

MINUTES



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

QUARTERLY BOARD MEETING

January 19-20, 2021

Via Zoom



QUARTERLY BOARD MEETING

Via Zoom
January 19-20, 2021

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Summary of Minutes

Issue	Summary	Action	Follow-Up
TUESDAY JANUARY 19, 2021			
Call to Order:	At 8:39AM by Nick Lewis NPAIHB Chairman		
Roll Call:	Greg Abrahamson, there were 27 delegates present, a quorum was established		
Approve Agenda		MOTION PASSED	
Review and approve October's Quarterly Board minutes		MOTION PASSED	
Election of Officers	<ol style="list-style-type: none">Vice Chair<ul style="list-style-type: none">Greg Abrahamson, Spokane Tribe nominates Cheryle Kennedy, Grand Ronde. 2nd by Shawna Gavin, Confederated Tribes of UmatillaMotion Carried: Cheryle Kennedy elected to Vice-Chair by acclamationTreasurer<ul style="list-style-type: none">Greg Abrahamson, Spokane Tribe nominates Shawna Gavin, Confederated Tribes of Umatilla. 2nd by Cheryle Kennedy, Grand RondeMotion Carried: Shawna Gavin elected to Treasurer by acclamationSergeant-at-Arms<ul style="list-style-type: none">Cheryl Rasar, Swinomish nominates Kim Coombs, Shoalwater Bay. 2nd by Shawna Gavin, Confederated Tribes of Umatilla.Motion Carried: Kim Coombs elected to Sergeant-at-Arms by acclamation		
Chairman's Report, Nick Lewis, NPAIHB Chair	<p>As we gather together today over Zoom, I can't help but think about what we were all doing a year ago. We were together at Tulalip. It was our first big snow storm of 2020, and we were worried about our tribal leaders and our staff driving in the snow.</p> <p>I was also elected to be your Chairman. I was so honored that you gave me a chance to serve. How could we have known that driving in the snow would be the least of our worries in 2020? We have lived under the shadow of the COVID-19 pandemic for over 10</p>		



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months where COVID-19 revealed the disparities and underfunding of our health system. And as hard as it has been, our people have proven to be resilient. We have lost loved ones, too many to this disease, and too many to the other challenges we face. We have been unable to mourn our losses in our traditional ways, and we have found new ways to say goodbye. We have been quarantined, we have been tested, both by this disease and for this disease.

We experienced wildfires and seriously unhealthy air quality. We have yet to know about the long-term impacts of these fires on our communities.

We had social justice come to the forefront with and civil unrest, and it continues with much unknown in the coming days as the administration changes.

We have had to figure out how to use Zoom, remember to mute our phones, how many times have we said “can you hear me?” on a call? The way we work and the way that we serve our communities is forever changed. The thing that will always remain the same is the commitment that you all show to the work and to your communities.

My hands go up to each and every one of you. You haven’t quit, you haven’t stopped serving, you have persevered, and you have gone above and beyond in your service to our people. I will forever be grateful for how hard you have worked for your tribes this year, and I will be forever grateful for the trust you have placed in me.

At Lummi we say “Es titem sen” – it means “I am doing the best that I can” I want you to know that I am doing the best I can in my work for this Board, just like you are, each and every day. I won’t be perfect, and I will make mistakes, but “Es titem sen”, we are all doing the best that we can.

As the Portland Area Board Chair, I have continued to:

- Chair the Tuesday, COVID-19 Tribal calls, with IHS and state leadership on those calls alongside our tribal leaders and tribal health directors
- Since the last board meeting, we had two COVID-19 vaccinations approved and distributed across states and throughout Indian Country. The Pfizer vaccine was the first to come out, and from the first shipment Lummi received 300 doses, Umatilla received 300, Yakama received 150, and Upper Skagit received 75. The week it came



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	<p>out, I drove over 800 miles to take the vaccine to our tribes. Right now, tribes are working with the IHS or their States to get vaccines into the arms of our tribal people. We hope that Tribes will have more options under the next administration, and we are remaining vigilant. In order to provide more options, the Lummi Nation and the Nooksack Indian tribe are participating in the Novavax vaccine trial, that just started on January 08. Participating in a clinical trial was a big step to take, but we believe it is the right thing to do to help fight COVID-19.</p> <ul style="list-style-type: none">• We held Portland Area IHS Fiscal Year 2023 Budget Formulation Meetings in November. I want you all to know that at the NIHB Annual Meeting in October, Senator Chuck Schumer promised full funding for the Indian Health Service if he becomes the Senate Majority Leader of the 117th Congress – we need to hold him to that promise.• In December I participated in the Tribal Leaders Summit with National Indian Health Board. We are working with all the other Areas, and tribes across the country to get tribal priorities in front of the Biden Administration.• We, as tribal representatives, need to stay focused on what the outgoing Trump administration is doing with rule changes, and actively pursue a different direction with the Biden Administration. We may need to have the Biden Administration reverse some of the things that Trump's administration has done in its last 60 days.• I was a part of the National Indian Health Board's virtual annual meeting in October, as well as actively participating in their weekly Board and Quarterly Board meetings.• I've participated in multiple Biden Transition Team meetings through NIHB and ATNI. We submitted NPAIHB's priorities in December to the Transition Team to get your priorities out in front of the federal government's new leadership. I am hopeful when I look at the Biden Administration's engagement with Indian Country. And I will work to hold our federal trustee accountable to their obligations.• The Board's Executive Committee has been meeting weekly since March. Executive		
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	<p>Committee members share updates on our communities with each other, get admin and finance updates, discuss policy concerns, and get COVID-19 and epi updates.</p> <ul style="list-style-type: none">• More than anything, I am here for you. Please ask me any questions you want, and let me know if there is anything you'd like to Board to do.• Before I turn it over to Laura, I'd like to announce the Delegate of the Year. This Year's Delegate of the Year is Greg Abrahamson. Here are some of the things that were said:<ul style="list-style-type: none">○ "Has been on the Executive committee. Always available to cover for others. Carries himself professionally. Besides being on the Health Board he represents the Direct Service Tribes."○ "Greg effectively represents the NPAIHB values and goals through his contact with outside entities. He also quietly and with humor is quick to resolve any conflicts that might arise at any given moment. His dedication to our work is always an encouragement."○ "He is a Tribal Leader who I have worked with and does a Great Job representing the NPAIHB Tribes at the National Level as well as he is fun to work with."		
Executive Director Report, Laura Platero	<p>QMB Highlights</p> <ul style="list-style-type: none">• Delegate of the Year• Policy Priorities for FY 2021 / Legislative Opportunities• Tribal Advisory Committee Updates• Strategic Plan 2020 to 2025• Epi / COVID-19 work• Bylaws Update <p>New Position, Deputy Director Sue Steward, Sue Steward is a citizen of the Cow Creek band of Umpqua Tribe of Indians, is</p>		



