment decision.

2. ***Hostile work environment*** has the purpose or effect of unreasonably interfering with an employee's work performance or creates an intimidating, hostile or offensive work environment. A claim could be based on but not limited to threatening, demeaning, hostile or offensive conduct. Generally, a series of incidences is needed to create a hostile environment claim and the strength of the claim depends on the number and intensity of such incidents.

Sexual Harassment:

Sexual harassment is defined as the unwelcome sexual conduct that effects an individual's employment. An employee's conduct will be considered unwelcome and in violation of this section when the employee knows or should know it is unwelcome to the person subjected to the conduct. Non-exclusive examples of prohibited sexual harassment include unwelcome physical conduct (such as touching, blocking, staring, making sexual gestures, and making or displaying sexual drawings or photographs) and unwelcome verbal or written conduct (such as sexual propositions, slurs, insults, jokes, and other sexual comments).

Complaint Procedure

No employee is required to complain first to the person who is allegedly performing the harassing behavior. An employee may make a complaint about witnessing or experiencing harassing behavior to the supervisor of the alleged harasser, the employee's immediate supervisor, the Human Resources Manager, the Management Team or the Executive Director. If the complaint involves the Executive Director, the employee may report the incident to any member of the Board's Personnel Committee. Complaints are accepted either verbally or in writing. When submitted verbally, the notified individual or investigator should take the complaint down in writing and obtain the employee's verification that the prepared statement is correct.

The Board will promptly and thoroughly investigate complaints or reports of violation of this Section. A thorough investigation may take several weeks. An employee who has filed a complaint or a report pursuant to this Section may inquire, at any time, about the status of an investigation.

Anyone found to have filed a complaint/report of harassment when such accusation is determined to be deliberately dishonest or in bad faith will be determined to have violated this Section.

The Board will take prompt disciplinary and remedial action if its investigation shows a violation of this Section. Appropriate disciplinary action will depend upon the circumstances and may include warnings, training, or termination.

The Board will protect the confidentiality of all complaints and reports of harassment to the extent possible and practicable.

No Retaliation

No reprisal, retaliation, or other adverse action will be taken against any employee for making a good faith complaint or report of harassment, or for assisting in a good faith investigation of any such complaint or report. Any suspected retaliation or intimidation should be reported immediately to the Human Resources Manager or the Executive Director, or in the case of the Executive Director conducting retaliatory behavior, any member of the Board's Personnel Committee. All such reports will be investigated and any supervisor or other employee found to have retaliated against an employee for filing a good faith harassment complaint will be terminated.

SECTION J: BULLYING AND THREATS OF VIOLENCE PREVENTION POLICY

Bullying Prevention Policy

The NPAIHB will not in any instance tolerate bullying behavior. The NPAIHB defines bullying as a pattern of repeated mistreatment, of one or more people by one or more perpetrators, that a reasonable person would find abusive, hostile, intimidating, or offensive. Bullying acts or behaviors may be either direct or indirect, in-person or electronically (such as cyberbullying), and may take many forms, including but not limited to physical acts or behaviors (*e.g.,* pushing, shoving, kicking, tripping, hitting, damaging property, threatening nonverbal gestures), or verbal or written acts or behaviors (*e.g.*, slandering, ridiculing, insulting, making offensive remarks). A single physical, verbal, or written act or behavior generally will *not* constitute bullying unless especially severe and egregious.

Examples of bullying include but are not limited to:

- persistent or egregious use of abusive, insulting, or offensive language, including on social media;
- spreading misinformation or malicious rumors;
- behavior or language that frightens, humiliates, belittles, or degrades, including criticism or feedback that is delivered with yelling, screaming, threats, or insults;
- making repeated inappropriate comments about someone's appearance, physical or mental health, lifestyle, family, or culture;
- regularly teasing or making someone the brunt of pranks or practical jokes;
- interfering with someone's personal property or work equipment;
- using obscene or intimidating gestures;
- circulating inappropriate or embarrassing photos or videos, including via e-mail or social media;
- unwarranted physical contact; or
- purposefully excluding, isolating, or marginalizing someone from normal work activities.

Some bullying acts or behaviors may also fall under the NPAIHB's harassment policy for quid pro quo harassment, hostile work environment, or sexual harassment, and will also be subject to that policy.

It is important to distinguish between bullying behavior and appropriate workplace supervision. Reasonable supervisory actions, when carried out in an appropriate manner, include but are not limited to:

- providing performance reviews;
- coaching or providing constructive feedback;
- monitoring or restricting access to sensitive information for legitimate business reasons;
- scheduling ongoing meetings to address performance issues;
- setting aggressive performance goals to help meet departmental goals;
- counseling or disciplining an employee for misconduct or performance issues; or
- investigating alleged misconduct.

Differences of opinion, interpersonal conflicts, and occasional problems in working relations alone do not constitute workplace bullying.

An employee who feels they have experienced bullying should report it to their supervisor, and the Human Resources Manager as soon as possible. If the employee is reporting bullying by their supervisor, the employee should report it to the Human Resources Manager or Executive Director. All employees are encouraged to report any bullying conduct they witness. The NPAIHB will promptly and thoroughly investigate any such complaints, and may also consider the complaint under its harassment policies and procedures. If the NPAIHB determines that bullying has occurred, it will take immediate and appropriate corrective action.

Threats of Violence Prevention Policy

The NPAIHB is committed to preventing workplace violence and to maintaining a safe workplace that is free from threats and acts of violence. Employees are prohibited from making threats or engaging in violent activities.

Examples of prohibited conduct include but are not limited to:

- Causing physical injury to another person;
- Making direct or indirect threatening remarks;
- Acting in an aggressive or hostile manner that causes another person to have a reasonable fear of injury or harm;
- Intentionally damaging property of another employee of the NPAIHB.

Anyone who verbally or physically threatens another, exhibits threatening behavior or engages in violent acts, on NPAIHB property, will be removed and be required to remain off NPAIHB property pending the outcome of an investigation.

You should inform the Human Resources Manager and your supervisor of any behavior that you have witnessed or experienced, which you regard as threatening or violent. If NPAIHB determines that a violation of this policy has occurred, NPAIHB will take appropriate disciplinary action up to and including termination of employment, and/or legal action as appropriate.

SECTION K: TOBACCO POLICY

Policy

Exposure to commercial tobacco creates a significant risk for the health of our community and future generations. Further, research has found that there is no threshold for safe exposure to secondhand smoke.

The Northwest Portland Area Indian Health Board premises are entirely smoke-free. All forms of commercial tobacco use is strictly prohibited within the NPAIHB buildings, including but not limited to offices, hallways, waiting rooms, washrooms, lunch rooms, stairwells, elevators, meeting rooms and all enclosed facilities. Smoking is also prohibited in all doorways belonging to or rented by the Northwest Portland Area Indian Health Board. All NPAIHB vehicles will also be designated smoke-free, including rental cars used for Board business.

This policy is not intended to ban any traditional or sacred tobacco use, or to impact commercial tobacco use on personal property or in personal vehicles.

"No Smoking" signs or the international "no smoking" symbol (consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across the cigarette) will be clearly, sufficiently, and conspicuously posted at every entrance to the building housing the Northwest Portland Area Indian Health Board office.

Commercial Tobacco Products:

The use of commercially produced cigarettes, bidis, cigars, pipes, and other smoking tobacco are all subject to this policy. Because smokeless tobacco is just as addictive as cigarettes and causes cancer of the throat and mouth, all forms of smokeless tobacco are also restricted by this policy.

Support for Tobacco Cessation:

Because there are significant costs associated with employees who smoke, NPAIHB will reimburse employees for the use of non-prescription tobacco-cessation drug therapies. This benefit is not to exceed $100 per employee per year, and reimbursement must be accompanied with a signed quit-date contract

(available from the Human Resources Manager) and receipts for non-prescription tobacco-cessation purchases, including nicotine gum, patches, or lozenges.

Because smokers are twice as likely to successfully quit tobacco if they receive counseling support in addition to pharmacotherapies, NPAIHB will allow quitting employees to engage in in person counseling, web counseling, or telephone-based counseling services during working hours. Employees may call NPAIHB's health plan or the national *Quitline* number (1-800-QUITNOW), or access the list below for suggestions and information on tobacco cessation and/or to find resources for cessation counseling and support.

http://www.smokefree.gov/,
http://www.quitnet.org, or
http://women.americanlegacy.org/

NPAIHB encourages current quitters to attend tobacco-cessation counseling sessions with certified NPAIHB health plan clinical, A&D, or CD providers. In the first month of quitting, full-time staff members may take 2-hours of sick leave per week to attend tobacco-cessation counseling sessions with a certified medical provider. During the following four (4) months of quitting, full-time staff members may take two (2) hours of sick leave every two (2) weeks to attend tobacco-cessation counseling sessions with a certified medical provider. To utilize this benefit, employees should discuss and agree upon convenient counseling times with their immediate supervisor, and sign a quit-date contract (available from the Human Resources Manager).

SECTION L: BACKGROUND CHECK POLICY

Policy

Once an individual has (A) received a conditional offer of employment from NPAIHB and (B) passed the background check requirement set forth in Section K, *Child Background and Character Investigation Policy*, which requires background checks for certain criminal history pursuant to Federal law, NPAIHB may thereafter make a good faith determination about whether there is any other criminal history in the individual's criminal record that may disqualify the individual from performing in the job position for which the individual received the conditional offer of employment.

As one example, but not limited hereto, NPAIHB may in its discretion determine not to place an individual in a job position involving access to, or responsibility for, NPAIHB financial resources or signatory authority for the NPAIHB when the individual has a criminal history of fraud, theft or other financial crimes.

Consideration of Background Check Findings

NPAIHB will consider the following:

A. The nature and seriousness of the crime;
B. The relationship of the crime to the work to be performed in the position;
C. The extent to which the position might offer an opportunity to engage in further criminal activity;
D. The nature and extent of the individual's past criminal activity;

E. The individual's age at the time of the crime;
F. The amount of time that has elapsed since the crime; and
G. Any evidence of the person's rehabilitation.

In making these post-offer considerations, NPAIHB will not:

A. Consider any "arrest history" that did not lead to conviction or juvenile adjudication, unless the related crime or act that would be a crime if committed by an adult is unresolved, or related criminal charges or juvenile adjudication are still pending against the applicant (NPAIHB may consider arrest records less than one year old that have not resulted in acquittal or have not been dismissed); and
B. Consider any "conviction history" that was judicially voided or expunged, or that was resolved through the completion of a diversion or deferral-of-judgment program for offenses not involving physical harm or attempted physical harm to a person.

Determination and Rescission of Conditional Offers

NPAIHB may choose to rescind a conditional offer of employment based on the considerations above if NPAIHB determines in good faith that doing so is warranted as being job-related and consistent with business necessity.

Before rescinding the offer, NPAIHB will provide the individual with an opportunity to explain why the conditional offer of employment should not be rescinded. The individual will receive a written summary of all derogatory information and be informed of the process for explaining, denying or refuting the unfavorable information. The actual background investigative report shall not be released to the individual who is the subject to the background investigation, but such individual may, to the extent permissible by law, obtain a copy of the reports from the originating agency (Federal, State or Tribal) and challenge the accuracy and completeness of the information maintained by that agency.

Should NPAIHB decide to proceed with rescinding the conditional offer of employment, NPAIHB will promptly notify the individual in writing. The written notification will at a minimum state that the conditional offer of employment has been withdrawn and identify the specific item of criminal history on which the rescission is based and the source of that criminal history.

Confidentiality

NPAIHB will maintain and keep confidential any criminal history that it obtains, consistent with the requirements set forth in Section M, *Child Background and Character Investigation Policy*, unless disclosure is required or permitted by law.

SECTION M: CHILD PROTECTION BACKGROUND CHECK POLICY

Policy

NPAIHB will not hire or employ persons, nor allow persons to volunteer, that are subject to this policy who do not meet the minimum standards of character set forth below, except as otherwise provided in this policy or by applicable law. The procedures set forth in this policy for conducting background investigations and adjudications will be used to determine suitability for employment.

Definitions

The following definitions apply to this policy:

1. **Child** means a person who is not married and has not attained 18 years of age.

2. **Crimes Against Persons** means a crime that has as an element the use, attempted use, or threatened use of physical force or other abuse of a person and includes, but is not limited to, homicide; assault; kidnapping; false imprisonment; reckless endangerment; robbery; rape; sexual assault, molestation, exploitation, contact, or prostitution; and other sexual assaults. In determining whether a crime falls within this category, the applicable federal, state, or Tribal law under which the individual was convicted or pleaded guilty or nolo contendere (i.e. "no contest") shall be controlling.

3. **Crimes of Violence** means a crime that has as an element the use, attempted use, or threatened use of physical force against the person or property of another, or any other crime that is a felony and that, by its nature, involves substantial risk that physical force against the person or property of another may be used in the course of committing a crime. In determining whether a crime falls within this category, reference may be made to the applicable federal, state, or Tribal law under which the individual was convicted or pleaded guilty or nolo contendere (i.e., "no contest").

4. **Employ / Employed / Employment** mean the hiring or holding of a position covered by this policy under Section 2 by an individual, as defined in Section 5, provided, however, that the use of one of these terms in this policy does not imply or indicate that a person is or is not an "employee" of NPAIHB.

5. **Individual** means a person who applies for or holds a position with NPAIHB and includes, but is not limited to, the following:

   (a) Employees of NPAIHB regardless of classification, including but not limited to regular, part-time, temporary and probationary employees.
   (b) Persons who perform services for or under the supervision of NPAIHB.
   (c) Persons who contract with NPAIHB to perform services in NPAIHB offices or in a location that includes regular contact with or control over a child as defined under Section 7.
   (d) Persons who volunteer to perform services for NPAIHB in NPAIHB offices or in a location that includes regular contact with or control over a child as defined under Section 7.

6. **Offenses Against Children** means any felonious or misdemeanor crime under federal, state, or Tribal law committed against a victim who has not attained 18 years of age. In determining whether a crime falls within this category, the applicable federal, state, or Tribal law under which the individual was convicted or pleaded guilty or nolo contendere (i.e., "no contest") shall be controlling.

7. **Regular Contact with or Control Over a Child** means either responsibility for a child within the scope of the individual's duties and responsibilities or contact with a child on a recurring and foreseeable basis.

Applicability

Covered Individuals/Positions.
This policy and its procedures apply to all individuals as defined under Section 5, above, who apply for or hold the following positions:

(a) Positions that require, as determined by the applicable NPAIHB job description or as otherwise classified by NPAIHB, regular contact with or control over children as defined under Section 7, above.

Recruitment

Vacancy Announcements

All job vacancy announcements for positions covered by this policy shall contain an express statement that individuals must meet minimum standards of character and that a background investigation will be conducted.

Applications

(a) All individuals who apply for positions covered by this policy must fill out an application form.
(b) The job application form will state that the performance of a background investigation and determination that the individual meets the eligibility criteria of this policy are conditions of employment.
(c) The job application form must state that the application is being signed under penalty of perjury and acknowledge that knowingly falsifying or concealing a material fact is a felony that may result in fines up to $10,000 or five years of imprisonment, or both.

Minimum Standards of Character
The minimum standards of character are a benchmark of moral, ethical, and emotional strengths established by character traits and past conduct to ensure that the individual is competent to complete his or her job without harm to children.

Required Standards

No individual will be placed in or will be allowed to continue to hold a position covered by this policy if he or she has been found guilty of, or entered a plea of nolo contendere (i.e., "no contest") or guilty to, any felonious offense or any two or more misdemeanor offenses under federal, state or Tribal law involving –

(a) crimes of violence;
(b) sexual assault, molestation, exploitation, contact or prostitution;
(c) crimes against persons; or
(d) offenses committed against children;

Provided, however, that all such convictions or pleas of nolo contendere or guilty will be considered in making a determination about suitability for employment unless a pardon, expungement, set aside or other court order reaches the plea of guilty, plea of nolo contendere, or the finding of guilt.

Meeting the Minimum Standards of Character

The minimum standards of character will be considered met only after the individual has been the subject of a satisfactory background investigation under Section 1.5 and adjudged suitable for employment under Sections 6 and 7.

Other Standards

An individual may be denied or dismissed from employment or from volunteering for any position involving Child Care Services if the individual has been convicted of a sex crime, an offense involving a child victim, a drug felony, or any other crime that bears on the fitness to have responsibility for safety and well-being of children, as provided in Section 4 (requiring denial of or dismissal from employment).

Background Investigations

Background Investigation Required

Every individual who applies for or holds a position with NPAIHB must submit to a background investigation as a condition of employment with NPAIHB.

