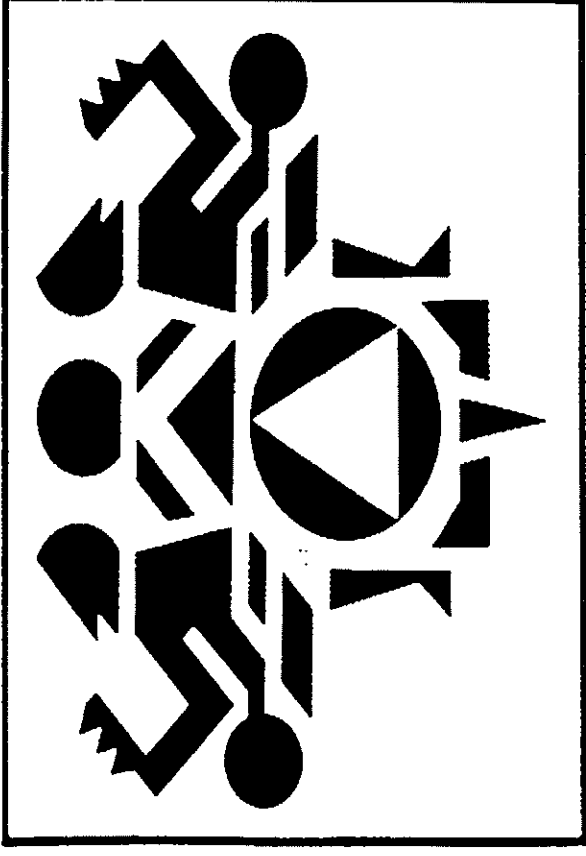


# SUMMARY OF MINUTES



## QUARTERLY BOARD MEETING

JANUARY 21-23, 2014  
EMBASSY SUITES DOWNTOWN PORTLAND  
PORTLAND OR

# January 2014 Quarterly Board Meeting

## Summary of Minutes

<u>Issue</u>	<u>Summary</u>	<u>Action</u>	<u>Follow-Up</u>
Area Director Report	SDPI Distribution tribal consultation session being planned for 2/3/14 at 1:30PM regarding Dr. Roubideaux DTL letter	Look at the 5 questions in the letter and come up with comments and/or suggestions.	
Area Director Report	The Office of Tribal & Service Unit Operations director position is being rewritten. In mid-December Roselyn Tso, accepted a new position at Headquarters as the CSC Lead Coordinator.	I have split that program out for now between 2 Commissioned Officers. Denise Imholt can be contacted for Title I and Title 5 questions.	
Area Director Report	Fund Distribution workgroup – I have a T-1 vacancy. I will ask the Health Board for recommendations for this position. The charter has been update.	There will be a follow up meeting either February 11 <sup>th</sup> or 12 <sup>th</sup> .	
Area Director Report	FY13 User population – a letter was sent out to everyone – the numbers are final.	User population went up from 110,170 to 110,493.	
Area Director Report	Dr. Roubideaux started back up the CSC workgroup; there were 25 members, 24 of them were tribal representatives. She has added 13 federal staff members; 5 of those are Area Directors and I am now on the workgroup.	Workgroup is tentatively scheduled to meet on 2/24-25/14 in Crystal City.	
Area Director Report	Dr. Roubideaux is going to be calling in to speak with you all during my presentation time. Many of the board members asked what were the purpose of her calling in; she has been invited numerous times to attend in person and has not attended.	Dean stated she has been wanting to come out personally and visit but she was unable to at this meeting. She indicated to Dean that she will be coming out this year.	
IHS Headquarters Update	Budget – President signed the appropriations for FY14 and it was omnibus appropriation and very favorable for IHS. Total funding level for IHS is \$4.4 billion for this year.  FY15 budget – hoping for an OMB pass back soon.	Currently the appropriation bill for 2014 is under review by the Administration. We can do an automatic 30-day apportionment, an allotment for recurring base funds.  Budget formulation session in DC scheduled for 2/15-17/14.	In the process of getting that first 30day payment to everybody; contact your Area Director on when to expect it.

# January 2014 Quarterly Board Meeting

## *Summary of Minutes*

	<p>The CSC workgroup was reconvened in January to work on finding further agreement on the recommendations of the pre-award negotiations contract.</p> <p>There is consultation out on SDPI in terms of how to do the distribution if it gets reauthorized for 2015. There is consultation out on Medicare-like rates for non-hospital services.</p> <p>ACA – the website works for most people. Definition of Indian; we keep occasionally hearing from Congress with the technical assistance so it is still alive, no legislative fix.</p> <p>FAAB is going to meet in February.</p> <p>The CHIEF workgroup is meeting at the end of this month.</p>	<p>Asked workgroup to find areas where tribes and the federal government agree on the estimates; to find areas where we disagree and areas that they agreed to further discuss the areas of disagreement. The CHS workgroup made a number of recommendations and those are now all being implemented. There were 3 pages of recommendations; it is not possible to implement then all immediately but I think that there have been a number of changes and improvements made.</p> <p>FAAB is just getting started up again because the IHClA describes it in a different way but they actually are getting oriented this month to what the previous FAAB has done and some of the history of it. I believe the recommended changes in the health facilities construction priority list got held up in the clearance process.</p>	<p>CSC Workgroup will meet in February and continue these discussions.</p> <p>Some recommendations are challenging and require further discussion.</p> <p>Not sure if held up in HHS or OMB but we will certainly take another look at that.</p>
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# January 2014 Quarterly Board Meeting