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Summary of Minutes

	<p>a current council Board of Directors member and Health Advisory Chair with over 8-years of experience as a tribal leader</p> <p>Personnel Updates:</p> <p>Promotions</p> <ul style="list-style-type: none">• Birdie Wermey, Behavioral Health Program Manager• Danica Brown, Behavioral Health Program Director• Candice Jimenez, Health Policy Specials <p>Separations or retirements:</p> <ul style="list-style-type: none">• Corey Begay, Behavioral Health Manager• Jacqueline Left Hand Bull, Administrative Officer• Luella Azule, IP& PHT Project Coordinator <p>New Employees:</p> <ul style="list-style-type: none">• Carrie Sampson, CHAP Director• Liz Coronado, Health Policy Specialist• Samantha Wells, Temp. Legislative Field Organizer• ---, TOR Project Specialist• Nick Cushman, ECHO Pharmacy Case Manager <p>Recognitions – 10 years of Service</p> <ul style="list-style-type: none">• Jessica Leston, Clinical Program Director• David Stephens, ECHO Clinic Director <p>Special Recognition</p> <ul style="list-style-type: none">• Erik Kakuska, helping with the Health News & Notes		
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	<p>Employee of the Year</p> <ul style="list-style-type: none">Amy Franco, Grants Management Specialist <p>Office & Administration</p> <ul style="list-style-type: none">Office Closed – Only Essential Staff in the Office; Project Staff IntermittentlyStaff to get COVID-19 vaccineRevisit Lease -Terms is June 1, 2017 to May 31, 2023<ul style="list-style-type: none">Attorney Opinion – July 2020<ul style="list-style-type: none">No early termination clauseOptions: Negotiate termination/buy out or sublease spaceLast year: Anticipated return to office in Spring or SummerNow: Uncertain return to office; will explore options again <p>Finance</p> <ul style="list-style-type: none">Continue implementation of Microix - electronic purchase order systemFY 2021 organizational budgetAdministrative Officer (AO) retired 11/30/20. AO had oversight over Finance and Admin staff; now hiring Finance Director (position still open)Annual audit preparation has begun; date TBD <p>New Awards and Supplements 2020</p> <ul style="list-style-type: none">In 2020, NPAIHB received nearly 13 million dollars in new awards or supplementsThese new dollars funded projects related to COVID-19 response, Environmental Health, Tribal Elders, Dental Support, Food Sovereignty, Youth Sexual Health, Tribal Opioid Response, and Behavioral Health <p>Continuations on Existing Grants</p>	
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	<ul style="list-style-type: none">• In 2020, NPAIHB received approximately \$5,477,000 in continued funding on existing projects• Projects receiving continuing funding included Public Health Infrastructure and Training, the EpiCenter, THRIVE Area 4 and 2, Response Circles, Opioid-related projects, and NARCH 9 and X• Motion to approve Executive Director Report by Libby Watanabe, Snoqualmie.• 2nd by Cheryl Rasar, Swinomish• Motion Carries	MOTION PASSED	
Financial Reports & FY 2021 NPAIHB Budget, Eugene Mostofi,	<ul style="list-style-type: none">• Motion to approve Finance Report by Andy Joseph, Jr., Colville Tribe• 2nd by Cheryl Kennedy, Grand Ronde Tribe• Motion Carries• Motion to add Sue Steward, Deputy Director to the Board's Bank Accounts and Investment portfolios to replace Jacqueline Left Hand Bull• Motion by Cassie Sellards-Reck, Cowlitz.• 2nd by Shawna Gavin, Confederated Tribes of Umatilla• Motion Carries	MOTION PASSED MOTION PASSED	
IHS Area Director Report, Dean Seyler, Portland Area IHS Director	<u>Indian Health Service Portland Area Office of Tribal & Service Unit Operations</u> <u>PPPHCEA – HHS Testing Funds Transfer (FY20 closeout)</u> <ul style="list-style-type: none">❖ Sent week of June 1st, 2020❖ Requires a comprehensive Budget, Signed Amendment & Testing plan❖ Portland Still has 7 Tribes outstanding <u>Calendar Year Tribes Remaining</u>		



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- ❖ 5 – Title I AFA's
- ❖ 4 – Title V FA's

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.

Division of Finance

- ❖ H.R. 133 – Consolidated Appropriations Act, 2021
 - ❖ FY 2021 IHS Budget, \$6.2 billion
 - ❖ Became law on December 27, 2020
- ❖ Funding received by Area to date:
 - ❖ Exception Apportionment (Fiscal-Year Tribes Only)
 - ❖ CR1 PL 116-159: 10/01/20 – 12/11/20
 - ❖ CR2 PL 116-215: 12/12/20 – 12/18/20
 - ❖ CR3 PL 116-225: 12/19/20 – 12/20/20
 - ❖ CR4 PL 116-226: 12/21/20
 - ❖ CR5 PL 116-246: 12/22/20 – 12/28/20
 - ❖ 30-day apportionment of FY20 Recurring Base, which runs through 1/27/2021
- ❖ On December 27, the President signed the Coronavirus Response and Relief Act, 2021 as part of a broader legislative package.
- ❖ The bill includes a total of \$1 billion for IHS, Tribal, and Urban Indian health programs.
- ❖ The bill includes language stipulating that these funds are provided on a one-time, non-recurring basis, and can only be used for the purposes outlined in the statute.
- ❖ These funds are appropriated to the CDC and the Public Health and Social Services Emergency Fund. The bill directs HHS to transfer the funds to the IHS for distribution.



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	<ul style="list-style-type: none">❖ The \$1 billion in new COVID-19 resources includes two separate appropriations:❖ \$210 million for vaccine-related costs, available through FY 2024, and❖ \$790 million for testing and related costs, available through FY 2022.❖ The bill provides the IHS a total of \$210 million for the following activities:❖ To plan, prepare for, promote, distribute, administer, monitor, and track coronavirus vaccines to ensure broad-based distribution, access, and vaccine coverage, and❖ To restore, either directly, or through reimbursement, obligations incurred for coronavirus vaccine promotion, preparedness, tracking, and distribution prior to the enactment of this Act.❖ The bill provides the IHS a total of \$790 million for the following activities:❖ Testing, contact tracing, surveillance, containment, and mitigation to monitor & suppress COVID-19,❖ Support for workforce, epidemiology, and personal protective equipment needed for administering tests,❖ Use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or other settings,❖ Scaling up testing by public health, academic, commercial, and hospital laboratories,❖ Community based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID-19 testing, and❖ Other activities related to COVID-19 testing, contact tracing, surveillance, containment, and mitigation.❖ The bill also requires that recipients of these funds update their COVID-19 testing plans required by the Paycheck Protection Program and Health Care Enhancement Act.❖ It further requires the Secretary to make these plans publicly available.❖ It also requires the IHS to provide a spend plan on the uses of funds to Congress within 60 days of enactment, and report to Congress on uses of funding, commitments, and obligations, quarterly thereafter.		
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FY19 Catastrophic Health Emergency Fund (CHEF)

Status as of January 11, 2021

- 92 Total Cases
- 41 Total Amendments
- \$4,651,630.00 Reimbursed
- \$0 Pending Reimbursements
- 100% Total Reimbursed
- **FY19 CHEF Balance: \$0**

FY20 Catastrophic Health Emergency Fund (CHEF)