Responsible Entity

NPAIHB may conduct its own background investigation or may request that a Federal or State agency conduct the background investigation on NPAIHB's behalf and provide NPAIHB with the results of the investigation.

Notification and Acknowledgement

Before a background check is conducted, NPAIHB will obtain the individual's signature on a statement that the individual was notified of NPAIHB's requirement for a background investigation as a condition of employment, the individual's right to receive a copy of the criminal history report and to challenge the accuracy of the information contained in the report. Such a statement may be part of the application form.

Steps for Conducting Background Investigations

The background check shall include the following steps and information:

(a) Inquiries to State and Tribal law enforcement agencies for the previous five years for all places that an individual has listed as current and former residences on the individual's application;
(b) Consideration of the individual's fitness for employment and trustworthiness through inquiries with the individual's references and places of employment and education as listed on the individual's application for at least the previous five years; and
(c) A determination of whether the individual meets the minimum standards of character set forth above.

Adjudication

Adjudication is the process NPAIHB uses to determine suitability for employment (to assess the degree of risk the individual brings to the position and certify that the individual's past conduct does not interfere with performance of duties or pose an immediate or long-term risk for any child) and efficiency of service (to verify that the individual is able to perform the duties and responsibilities of the position and will not inhibit other employees from performing their functions).

General Requirements

(a) Adjudication requires consistency in evaluation to ensure fair judgments are reached.
(b) Each case will be judged on its own merits.
(c) All available information, favorable and unfavorable, will be considered and assessed in terms of accuracy, completeness, relevance, seriousness, overall significance, and how similar cases have been handled in the past.

Adjudicating Official

NPAIHB will appoint an Adjudicating Official to conduct the adjudications under this policy. The Adjudicating Official must first have been the subject of a favorable background investigation, must be well-qualified and trained, and must be thoroughly familiar with all laws, regulations, and criteria involved in making a determination for eligibility.

Adjudication Process

(a) Review Background Investigation. The Adjudicating Official will review the background investigation conducted under Section 5 to determine character, reputation, and trustworthiness of the individual. At minimum, the review will include:

    (1) Each security investigation form and employment application and a comparison of the information provided.
    (2) The results of written record searches requested of local law enforcement agencies, former employers, former supervisors, employment references, and schools.
    (3) Any other information obtained through the background investigation. This includes character and personal reference checks of the individual.

(b) Consider Circumstances. The Adjudicating Official must consider the information under Section 6 in light of the following:

    (1) The nature and seriousness of the conduct in question;
    (2) The recentness and circumstances surrounding the conduct in question;
    (3) The age of the individual at the time of the incident;
    (4) Societal conditions that may have contributed to the nature of the conduct;
    (5) The probability that the individual will continue the type of behavior in question; and
    (6) The individual's commitment to rehabilitation and a change in the behavior in question.

(c) Opportunity for review. Before the adjudication is final, the individual will be given an opportunity to explain, deny or refute unfavorable or incorrect information gathered in an investigation.

(1) The individual will receive a written summary of all derogatory information and be informed of the process for explaining, denying or refuting unfavorable information.
(2) The actual background investigative report shall not be released to the individual who is the subject to the background investigation, but such individual may, to the extent permissible by law, obtain a copy of the reports from the originating agency (Federal, State or Tribal) and challenge the accuracy and completeness of the information maintained by that agency.

(d) Final Determination. The Adjudicating Official will make a final determination regarding whether the individual meets the minimum standards of character set forth in Section.4. The Adjudicating Official's decision is final, and is not subject to the grievance procedures set out in NPAIHB's Program Operations Manual.

Investigation Information

(a) The results of an investigation cannot be used for any purpose other than to determine suitability for holding a position that is subject to this policy.
(b) Investigative reports will be maintained confidentially and in securely locked files.
(c) Investigative reports shall be seen only by those officials who, in performing their official duties, need to know the information contained in the report.
(d) NPAIHB will comply with the applicable privacy requirements of any Federal, State or Tribal agency providing background investigations.

Outcome

Once the background investigation has been conducted under Section 5 and the adjudication process is complete under Section 6, the Adjudicating Officer's final determination under Section will be applied as follows:

(a) **Suitable for Employment**. The individual will be deemed suitable for employment when it has been adjudicated under Section 6 that the individual meets the minimum standards of character set forth in Section 4. Suitability for employment will not necessarily result in the individual being hired or retained.

(b) **Employment Must be Denied**. NPAIHB must deny employment to or dismiss the individual when it has been adjudicated under Section 6 that the individual fails to meet the minimum standards of character set forth in Section 4.

Pending or Unresolved Charges

If an individual who is applying for or holds a position with NPAIHB is charged with an offense covered by this policy under Section 4, but the charge is pending or no disposition has been made by a court, NPAIHB may, in its discretion, do any of the following:

(a) Deny employment until the charge is resolved;
(b) Deny the individual any on-the-job contact with children until the charge is resolved;

(c) Reassign the individual to other duties that do not involve regular contact with children;
(d) Suspend the individual until the charge is resolved.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

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RESOLUTION # 21-01-05

COVID-19 FUNDING TO TRIBES AND IHS/TRIBAL HEALTH CLINICS

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization under P.L. 93-638 that represents forty-three Federally-recognized Indian tribes in Idaho, Oregon, and Washington on health-related issues; and

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

WHEREAS, on March 11, 2020, the Novel Coronavirus ("COVID-19") was declared a pandemic by the World Health Organization and on March 13, 2020 was declared a national emergency by the President; and

WHEREAS, in March and April, four legislative packages were signed into law by the President (H.R. 6074, H.R. 6201, H.R. 748, H.R. 266) that provided COVID-19 funding to tribes for economic relief and to the Indian health system for health care/public health; and

WHEREAS, while tribes are grateful for the COVID-19 funding, dissemination of the funding through the U.S. Treasury and Department of Health and Human Services was delayed and/or has been burdensome for tribes and IHS/Tribal health care programs to access; and

WHEREAS, closures of tribal enterprises caused drastic reductions in revenue that supports health and human services, and reduction of IHS/Tribal health care program hours during the pandemic caused significant losses of revenue and third-party collections, which fund critical services for American Indians and Alaska Natives; and

WHEREAS, our tribal governments and tribal health administrators are focused on providing essential care to our people during this global pandemic; and

WHEREAS, the administrative complexity of tracking multiple funding streams from multiple federal agencies adds an undue burden to an already strained health delivery system; and

WHEREAS, federal agencies that released COVID-19 funding through grants made the application and reporting process burdensome for tribes and IHS/Tribal health care facilities, and there is concern about the complexity of multiple and overlapping funding sources; and

WHEREAS, future funding for tribes and IHS/tribal health care programs for COVID-19 must allow flexibility to meet the specific needs in tribal communities and

clinics, including trailer purchases, modification of buildings or other small construction project needs in this pandemic.

NOW THEREFORE BE IT RESOLVED, that the Northwest Portland Area Indian Health Board (NPAIHB) calls on Congress to make legislative changes that would allow for the Department of the Treasury and the Department of Health and Human Services (HHS), and its agencies, to:

- Extend any funding deadlines that end in December 2020 to December 31, 2021;
- Provide flexibility in use of COVID-19 funding to ensure that tribes are able to use the funds most beneficial for tribes or IHS/Tribal health facilities, including small construction projects and losses of third party collections; and

BE IT FURTHER RESOLVED that NPAIHB calls on Congress to ensure that any future appropriations for COVID-19 have a three-year time frame to expend funds; and

BE IT FURTHER RESOLVED that NPAIHB requests that the HHS, and its agencies:

- Streamline and simplify any application and reporting requirements for COVID-19 funding distributions from March 2020 forward that were set up as grants;
- Provide flexibility in use of COVID-19 funding to ensure that tribes are able to use the funds beyond any deadlines and for the purpose most beneficial for tribes or IHS/Tribal health facilities, including small construction projects and third party reimbursement losses;
- Allow for attestation as to use of funds rather than a complex auditing process; and
- Ensure prompt and meaningful tribal consultations as to COVID-19 funding distributions related to all HHS agencies, but in particular related to Medicaid and Medicare funding; and
- Ensure Indian Health Care Providers have access to both Medicaid and Medicare relief funding.

CERTIFICATION

NO. 21-01-05

The foregoing resolution was duly adopted at the Virtual October 20-21, 2020 Quarterly Board Meeting of the Northwest Portland Area Indian Health Board. A quorum being established; 26 for, 0 against, 0 abstain on October 21, 2020.

Chairman

Secretary

October 21, 2020
Date

October
2020

NPAIHB
Indian Leadership for Indian Health

HEALTH NEWS & NOTES

A Publication of the Northwest Portland Area Indian Health Board

CHRONIC DISEASES ISSUE

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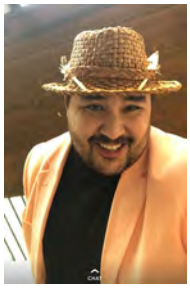
October: National Domestic Violence Awareness Month



Paige Smith
I-LEAD & RC Project Coordinator

Domestic and sexual violence in Indian Country has been an issue that is exacerbated by the COVID-19 pandemic. The Substance Abuse and Mental Health Services Administration (SAMHSA) stated that "COVID-19 has caused major economic devastation, disconnected many from community resources and support systems, and created widespread uncertainty and panic. Such conditions may stimulate violence in families where it didn't exist before and worsen situations in homes where mistreatment and violence have been a problem". Many Native Men, Women, and 2SLGBTQ + experience domestic and sexual violence disproportionately. Providing education, services, and resources to them will hopefully help future generations experience less or no domestic or sexual violence throughout their lives. Below, you will find information and resources that can help you, a relative, or someone you know, who is impacted by domestic or sexual violence, find the support they need and to encourage that their voice is heard.

Signs to be aware of:

- Physical Violence: hitting, kicking, slapping, or strangulation
- Possessiveness: not allowing you to go anywhere, demanding you check-in, checking your phone
- Jealousy: accusing you of being unfaithful or isolating you from your family or friends
- Demeaning behavior: attacking your intelligence, looks, mental health, or capabilities
- Threatening: stating that they are going to jeopardize you, kids, or family
- Blaming: blaming you for outbursts, shortcomings, and failures
- Sexual violence: unwillingly or being coerced to engaging in unwanted sexual acts
- Controlling finances: taking your ability to make independent financial decisions
- Limiting expression: taking your ability to engage in spiritual or cultural activities

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NPAIHB
Indian Leadership for Indian Health

Chair's Notes

Nickolaus D. Lewis
Lummi Nation
NPAIHB Chairman

As we try to take care of each other during this time of crisis in Indian Country, I am continually reminded that the work each and every one of you do is the right work for our people. What each of you does matters so much to your tribal citizens and community, and all of our communities.

Whether you are working with our people with diabetes, cancer, HIV, or any other chronic disease, or virus like COVID-19, your clinics make a difference. If you look at our providers administering the Special Diabetes Program for Indians (SDPI), for example, you can see that this is true. Culturally competent care, provided to our people, by our people in our clinics, is the model for all programs addressing chronic diseases. In the Portland Area, tribes are developing community gardens, working toward food sovereignty with traditional foods, conducting cooking classes through on-line platforms, and promoting healthy physical activities with virtual community walks and runs. All of these activities, your dedication and commitment to the health of our people, and your understanding of the communities and the cultures that you serve help to reduce the prevalence of diabetes, and other chronic diseases, in our communities. You are also building healthy habits for our future generations. My hands go up to you for the work that you are doing.

While the SDPI program is a model program with excellent outcomes, we do need to continue to advocate for more funding for SDPI and to support a statutory change so that tribes can administer the funds more efficiently through self-governance contracts. We'll get there - together!

Nickolaus Lewis
Chair, Northwest Portland Area Indian Health Board
Councilman, Lummi Indian Business Council

Indian Health Update

Geoff Strommer
Hobbs, Straus, Dean & Walker, LLP

Affordable Care Act Litigation (California v. Texas)

The United States Supreme Court is set to hear oral argument on November 10, 2020, in California v. Texas, the case in which Texas and other states are challenging the constitutionality of the Affordable Care Act (ACA). While the legal challenge focuses on the constitutionality of the ACA's individual mandate provision, Texas and other parties in the litigation have asked the Court to invalidate the entire ACA on the grounds that the individual mandate was considered by Congress to be an essential component of the Act and therefore cannot be "severed" from the remainder of the provisions.

The case has major implications for Indian Country because critical amendments to the Indian Health Care Improvement Act and other Indian health provisions were enacted as part of the ACA. In the event that the entire ACA is invalidated, those Indian provisions would also be struck down, even though they have nothing to do with the individual mandate. The amicus brief filed on behalf of a large coalition of tribes and tribal organizations from across the country, including NPAIHB, asked that if the Supreme Court deems the ACA's individual mandate unconstitutional, it should sever that provision from the Indian specific provisions in the Act.

In the proceedings below, a split panel of judges on the United States Court of Appeals for the Fifth Circuit concluded that the individual mandate provision is unconstitutional, and remanded the case back to the district court to reconsider whether the entire ACA must be invalidated, or if they are severable from the individual mandate.

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Indian Health Update

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The district court previously concluded that no portion of the ACA was severable and because the individual mandate was unconstitutional, the entire law must be struck down.

The recent passing of Justice Ruth Bader Ginsburg has created greater uncertainty and concern about the future of the ACA as the Court prepares to consider anew the constitutionality of the Act. As a senior member of the Court's liberal side of the bench who has voted to uphold the ACA in the past, Justice Ginsburg had been expected to do so again when the Court considers the law a third time in California v. Texas. The possibility of a sudden shift in the Court's composition could affect the outcome of the case.

On September 26, 2020, President Trump nominated Judge Amy Coney Barrett, current judge on the United States Court of Appeals for the Seventh Circuit, to replace Justice Ginsburg on the Supreme Court. Judge Barrett has publicly stated having the same originalist view of the Constitution as the late Justice Antonin Scalia as well as a textualist view of statutes, which commonly means that the judge looks more strictly at the written law and less to surrounding circumstances or evidence, like legislative history. The Senate Judiciary Committee began confirmation hearings for Judge Barrett on October 12, 2020. The Republican-led Judiciary Committee is expected to vote on Judge Barrett's confirmation on October 22, with the potential for a full Senate floor vote the week of October 26.

If confirmed by the Senate before the oral argument in California v. Texas, it is likely that Judge Barrett would participate in deciding the case. However, if Judge Barrett is not confirmed before the oral argument, it is not clear whether she would participate in the case. Normally, a new confirmed Supreme Court justice does not vote in a case in which she or she had not participated in at oral argument. Accordingly, if Judge Barrett is not confirmed by November 10 and the Court proceeds with the argument as scheduled, a 4-4 split is a possibility. If that were to occur, the Fifth Circuit's ruling would remain in place, and the case would go back to the district court per the Fifth Circuit's instruction to the district court to reconsider the question of severability.

There is also the possibility that one or more of the Court's conservative justices agree that even if the individual mandate is now unconstitutional, the rest of the provisions in ACA, including the Indian specific provisions, are severable and may remain as law. Many legal experts, including noted conservatives and ACA opponents, have commented that Texas' argument that the individual mandate cannot be severed from the rest of the Act is particularly weak from a legal standpoint. Furthermore, both Chief Justice Roberts and Justice Kavanaugh (President Trump's most recent appointee) have recently affirmed in separate cases that courts should normally strike only the unconstitutional provisions of a challenged law and leave the remainder intact. Additionally, in 2012, Chief Justice Roberts was the critical vote in favor of upholding the ACA—although, of course, the legal arguments in that case were somewhat different.

In short, although the loss of Justice Ginsburg and the nomination of Judge Barrett introduces new uncertainty into the case, it is not a guarantee of any particular outcome. Regardless, it is impossible to foretell the outcome of this case with certainty until the Supreme Court actually issues its decision.

Tribal Researchers' Cancer Control Fellowship Program: Training the Next Generation

Ashley Thomas, MPH
NW NARCH Program Manager

Few studies of cancer prevention and control or of cancer etiology among American Indian and Alaska Natives (AI/AN) in the U.S. have included AI/AN people as investigators. AI/ANs in Principal Investigator roles in cancer research have been particularly uncommon. Although many cancer control studies by non-AI/ANs in tribal communities have been conducted with good intentions toward reduction of cancer incidence and mortality, they have often failed to achieve a reduction in cancer-related disparities among tribal populations. AI/AN investigators in key roles in cancer control projects are clearly needed to more effectively address the cancer burden in tribal communities.

