



**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 # 20-02-07**

**Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal Opioid Response (TOR) Grant**

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

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

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

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

**WHEREAS**, since 1997, Northwest American Indian/Alaska Native (AI/AN) people have had consistently higher drug and opioid overdose mortality rates compared to non-Hispanic Whites (NHW) in the Northwest region; **and**

**WHEREAS**, from 2012-2016, the AI/AN age-adjusted death rate for drug overdose was more than twice the rate of non-AI/AN in the region, and the rate of opioid overdose was 2.7 times higher; **and**

**WHEREAS**, our member tribes are in need of additional resources directly from the federal government for funding to combat the multitude of problems related to opioid use through best practices for their tribal members; **and**

**WHEREAS**, the Department of Health and Human Services (HHS) Substance

Abuse and Mental Health Services Administration (SAMHSA) Tribal Opioid Response (TOR), FOA No. TI-20-011, provides up to 200 awards to tribes across Indian country, including all of our member tribes; **and**

**WHEREAS** the NPAIHB's Northwest Tribal Epidemiology Center (EpiCenter) is authorized to operate nationally to carry out the goals and objectives of SAMHSA's TOR grant and to coordinate a NPAIHB TOR Consortium on behalf of our interested member tribes; **and**

**WHEREAS**, the NPAIHB has deeply rooted partnerships with our member tribes, and has a successful track record of administering public health programs that are sensitive to the concerns and needs of tribal communities, including prior iterations of TOR funding (H79TI081812, H79TI082598); **and**

**WHEREAS**, our member tribes have provided NPAIHB with the authority to apply for the SAMHSA TOR grant on their behalf as part of the NPAIHB TOR Consortium; **and**

**WHEREAS**, NPAIHB is not competing with member tribes applying for this funding directly, but rather, ensuring that those tribes that do not apply directly receive funding for grant activities through the NPAIHB TOR Consortium; **and**

**WHEREAS**, NPAIHB EpiCenter would provide leadership, coordination, data management and analytic support, and training and technical assistance to member tribes participating in the NPAIHB TOR Consortium to ensure successful completion of grant activities; **and**

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

**THEREFORE BE IT RESOLVED** that the NPAIHB endorses and supports efforts by staff of the NPAIHB/NW Tribal EpiCenter, under the guidance of the Executive Director, to pursue funding through the TI-20-011 SAMHSA TOR grant on behalf of member tribes who participate in the NPAIHB TOR Consortium.

### **CERTIFICATION**

**NO. 20-02-07**

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The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 5 for, 0 against, 0 abstain on March 27, 2020.



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Chairman

March 27, 2020  
Date



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Secretary

Ratified on June 5, 2020 at NPAIHB Virtual Quarterly Board meeting