Status as of January 11, 2021

- 54 Total Cases
- 33 Total Amendments
- \$1,839,066.00 Reimbursed
- \$164,407.33 Pending Reimbursements
- 91% Total Reimbursed
- **FY20 CHEF Balance: \$28,195,367**

FY21 Catastrophic Health Emergency Fund (CHEF)

Status as of January 11, 2021

- 1 Total Cases
- 0 Total Amendments
- \$0 Reimbursed
- \$13,883.16 Pending Reimbursements
- 0% Total Reimbursed
- **FY21 CHEF Balance: \$53,000,000**



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Division of Health Facilities Engineering

Combined Supportable Space Data Request

- ❖ Requesting Space and Deficiency Data Updates
- ❖ Packets Sent by Email to Tribal Health Director and Tribal Chair week of January 11th
 - ❖ Notify lee.wermy@ihs.gov if you did not receive.
- ❖ Response Required to be Eligible for Project M&I (BEMAR) Funding
- ❖ Due February 15th

Division of Sanitation Facilities Construction

- ❖ In FY20, the Portland Area DSFC initiated a total of 49 new projects and amended 8 previous projects using \$18.5M from all funding sources.
- ❖ This included \$10.6M from IHS and \$7.9M in contributions from Tribes, EPA, USDA, and HUD.
- ❖ CARES Act funding: Portland Area DSFC received \$421,017 in CARES Act funding for special projects to provide Personal Protective Equipment to Tribal operators and to help operate and maintain water and wastewater systems and support public health.
- ❖ 8 CARES Act projects were funded, benefitting 10 Tribes.
- ❖ In November, the Portland Area DSFC submitted its annual list of identified project needs to SFC Headquarters: 43 reportable projects valued at 59.6M.
- ❖ This list will be used to award projects in FY21.
- ❖ This represents a significant increase over the FY20 submission, which included 30 projects valued at \$26.5M.
- ❖ This is the result of our continued partnerships with Tribes to identify needs, as well as changes in the guidance last year that allowed us to report needs that do not yet have a fully scoped project solution.
- ❖ We are currently beginning to schedule meetings with Tribes to identify needs for



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	<p>FY22 funding.</p> <p><u>Division of Sanitation Facilities Construction</u></p> <ul style="list-style-type: none">❖ DSFC Director: CAPT Alex Dailey, 503-414-7780, alexander.dailey@ihs.gov❖ Western Oregon District Office: LT Derek Hancey, 503-414-7784, derek.hancey@ihs.gov❖ Yakama Field Office: Samantha Handrock, 509-865-1775, samantha.handrock@ihs.gov❖ Olympic District Office: CDR Roger Hargrove, 360-792-1235 x113, roger.hargrove@ihs.gov❖ Port Angeles Field Office: CDR Craig Haugland, 360-452-1196, craig.haugland@ihs.gov❖ Spokane District Office: CDR Steve Sauer, 509-455-3486, steve.sauer@ihs.gov❖ Fort Hall Field Office: LT Kevin Remley, 208-238-5473, kevin.remley@ihs.gov		
Review of 2020 Policy Priorities, Candice Jimenez, Health Policy Specialist and Liz Coronado, Health Policy Specialist	<i>Please see attached PowerPoint</i>		
Legislative & Policy Update, Veronica Smith, Policy Consultant	<i>Please see attached PowerPoint</i>		
Portland Area Tribal Advisory Committee (TAC) Reports, Sue Steward,	<i>Please see attached PowerPoint</i>		
Strategic Plan Review, Nora Frank-Buckner, Food Sovereignty Initiatives and Director & Stephanie Craig-	<i>Please see attached PowerPoint</i>		



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Rushing, Project Director			
	4:30 PM Recess for the Day		
WEDNESDAY JANUARY 20, 2021			
Call to Order:	at 8:31AM by Cheryle Kennedy		
Importance of Patient Screenings in a Virtual World, Colbie Caughlan	<i>Please see attached PowerPoint</i>		
NPAIHB Washington Youth Sexual Health (WYSH), Celena McCray, WA DOH Parenting Teens Project Coordinator	<i>Please see attached PowerPoint</i>		
EpiCenter Update, Victoria Warren-Mears, NWTEC Director	<i>Please see attached PowerPoint</i>		
COVID 19 Response, Celeste Davis, Environmental Health Director	<i>Please see attached PowerPoint</i>		
2021 Policy Priorities Liz Coronado, Health Policy Specialist, and Candice Jimenez, Health Policy Specialist	<i>Please see attached PowerPoint</i>		
Tribal Reports by Burns Paiute Tribe, Twila Teeman	<i>Please see attached PowerPoint</i>		
Committee Reports	Elders Committee – Clarice Charging, NPAIHB staff (A copy of the report is attached) Veterans – Debra Jones, Samish Tribe – (A copy of the report is attached)		



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	<p>Public Health – Andrew Shogren, didgwalic Wellness Center (A copy of the report is attached)</p> <p>Behavioral Health – Danica Brown, NPAIHB Mental Health Program Manager (A copy of the report is attached)</p> <p>Personnel – Cassie Sellards-Reck, Cowlitz (A copy of the report is attached)</p> <p>Youth – Cassie Sellards-Reck, Cowlitz – (A copy of the report is attached)</p> <p>Legislative Report – Report Sue Steward, NPAIHB Deputy Director (A copy of the report is attached)</p>		
Resolutions:	<p>21-01-06 Ratification: <i>Community Catalyst Funding Opportunity to Support Native Dental Therapy Initiative</i></p> <ul style="list-style-type: none">• Motion by Andy Joseph, Jr., Colville• Motion 2nd by Libby Wantabe, Snoqualmie• Motion Carried <p>21-01-07 Ratification: <i>Lead Testing in School and Child Care Program Drinking Water Tribal Grant</i></p> <ul style="list-style-type: none">• Motion by Cassie Sellards-Reck, Cowlitz• Motion 2nd by Cheryl Rasar, Swinomish• Motion Carried <p>21-02-01 <i>Support for Legislation to Amend Lease Compensation Provisions of the Indian Self-Determination and Education Assistance Act</i></p> <ul style="list-style-type: none">• Motion by Andy Joseph, Jr., Colville• Motion 2nd by Cheryl Rasar Swinomish	<p>MOTION PASSED</p> <p>MOTION PASSED</p> <p>MOTION</p>	



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	<ul style="list-style-type: none">• Motion Carried <p>21-02-02 <i>Environmental Protection Agency Region 10 General Assistance Program (GAP)</i></p> <ul style="list-style-type: none">• Motion by Cheryl Rasar, Swinomish• Motion 2nd by Andy Joseph, Jr., Colville• Motion Carried <p>21-02-03 <i>T1-21-007 Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMSHA) Tribal Opioid Response (TOR) Grant</i></p> <ul style="list-style-type: none">• Motion by Andy Joseph, Jr., Colville• Motion by Libby Wantabe, Snoqualmie• Motion Carried <p>21-02-04 <i>Behavioral Health Aid Training and Support Project</i></p> <ul style="list-style-type: none">• Motion by Andy Joseph, Jr., Colville• Motion by 2nd by Cheryl Rasar, Swinomish• Motion Carried	PASSED	
		MOTION PASSED	
		MOTION PASSED	
		MOTION PASSED	
	<p>Adjourn at 3:35 PM</p> <ul style="list-style-type: none">• Motion by Andy Joseph, Jr., Colville• Motion 2nd by Cheryl Rasar, Swinomish• Meeting Adjourned	MOTION PASSED	



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TUESDAY JANUARY 19, 2021

Call to Order: at 8:39 AM and Welcome by Nick Lewis, NPAIHB Chairman

Roll Call: Greg Abrahamson

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

There were 27 delegates present, a quorum was established.