Tribal Researchers' Cancer Control Fellowship Program 2020 Cohort

Objectives outlined by Healthy People 2020 prioritize reducing cancer death rates and incidence of invasive and late-stage cancer. Healthy People 2020 also calls for increasing the following: cancer screening for breast, colorectal, and cervical cancers, the number of central registries in the U.S., the proportion of cancer survivors living five years or longer after diagnosis, and the proportion of persons who participate in behaviors that reduce their risk of preventable cancers. In alignment with these goals, the National Institutes of Health have awarded funds to the Northwest Native American Research Center for Health (NW NARCH) to develop a cadre of cancer prevention and control researchers.

The NW NARCH Tribal Researchers' Cancer Control Fellowship Program aims to reduce cancer incidence and mortality and improve cancer survival in tribal communities through the efforts of AI/AN researchers. More specifically, we aim to increase research capacities and build research skills among AI/AN researchers, so that they will be better prepared to design and carry out well-designed, scientifically rigorous, cancer control projects in tribal communities.

The aims of the project are:

1) To recruit and retain 40 qualified AI/AN researchers who seek additional training in cancer control research and in the implementation of cancer control projects;
2) To design and offer a tailored three-week cancer control research curriculum using experienced and qualified faculty and consultants, leading to a capstone cancer prevention research project for each trainee;

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Tribal Researchers' Cancer Control Fellowship Program: Training the Next Generation

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3) To provide follow-up support, including field support, distance learning opportunities, and mentoring to the trainees after they complete the formal curriculum in cancer control research; and
4) To provide cancer control research internships to interested trainees who complete the three-week curriculum, so that they can master additional research skills relevant to careers in community-based cancer control under close mentorship.

We have 30 fellows currently participating in our program and expect to recruit ten more for the 2021 cohort. A recent process evaluation revealed that in 2019 our trainees (n=19) submitted or published 15 peer reviewed articles, gave 31 presentations at national scientific meetings, and applied for 17 grants. Four of our trainees were awarded implementation funding through this fellowship program to lead their own cancer-related studies. Due to COVID-19 we have tailored our three-week in-person training to a series of online courses offered throughout the year. Application materials for the 2021 cohort will be made available on our website (http://www.npaihb.org/northwest-native-american-research-center-for-health-nw-narch/) in January 2021.

October: National Domestic Violence Awareness Month

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Who to contact for help:

- National Domestic Violence Hotline, www.thehotline.org, phone: 1.800.787.3224
- Rape, Abuse and Incest National Network (RAINN), www.rainn.org, phone 1.800.656.4673
- Stronghearts Native Helpline, www.Strongheartshelpline.org, phone 1.844.762.8483

Whether you are an advocate, friend, or survivor, please practice self-care during these trying times. Self-care is when a person engages in activities that help to improve their health. Such actions can help remind you that your needs are important too. If you or anyone in your life is experiencing domestic or sexual violence, please reach out for help. It is hard to handle these things alone. You deserve to be heard, believed, and validated. Stand up for yourself and domestic and sexual violence survivors. #DomesticViolenceAwareness

Domestic and Sexual Violence Prevention Social Marketing Campaign Materials:

For prevention materials from the Response Circles project at the Northwest Portland Area Indian Health Board, please contact Paige Smith at psmith@npaihb.org. Materials include tips, rack cards, and posters.

Reference for SAMHSA: https://www.samhsa.gov/sites/default/files/social-distancing-domestic-violence.pdf

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Improving Asthma Management Among NW Tribal Children and Young People

Tom Becker, MD, PhD
NW NARCH Program Director

Although much of the country's public health efforts currently are focused on infectious disease threats, challenges related to chronic conditions have not gone away. For many chronic diseases, including asthma, the challenges may be increasing in size and scope. Nationally, asthma affects one in ten children under age 18 years, making it the most common chronic disease among youth.

This high prevalence translates to a heavy public health burden, affecting not only patients but their families by interference in the conduct of daily activities, missed days of school and work, and worry and concern. Many asthmatics express their terror in not being able to breathe easily during acute flare-ups of their disease. Asthma has many costs to society, including emergency department visits and hospitalizations. Pediatric asthma poses a particularly heavy public health burden in Indian Country. The prevalence of asthma in American Indian and Alaska Native (AI/AN) children is estimated at 15.1%, compared to the general US population of 9.5%. Data from one Northwest state clearly supports these national figures for tribal people.

Healthy People 2020 includes eight national asthma objectives. The document calls for reductions in: asthma deaths; hospitalizations for asthma; emergency department visits for asthma; activity limitations among persons with asthma; and the proportion who miss school or workdays due to asthma. Healthy People 2020 also calls for increases in: the proportion of asthmatics who receive formal patient education; the proportion who receive appropriate asthma care; and the number of states with a comprehensive asthma surveillance system for tracking asthma cases, illnesses, and disability at the state level. We at the Board want to do our parts by helping to meet or exceed these goals for tribal people in our region. Our current grant thrust in this area, originally conceived by an OHSU professor and Indian Health Service pharmacist, is part of our current asthma control plan.

In the original grant proposal, funded by the National Institutes of Health, the document noted that clinical management of asthma is generally accomplished with appropriate medication and patient education. While best practices and guidelines are well defined, implementation widely varies in health care settings. It often is not coordinated in any structured way with home environmental assessment and reduction of triggers. Interventions to improve patient education by pharmacy and home visits by nurses and community health workers have demonstrated substantial improvements in symptom-free days and quality of life, and reductions in health care utilization in selected settings. Few data have addressed asthma management among AI/AN children in the Pacific Northwest or most other parts of Indian Country. Our pilot study is designed to better quantify the public health impact of these interventions in tribal clinics and determine how the intervention can be disseminated and sustained in multiple communities. Lessons learned about intervention components and delivery that is culturally relevant, valid, and reliable will be communicated to researchers, practitioners, and communities. We expect that our findings will have broad generalizability to tribal communities and clinics nationwide.

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Improving Asthma Management Among NW Tribal Children and Young People

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The asthma management grant represents a new thrust in pediatric asthma management, and the grant application was viewed as creative and essential to the field. The stated aims of the pilot study were as follows:

Aim 1. Clinic-based asthma education provided by pharmacy emphasizing self-management and coordinated with home environment management will, for the child with asthma and their parent/caregiver: (1) Increase knowledge of asthma; (2) increase self-efficacy; (3) increase proper use of controller and rescue medications; (3) reduce exposures to home environment triggers; (4) improve asthma-related quality of life (QoL) for the child with asthma; and (5) reduce asthma-related medical care utilization. Symptoms, activity limitations, and health care utilization are now being assessed with patient and caregiver self-report and medical record review.

Aim 2. The experience gained in the first tribal clinic will provide the training materials and recommended protocols/practices for the dissemination and implementation of childhood asthma control programs in three other Pacific Northwest tribes. The protocols and recommended practices from the first clinic partner provided the foundation for developing training materials to deliver to the clinic staff and environmental health services of additional tribal communities.

Aim 3. After the implementation year, tribal clinics will maintain organizational and institutional resources to sustain their pediatric asthma control program. Interviews with tribal clinic staff and measurements of organization elements, continued enrollment of pediatric asthma patients, and retention rates will provide a descriptive characterization of maintenance and sustainability.

We have created an incentive program to enroll pediatric asthma patients and their caregivers in our pilot study. In addition to small gift cards, we provide asthma 'green cleaning kits' that include non-chemical cleaning agents and HEPA vacuum cleaners. Our plans include the renewal of green cleaning supplies upon request.

As the original investigators noted, childhood asthma is a chronic illness that poses considerable burdens on tribal communities. Asthma education programs for pediatric patients and their parents/caregivers, combined with home visits to reduce exposure to asthma triggers, holds promise to increase symptom-free days and reduce urgent care utilization and costs. Enhancing existing pharmacy and environmental health structures of tribes is expected to be an acceptable and sustainable intervention of relatively low cost. Although our study is moving more slowly than we would like, especially since the pandemic, we are making progress and hope to have a successful pilot study completed within two years.

Maternal and Child Health ECHO

Tam Lutz, MPH, MHA (Lummi)
MCH Programs Director

Karuna Tirumala, MPH
IDEA-NW
Biostatistician

Tribes and their healthcare providers know that healthy mothers and children help form the backbone of strong communities. Ensuring the wellness of mothers and children, especially during the COVID-19 pandemic, includes making sure clinicians have every resource available to them to improve patient outcomes, including space to confer with and learn from peers and multidisciplinary teams about relevant topics.

Staff supporting the maternal and child healthcare needs of American Indian and Alaska Native people are invited to participate in a 6-session Maternal and Child Health (MCH) ECHO clinic from September 2020-February 2021. Each session focuses on a distinct MCH interest area through a culturally appropriate and holistic lens.

The Maternal and Child Health ECHO Clinic will cover topics such as:

- Maternal health and COVID-19
- Immunizations
- Breastfeeding
- Opioid and substance use disorders
- Behavioral and mental health
- Care for children with disabilities

INDIAN COUNTRY ECHO

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Maternal and Child Health ECHO

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Why an MCH ECHO?

The goal of the MCH Indian Country ECHO program is to expand the resources and expertise of Indian Health Service, tribal, and urban Indian clinics by providing virtual clinics, case and data presentations. This MCH ECHO is facilitated by native MCH staff, led by a native pediatric faculty and specialist mentors. With the COVID-19 pandemic preventing large, in-person meetings, this telehealth format fosters a collaborative community of engaged practitioners and experts, bringing MCH best practices to all patients, regardless of geographic constraints.

Who should join? To name just a few:

- Primary Care providers
- Immunization coordinator
- Pediatricians
- Physician Assistant
- Nurses
- Midwives
- Community Health Workers
- Peer Support Specialist
- Lactation Specialist
- Other interested in MCH topics

When will the next session take place?

The remaining MCH ECHO session will take place on the 4th Thursday of every month from 12-1pm PT

- November 19th (Note reschedule due to holiday)
- December 17th (Note reschedule due to holiday)
- January 28th
- February 25th

How do I join?

Join the MCH ECHO by clicking on the “sign up today!” at:
https://www.indiancountryecho.org/program/maternal-and-child-health/

Chronic Disease, Food Access, and Food Security During COVID-19 and the Importance of Local and Regional Food Systems

Candice Jimenez
MCH Opioid Project Director

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Jenine Dankovchik
MCH Opioid Biostatistician 1

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Nora Frank-Buckner
Food Sovereignty Initiative Director
& WEAVE FS Project Manager

What is food insecurity?

The USDA defines food food insecurity in two ways:

1. Low food security is when there are "reports of reduced quality, variety, and desirability of the food available and little or no indication of reduced food intake."
2. Very low food security is when there are "reports of multiple indications of disrupted eating patterns and reduced food intake." (United States Department of Agriculture)

These indicators are one way we can measure the potential risk of hunger in a community.

What is food sovereignty?

Food sovereignty can be defined differently for each community or individual. It is often referring to peoples' rights to cultivate, grow, harvest, and procure healthy and culturally relevant foods. It also includes the right for each community to define their food system and how they choose to revitalize, maintain, and protect it. For many NW tribal communities, increasing food sovereignty efforts and improving local food systems have been brought to the forefront in recent years to combat chronic diseases such as type II diabetes, heart disease, stroke, and obesity. These efforts have become even more important this past year due to the COVID-19 pandemic. COVID-19 has disrupted the food supply chain to many tribal and rural communities. There has also been a significant increase in the need for food assistance programs such as SNAP, WIC, and food banks or pantries. The loss of jobs adds another layer of complexity and urgency in managing and preventing chronic diseases because those with chronic health conditions are at a higher risk of complications from COVID-19. (Centers for Disease Control and Prevention)

It has never been more important to address the food system's weaknesses and focus on building and strengthening the local and regional tribal food system.

Current Reality

Chronic diseases, including heart disease, stroke, and diabetes, are among the leading causes of morbidity and mortality for American Indians and Alaska Natives (AI/AN) in the NW, and AI/AN experience health disparities in many chronic diseases (Northwest Portland Area Indian Health Board). Compared with non-Hispanic whites in the NW, AI/AN are 24-67% more likely to die from heart disease, 20-58% more likely to die from stroke, and 2.3 times more likely to be hospitalized for hypertension (Northwest Portland Area Indian Health Board). The Indian Health Service estimates that 12% of AI/AN living in the Portland area have been diagnosed with diabetes, and diabetes mortality is at least 2.8 times higher for AI/AN than non-Hispanic whites in the region (Northwest Portland Area Indian Health Board).

While the causes of chronic disease are complex, poor nutrition leading to high rates of overweight and obesity plays an important role. For AI/AN in the NW, this trend takes root in childhood and continues into adulthood.

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Chronic Disease, Food Access, and Food Security During COVID-19 and the Importance of Local and Regional Food Systems

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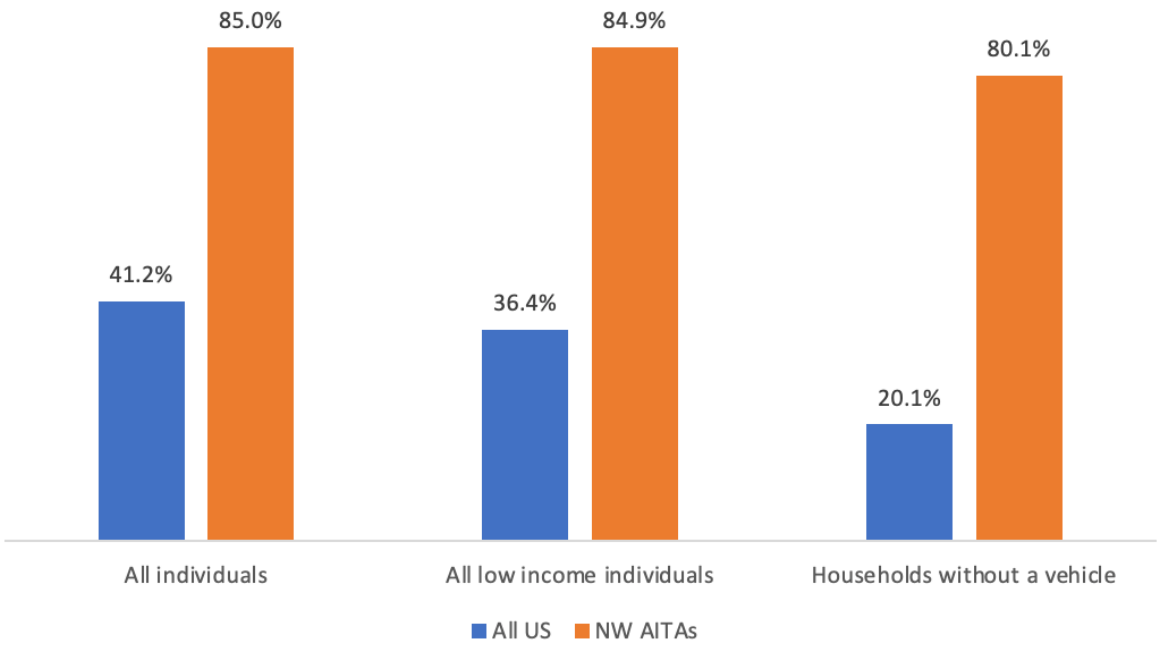
Nearly one-quarter of AI/AN children aged 2-5 receiving care at a NW IHS or Tribal clinic have a BMI at the 95th percentile or higher (Indian Health Service). Among AI/AN high-school students, 21.2% are overweight, and 17.5% are obese (CDC) (Northwest Portland Area Indian Health Board), while 31% of AI/AN adults in the NW reported being obese (Northwest Portland Area Indian Health Board) As many chronic diseases can take their beginnings in early childhood, it is essential to note that breastfeeding is considered one of the protective factors against chronic disease with short and long-term beneficial factors. (Kelishadi R)

Many tribal programs aim to prevent and manage chronic diseases by encouraging at-risk community members to improve their diet, but this requires that healthy foods are available and affordable. The reality is that many tribal communities in the NW are located in remote areas with low population density and high rates of poverty. Figure 1 shows the share of all individuals living in American Indian Tribal Areas who are within walking distance of a supermarket. Compared to the US population, in general, lack of access is more than double. Notably, 80% of AI/AN households without a vehicle live more than 1 mile from a grocery store (Phillip Kaufman).

Figure 1. Share of all individuals who do not live within walking distance of a supermarket



AITA = American Indian Tribal Area (US Census designation).
Source: USDA Economic Research Service Information Bulletin Number 131

Food access varies widely across the region, as seen in Figure 2 (USDA). This map shows the location of food deserts in the NW (defined as areas with a high poverty rate and low supermarket access) and the location of NW tribal lands. Some tribal communities have good food access, but for others, low income and distance from urban areas create a disincentive for larger grocery stores to serve their market, leaving communities reliant on convenience stores and mini-marts for much of their food. While these stores serve a critical function in many tribal communities, it can be challenging to create healthy meals from the limited options that these retailers typically are able to offer, as they tend to be highly processed foods high in fat and sugar. Where fresh foods are available, they are often unaffordable.

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Chronic Disease, Food Access, and Food Security During COVID-19 and the Importance of Local and Regional Food Systems

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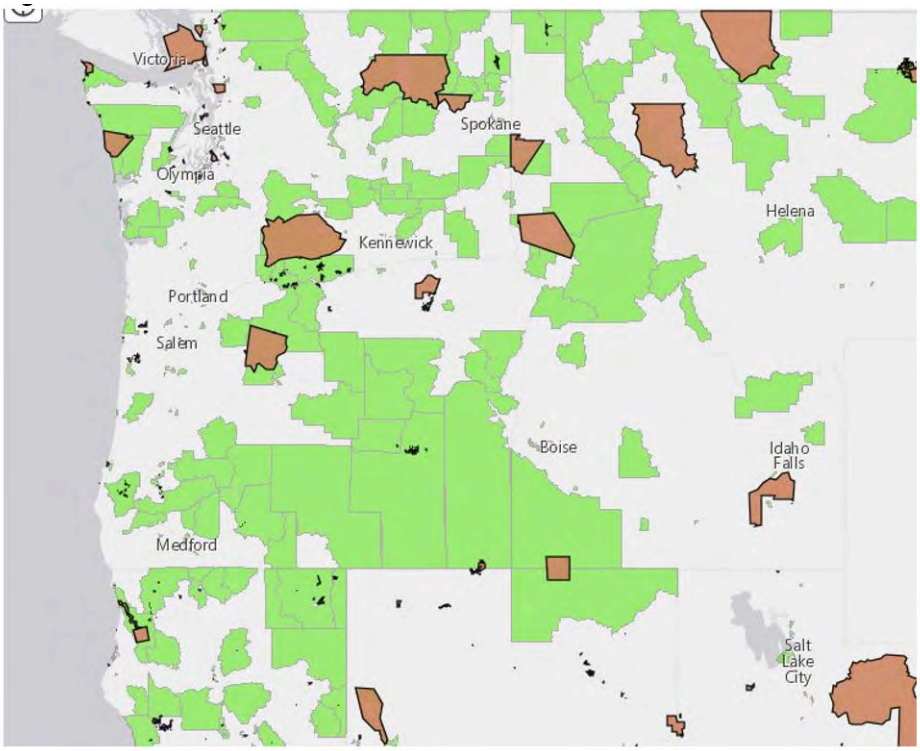
Figure 2. Location of Tribal Lands and Food Deserts in the NW



Food desert is defined as Low Access and Low Income. Low Access are areas in which at least 33% of the population is more than 1 mile from a supermarket (if in an urban area) or more than 10 miles from a supermarket (if in a rural area). Low income are any areas where the poverty rate is 20% or greater, or the median family income is <80% of the median for that metropolitan area (if in an urban area) or the median for the state (if in a rural area). Source: USDA Economic Research Service Food Access Research Atlas.

Addressing these food security issues takes a variety of forms in NW tribal communities. About one-third of AI/AN report receiving food stamps (US Census Bureau). While the Food Distribution Program on Indian Reservations provides food assistance to many, 25% of FDPIR recipients report that the food they receive does not last the month (USDA Food and Nutrition Service). Tribal food banks, community gardens, and traditional food distribution programs are increasingly becoming a source of assistance to community members who are experiencing food insecurity. These spaces provide communities with a way of local sustenance – growing foods that strengthen their connection to the land (Carol, James and Ingrid), are within season, and support ancestral ways of knowing, such as growing plants that support and promote breastfeeding.

Practical Solutions to an Immediate Problem: The NW Tribal Food Sovereignty Coalition and the NW Tribal Breastfeeding Coalition Updates

NW Tribal Food Sovereignty Coalition (NTFSC):
Food Sovereignty Implementation Funds: In order to respond to immediate food access, distribution, and security issues exacerbated by COVID-19 and shut down orders, we were able to reallocate funds initially earmarked for in-person training and travel in order to award $45,000 total among 14 small awards to NW tribal communities and tribal organizations.

COVID-19 Response Funds:
In July 2020, the NTFSC received supplemental funds from the Native American Agriculture Fund in partnership with Flower Hill Institute, Columbia River Intertribal Fish Commission (CRITFC), and Ecotrust.

Chronic Disease, Food Access, and Food Security During COVID-19 and the Importance of Local and Regional Food Systems

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This funding was to conduct resource identification of food distribution channels in the NW and a feasibility assessment of a potential business model for a consortium of NW tribes to purchase a local farm in Washington state. This initiative would increase healthy food access to tribal communities throughout the region through a Community Supported Agriculture (CSA) model. Additionally, the interest and need for a Community Supported Fisheries (CSF) box are being assessed. The business plan developed will serve as a model for strengthening local and regional tribal food systems in a way that honors tribal sovereignty and improves local access to foods.

Regional Food Sovereignty Assessment: The NTFSC is working with Greene Economics to adapt the Food Sovereignty Assessment Tool (FSAT) initially developed by the First Nations Development Institute. The Regional FSAT will assess the needs of tribal communities and food sovereignty programs in the NW. In addition to evaluating the interest, needs, and resources of food sovereignty programs, Greene Economics will highlight the potential economic development aspects of these programs.

Food Security during COVID-19 Survey: WEAVE-NW staff at the NW Tribal Epidemiology Center (NWTEC) will work with the UW Center for Public Health Nutrition to develop unique culturally and regionally relevant survey to define and measure constructs of food security that are of importance to the AI/AN population, including alternative food systems such as hunting, gathering, and fishing.

The project will address the needs of groups/households affiliated with the 29 federally recognized tribes in WA State. A semi-structured interview guide will be created that is contextually appropriate for tribes and their affiliates, such as fishing communities in Yakama Nation and the traditional foods programs of the Muckleshoot, Squaxin, Lummi, and Puyallup tribes. The goal will be to explore the diversity of approaches for supporting tribe members' food access and security and the use of traditional foods during the pandemic as well as on-reservation food assistance.

Second, findings from the interviews will be used to construct a household-level survey to assess changes in food access pathways (supermarkets, food assistance, food banks, mobile deliveries), the types of foods acquired, particularly traditional foods, and economic well-being. The data will be aggregated at the state and tribal area level and compared to similar data for the general state population to provide insights to Washington State tribes, tribal organizations, and state food agencies trying to respond to rapid alterations in food supply and demand from tribes during the pandemic.

Strategic Planning Sessions: Finally, the NTFSC has completed four virtual strategic planning sessions this summer. These planning sessions have set priorities moving forward for the next two years and created five workgroups: 1) Revitalizing Intertribal Food Systems, 2) Revitalizing and Protecting Traditional Food Knowledge, 3) Internal and External Partnerships, 4) Tech Support and Media.

These workgroups will convene over the next year as needed to work on the priorities set for each workgroup. The assessments, surveys, and business development plan previously mentioned will help inform the workgroups and serve as information that can advocate for additional resources and potential policy development at the tribal, state, and federal levels. These combined efforts provide a comprehensive approach to addressing food insecurity and improve access to healthy and culturally relevant foods as a means for emergency preparedness and economic development.

NW Tribal Breastfeeding Coalition:

Our goal in supporting communities via the NW Tribal Breastfeeding Coalition is to continue forward to promote, educate, support, and respect the diverse tribal communities in the NW by reclaiming breastfeeding and first foods; together, recognizing the interconnected nature of supporting the life course from the day a community welcomes a new baby into the world.

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Chronic Disease, Food Access, and Food Security During COVID-19 and the Importance of Local and Regional Food Systems

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In response to tribal communities, we recognize that human milk for human babies is the foundation of food sovereignty from the very beginning. It is essential to remind ourselves that each new baby and breastfeeding person have never nursed together, and it takes time. Just as it takes time to grow a garden, so too is the support a birthing and breastfeeding person needs to feel supported in all parts of their being. Additionally, in providing this support, we hope to honor the role of family, elders, peers, and community in the breastfeeding journey from one generation to the next. This is a time of healing and preparing, as breastmilk provides protective factors beginning in young life.

As we begin Fall 2020, we look forward to releasing breastfeeding posters highlighting the strengths and challenges related to breastfeeding and updates to social and web media. It is important to note that national and international organizations support breastfeeding, even if a breastfeeding person is healing from COVID-19. (Augusto Pereira)

We look to soon convene our first meeting of the breastfeeding coalition. If you are interested – please reach out to Candice Jimenez at cjimenez@npaihb.org (Breastfeeding Initiatives Manager with the WEAVE-NW team).

Conclusion

It was clear before 2020 that a strong regional tribal food system and efforts to improve tribal food sovereignty within NW tribes were critical to the overall public health strategy. However, reports from tribal food assistance programs in the first few months of the pandemic indicated that the impacts of COVID-19 on tribal food security have been drastic. We are only beginning to understand the extent to which NW tribes have been affected by food shortages, disruptions in the supply chain, increasing unemployment rates, which put even more pressure on tribal food assistance programs. Now, more than ever, it is clear that strengthening the regional tribal food system and investing in food sovereignty initiatives is not only a matter of chronic disease prevention and a public health priority, it is also a critical component of tribal emergency preparedness. NWTEC is taking strides to build on strong existing coalitions of NW tribe knowledge keepers, farmers, advocates, and community members to assess the impact and find a promising way forward that supports food sovereignty and the promotion of breastfeeding as a first food.

Commercial Smoking's Impact on Leading Causes of Mortality in the Northwest

Karuna Tirumala, MPH
IDEA-NW
Biostatistician

Commercial tobacco smoking, introduced to the region after colonization, is the leading cause of preventable death in the U.S. and has, for years, shown a distressing effect on the health of Native people in the Northwest. Approximately 30% of Oregon and 31% of Washington American Indian and Alaska Native (AI/AN) residents report current cigarette use, indicating a significantly higher prevalence of use than the regional Non-Hispanic White (NHW) population (1). Commercial tobacco also plays a notable role in four of the top five chronic leading causes of mortality amongst Northwest AI/AN: cardiovascular disease (CVD), cancer, chronic lower respiratory disease (CLRD), and diabetes (2).

An IDEA-NW analysis of Oregon and Washington state death certificates from 2005 through 2016 showed that over the 12 years, commercial tobacco use played a role in at least 3,700 AI/AN deaths in Oregon and Washington, many of which had an underlying chronic cause. 95% of chronic lower respiratory disease and lung cancer deaths could have been prevented if tobacco use was eliminated. Smoking also showed a larger effect on American Indians and Alaska Natives with cardiovascular disease, as compared with the Non-Hispanic White (NHW) population in the region. While tobacco use in the NHW population contributed less than one percent of additional CVD deaths, AI/AN tobacco use contributed to nearly 1/3 more deaths from cardiovascular disease. Similarly, we found a larger effect of commercial smoke on AI/AN diabetes patients as compared with NHW diabetes patients; 9% of AI/AN diabetes deaths could be attributed to commercial tobacco use, but no excess NHW diabetes deaths were attributed to commercial tobacco smoke.

We have seen, time and time again, the elevated burden of chronic diseases on the Northwest Native community, most of which are only worsened by the use of commercial tobacco products (3). While traditional tobacco preparation and use can be healing and beneficial to communities, these results regarding the impact of commercial tobacco use show the importance of a sustained tobacco cessation effort by both the Board and by Northwest Tribes.

Sources:

1. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2015-2017].
2. Heron M. Deaths: Leading Causes for 2017. National vital statistics reports; vol 68 num 6. Hyattsville, MD: National Center for Health Statistics. 2019.
3. US Department of Health and Human Services, Indian Health Service. Indian health disparities; 2019. https://www.ihs.gov/newsroom/index.cfm/factsheets/disparities/. Accessed October 7, 2020.

Virtual Learning and Cyberbullying: Helping Your Child Deal With Online Bullies

Lael Tate, MPH
THRIVE Project Coordinator

As the new school year starts, many students and parents are adjusting to online learning and children and teens are finding creative ways to stay connected to their friends using technology and social media. For Bullying Prevention Month, this October, it's important to keep in mind that virtual learning and increased use of technology and social media can also create more opportunities for cyberbullying to take place.

What is cyberbullying?

Cyberbullying is a form of bullying that happens online, over text messages, or on social media platforms like Instagram, Snapchat, TikTok, Twitter, and Facebook. Online learning presents new platforms where students can engage in cyberbullying, such as the chat and private chat features on Zoom and Google Classroom, class pages where assignments are posted, or class discussion boards. Online learning can make it difficult for students to avoid people who are cyberbullying them. Cyberbullying comes in many forms. It can look like name-calling on social media, sending threatening messages over text, texting or posting gossip, someone's secrets, or photos of a person without consent.

How to stop cyberbullies

If your child is being cyberbullied, it's possible that they feel powerless and isolated. An important first step is to recognize the signs of cyberbullying. Does your child or teen: randomly stop using the computer or cell phone; seem more depressed, sad, or frustrated; get anxious when texts or direct messages come in on the computer or a cell phone; withdraw from their friends; or overall, just act differently when it comes to electronic devices? During online schooling, your child may be more reluctant to attend certain classes or complete specific assignments because they are a target of cyberbullying.

- Once you've identified the problem, take it seriously and make sure your child feels safe and supported by you. You and your child can use these strategies to stop cyberbullying:
- Don't reply to bullying messages.
- Keep a record (including time and date). If the cyberbullying is happening during online classes or on class platforms, tell your child's teacher, counselor, or principle.
- Report or block the cyberbully. Contact your phone or Internet service provider and report what is happening. They can help block messages or calls from specific senders. Help your child report what they are experiencing to the social media platform. Sometimes they will shut the person's account down. You can also block a bully's account, messages, or comments.
- Help your child limit their social media use or screen time. Try practicing social media and screen boundaries as a family.

Virtual Learning and Cyberbullying: Helping Your Child Deal With Online Bullies

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As we're all adjusting to a new way of learning on virtual platforms, talk to your child about their experiences with social media and technology. Online spaces can be great for community building, but it's important to check-in and keep an eye out for cyberbullying.

Resources:

- Stop Bullying, www.stopbullying.gov
- CDC's #StopBullying, https://www.cdc.gov/injury/features/stop-bullying/index.html
- National Bullying Prevention Center, www.pacer.org/bullying

Stand Up. Stand Strong. Bullying Prevention Social Marketing Campaign Materials:

For prevention materials from the THRIVE project at the Northwest Portland Area Indian Health Board, please download the electronic copies at www.npaihb.org.org/social-marketing-campaigns and click on the "bullying prevention" tab.

*Acknowledgement: This article was written using THRIVE and WRN content and blog posts

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2020 LIVE Virtual THRIVE Gathering

Celena J. McCray
(Navajo)
Project Coordinator – THRIVE & WA DOH Parenting Teens

In March of 2020, the THRIVE (Tribal Health: Reaching out InVolves Everyone) suicide prevention project at the Northwest Portland Area Indian Health Board (NPAIHB) made the decision to postpone the 10th annual in-person celebration to June 2021 due to the COVID-19 pandemic. As this pandemic effected the lives of many across the Nation, the most impacted included tribal communities. The pandemic and the social and political environment during the spring infused uncertainty, anxiety and fear, which forced most everyone to adapt to new schedules and ways of living. National headlines showed the population that mental health and positive coping strategies are more important than ever and, on many Reservations and in many States, stay at home orders were in full effect. Therefore, our adolescent health youth projects at NPAIHB had to find their rhythm fast and in turn, developed creative ways to organize culturally centered virtual activities for Native youth that ensured physically distance safety measures, but still kept the youth socially connected.

From June 22 to 26, 2020, the THRIVE project hosted a LIVE virtual THRIVE gathering over the online Zoom platform for Native youth 13-19 years old. Native youth representing 21 federally-recognized tribes attended the daily 1-hour sessions that included hands-on skill-building activities with a focus on cultural pride and mental health. The daily sessions were led by many talented people including Native artist Steven Paul Judd, Well for Culture's Anthony Collins and Chelsey Luger, Beats Lyrics Leaders' Jamie Parrelli and mentors, and We R Native's Auntie Amanda and Uncle Paige.