1. Approve Agenda
 - **Motion to approve agenda: Cassie Sellards-Reck, Cowlitz**
 - **Motion 2nd by Cheryle Kennedy, Grand Ronde**
 - **Motion Carried**
2. Future Board Meeting Dates/Sites
 - April 20 – 22, 2021, TBD
 - July 20 – 22, 2021, TBD
 - October 19 – 21, TBD
3. Review and Approve October QBM Minutes



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Tribal Reports by Burns Paiute Tribe, Twila Teeman (A copy of the report is attached)

Committee Reports

Elders Committee – Clarice Charging, NPAIHB staff (A copy of the report is attached)

Veterans – Debra Jones, Samish Tribe, NPAIHB Staff (A copy of the report is attached)

Public Health – Andrew Shogren, didgwalic Wellness Center (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 – Cassie Sellards-Reck, Cowlitz (A copy of the report is attached)

Legislative - Report Sue Steward, NPAIHB Deputy Director (A copy of the report is attached)

Resolutions

21-01-06 Ratification: ***Community Catalyst Funding Opportunity to Support Native Dental Therapy Initiative***

- Motion by Andy Joseph, Jr., Colville
- Motion 2nd by Libby Wantabe, Snoqualmie
- **Motion Carried**

21-01-07 Ratification: ***Lead Testing in School and Child Care Program Drinking Water Tribal Grant***

- Motion by Cassie Sellards-Reck, Cowlitz
- Motion 2nd by Cheryl Rasar, Swinomish
- **Motion Carried**

21-02-01 ***Support for Legislation to Amend Lease Compensation Provisions of the Indian Self-Determination and Education Assistance Act***

- Motion by Andy Joseph, Jr., Colville
- Motion 2nd by Cheryl Rasar Swinomish



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- Motion Carried

21-02-02 *Environmental Protection Agency Region 10 General Assistance Program (GAP)*

- Motion by Cheryl Rasar, Swinomish
- Motion 2nd by Andy Joseph, Jr., Colville
- Motion Carried

21-02-03 *T1-21-007 Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMSHA) Tribal Opioid Response (TOR) Grant*

- Motion by Andy Joseph, Jr., Colville
- Motion by Libby Wantabe, Snoqualmie
- Motion Carried

21-02-04 *Behavioral Health Aid Training and Support Project*

- Motion by Andy Joseph, Jr., Colville
- Motion by 2nd by Cheryl Rasar, Swinomish
- Motion Carried

Adjourn at 3:35 PM

- Motion by Andy Joseph, Jr., Colville
- Motion 2nd by Cheryl Rasar, Swinomish
- Meeting Adjourned

Lisa L Griggs

4/28/2021

Prepared by Lisa Griggs,
Executive Administrative Assistant

Date

4/22/2021

Reviewed by Laura Platero, JD
NPAIHB Executive Director

Date

4/22/2021

Approved by Greg Abrahamson
NPAIHB Secretary

Date



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AGENDA

Join Zoom Meeting

<https://zoom.us/j/97179532031?pwd=bnNrbUxPT1JWQUluTjU2V09NNEudz09>

Meeting ID: **971 7953 2031** Passcode: **919138**

One tap mobile +16699006833,,97179532031# US (San Jose)

TUESDAY JANUARY 19, 2021

8:30 AM	Call to Order Invocation Welcome Roll Call	Nick Lewis, NPAIHB Chair Greg Abrahamson, NPAIHB Secretary
	1. Approve Agenda	
	2. Future Board Meeting Dates/Sites	
	• April 20 – 22, 2021, TBD	
	• July 20 – 22, 2021, TBD	
	• October 19 – 21, TBD	
8:45 AM	3. Review and Approve October QBM Minutes	
	4. Election of Officers	
	• Vice Chair	
	• Treasurer	
	• Sergeant-at-Arms	
9:30 AM	Chairman's Report (1) & Delegate of the Year	Nick Lewis, NPAIHB Chair
9:45 AM	5 MIN BREAK	
9:50 AM	Executive Director Report (2)	Laura Platero, NPAIHB Executive Director
10:05 AM	Financial Report & FY 2021 NPAIHB Budget (3)	Eugene Mostofi, Funding Accounting Manager
10:35 AM	IHS Area Director Report (4)	Dean Seyler, Portland Area IHS Director



January 19-20, 2021

AGENDA

Join Zoom Meeting

<https://zoom.us/j/97179532031?pwd=bnNrbUxPT1JWQUluTjU2V09NNExudz09>

Meeting ID: **971 7953 2031** Passcode: **919138**

One tap mobile +16699006833,,97179532031# US (San Jose)

11:05 AM	5 MIN BREAK	
11:10 AM	Review of 2020 Policy Priorities (5)	Candice Jimenez, Health Policy Specialist and Liz Coronado, Health Policy Specialist
12:00 PM	Considerations for Setting 2021 Legislative Priorities	Cindy Darcy, D.C. policy strategist
12:15 PM	LUNCH BREAK	
12:45 PM	Committee Meetings <ul style="list-style-type: none">1. Elders2. Veterans3. Public Health4. Behavioral Health5. Personnel6. Youth7. Resolutions/Legislation	Virtual Rooms: Staff: Clarice Charging Staff: Don Head Staff: Victoria Warren-Mears Staff: Danica Brown Staff: Andra Wagner Staff: Paige Smith Staff: Sue Steward
2:00 PM	15 MIN BREAK	
2:15 PM	Legislative & Policy Update (6)	Veronica Smith, Policy Consultant
3:00 PM	Portland Area Tribal Advisory Committee (TAC) Reports	Sue Steward, Deputy Director w/TAC representatives and policy staff -will include Steve Kutz
3:45 PM	Strategic Plan Review (7)	Nora Frank-Buckner, Food Sovereignty Initiatives Director & Stephanie Craig-Rushing, Project Director
4:30 PM	Recess for Day	