2020 LIVE Virtual THRIVE Gathering

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The purpose of LIVE Virtual THRIVE was to host cultural skill building interactive sessions that focused on reducing anxiety, developing healthy coping skills, building protective factors, and promoting mental wellness with the body, mind, and spirit. To ensure the safety of the participants, each day the event had a mental health person on standby, Sabrina Votava from FailSafe for Life and Ursula Whiteside, CEO of NowMattersNow.org.

"I liked that we were able to communicate and help each other compliment the tiles we did!" – LIVE Virtual THRIVE Native Youth Participant

To kick off the event each day, the youth took healthy risks and opened each day with a prayer. On day one, the NPAIHB's Executive Director, Laura Platero (Navajo), shared a hopeful message and commended youth for staying resilient for their families and their communities during the pandemic. Laura said "…you are our leaders now, we are so excited to see your growth and development in the future, the board supports and loves each and every one of you". The day continued with getting to know the participants and even playing a virtual Native trivia game.

On day two, the youth collaborated with well know Native artist, Steven Paul Judd (SPJ), for the first ever digital tile art piece. In preparation, youth were emailed a single tile that had lines and colors on it (participants did not know that it would combine to create a bigger art piece). Steven Paul Judd walked youth through the process of drawing their tile on a blank white piece of paper. Throughout this process, SPJ interacted with the youth and answered their questions about becoming an artist. THRIVE staff also talked about using art as a form of healthy expression and encouraged participants to continue to create art in the future. At the end of the week, each participant scanned or sent in a photo of their completed tile. Once combined together, the tiles all created a larger piece of art (to the left). Stickers of this art piece were created and sent out to all gathering participants.

Day three got everyone out of their seats with Well for Culture's Thosh and Chelsey. They shared an interactive presentation on the 7 Circles of Wellness which included a dialogue with the youth in the chat box on activities that help with their well-being. Thosh and Chelsey encouraged youth to expand their physical activities beyond sports and connect to their culture, relatives, the land, and amplify one's sacred space. A highlight was peacefulness through ceremony where Thosh, Chelsey, and Alo led interactive breathing and physical exercises. One participant stated, "I liked the breathing exercises and how it helped me learn to open up in a healthy way." Many of the participants that afternoon provided so much positive feedback in the chat box, they also shared that they plan to use it in the future to stay calm and relax.

"I enjoyed that we were able to do physical activities and learn new stretches and activities to make you less stressed." – LIVE Virtual THRIVE Native Youth Participant

Day four spotlighted one of the most popular workshops for the last nine years of the THRIVE conference, The Beats, Lyrics, Leader (BLL) workshop. For just over an hour, the BLL mentors and J Ross Parrelli guided youth through a collective brainstorm session on journaling current events, then expanded into creating lyrics and using writing as a healthy expression to write down feelings and emotions around those current events, and then participants were split into two virtual groups and each created song rhythms and beats with a BLL mentor.

2020 LIVE Virtual THRIVE Gathering

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This part of the process allowed the youth to create and watch the process of those creations on production software. With little time left, the youth got to take their individual lyrics, whether they be about the Black Lives Matter (BLM) protests, PRIDE month, their lives, quarantine, and/or COVID, combine them with beats their group created, and perform for the whole group. You can find the created beats here:
Group 1: https://soundcloud.com/beatslyricsleaders/thrivedookiebeat
Group 2: https://soundcloud.com/beatslyricsleaders/thrive-95-2020-raza-beat

Lastly, on Friday, day five, the youth got to participate in a meet and greet with We R Native's Auntie Amanda and Uncle Paige. Youth had the opportunity to go "behind the scenes" and learn how the We R Native team operates the Ask Auntie section of the We R Native website. The session included informal dialogue and a chance for participants to think and respond to questions that the team received throughout the gathering week. Youth were asked to answer the questions as if they are helping out a friend. This session generated great conversation in the chat box about reaching out for help, sharing resources and tips, and using positive coping strategies.

"Very interactive. I loved being able to interact even when I am not there." – LIVE Virtual THRIVE Native Youth Participant

Although this event was not in-person, staff and facilitators did their best to engage youth virtually and, on the evaluation, one participant even stated, "I liked the breathing exercises and how it helped me learn to open up in a healthy way," another participant wrote, "Very interactive. I loved being able to interact even when I am not there" and one last written evaluation was that "Although we are apart it feels good to feel connected." One important comment THRIVE staff took note of was someone who wrote "I have been struggling with depression. Definitely was a breath of fresh air," and this statement is one of the reasons THRIVE staff felt that although the conference could not be done in-person, that we had a duty to provide some community, some structure, some fun, and some activities for the Native youth of the Northwest. The evaluation also showed that 82% of participants felt that overall opinions of the sessions were excellent but as expected, most youth did not like that we all could not be physically be together.

Additional feedback included how the event impacted the youth. With the highest at 94%, participants felt they connected to other youth and Native people, following with 70% of participants that answered that this virtual event made them feel good about where they come from and their future. 58% of participants felt that the event helped them feel more confident and 52% felt that THRIVE increased their knowledge about how to be a healthy native person.

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

New Faces

Chandra Wilson
(Klamath, Modoc, Yahooskin Paiute)
Tobacco Project Specialist

My name is Chandra Wilson. I am returning to Northwest Portland Area Indian Health Board as the Tobacco Project Specialist with the WEAVE-NW Project, and as an MSW intern with the Northwest Tribal Elder's Project. Both projects are part of the Northwest Tribal EpiCenter. I grew up on the Warm Springs Indian reservation in Warms Springs, Oregon. I have lived in Portland since 1996. With over 20 years of working in Indian Country, my career is dedicated to improving and advancing the health and well-being of Native Americans by delivering quality health care to tribal communities. I am committed to understanding and addressing health inequities experienced by disadvantaged and underrepresented populations, especially Native American peoples. I am interested in weaving together cultural knowledge with western-based science to promote the health of tribal communities .

Dawn Bankson, PHN, MSN, ARNP/CPNP
CDC Foundation

Hi, my name is Dawn Rae Bankson. It is an honor to be a part of the Northwest Portland Area Indian Health Board and Northwest Tribal Epidemiology Center through a grant from the CDC Foundation. My background includes earning my bachelor's degree in nursing at Loma Linda University and a Master of Science/Pediatric Nurse Practitioner Certification at California State University Fresno in 1997. As a child, we moved around a lot due to my father's work as a medical research engineer. His involvement in science and medicine started before I was born and included work in developing the positive pressure mechanical ventilator, called the Puritan-Bennett Ventilator, which replaced the iron lung.

In my early years as a public health nurse, I had the opportunity to work with tribes in the San Bernardino/Riverside, California area. Later I worked in migrant health centers. After moving to Washington, I had the good fortune to work for the Quinault Indian Nation as their pediatric provider.

I am fortunate to have the opportunity to put on a new hat by serving the NPAIHB member tribes through the CDC Foundation in a public health role. I am humbled and excited to be a part of this wonderful team!

Itai Jeffries, PhD
(Yèsah/Occaneechi)
Two Spirit LGBTQ Program Manager

Itai is a Yèsah/Occaneechi Two Spirit educator, qualitative researcher, and equity consultant. Itai graduated with a BA in Sociology from Guilford College, becoming the first in their family to earn a college degree. They went on to earn a MA and Ph.D. in Sociology from Georgia State University. Itai has worked and contracted across a large variety of roles, including serving their people on the Occaneechi Health Circle, and with institutions such as Centers for Disease Control, National Association for Chronic Disease Directors, the American Public Health Association, the Seattle Indian Health Board, and with a large number of community-based organizations (especially those that serve the American Indian and Alaska Native population). At the Seattle Indian Health Board, they served as the Traditional Health Program Director, helping to develop a program to integrate Traditional Indian Medicine in clinical settings. They have taught a wide variety of sociology courses at universities, community colleges, and technical colleges. Their work has spanned curriculum development, organizational development, qualitative analysis, equitable practices training, food sovereignty, food justice, healing justice, and culturally-rooted facilitation. Itai has offered coaching to both individuals and organizations regarding race and gender education and Indigenous approaches to gender equity. Lastly, Itai is a fangirl for Korean dramas!

New Faces

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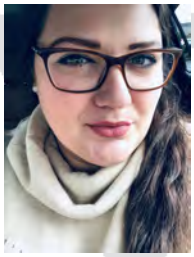

Jessica Rienstra, BSN, RN
ECHO Case Manager

Jessica Rienstra is a Registered Nurse at Northwest Portland Area Indian Health Board working as an ECHO (Extension for Community Healthcare Outcomes) Case Manager. Prior to joining the ECHO team at NPAIHB she worked at a tribal health center where she helped develop and implement Harm Reduction, Syringe Service and HCV Elimination Programs. She is passionate about ensuring accessible, destigmatized and intentional health care for all.

Jonas Greene
(Laguna Pueblo)
Communications Manager

My name is Jonas Greene. It is an honor to join the Board, and I look forward to serving our member tribes. I grew up in Silverton, Oregon, while maintaining close ties to my extended family in New Mexico. I graduated from Portland State University and completed a continuing education program in design at Pacific Northwest College of Art. I have over 17 years of experience in marketing and brand advertising. I managed the media program for the American Indian College Fund for over ten years at their partner advertising agency, Wieden+Kennedy, in Portland, OR. Since 2017 I have provided graphic design and creative marketing services to major brands, including Blizzard Media, Benchmade, and REI. I'm excited to work with all of the talented people at NPAIHB and support our incredible roster of programs.

Katie Hunsberger
(*Fort McDowell Yavapai Nation*)
BHA Student Support Coordinator

Kaitlyn, or Katie Hunsberger grew up in Nevada and is a member of the Fort McDowell Yavapai Nation in Arizona. Katie received her Bachelor's in Communications & Political Science from Elmhurst University and her Master's in Public Policy from Loyola University, Chicago. Her education has guided her towards working in roles with Indigenous youth and being an advocate for Native country. Exploring roles as a Youth Advocate and Foster Care Specialist for her tribe, she aspires to be a leader for Native peoples. She is an auntie, empath, and adventurer. With a deep love for reading, beading, and hiking, Katie is likely to be enjoying the outdoors or finding new creative projects.

Lottie Sam, AA ECE
(Yakama Nation)
CDC Foundation

I am a member of the Confederated Tribes of the Yakama Nation. I have been a servant to my Community and the Tribal Membership through Tribal Council, Yakama Nation Housing and Yakama Nation Tribal Head Start. I have many children and enjoy the experiences we share from birth to being a Grandmother. I adhere to my Traditional ways of worship and follow-through with responsibility the Creator has bestowed upon me as a Yakama for my tribal resources. I am currently Contact Tracing for Yakama Nation. It has been a fast 2 months with the CDC Foundation and AIHB. I appreciate the work of fellow Contact Tracers and the Front-Line Staff helping the United States through this Pandemic. Nye

New Faces

continued from previous page

Natasha Watson, BSN
(Shoshone-Bannock, Navajo, Akimeal O'odham)
CDC Foundation

Ha' Nanewei'.(Hello, my people). My name is Natasha (Tasha) Watson. I am twenty-six years old. I am from Fort Hall, Idaho. I'm an enrolled member of the Shoshone-Bannock Tribes. I am also Navajo and Akimeal O'odham. I have my BSN, Bachelor of Science in Nursing, from The University of Arizona, and an Associate of Applied Science degree in Health Information Technology. I am currently working on my Master of Public Health degree at Idaho State University. Growing up, I always wanted to get my higher education in the health field and then return to my reservation and help my people, tribe, and others. Little did I know that I would receive this tremendous opportunity to work for CDC Foundation and NPAIHB. Though it is under challenging circumstances, I am thankful for the opportunity to help my tribe through this pandemic in the best way I can. Ooose (Thank you.)

Reshell Livingston
(Chickasaw)
Asthma Project Coordinator

Reshell Livingston is a new addition to our asthma management team, working with two of our regional tribes to improve practice guidelines among tribal young people. Reshell is a graduate of Portland State University with a degree in Business Administration. She worked in business locally before joining our team and is able to put many of her skills to work for this project. In addition to budget management, Reshell is an excellent problem solver, communicator, and is even skilled at writing and editing. We are lucky to have her! We hope that she stays at the Board for a long time.

Sheila Hosner
COVID Communications Lead
CDC Foundation

Sheila worked for 25 years for the WA State Department of Ecology in several programs as an Outreach and Communications Specialist, ending her career as a Legislative Liaison. While at Ecology, she returned to school to obtain a Master of Science in International Health, fulfilling a lifelong dream. After retiring, she moved to Uganda, where she managed a program providing medical care to the Bwindi Community Hospital's neediest for almost three years. She is still actively involved in Uganda, working with another rural community to build a much-needed health center.

Shawn Blackshear
Senior Environmental Health Specialist

Shawn Blackshear is a Senior Environmental Health Specialist with the Board's Environmental Public Health Program. He assists with planning and implementation of comprehensive environmental health programs for tribes throughout the Pacific Northwest Region. He has over 19 years of experience in the environmental health discipline and comes to the Board from the IHS Yakama Service Unit. He is originally from the Great State of Texas and enjoys riding his horses and fishing.

New Faces

continued from previous page

Dr. Sean Kelly
Clinical Consultant
Northwest Tribal Dental Support Center.

Hello Northwest Tribal Clinics,

I am excited to serve as the new Clinical Consultant for the Northwest Tribal Dental Support Center. I have personally benefitted from the support center's dedicated service these past 17 years. Dr. Johnson has been a great mentor and I lift my hands up in his honor. Thanks Bruce for all your years of service to help us better serve our communities.

I look forward to eventually visiting all the clinics and meeting you and your staff person-ally. Many of you I've met and have worked with on past projects. We have great people working in the Northwest and I've learned over the years we do our best work together, sharing our ideas and experiences. I do hope for us to continue such efforts, especially during these unprecedented times of the pandemic.

I will be working closely with Bonnie and Ticey and the three of us already have some plans in the works for 2021, so please stay tuned. Note too that when and where the opportuni-ties allow I will be working with Dr. Lynn Van Pelt, the new Area Dental Consultant (Portland Area Office) and Dr. Miranda Davis, the Project Director for the Native Dental Therapy Initiative (North-west Portland Area Indian Health Board).

If you have any questions or ideas you wish to share please don't hesitate to contact any one of us. I may be reached either by cell phone: (253) 212-7709 or email: drkelly55@gmail.com Thank you. -Sean

Save The Dates

January 19-21, 2021
NPAIHB Quarterly Board Meeting

April 20-22, 2021
NPAIHB Quarterly Board Meeting

NPAIHB Events Calendar
http://www.npaihb.org/events/

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

Health News & Notes/ Attn: Lisa Griggs or by e-mail at lgriggs@npaihb.org
2121 SW Broadway, Suite 300, Portland, OR 97201
Phone: (503) 997-0299

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

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD JULY 2020 RESOLUTIONS

RESOLUTION #20-04-01
NORTHWEST TRIBAL DENTAL PREVENTIVE AND CLINICAL SUPPORT CENTER

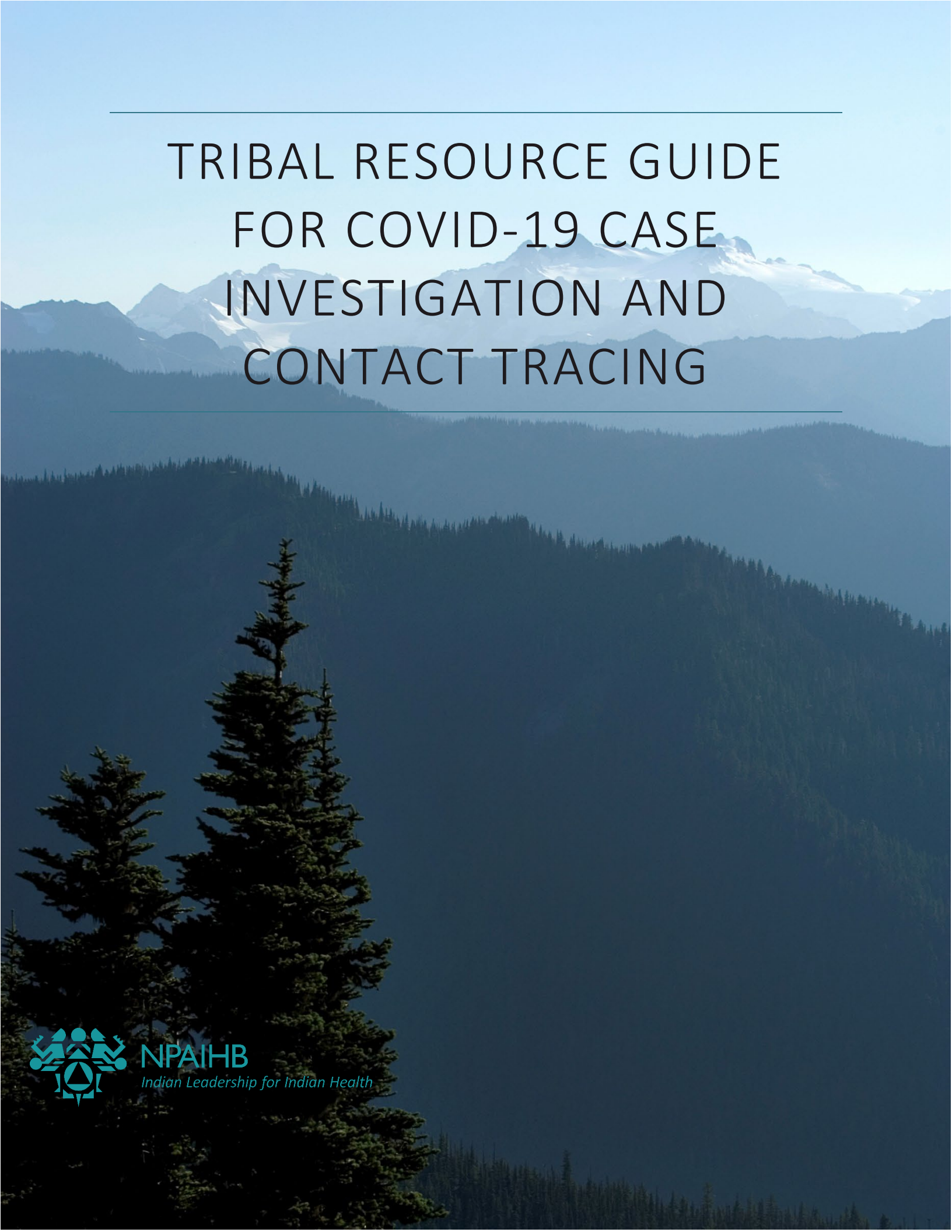
RESOLUTION #20-04-02
SUPPORT FOR CREATION OF A PORTLAND AREA COMMUNITY HEALTH AIDE PROGRAM CHAP CERTIFICATION BOARD

RESOLUTION #20-04-03
NATIVE DENTAL THERAPY INITIATIVE – FUNDING OFFERED BY THE NATIONAL INDIAN HEALTH BOARD FOR EDUCATION/ OUTREACH TO ENHANCE POLICIES SUPPORTIVE OF DENTAL THERAPY

RESOLUTION #20-04-04
NATIVE DENTAL THERAPY INITIATIVE - IMPLEMENTATION OF DENTAL THERAPY OFFERED BY THE NATIONAL INDIAN HEALTH BOARD

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

TRIBAL RESOURCE GUIDE FOR COVID-19 CASE INVESTIGATION AND CONTACT TRACING



NPAIHB
Indian Leadership for Indian Health

ACKNOWLEDGMENTS

This guide was created by the Northwest Tribal Epidemiology Center's COVID-19 Response Team and draws from the collective wisdom of our partners and Northwest Portland Area Indian Health Board's member tribes.

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Overview

The Northwest Portland Area Indian Health Board (NPAIHB), Northwest Tribal EpiCenter (NWTEC) has put together and compiled this Resource Guide to assist the tribes in the fight against the COVID-19 Pandemic. Our hope is that this will be a helpful resource for the tribal communities.

Understanding COVID-19

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. For more information about the virus, visit the CDC.

Historical Perspective

COVID-19 has already taken a greater toll on American Indian and Alaska Native (AI/AN) communities than many other parts of the population. In states with sufficient race/ethnicity data to assess the impact, COVID-19 incidence was found to be 3.5 times higher for AI/AN than for whites.[1] This pandemic carries with it not only the immediate threat of the virus, but the specter of a history of epidemics that devastated many tribal communities in the past. The historical trauma associated with those memories, as well as the current-day persistent effects of colonization and systemic racism, means COVID-19 impacts Native communities differently than others in the United States.

Tribes' response to the pandemic reflects this history. In the Northwest, tribal governments were among the first to issue stay-at-home orders for and shut down tribal offices and businesses, and have been quick to develop policies and plans to address the public health crisis. In spite of limited resources and discouraging lack of coordination at the federal level, Northwest tribes draw upon generations of resilience and are committed to protecting their communities.

[1] Hatcher SM, Agnew-Brune C, Anderson M, et al. COVID-19 Among American Indian and Alaska Native Persons — 23 States, January 31–July 3, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1166–1169

Case Investigation & Contact Tracing (CI-CT) in Tribal Communities: Key Considerations[2]

Contact tracing and case investigation refers to the process of identifying people who have been exposed to COVID-19 and asking them to quarantine for the period of time they may be infectious. At this time, there is no vaccine to prevent COVID-19 and spread of the disease is difficult to control because it can be transmitted by people who don't know they are sick. Because of this, case investigation and contact tracing (CI-CT) are crucial tools for tribes to slow the spread of COVID-19 in their communities. In tribal communities, group gatherings and multi-generational households are common, which makes having a strong CI-CT plan even more important.

Case investigation starts this process. When someone tests positive or is identified as a probable case, Case Investigators conduct an interview asking about their contact with other people during the time they were infectious.

Contact tracing then begins, as the contact tracing team reaches out to each person who was exposed via the case (the contacts), verifies their identity, advises them to quarantine during the incubation period of the virus, and provides support and guidance as well as monitoring their symptoms until the incubation period is complete.

The CDC offers these considerations when planning a CI-CT response:

- Contact tracing is one of the most important tools Since COVID-19 can be spread before symptoms occur or when no symptoms are present, case investigation and contact tracing activities must be swift and thorough.
- The complete clinical picture of COVID-19 is not fully known. As scientists learn more, updates may be made to recommendations for testing priorities and the window period (when the patient was infectious and not under isolation) in which contacts should be elicited.
- Remote communications for the purposes of case investigation and contact tracing should be prioritized; in-person communication may be considered only after remote options have been exhausted.
- Given the potentially large number of cases and contacts, jurisdictions may need to prioritize case investigation and contact tracing activities. Prioritization should be based on vulnerability, congregate settings/workplaces and healthcare facilities, including long-term care facilities and confined spaces (prisons).
- Depending on jurisdictional testing capacity, case investigations may be considered for patients with a probable diagnosis of COVID-19, not just confirmed COVID-19 cases.

[2] Adapted from the CDC contact tracing plan overview

- Broad community engagement is needed to foster an understanding and acceptance of local case investigation and contact tracing efforts within each community.
- Significant social support may be necessary to allow clients with probable and confirmed COVID-19 diagnoses to safely self-isolate and close contacts to safely self-quarantine.
- Due to the magnitude of the pandemic, jurisdictions will likely need to build up their workforce, recruit from new applicant pools, and train individuals from varied backgrounds.
- The use of digital contact tracing tools may help with certain case investigation and contact tracing activities but will not replace the need for a large public health workforce.

Developing a Case Investigation-Contact Tracing (CI-CT) Program

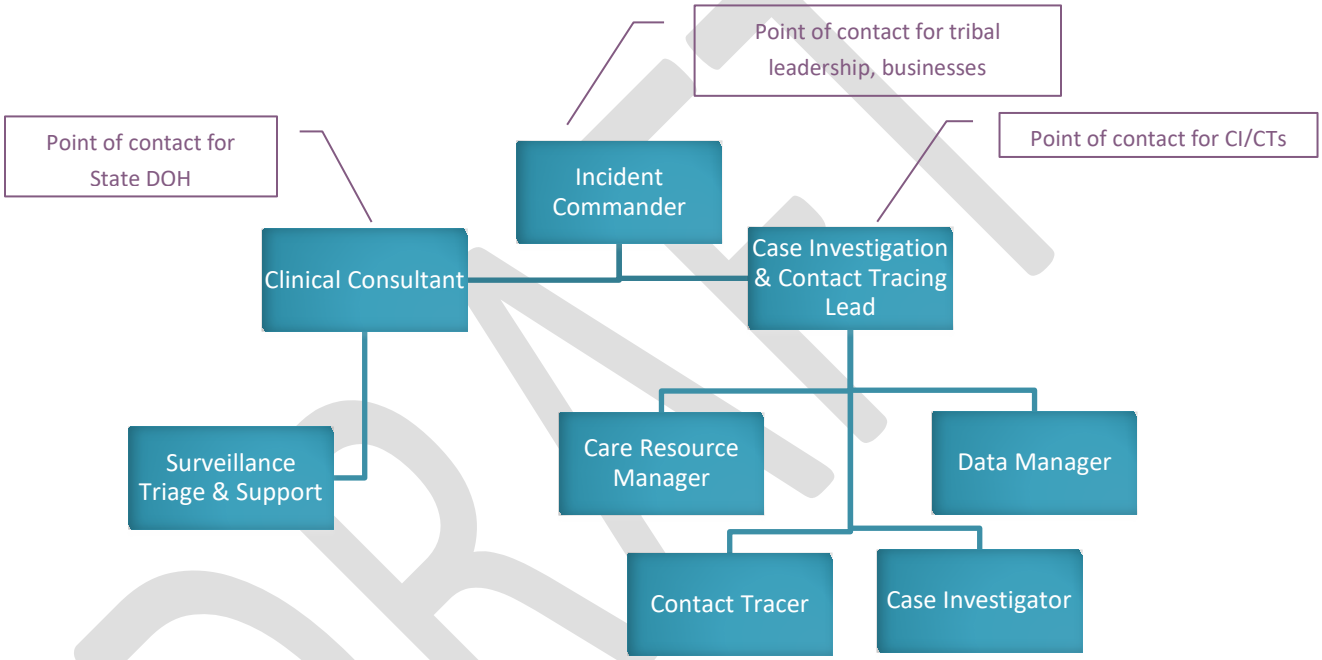
Planning for an effective CI-CT program in a tribal setting requires inter-departmental collaborative efforts within the tribe as well as developing (or strengthening) partnerships with local health departments. Support is available from NWTEC and the CDC's COVID-19 Tribal Support Unit. A comprehensive checklist can be found at CDC.gov.

This section gives an overview nine critical components tribes should address in planning a case investigation and contact tracing program.

For more detailed information about developing a CI-CT program, please visit the CDC's Contact Tracing Resources for Health Departments page.

1. Establish Workforce

The chart below shows a simple example of how the essential roles of a Case Investigation-Contact Tracing team sit within the larger Incident Management Team. Most tribes will likely be able to fill the higher-level roles from within their existing workforce, and they may indeed already be part of the tribe's overall incident management team; however, during an outbreak or surge in cases, tribes may need assistance to ramp up their workforce. Resources to assist with this are provided at the end of this section.



The table below gives some examples of the kinds of existing staff that might be suited to each role, and details of the job duties. Within each tribe, the specifics may differ and this is intended only as a starting point in developing your workforce and duties.

Roles and Responsibilities of Key Tribal Health Staff to Support COVID-19 Case Investigation & Contact Tracing

Role	Description	Classifications-Workforce Performing these Activities
Surveillance Triage and Support	Processes incoming laboratory and provider reports in surveillance system. Follows-up to obtain relevant medical and demographic information. Acts as a resource for interjurisdictional communication & transfer of patient and contact information. Responsible for gathering relevant locating information (e.g., "people-searches") for clients and contacts.	Surveillance Data Clerks, Administrative Support Staff, Communicable Disease Representative, Data Entry Technicians, Lab Technicians
Case Investigator	Conducts interviews of patients with confirmed or probable COVID-19, with a focus on motivational interviewing and cultural competency. Interviews should be guided by standard protocols and include: providing disease-specific information; assessing signs and symptoms, and underlying health conditions; discussing symptom onset to determine window period for contact elicitation and exposure risk for close contacts; discussing work, social, recreational, and community activities to identify who may have been exposed; eliciting information on close contacts, including names, exposure dates and locating information; and assessing support needs to maintain health and compliance during self-isolation. Facilitates testing and referral to healthcare services and resource care coordination, as indicated. May conduct home-based specimen collection. Provides recommendations for self-isolation and review of daily monitoring procedures. Conducts daily monitoring during self-isolation.	Communicable Disease Representative, Public Health Associate Program (PHAP) Assignees, Public or Community Health Nurses, Nurses, Health Educators, Social Workers, Medical or Nursing Students, Medical Assistants, Patient Navigators, Community Health Representatives, Community Members. Case Investigators and Contact Tracers need to have emotional intelligence, good communication and problem-solving skills. Generally speaking, hiring from within the tribe is preferable as it may allow for more effective CI-CT as they are local and familiar with the tribe's culture. However, this can also raise concerns about privacy and make boundary setting a challenge. If hiring from outside the tribe, cultural considerations should be a part of the training. ***Contact NTWEC for assistance!***

Role	Description	Classifications-Workforce Performing these Activities
Contact Tracer	Communicates with contacts to notify them of exposure, provides disease and transmission information, gathers data on demographics, living arrangements, and daily activities. Asks about signs/symptoms and underlying medical conditions. Provides referrals for testing (if appropriate). May conduct home-based specimen collection. Provides recommendations for self-quarantine and reviews daily monitoring procedures. Assesses supports necessary to maintain compliance during self-quarantine. Conversations with contacts should be guided by standard protocols. Conducts daily monitoring during self-quarantine	Communicable Disease Representative, Public Health Associate Program (PHAP) Assignees, Public or Community Health Nurses, Nurses, Health Educators, Social Workers, Medical or Nursing Students, Medical Assistants, Patient Navigators, Community Health Representatives, Community Members. Case Investigators and Contact Tracers need to have emotional intelligence, good communication and problem-solving skills. Generally speaking, hiring from within the tribe is preferable as it may allow for more effective CI-CT as they are local and familiar with the tribe's culture. However, this can also raise concerns about privacy and make boundary setting a challenge. If hiring from outside the tribe, cultural considerations should be a part of the training. ***Contact NTWEC for assistance!***
Case Investigation & Contact Tracing Lead	Directly oversees the work of the Case Investigator and/or Contact Tracer and others who may work as part of a team. Assigns work and oversees the quality of work. Ensures completion of case interviews and contact follow-up according to established standards. Reviews work for missing information, inconsistencies, or areas that need further exploration and directs staff follow-up to seek clarification and obtain additional information. Addresses complex issues with cases or contacts that have been escalated by staff. Interactive with CI-CT team regarding the monitoring of clients with COVID-19 who are determined to be at higher risk for severe disease. Assesses & assists CI-CT team members when changes (initiation or increase in severity) in signs and symptoms of clients. Facilitates prompt medical attention, as necessary. Uses qualitative (interview audits) and quantitative (review of statistical outputs) methods to review performance and determine areas for formal or informal professional development, training, coaching, and	Supervisory Public or Community Health Nurses, Epidemiologists, Health Investigator Supervisors, Communicable Disease Investigator Supervisors

Role	Description	Classifications-Workforce Performing these Activities
	mentoring. Recognizes staff for exceptional and outstanding performance.	
Care Resource Manager	Assesses social support that clients and contacts need to maintain healthy living in self-isolation or self-quarantine. Identifies housing needs and facilitates transition to appropriate housing supports. Provides tools (e.g., thermometer) to assist with daily monitoring and prevent further spread in home. Coordinates other support services such as delivery of food or medications, and referral to programs that provide financial assistance.	Resource Managers, Patient-care Navigators, Care Specialists, Disease Intervention Specialists, Social Workers, Medical Assistants, Community Health Outreach Workers, Medical Case Managers, Medical Care Coordinators
Data Manager	Manages digital infrastructure for surveillance and contact investigation. Abstracts data from surveillance system for import into appropriate contact investigation platform and visa-versa, when automated data synchronization is not available. Assesses and improves data quality and interoperability of data systems. Supports the development and modification of data systems to appropriately capture, integrate and report multiple data streams necessary to monitor response progress and outcomes.	Epidemiologists, Data Managers, Public Health Informatics Specialists, Software Developers, Systems Engineers, Data Engineers, Data Integration Specialists, ***Contact NTWEC for assistance!***
Clinical Consultant	Provides clinical support to the case investigation team, provides consultation for complex cases, and collaborates with healthcare providers, hospitals, and other facilities regarding clinical recommendations.	Medical Directors, Physicians, Nurse Practitioners, Physician Assistants, Medical Epidemiologists ***Contact NTWEC for assistance!***

[1] *Adapted from CDC.gov template on Staffing Roles*

Additional roles that can be helpful on the CI-CT team include:

- Infection Control Personnel – to conduct investigation of congregate living facilities and workplaces that have had an exposure or need assistance implementing infection control procedures
- Epidemiologist – to analyze data on cases and contacts to identify outbreaks and priority populations, and provide QI recommendations to the CI-CT process.