January 19-20, 2021

AGENDA

Join Zoom Meeting

<https://zoom.us/j/97179532031?pwd=bnNrbUxPT1JWQUluTjU2V09NNEudz09>

Meeting ID: **971 7953 2031** Passcode: **919138**

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WEDNESDAY JANUARY 20, 2021

8:30 AM	Call to Order Invocation	Vice Chair
8:45 AM	Importance of Patient Screenings in a Virtual World (8)	Colbie Caughlan, THRIVE
9:15 AM	NPAIHB Washington Youth Sexual Health (WYSH) (9)	Celena McCray, WA DOH Parenting Teens Project Coordinator
9:45 AM	5 MIN BREAK	
9:50 AM	Epi Center Update (10)	Victoria Warren-Mears, NWTEC Director
10:20 AM	COVID-19 Response (11)	Celeste Davis, Environmental Health Director
10:50 AM	10 MIN BREAK	
11:00 AM	Bylaws Discussion	Nick Lewis, Chair
12:10 PM	LUNCH BREAK	
1:00 PM	2021 Policy Priorities	Liz Coronado, Health Policy Specialist, and Candice Jimenez, Health Policy Specialist
1:45 PM	Tribal Reports <ul style="list-style-type: none">• Yakama Nation• Burns-Paiute• Chehalis	Tribal Reports in April <ul style="list-style-type: none">• Coeur d'Alene• Colville• Coos, Lower Umpqua and Siuslaw



January 19-20, 2021

AGENDA

Join Zoom Meeting

<https://zoom.us/j/97179532031?pwd=bnNrbUxPT1JWQUluTjU2V09NNEudz09>

Meeting ID: **971 7953 2031** Passcode: **919138**

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2:15 PM	Board Committee Reports	Committee Leads
3:00 PM	Resolutions	Nick Lewis, Chairman
3:30 PM	Adjourn	
OPTIONAL	Tribal Caucus: IHS IT Modernization Comment Letter (due 1/24)	Veronica Smith, Policy Consultant and Liz Coronado, Health Policy Specialist

Elder Committee Meeting Minutes

**Zoom Meeting
January 19-20, 2020
Portland, OR**

Members: Patty Kinswa Gaiser – Cowlitz Tribe

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

- Elder Committee reviewed the 2021 policy and agreed there were no additions or changes. Thanks to Candice and Elizabeth for their work on this project.
- Presentation of the NW Tribal Elder's Project by Chandra Wilson
 - Update on BOLD (Building Our Largest Dementia) Infrastructure for Alzheimers Act 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

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

January 19, 2021

Start Time: 12:30 pm

Members Present: Cassandra Sellards-Reck

Staff Present: Andra Wagner

- Personnel update was reviewed.
 - _5___ new hires
 - _1___ promotion
 - _3___ transfers
 - _3___ departures
 - 3 Recognitions:
 - Jessica Leston – 10 years of service
 - David Stephens – 10 years of service
 - Amy Franco – Employee of the Year
 - 1 Open Position – Finance Director

Adjourned at 12:40 p.m.

**NPAIHB Quarterly Board Meeting
Public Health Committee Meeting
January 19, 2021**

Agenda

- Introductions
- Review of 2021 Policy Priorities
- Public Health Improvement Updates
- Data Access Update
- Other

Ali Desautel, Kalispel

Andrew Shogren, Digwalic/Swinomish

Ashley Hoover, NPAIHB

Bridget Canniff, NPAIHB

Celeste Davis, NPAIHB

Christina Diego, SIHB

Dawn Rae Bankson, CDC Foundation/NPAIHB

Karen Hanson, Kootenai

Lauren Sawyer, NPAIHB intern

Lona Johnson, Nooksack

Marilyn Scott, Upper Skagit

Nancy Bennett, NPAIHB

Nickolaus Lewis, Lummi

Obinna Oleribe, Klamath

Tam Lutz, NPAIHB

Tempest Dawson, North Sound Accountable Community of Health

Ticey Mason, NPAIHB

Tyanne Connor, CDC Foundation/NPAIHB

Victoria Warren-Mears, NPAIHB

Review of 2021 Policy Priorities – Public Health

For any corrections changes:

- COVID-19 Vaccine - none
- Public Health
 - Andrew Shogren: Add COVID-19 response – lack of PH infrastructure has hurt tribes in the response, underline that in addition to carrying the existing priorities forward. Example in #2 – where we didn't have the capacity and had to create it. But perhaps it should have its own number.
 - Obinna Oleribe – look at it as part of PH emergency response, as an example. Celeste Davis, suggested wording: "The COVID-19 pandemic has laid bare the

structural inequities that lead to health disparities. This includes inadequate public health infrastructure.”

- Victoria: Includes GHWIC support – important to expand that to include the TPWIC (Tribal Practices for Wellness in Indian Country) CDC funding?
- #7 not just about funding, but inequity in general – in vaccine distribution, for example. (Ali)
- For #5, update language “through CDC” rather than “to CDC”
- Dr. Oleribe: Who defines what is appropriate in No 1? Victoria: each tribe defines what adequate PH infrastructure looks like for them (add tribal determination language)
- Coordination between NPAIHB, states, tribes in determining needed public health infrastructure
- Introductory sentence about current pandemic, enhance equity in PH response?
- Victoria: Is this panel of topics what NPAIHB should put forward?
- In #5, including other non-communicable disease, where asthma is specifically called out – bring up leading causes of morbidity/mortality, MV injury, for example, COVID-19, etc. (HCV and HIV called out specifically in next section, due to potential for loss of funding in previous cycles)
 - Unintentional injuries 3rd leading cause of death, all ages
 - For ages 1-44, number 1 leading cause of death
 - Specific to Motor Vehicle Injury: AI/AN aged 1-19 years, MV injury is the leading cause of unintentional injury death. Among infants less than one year of age, the motor vehicle traffic death rate among AI/AN is 8 times higher than that of non-Hispanic whites.
- How can we strengthen public health infrastructure, especially for emergency purposes?
- HCV/HIV Treatment and Funding – no comments, may need some rewording for clarity

VWM general comments: Wordsmithing needed, broadening categories to take into account additional health conditions of public health concern. Not limiting ourselves to any one particular disease, although COVID-19 is all-encompassing right now.

Leg and policy team will incorporate out changes this evening, and present a more final document tomorrow. Will try to broaden some of this and capture concept of generic public health readiness.

Public Health Improvement Updates

Two upcoming initiatives/opportunities:

- Oregon Survey Modernization workgroup recruitment, to review how BRFSS and Oregon Health Teen survey data can be best used for decision making by the tribes and AI/AN communities, and identify and address limitations or gaps. Contact Bridget Canniff at bcanniff@npaihb.org or respond to our recruitment survey at <https://www.surveymonkey.com/r/ORSurveyModRecruit>
- Washington tribal data partners meeting: February 3, 10-1 PM, virtual meeting

- Agenda:
 - Introduction to the WA Tribal Public Health Improvement Program
 - Data Linkage presentation
 - Communicable Disease Data Briefs overview
 - Facilitated discussions
- Register at: <https://www.surveymonkey.com/r/DataPartnersMtg>

Data Access Update

The NWTEC has a data sharing MOU with the state of Idaho for COVID-19 data. This MOU is the broadest of any state and allows us to link the NW Tribal Registry with the State of Idaho COVID-19 data to correct for missing or incorrect AI/AN individuals. The state will then correct their records and provide them to CDC. This will make Idaho's AI/AN data very accurate. We feel that this MOU is a proof of concept and will be expanded to other data the state has that we can perform linkages with.