For tribes that do not have capacity to fill these roles, NWTEC staff are available to provide technical assistance in these areas, either on site or remotely. Please visit NPAIHB's COVID resource request page for more information.

Hiring Options

Tribal Community

Hiring Case Investigators and Contact Tracers from within your tribal community can be a good strategy as local Contact Tracers are familiar with tribal services, culture and geography, and may face less challenge with establishing rapport. This will lead to better adherence to the isolation/quarantine guidelines.

If Case Investigators and Contact Tracers already have social or family relationships with the contacts and cases they are working with, privacy concerns may need to be addressed. Another consideration when hiring local Case Investigators and Contact Tracers is boundary setting; small tribal communities are close-knit and it may be difficult for Case Investigators and Contact Tracers to "turn off" when they are not on duty, potentially leading to burn out.

Sample Job Descriptions

- Sample Tribal Contact Tracer job description
- Case Investigator COVID-19 Response Job Description
- Contact Tracer COVID-19 Response Job Description
- Communicable Disease Investigator COVID-19 Response Job Description
- Supervisor or Team Lead for Case Investigation and Contact Tracing COVID-19 Response Job Description

If adequate CI-CT staffing cannot be found within your tribal community, there are several resources to help

Mission Assignments (FEMA, AmeriCorps)

Tribes can request a FEMA Mission Assignment or deployment of USPHS Commission Corps officers through a request for Direct Federal Assistance through the Portland Area Indian Health Service. Tribes should contact the Area Emergency Management Point of Contact. For the Portland Area, this is:

Primary: Tom Weiser - thomas.weiser@ihs.gov - 503-416-3298
Alternate: Roney Won - Roney.won@ihs.gov - 503-414-5579

CDC Staffing Resources

For tribes in need of epidemiological support, infection control and incident command set up, and assistance developing a contact tracing plan, CDC can deploy Epidemic Intelligence Service (EIS) officers or other staff to work with tribal staff on-site. Contact the CDC Tribal Support Unit at eocevent362@cdc.gov to request assistance.

NWTEC Staffing Resources

NWTEC can assist with providing CDC Foundation staff to support tribal CI-CT teams, as resource permit. In addition, NWTEC has a team of certified contact tracing volunteers who can supplement tribal CI-CT teams either remotely or in-person during surges and outbreaks in cases. NWTEC can also provide infection control, data management, policy development and

epidemiologic technical assistance Please contact Celeste Davis, Environmental Public Health Program Director at cdavis@npaihb.org or Dawn Bankson, CDC Foundation COVID-19 Corps Public Health Nurse at dawnbankson@cdcfoundation.org for more information about these options.

Mutual Aid Agreements

Mutual Aid Agreements or Cross Jurisdictional Sharing Agreements with local health jurisdictions are another option to supplement workforce, as well as other resource sharing. These relationships should be formalized through an agreement between the tribe and the local health jurisdiction. American Indian Health Commission offers a wealth of guidance in setting up these agreements, here.

2. Develop CI-CT Protocols and Processes

Workflow

Case Reporting

The process begins with the identification of a confirmed or probable case. If staffing is limited, tribes may opt to prioritize confirmed cases. Possible sources of case identification:

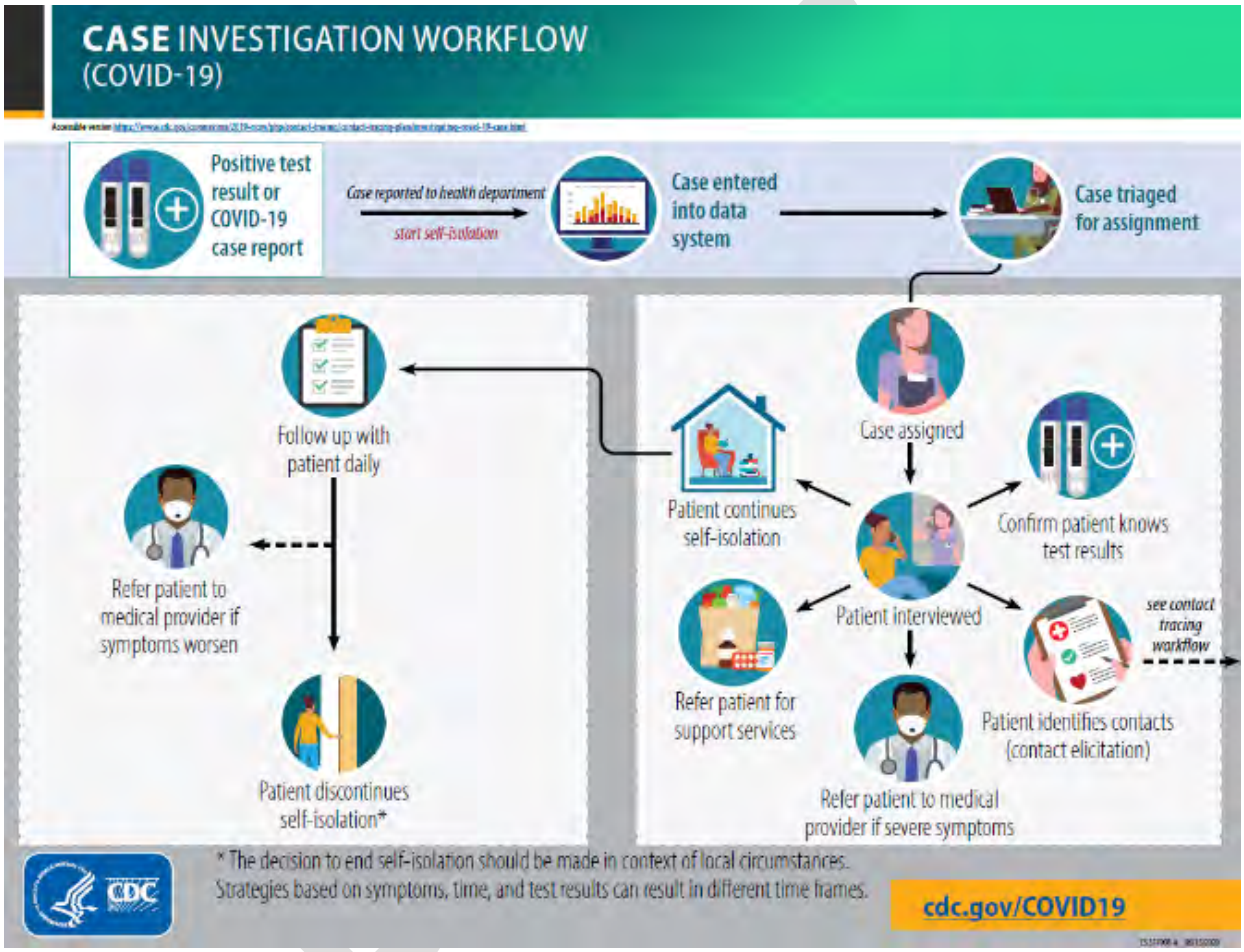
- Community member is tested outside of the tribal community and the local health department transfers the information
- Community member tests positive at a tribal testing facility
- Contact tracer identifies a contact as a probable case

Notification of the positive test result usually comes from the clinic, and a Case Investigator is assigned. The Case Investigator must make contact swiftly to minimize opportunity for infectious contacts to spread the disease. For each case, the investigator should be provided with

- Name
- Phone number or other contact information
- Date of birth
- Date of positive test

Case Interview and Contact Elicitation

The Case Investigator will complete the initial interview to elicit all close contacts who were exposed to the case during their infectious period. Tribes should develop scripts and forms or data collection tools for Case Investigators to record this information (see forms and data management sections), and determine what methods of contact to use, and maximum number of contact attempts. In some communities, in-person outreach may be necessary.



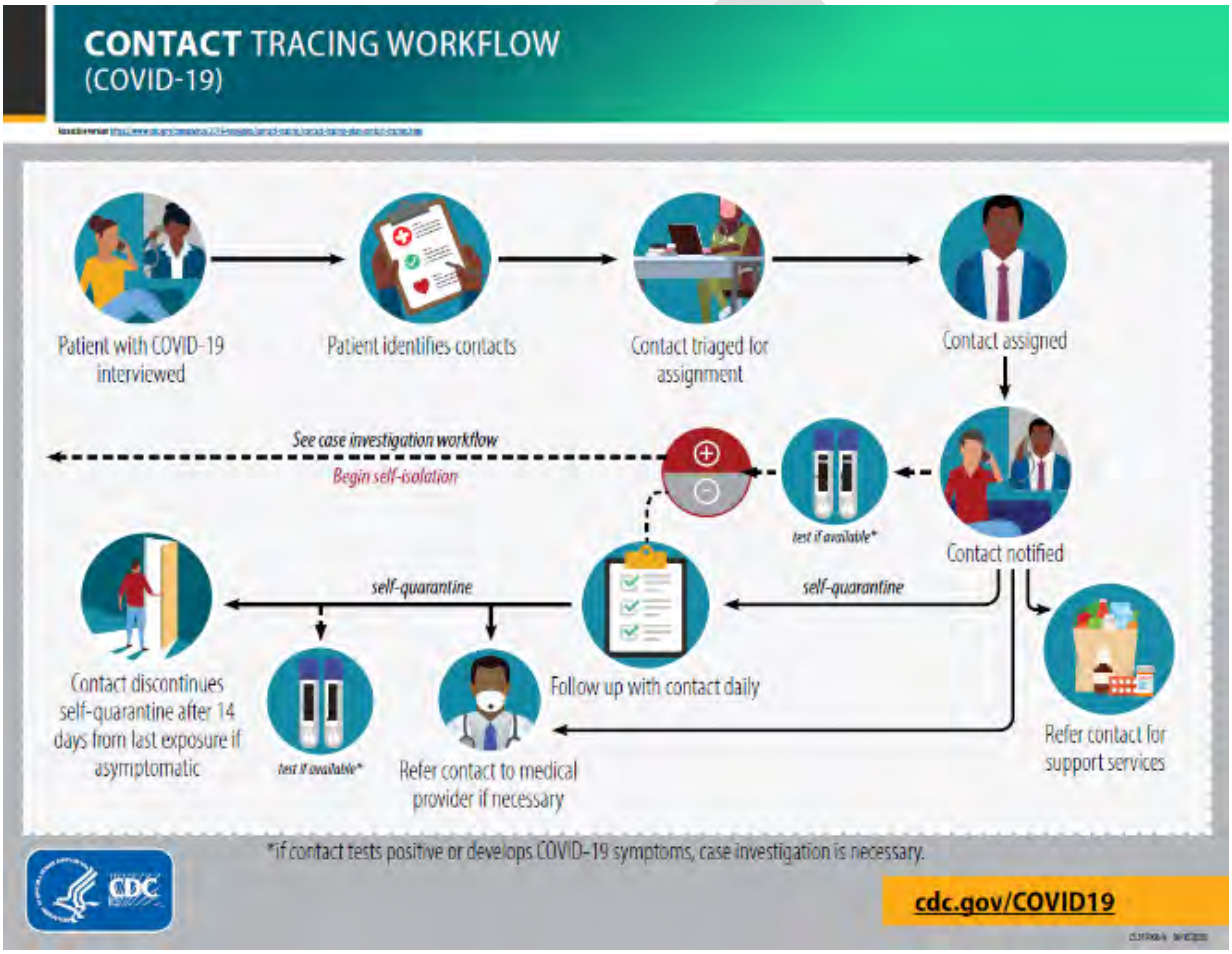
The Case Investigator will provide instructions to self-isolate, the expected timeline and criteria for release, and offer support services. A daily symptom check-in will be set up. Ideally, the same Case Investigator will contact the case each day to monitor symptoms, answer questions, and provide any support services that are needed.

Case Investigators will immediately report to the CI-CT Lead any cases who were at mass gatherings or congregate settings while infectious (e.g., shelter, school, health care facility, or workplace). Notification

and investigation for these situations will be directed by the Incident Command (see CDC guidance on outbreak and congregate setting investigation).

Contact Tracing

All contacts identified in the case interview will then be assigned to Contact Tracers. Contact Tracers should attempt to reach the contacts within 24 hours. At a minimum, Contact Tracers must receive the name of the contact, at least one potential way to reach them (may be via employer, friend, or family member), and the date of last exposure to the case.



Contact Tracers will notify contacts of their exposure, provide quarantine and testing instructions, information about expected quarantine timeframe and criteria for release, and offer support services. Tribes should determine protocol for handling contacts that live outside the tribal jurisdiction, and exactly what that jurisdiction is. If it is to depend on tribal enrollment or AI/AN race, be sure to include that question in your intake script.

Within tribal communities, large multi-generational households are common. Contact tracing studies have found that within-household transmission of COVID-19 is a major source of new infections. Tribes should consider whether contacts should be asked to stay separate from their household members as well as the public.

Who should be tested depends on availability of testing resources within the tribe. Best practice is to test all close contacts; however, tribes may opt to recommend testing only for those who are symptomatic or had prolonged exposure. The tribe's testing policy should be included in CI-CT onboarding training, as well as where to be tested and how to make an appointment, if necessary. Tribes should develop scripts or forms and data collection tools for Contact Tracers to record contact information (see forms and data management sections).

Contacts should be stratified as high, medium or low risk depending on age and risk factors as well as level of exposure. High risk contacts should be contacted daily for symptom monitoring. Medium to low risk contacts may be able to self-monitor and only require Contact Tracers to check in 2-3 times throughout the quarantine period. Some tribes may opt to use an automated system to conduct symptom checks. This can be a good option when staffing is limited.

Monitoring Cases and Contacts

Case Investigators and Contact Tracers will monitor cases and contacts as determined by the stratification. Ideally, the data management system should allow all team members to view a line list of who is being monitored, and whether or not they are symptomatic. Clinical staff may wish to receive a report of symptomatic cases/contacts daily. The team should determine what level of symptom worsening should trigger a referral from the Contact Tracer to the Clinical Support staff, and how many days of no response should trigger a welfare check out to the home of the case/contact (this may differ by risk category).

If the contact tests positive or develops symptoms that would make them a probable case, they will be advised to begin isolation immediately. The Contact Tracer will notify the CI-CT Lead and Clinic Support staff to verify the positive test result or report the contact as a probable case. A Case Investigator will be assigned and the process of case investigation begins.

It is helpful to have one Contact Tracer monitor all cases and contacts within a household, rather than dividing households among multiple Contact Tracers. Symptom check in phone calls are more efficient, and the Contact Tracer has up-to-date information about the household members' dates of last exposure.

Discontinuing Isolation or Quarantine

The criteria for discontinuing isolation and quarantine continue to change as we learn more about the disease. For the latest criteria, visit CDC.gov. Currently, the criteria are:

For a person with mild to moderate illness who is not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

If the person was asymptomatic throughout their infection, they may discontinue isolation when at least 10 days have passed since the date of their first positive viral diagnostic test.

For a person who has a severe to critical illness or is severely immunocompromised, CDC recommends extending the isolation to up to 20 days from symptom onset, together with the other criteria, and to consider consultation with infection control experts.

Close contacts must quarantine for 14 days from last exposure to the virus, **even if they test negative** for COVID-19 or feel healthy. The incubation period for the virus is 2 to 14 days, so symptoms may appear at any time between 2 to 14 days after exposure to the virus.

Note that a negative test is not recommended as criterion for discontinuing isolation because recent findings have demonstrated that people may continue to shed virus fragments for several weeks or months after they are no longer infectious. These viral fragments are not capable of making copies of themselves, and therefore cannot cause COVID-19 in another person, but they will sometimes result in a positive test. For this reason, the CDC recommends the above symptom-based strategy for determining when to end isolation, rather than a test-based strategy which may unnecessarily keep people in isolation. More information can be found here.

Tribes may want to have Contact Tracers alert Clinical Support staff when they believe one of their cases or contacts has met the criteria for discontinuation, and have the Clinical Support staff sign off. If staffing resources are limited, tribes may opt to give Contact Tracers authority to discontinue asymptomatic cases/contacts, and only require Clinical sign-off when symptoms need to be reviewed.

The case/contact will then be closed out in the data management system.

CI-CT team meetings 1-2 times weekly are recommended to address questions and problem solve. Team meetings or a HIPAA-compliant group communication tool are preferable to one-on-one communication so that all team members learn from each other and receive the same instructions.

3. Coordinate Support Services

To maximize adherence to isolation and quarantine orders, it is important that community members are offered the support they need to stay home and stay healthy. Tribes should prepare a community resource guide which can be used by Case Investigators and Contact Tracers. The process to request services, as well as eligibility criteria and delivery limits should be included.

A Tribal Community Resource Guide should include the following:

- Tribal COVID-19 phone numbers
- Clinic number
- Pharmacy number
- Ambulance service number
- Community/Public Health Nursing Department phone number
- Community Testing outreach phone number
- Mental Health Provider services phone number
- Emergency Mental Health phone numbers
- Financial resources such as tribal emergency assistance funds, utilities relief, etc.
- Resource phone numbers for:
    - Food assistance/resources
    - Shelter/housing resources
    - Cleaning assistance and/or supplies
    - Medical supplies and PPE such as thermometers, gloves, masks
    - Laundry assistance for those who normally use a laundromat
    - Community outreach/welfare check

Isolation and quarantine order letters are also a critical part of the support needed to ensure cases and contacts follow isolation/quarantine orders. Those who will not be reporting to work or school need to provide documentation of their order to stay home to their schools or employers as quickly as possible. Ideally these letters should be sent from the clinic or CI-CT team to avoid cases and contacts leaving home to pick them up.

Case Investigators and Contact Tracers may send the letters themselves, or communicate requests for letters to the CI-CT Lead or Clinical Support staff. Case Investigators and Contact Tracers need to know when the letter has been sent to communicate this back to the case/contact. There should be a similar process to send isolation/quarantine discontinuation letters.

Tribal public health authority, along with relevant tribal law, code, or policy should be cited in the letter. To maximize adherence to isolation/quarantine orders, it is critical that cases and contacts feel confident that their schools and employers will not question their need to stay home.

Sample work/school release letters and quarantine/isolation discontinuation notice letters are found below:

Sample Isolation Work/School Release Letter
Sample Quarantine Work/School Release Letter
Sample Isolation Discontinuation Notice for Work/School
Sample Quarantine Discontinuation Notice for Work/School

4. Create Data Management Strategy

An important consideration in developing your contact tracing plan is how the data will be managed. While paper forms can be a simple way to collect information initially, communication between clinic providers and the CI-CTs will be greatly improved if everyone can access information about the cases and contacts in a central location. A data system also aids in linking cases and contacts, watching for clusters and outbreaks, and evaluating the CI-CT process for improvement. The good news is that there are several off-the-shelf tools available to tribes, some of which are free.

Since these data will necessarily contain Patient Identifying Information, any data management strategy must ensure HIPAA-compliance.

Comparison of Data Management Options

Name	Free	HIPAA-compliant	Integrates with other jurisdictions	Provides automated monitoring	Customizable	Used by
Excel	✓	Dependent on storage			✓	
Sara Alert	✓	✓	✓	✓		Idaho Dept of Health & Welfare
TIM	✓	✓		✓		Some Washington local jurisdictions
Opera/ ARIAS*	✓	✓	✓			Oregon Heath Authority
CommCare		✓	✓	✓	✓	Navajo

Excel

At the most basic level, data can be stored locally in an excel workbook. If all Case Investigators and Contact Tracers have access to a secure server, data can be entered and viewed without needing cloud-based storage. However, if some Case Investigators and Contact Tracers are remote or teleworking and VPN access is not possible, box.com is another option for file storage. Enterprise level box.com accounts are HIPAA compliant.

Excel is completely customizable, but quite difficult to ensure quality data entry and reports must be built by someone with at least intermediate skill. It does not integrate with local health jurisdictions or allow for automated outreach to cases and contacts.

Sara Alert

Sara Alert Monitoring System is a free open source tool that automates the process of public health monitoring and reporting of individuals exposed to or infected with COVID-19 or any infectious disease. It was developed by public health experts for public health.

The dashboard of Sara Alert allows all CI-CT team members to see a list of cases and contacts as well as their symptom status.

Sara Alert offers the option to enroll cases and contacts in automated monitoring either by text, email, or automatic phone call. It can also be used to record manual monitoring for those who require or prefer a personal phone call.

Sara Alert is being used by the Idaho State Department of Health and tribes in Idaho can reach out the state to request support. This will allow tribes and counties to transfer cases and contacts between jurisdictions. Visit https://saraalert.org/ to learn more or request an account.

TIM

Text Illness Monitoring is a mobile texting platform that assists in symptom monitoring during an infectious disease outbreak. To enroll a case/contact you just need their name (first and last) and phone number. TIM is supported by CDC and is available to tribal, state, and local public health organizations at no cost to assist with COVID-19. For more information, please review the TIM FAQ.

Tribes can request information, training, or a TIM account by contacting CDC at *eocevent340@cdc.gov*.

Oregon Health Authority – Orpheus, ARIAS

For tribes in Oregon, Oregon Health Authority (OHA) has invited tribes to use the same platform as the state and counties are using for case investigation and contact tracing data management.

Orpheus is the main monitoring system used by OHA for tracking ***all*** reportable communicable diseases. Within Orpheus, OHA has developed two COVID-19 specific modules which work together.

a. **Opera** was created to specifically monitor ***Covid-19*** confirmed and presumptive cases. The Case Investigators enters Covid-19 case information into Opera along with the information the close contacts of that case. Every night, the *contact data* is transferred over to the ARIAS System.
b. **ARIAS** is for ***Contact Tracer Monitoring***. Contact tracers using ARIAS gain access to *only the contacts* and can input information on the contacts along with using the automatic contact monitoring system (similar to Sara Alert and TIM).

These two systems are extremely comprehensive, receive laboratory results directly, and within Oregon, tribes using Opera and ARIAS can transfer cases tribes, local health jurisdictions, and the state. However, the learning curve may be steep for new Contact Tracers, and all data entered is accessible to the state epidemiologists.

To request access, training, and technical support for Opera and ARIAS contact Stefanie Murray, LPHA/Tribes Assessment Coordinator at ARIAS.Support@dhsoha.state.or.us

CommCare

CommCare is an open source platform created by software company Dimagi. The system includes modules for case investigation, contact tracing, and investigations of outbreaks/mass testing. Case Investigators and Contact Tracers can opt contacts in to receive automatic text message monitoring messages. Contact Tracers can also place personal phone calls and use the system to record symptoms manually if contacts prefer not to use text or don't have access to a cell phone, just as with Sara Alert.

Case sharing groups can be configured so that CI-CT team members can see a complete line list of who is being monitored. Notifications can be configured so that team members are alerts with a new case or contact is added or when a case/contact has a status change.

Unlike TIM and Sara Alert, CommCare allows automated messaging to be customized. However, it does not offer email or automated phone calls like Sara Alert. Data can be exported to multiple formats, and there are pre-built reports within the system.

While flexible and comprehensive, cost may be prohibitive for this platform as pricing ranges from $250 - $1000 monthly.

For more information, visit CommCare's COVID-19 page.

5. Develop Scripts & Forms

Tribes should develop community-specific case investigation and contact tracing scripts and forms their CI-CT team. Sample scripts and forms are found here:

Sample close contact notification of exposure and intake interview script
Sample case investigation script (from Washington DOH)
Case investigation form – fillable PDF
Close contact intake form - fillable PDF
Close contact 14-day symptom tracking log – fillable Word document

6. Establish Communication Plan

Effective communication between tribal administration, clinic, the CI-CT team, and local health jurisdictions is critical to a successful CI-CT plan. Consider communication platforms such as slack, zoom, box.com or secure email. If patient information is to be discussed, communication should be via a HIPAA compliant platform or encrypted.

Key communication considerations

- If not using a central data management system, how will Case Investigators and Contact Tracers be notified of new cases or contacts assigned to them? How will Case Investigators report new contacts to the rest of the team?
- Who is the point of contact for Contact Tracers to obtain contact information for employees of the tribe or tribal casinos/hotels? During case investigation, co-workers are often identified only by name, and Contact Tracers need to have a reliable point of contact at tribal places of employment to obtain contact information for the co-worker. CI-CT Leads should work with tribal employers to establish a working relationship and ensure the flow of information for Contact Tracers is timely. For a comprehensive guide to the role of employers in effective contact tracing, please see this guide from Challenge Seattle.
- How often should the CI-CT team meet? Who should be at these meetings?

Confidentiality Considerations

Establishing trust with cases/contacts is critical to the contact tracing process. Confidentiality concerns are understandable. Recommended responses to common case/contact questions are found below (modified from CDC.gov).

What will happen with my personal information during Contact Tracing?

> "Discussions with health department staff are confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your health care provider.
>
> If you have been diagnosed with COVID-19, your name will not be shared with those you came in contact with. The tribal COVID-19 contact tracing team will only notify people you were in close contact with (within 6 feet for more than 15 minutes) that they might have been exposed to COVID-19, but not who they were in contact with."

If I participate in Contact Tracing using a digital tool, is my personal health information secure?

"Yes, if you agree to participate in contact tracing for COVID-19 with the tribal COVID-19 contact tracing team, your information is secure. Discussions with contact tracing staff are confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your health care provider.

Health departments may use case management tools to help make the contact tracing process more efficient. If you choose to provide information through one of these tools, your information is secure and stored with the tribal COVID-19 response team. These tools also help the tribe quickly receive and analyze information about COVID-19. Case management tools are under the same laws and regulations for all sensitive health information use (e.g. HIPPA). You must provide consent for the tribal COVID-19 response team to collect information using a case management tool. Just like traditional contact tracing, digital tools will not collect information regarding money, Social Security numbers, bank account information, salary information, or credit card numbers.

Further confidentiality guidance from CDC:

Security protections need to be built into all technologies and processes. Each person who has access to the system should only have access to the information that is relevant to their particular role. One technique to help ensure privacy is a log that shows every person who has looked at any particular record. This can be audited, and anyone can ask for a copy of their log record at any time. Protections need to be even more stringent for frontend software of apps for use by the public. Workforce training should explicitly include privacy protection training. Explore if there are potential legal issues with integration to get data from providers. A specialist lawyer may need to advise on whether EMR or labs or coroners are allowed to share data directly with contract tracers under current law, especially without consent from the patient. Explore if there are legal issues around sharing information back to another facility or feeding it into another database. There need to be strict protections that limit how far the data can go. Apply CDC's Data Security and Confidentiality Guidelines to all technologies and processes.

7. Train Case Investigators-Contact Tracers

Some of your CI-CT training will be specific to your tribal policies and the protocol established by your team. Case Investigators and Contact Tracers from outside the tribal community should also receive some background on the history and culture of the tribal community, and cultural considerations for communication.

For general contact tracing training, there are several free high-quality courses and other training resources tribes can use to train new Case Investigators and Contact Tracers.

General Training Courses

- Johns Hopkins University COVID-19 Contact Tracing Via Coursera
- ASTHO - Making Contact: A Training for COVID-19 Contact Tracers
- Northwest Center for Public Health Practice - Every Contact Counts
- Learn about other CDC-funded trainings

Tribal Contact Tracing Training Resources

- NPAIHB COVID-19 training
- National Indian Health Board (NIHB) Webinar: Contact Tracing in Indian Country (7/10/20)
- American Indian Health Commission (AIHC) Training/Webinars

8. Develop Contact Tracing Community Messaging Strategy

For many tribal members, contact tracing may be a new concept. There is a natural distrust of receiving a phone call from a stranger asking for personal information. Strong community messaging can help increase the likelihood that cases and contacts will answer the CI-CT calls, provide complete and accurate contact recall and disclosure, and adhere to isolation and quarantine guidance.

Contact tracing messaging tips

- When possible, messaging should be tribe-specific and come from tribal leadership or other trusted voices in the community. If Case Investigators and Contact Tracers are community members, including them in messaging materials may be helpful to put a "face" to the program.
- Messaging should be credible, acknowledge community members' fears, and give clear direction about what actions they can take.
- The focus should not be on coercion and mandates, but towards tribal pride, importance of family and community, and desire to protect others.
- While the urgency of addressing COVID-19 may be acknowledged, it should be balanced with a positive focus on tribal resilience. The message should leave community members feeling hopeful and empowered that they can play a meaningful role in reducing the impact of COVID-19 on their friends, family and neighbors.

Critical Contact Tracing Messaging Talking Points

- "What is Contact Tracing?": Create widespread community understanding that contact tracing is an important tool to protect their tribal community.
    - Educate the community about the general process of contact tracing and how it helps slow the spread of COVID-19.
    - Education about the criteria for isolation and quarantine orders and discontinuation – *it is important community members know to expect a quarantine period of 14 days regardless of test results as it takes up to 14 days for the virus to incubate.*
    - Guidance on when to be tested.
    - Information about tribal policies and resources to support those in isolation/quarantine.
- "Answer the Call": Raise awareness of the CI-CT team so community members are aware they may be getting a call
    - How to identify that it is a legitimate CI-CT call (call will be from the tribal clinic, for example).
    - What kind of information they will ask for.

    - What kind of information they will NOT ask for.
    - A focus on the Contact Tracer's role as a community resource to answer questions, connect cases and contacts with assistance, and help monitor their symptoms during isolation and quarantine.

- "Help Stop the Spread": Normalize the idea of participating in contact tracing
    - Community members should feel positive about providing Case Investigators with information about close contacts and view it as their contribution to reducing the impact of COVID-19 on their tribe.
    - Encourage community members to write down their encounters with others if they begin feeling sick or test positive, even before the Case Investigator reaches out to them.

- "Your Privacy is Protected": Dispel myths around what contact tracing is and is not
    - Reassure the public that Case Investigators and Contact Tracers are not "watching" their movements.
    - Educate that Contact Tracers will never provide the identity of a case when notifying contacts.

Resources and Samples for Contact Tracing Messaging

- **CDC**, as part of their Social Media Toolkit, provides sample Facebook, Twitter, and Instagram messages and images around contact tracing.
- **Resolve to Save Lives** offers a complete contact tracing messaging toolkit, including general guidance on campaign development and examples of posters, social media posts, and radio PSAs.
- National Indian Health Board has developed a contact tracing fact sheet for tribes.

Tribal Resources and Samples for General COVID-19 Messaging

- Center for American Indian Health offers a wide range of COVID-19 media materials that can be customized to your tribe
- National Indian Health Board
    - How do We Talk About COVID-19
    - Testing Resources and Guidance

- We R Native's Exercise Safe Sweats campaign
- We R Native's Ask Aunty series (several COVID-19 related episodes)
- NPAIHB's COVID-19 community messaging tools

9. Establish Tribal Resolutions and Policies

Tribal codes, resolutions and policies to support CI-CT efforts are essential, and as public health authorities and sovereign nations, tribes are able to act swiftly to put these into place. These steps are critical to establishing jurisdictional relationships between tribes and state and local governments in contact tracing efforts. They also set the stage for providing clear guidance to community members. Without strong tribal policies and resolutions to support isolation and quarantine orders such as paid leave policies, job protection, and access to resources, community members will be less likely to follow isolation and quarantine orders. Enforcement of isolation and quarantine orders may take a number of forms, and each tribe will have to determine the degree to which isolation and quarantine is mandated by tribal law or voluntary.

Resources for developing Tribal Policies and Codes

- American Indian Health Commission offers a wide range of sample plans, policies, codes and resolutions specific to tribal communicable disease emergency response, as well as webinars about developing and implementing them.
- USET: Tribal Administrative Leave Provisions for those ordered to quarantine/Isolate:
- Department of Labor: Family First Coronavirus Response Act Paid Leave
- CDC criteria for employees to return to work, per 'adapted' CDC guidelines. CDC recommends a symptom-based strategy for determining when 'person' can return to work.
- National Conference of State Legislatures: Defining essential workers
- CDC Outbreak Investigation Guidance
- Challenge Seattle: Role of Employers in Effective Contact Tracing
- NPAIHB COVID-19 Policy and Legislative Resources
- National Indian Health Board: Reopening During COVID-19: Considerations for Tribal Nations
- OSHA Guidance on Preparing Workplaces for COVID-19

Other Contact Tracing and COVID-19 Response Resources

- Northwest Portland Area Indian Health Board (NPAIHB)
  - https://npaihb.org
  - https://www.indiancountryecho.org/
- National Indian Health Board (NIHB)
  - https://www.nihb.org/
- American Indian Health Commission (AIHC)
  - https://aihc-wa.com
- Seattle Indian Health Board (SIHB)
  - https://www.sihb.org/
- Indian Health Services (IHS)
  - https://www.ihs.gov/
- Center for American Indian Health/Johns Hopkins University
  - https://caih.jhu.edu/news/covid19/
- Centers for Disease Control and Prevention (CDC)
  - https://www.cdc.gov/
  - https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html
  - https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/index.html