COVID-19 Discussion

- Tacey Mason: Concerns about mixing households, gatherings, parties, etc. where people are not social distancing, masking, or taking other precautions
- Chairman Lewis: high positivity, people who are positive out and about violating quarantine, but there is pushback at the tribe. Concerns about HIPAA as related to public health, where maybe our health team, under public health emergency declaration, could share more with law enforcement, casino, etc. – people aren't listening about COVID-19 risk, not just here at Lummi.
- Celeste Davis: The tribe, as public health authority, does have ability to make certain info known to public safety officials, or gaming commission probably as well, to share info about cases. This applies to public health authority in public health emergency. In different places, tribes have exercised this authority with non-compliant HIV patients, and in cases in the NW with TB patients not being compliant, which is highly infectious. Tribes made names and addresses, etc. available, not to the public, but other agencies and programs within the tribe to ensure quarantining and appropriate care, medication compliance, etc. Probably the best examples of laws/ordinances are from county health depts templates. Fines could also be implemented as a means to ensure compliance, even imposing fines after the fact.
- AIHC isolation and quarantine resources online:
 - COVID-19 model plans, policies, codes: <https://aihc-wa.com/aihc-emergency-preparedness/incident-responses-and-other-news/covid-19-model-docs/>
 - AIHC Model Communicable Disease Code is here: <https://secureservercdn.net/50.62.172.232/tvl.3bf.myftpupload.com/wp-content/uploads/2020/03/AIHC-Model-Tribal-Communicable-Disease-Code-03-30-2020.doc>
 - Communicable disease code example <https://aihc-wa.com/covid-19-isolation-and-quarantine/>
 - Involuntary Detention: <https://secureservercdn.net/50.62.172.232/tvl.3bf.myftpupload.com/wp->

[content/uploads/2020/03/Appendix-Q-Court-Order-Granting-Involuntary-Detention.doc](#)

- Chairman Lewis: The tribe does have some control over employees who are deliberately going against policies, so what can we do for corrective action? There are policies in place, but a lot of people think they're not going to get it and when they do and have been out and about, and get COVID, they feel remorseful. But there are also concerns that people won't tell the truth in contact tracing if they risk reprimand or firing. Casinos/businesses staying open is another issue. When they initially closed, it leveled off COVID-19 spread, but with reopening, there are many challenges. There are also issues with what's happening on reservation vs. in Bellingham. Some tribes closed their borders early on, are there current or planned border closures?
- VWM example: Shoalwater Bay put in place, on the honor system, around the holidays, had employees agree to go into quarantine and be tested before going back to work if they might have been exposed in social settings. This is a little bit of a different approach that might work better in small clinic to ensure enough workforce would be available, but is an innovative solution. We encourage you to discuss with one another; there are some promising practices that allow people a break from COVID fatigue but also allow for a measure of control in the community.

Veteran's Committee Meeting notes, January 19, 2021

Debbie Jones, Samish Indian Nation

Stephanie Birdwell, VA – Office of Tribal Government Relations

Terry Bentley, VA – Office of Tribal Government Relations

Don Head, NPAIHB

The meeting began with a review of the priorities that were previously generated by the committee. It was noted that one of the priorities, the establishment of a Veterans Administration Tribal Advisory Committee, was accomplished through H.R. 7105, Section 7002, enacted as public law on January 5, 2021. The rest of the priorities were forwarded through, unchanged.

Stephanie Birdwell updated the committee on the recent changes in the Veterans Administration:

- H.R. 6237, concerning VA reimbursement to IHS for services to tribal veterans for Purchased/Referred Care (PRC)
- H.R. 7105:
 - section 3002, concerning AI/AN no longer subject to copayments for services
 - section 4206 concerns coordination of services under HUD-Veterans Affairs Supportive Housing
 - section 7002, establishes a new VA tribal advisory committee (TAC)
- VA/IHS Tribal Consultation on the VA/IHS MOU. A Dear Tribal Leader Letter was sent out on December 2, 2020 for a 90-day consultation notice and comment period. Two informational/listening sessions were completed on December 9, 2020 and January 8, 2021. Two more are scheduled for January 27, 2021 and February 17, 2021.
- The Tribal HUD-VASH expands program dollars by \$3.2M, and allows for the current 26 tribes who have this grant to apply for additional funding in addition to allowing new tribes to apply for funding.

Stephanie Birdwell also commented on the priorities identified by the committee, and suggested a future WebEx meeting on the topic of EHR interoperability between the VA/IHS/DoD. She will reach out to the Veterans Health Administration about this priority.

Debbie Jones asked about the reimbursement of PRC to tribes that did not have clinics, but still provided services through PRC. Stephanie Birdwell replied that the nuts and bolts of the recently passed legislation will need to be worked out, because right now the entry point for PRC reimbursement is usually on the tribal side. There are also other factors, including a determination at VA to pay for community health care, and the benefits package that the veteran is eligible for.

The meeting was adjourned at 130p.

Legislative and Resolutions committee Minutes

July 14, 2020

Attendees: Nick Lewis (Lummi Nation), Kay Culbertson (Cowlitz), Mike Collins (Warm Springs), Cassia Katchia (Warm Springs), Tracey Rascon (Makah),

NPAIHB Staff: Christina Peters, Laura Platero, Sarah Sullivan

The Legislative and Resolutions Committee discussed five resolutions. The Committee suggested minor formatting edits to the Community Health Aide Program (CHAP) Portland Area Certification Board. No edits were proposed to the other four resolutions. Chairman Lewis requested a future resolution on homelessness as a public health issue and a resolution on racism/racial bias in health policies/health care for American Indians and Alaska Natives.

The Legislative and Resolutions Committee discussed the five following resolutions:

1. Direct Tribal Access to the Strategic National Stockpile (SNS) During National or State Public Health Emergencies

The HHS Assistant Secretary for Preparedness and Response (ASPR) within HHS administers the Strategic National Stockpile (SNS) and is not statutorily required to deploy SNS personal protective equipment and medical supplies to IHS, tribes, tribal health organizations, or urban Indian organizations. Currently, only states have direct access to the SNS. Legislation is needed to guarantee that IHS, tribes, tribal organizations and urban Indian organizations have direct access to the SNS. Under this resolution, NPAIHB calls on Congress to enact legislation that amends Section 319F–2(a)(3)(G) of the Public Health Service Act requiring the HHS Secretary to directly deploy the appropriate drugs, vaccines and other biological products, medical devices, counter measures, personal protective equipment and other supplies from the strategic national stockpile, and qualified pandemic or epidemic products to health programs or facilities operated by the IHS, an Indian tribe, a tribal organization, an inter-tribal consortium, or through an urban Indian organization.

Action: Motion by Cowlitz; second by Lummi Nation (Nick Lewis); and unanimous vote to pass the resolution to the Board for consideration.

2. Portland Area Community Health Aide Program (CHAP) Certification Board

Under this resolution, NPAIHB supports the creation of and implementation of the Portland area CHAP Certification Board (PACCB). Additionally, NPAIHB supports the development of the PACCB with federal baseline standards for consistency of services provided by any CHAP program. The NPAIHB CHAP Board Advisory Workgroup has spent

the previous two years laying the foundation for the PACCB. On July 2, HHS issued the IHS Circular No. 20-06 for the CHAP with the purpose of implementing, outlining, and defining a national CHAP policy for the contiguous 48 states. Portland Area Tribes have established and continue to implement CHAP within our member tribes. Our member tribes would benefit from the existence of a Portland Area CHAP Certification Board for certification of CHA/Ps, BHA/Ps, and DHA/Ts as outlined in the IHS Circular for CHAP expansion.

Action: Motion by Lummi Nation; second by Cowlitz; and unanimous vote to pass the resolution to the Board for consideration.

3. Native Dental Therapy Initiative – Funding Offered by the National Indian Health Board for Education/Outreach to Enhance Policies Supportive of Dental Therapy

The National Indian Health Board is offering a funding opportunity of up to \$25,000 for work to enhance policies supportive of dental therapy programs. Under this resolution, NPAIHB endorses and supports efforts by staff of the Tribal Community Health Provider Project, under the guidance of the Executive Director to apply for funding from NIHB in the amount of \$25,000 to support NDTI work toward a stronger online presence with improved sharing of information, including creation of a new website and more robust social media presence.

Action: Motion by Lummi Nation; second by Cowlitz; and unanimous vote to pass the resolution to the Board for consideration.

4. Native Dental Therapy Initiative – Implementation of Dental Therapy Offered by the National Indian Health Board

The National Indian Health Board is offering a funding opportunity of up to \$25,000 for work to improve the implementation of dental therapy laws in Tribal communities. Under this resolution, NPAIHB endorses and supports efforts by the Tribal Community Health Provider Project, under the guidance of the Executive Director, to apply for funding from NIHB in the amount of \$25,000 to support the creation of an online Supervising Dentist Training for dentists planning to supervise DHATs, and related support for this training.

Action: Motion by Makah; second by Lummi Nation; and unanimous vote to pass the resolution to the Board for consideration.

5. Northwest Tribal Dental Preventive and Clinical Support Center HHS-2020-IHS-TDCP-0001

WHEREAS the services provided by the Northwest Tribal Dental Preventive and Clinical Support Center help to increase the overall resources and capacity of the dental services available for each dental site in the Portland Area.

THEREFORE, BE IT RESOLVED that the NPAIHB endorses and supports an effort to apply for the continued funding of the Northwest Tribal Dental Preventive and Clinical Support Center in response to proposal announcement HHS-2020-IHS-TDCP-0001.

Action: Motion by Makah; second by Lummi Nation; and unanimous vote to pass the resolution to the Board for consideration.



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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
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Yakama Nation

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RESOLUTION #21-01-06

**Community Catalyst Funding Opportunity to Support Native Dental
Therapy Initiative**

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

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

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

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

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

WHEREAS, NPAIHB’s Native Dental Therapy Initiative was established to connect tribal communities with innovative approaches to address American Indian/Alaska (AI/AN) oral health disparities, to remove barriers impeding the creation of efficient, high quality, modern dental teams and to provide opportunities for AI/AN people to become oral health providers; and

WHEREAS, Community Catalyst is a national non-profit advocacy organization working to build the consumer and community leadership that is required to transform the American health system so it serves everyone; and

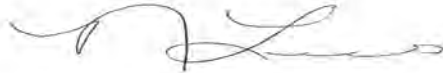
WHEREAS, Community Catalyst has invited NPAIHB to apply for funding to support grassroots organizing and story collection efforts for two coalitions of which we are members: The Washington Dental Access Campaigns and the Oregon Dental Access Campaign.

THEREFORE, BE IT RESOLVED, the Northwest Portland Area Indian Health Board (NPAIHB) approves the submission of the grant application in response to the invitation to apply by Community Catalyst for a grant of up to \$50,000 to fund dental therapy consumer engagement, education and visibility in Washington and

Oregon for an anticipated project period extending from date-of-award through June 30th, 2021.

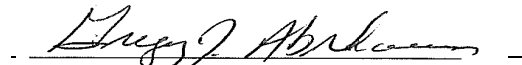
CERTIFICATION

The foregoing resolution was adopted by the NPaiHB Executive Committee at the weekly Executive Committee meeting, held November 13, 2020, with a quorum present.



Nickolaus D. Lewis
NPaiHB Chairman

ATTEST



Greg Abrahamson
Secretary

Ratified by the Board of Directors of the Northwest Portland Area Indian Health Board at the January 20, 2021 Quarterly Board Meeting. With a quorum being established.



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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
Quinalt 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 #21-01-07

**Lead Testing in School and Child Care Program Drinking Water
Tribal 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 “tribal organization” as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

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

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

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

WHEREAS, NPAIHB’s Environmental Public Health Program provides direct environmental health services and support in order to identify and reduce environmental risks and hazards where people live, learn, work, and play; and

WHEREAS, NPAIHB’s Environmental Public Health Program objective is to work in partnership with Tribes and other collaborators using environmental health data, identifying priorities, and developing action plans to address environmental health issues including in the area of safe drinking water and children’s environments; and

WHEREAS, the Environmental Protection Agency allocated funding under the Water Infrastructure Improvements for the Nation (WIIN) Act for projects that benefit Tribal schools and child care facilities; and

WHEREAS, the Environmental Protection Agency has invited NPAIHB to apply for funding to support lead testing at tribally-operated child care centers, American Indian/Alaska Native (AI/AN) Head Start and Early Head Start centers, and tribally-operated schools; and

NOW, THEREFORE, BE IT RESOLVED, that the Northwest Portland Area Indian Health Board approves the submission of the grant application to the Environmental Protection Agency in response to the invitation to apply for a grant of up to \$445,000 to fund lead testing in school and child care programs as part of the Water Infrastructure Improvements for the Nation (WIIN) Act for an anticipated project period of February 1st, 2021 through January 30th, 2023.

CERTIFICATION

NO. 21-01-07

The foregoing resolution was duly adopted the Executive Committee of the Northwest Portland Area Indian Health Board. A quorum being established; 5 for, 0 against, 0 abstain on December 16, 2020.



Nicolaus Lewis, Chairman

ATTEST:



Greg Abrahamson, Secretary

Ratified by the Board of Directors of the Northwest Portland Area Indian Health Board at the January 20, 2021 Quarterly Board Meeting. With a quorum being established.



**Support for Legislation to Amend Lease Compensation Provisions of the
Indian Self-Determination and Education Assistance Act
RESOLUTION # 21-02-01**

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

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

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

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

WHEREAS, the Indian health system has always been chronically underfunded, as documented by the U.S. Commission on Civil Rights, among others; and

WHEREAS, tribes and tribal organizations providing health care services through contracts and compacts with the Indian Health Service (IHS) under the Indian Self-Determination and Education Assistance Act (ISDEAA) have been able to supplement inadequate health care facilities funding by leasing tribal facilities to IHS under the authority of section 105(l) of the ISDEAA, 25 U.S.C. § 5324(l); and

WHEREAS, tribes also generate income by providing health care services for individuals who are not otherwise eligible for IHS under section 813 of the Indian Health Care Improvement Act, 25 U.S.C. § 1680c; and

WHEREAS, many tribal providers are the primary health care providers in their rural communities and the only ones that will take on Medicare and Medicaid patients; Section 813 helps these Tribes provide better services to their members, other Indians, and their non-Indian neighbors; and

WHEREAS, IHS leasing of tribal facilities providing health care services to eligible Indians and non-eligible individuals in the community served by the facility, as well as the third-party revenues generated by these services, enhance tribal health programs and benefit the communities served, which are in rural areas; and

WHEREAS, IHS has adopted a policy that will only pay 105(l) lease costs based on a “supportable space” formula that allows costs based on what is needed to serve eligible Indians; and

WHEREAS, the recent court decision of *Jamestown S’Klallam Tribe v. Azar*, No. 19-2665, 2020 WL 5505156 (D.D.C. Sept. 11, 2020), upheld the IHS decision restricting the compensation available for 105(l) leases by allowing IHS to deny compensation for space the agency decides is allocated to serving non-beneficiaries—even though such services are deemed by statute to be provided under the ISDEAA; and

WHEREAS, without legislative action to clarify the interplay of Sections 813 and 105(l), it is likely that future rulings will be made along the lines of *Jamestown*, thereby impacting health delivery for IHS beneficiaries and non-beneficiaries alike.

THEREFORE BE IT RESOLVED, that NPAIHB supports legislation to clarify the intent of Congress that space used to provide services within the scope of an ISDEAA agreement, to any patient, is compensable under 150(l).

CERTIFICATION

The foregoing resolution was duly adopted by the Board of Directors of the Northwest Portland Area Indian Health Board at the January 20, 2021 Quarterly Board Meeting. With a quorum being established.



Nicolaus Lewis, Chairman

ATTEST:



Greg Abrahamson, Secretary



**Environmental Protection Agency Region 10 General Assistance Program
(GAP) Proposal
RESOLUTION # 21-02-02**

**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
Quinalt 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

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

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

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

WHEREAS, NPAIHB’s Environmental Public Health Program provides direct environmental health services and support in order to identify and reduce environmental risks and hazards where people live, learn, work, and play; and

WHEREAS NPAIHB’s Environmental Public Health Program objective is to work in partnership with tribes and other collaborators using environmental health data, identifying priorities, and developing action plans to address environmental health issues; and

WHEREAS, the Environmental Protection Agency (EPA) has announced an opportunity to apply for General Assistance Program (GAP) funding for Federal Fiscal Year 2022 to support federally recognized tribes and intertribal consortia in environmental program capacity building activities; and

WHEREAS, the EPA allocates funding for intertribal consortia after it has funded individual tribes’ proposals, and consortia work plans must meet the capacity-building needs of their member tribes without duplicating members’ efforts; and

WHEREAS, the NPAIHB Environmental Public Health Program seeks permission to apply for EPA GAP funding to work with the 43-member tribes to support climate change preparation and resiliency planning including activities such as:

- a comprehensive assessment of what tribes have done and are doing to prepare for, mitigate, and build resiliency in response to climate change
- conducting a systematic review of all environmental threats and identifying the public health impacts associated with each
- researching and establishing regional health indicators for climate change, conducting a needs assessment, and working with tribes to integrate public health outcomes and resiliency activities into climate change plans where appropriate
- developing internal capacity and knowledge, collecting information about traditional ecological knowledge relevant to climate change, and developing partnerships with tribes and other intertribal consortia such as ATNI and ANTHC

NOW, THEREFORE, BE IT RESOLVED, that the Northwest Portland Area Indian Health Board authorizes the submission of a grant application to the Environmental Protection Agency as an intertribal consortia to be funded after individual tribes for up to \$125,000 a year for four years to build capacity to support tribes in integrating public health indicators and outcomes in planning for, mitigating, and building resiliency to climate change for an anticipated project period of October 1, 2021 through September 30, 2025.

CERTIFICATION

The foregoing resolution was duly adopted by the Board of Directors of the Northwest Portland Area Indian Health Board at the January 20, 2021 Quarterly Board Meeting. With a quorum being established.



Nicolaus Lewis, Chairman

ATTEST:



Greg Abrahamson, Secretary



**TI- 21-007 Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal Opioid Response (TOR) Grant
RESOLUTION # 21-02-03**

**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
Quinalt 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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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-21-007, provides up to 150 awards to tribes across Indian country, including 11 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 1H79TI083243); 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-21-007 SAMHSA TOR grant on behalf of member tribes who participate in the NPAIHB TOR Consortium

CERTIFICATION

The foregoing resolution was duly adopted by the Board of Directors of the Northwest Portland Area Indian Health Board at the January 20, 2021 Quarterly Board Meeting. With a quorum being established.



Nicolaus Lewis, Chairman

ATTEST:



Greg Abrahamson, Secretary



Behavioral Health Aid Training and Support Project RESOLUTION # 21-02-04

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
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Muckleshoot Tribe
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Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinalt 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
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WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, American Indians and Alaska Natives (AI/AN) communities are disproportionately affected by physical health, behavioral health and oral health disparities and inadequate access to health services; and

WHEREAS, the Community Health Aide Program (CHAP), including Dental Health Aide Therapists (DHAT) and Behavioral Health Aides (BHAs) has been in existence in Alaska since 1968 and has proven to significantly improve health outcomes for communities served by these providers; and

WHEREAS, NPAIHB has established a Tribal Community Health Provider Program to bring CHAP providers to the Portland Area and member tribes would benefit from training members of tribal communities to become care providers for their own communities; and

WHEREAS, NPAIHB has a longstanding relationship with Washington Health Authority for BHA education and training; and

WHEREAS, NPAIHB is developing a BHA education program and is seeking funds to support BHA students who have been furloughed in their practicum field placement due to the Covid-19 pandemic; and

WHEREAS, this specific funding opportunity supports developing the behavioral health workforce for AI/AN people in the Pacific Northwest to deliver high quality, sustainable, culturally relevant behavioral services in AI/AN communities; and

WHEREAS, funding is available through the Tribal Behavioral Health Division of WA Health Care Authority in the amount of a \$100,000 contract; and

WHEREAS, funding will be used to fund two Northwest Elders Knowledge Holders and Culture Keepers trainings in the Spring and Fall; and

WHEREAS, funding will be used to support the salary for a BHA student furloughed during the Covid-19 pandemic, allowing the student to complete required partium hours for certification.

NOW, THEREFORE BE IT RESOLVED that the NPAIHB endorses and supports efforts by staff of the Behavioral Health Aid Training and Support Project, under the guidance of the Executive Director, to accept funding from the Tribal Behavioral Health Division of WA Health Care Authority, to support the BHA education program.

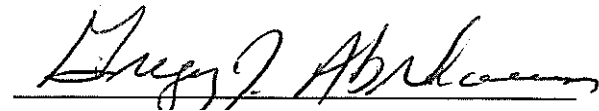
CERTIFICATION

The foregoing resolution was duly adopted by the Board of Directors of the Northwest Portland Area Indian Health Board at the January 20, 2021 Quarterly Board Meeting. With a quorum being established.



Nicolaus Lewis, Chairman

ATTEST:



Greg Abrahamson, Secretary