## Summary of Minutes

	<p>VA – we have implemented the national reimbursement agreement at all our federal sites; we are billing and we are receiving reimbursements. On the tribal side there are 30 agreements, 24 of which are in Alaska.</p> <p>Many of the workgroups are ongoing because the issues are ongoing. To see the outcomes you can go to the DTLL section on the IHS website.</p>	<p>We have received about \$1 million in reimbursements. In 2014 we have already exceeded that amount in the first quarter.</p> <p>There was a table that is updated on consultation activities that we put out in 2012.</p>	<p>Based on your comments it might be a good idea to update that table so that people get a picture of where we are on multiple consultations and the workgroups involved.</p>
Legislative Report	<p>Contract Support Costs developments; new Appropriations Act that was signed into law a few days ago; some of the policy issues moving forward including the recent IHS CSC workgroup meeting. President signed the 2014 Appropriations Act and there are no more caps on the amount of CSC that IHS and BIA can spend.</p>	<p>That means that the mandate of the Indian Self Determination Act remains, but CSC will have to be paid from the Agency's multi-billion dollar lump sum appropriation rather than as a particular line item within that appropriation. The statement also directs the Agencies to work with tribes and with the Appropriations Committee to formulate a long term legislative solution.</p>	<p>Within 120 days of enactment IHS &amp; BIA must develop a work plan and announce consultation with tribes related to what they think should be done with respect to CSC. Within 30 days IHS must develop an operating plan that shows funding allocations down the activity level.</p>
Legislative Report	<p>Section 2901B of ACA – takes the CHS payer of last resort regulations and codifies it in statute for all IHS appropriated funds. CMS indicated that this is an IHS issue and they need to issue regulations or some guidance on what their interpretation is.</p>	<p>A white paper was developed and provided to IHS. IHS is in the process of going through its internal process to decide how to handle this. CMS is not doing anything about this issue for the time being.</p>	

# January 2014 Quarterly Board Meeting

## Summary of Minutes

Legislative Report	DTL letter regarding the purchase of premiums under section 402 of IHCIA; section 402 allows tribal programs to use their CHS funds to buy insurance. Her letter states that if you are doing this make sure it is in your funding agreement and tribes that wish to limit the number of beneficiaries covered should be aware that financial data is the only factor permitted by statute upon which to base the coverage decision.	This affects tribal sponsorship; Dr. Roubideaux is saying that you have to have some basis for how you are going to do that financial need. Tribes did not ask for this; IHS is exerting itself on a policy issue that has nothing to do with them. So do we want to do anything at all about this? We can send her a letter, we can do a resolution asking that IHS rescind the letter or we do not need to do anything at all.	
<b>MOTION</b>	<b>Motion by Cassandra Sellards-Reck, Cowlitz Tribe; seconded by Brent Simcosky, Jamestown S’Klallam Tribe to send a letter to Dr. Roubideaux to ask her to rescind her DTL letter.</b>	<b>MOTION CARRIED</b>	
Tribal Leaders Diabetes Committee	DTL letter dated 12/30/13 – the IHS Acting Director is trying to get ahead of consultative process. We currently do not have a reauthorization; there is no extension and no continuance of SDPI going into 2015. The DTL letter asks for recommendations on 5 areas: 1) what to do about the grant application process; 2) should there be changes to the SDPI national funding distribution; 3) whether to use more recent user population and diabetes prevalence data; 4) structure and activities of the SDPI grant programs; 5) an opportunity for tribes not currently funded by SDPI.  Donnie Lee, PAO/HIS has scheduled a conference call with tribal leaders and the SDPI grantees for February and it is during that time that that will be the consultation process for the Area Office. We	Recommendations:  1. SDPI grant application process – Recommendation: take community directed grant program and diabetes prevention/healthy heart initiatives and pool the money and restructure the program. 2. Set asides for the urban program, the data infrastructure and CDC native diabetes wellness program. Do you want to continue to support the urban set aside (YES) <u>Data infrastructure improvement</u> – we have never supported this and have always recommended that this be returned back to the community directed or the special demonstration.	

# January 2014 Quarterly Board Meeting

## Summary of Minutes

	<p>thought we would develop the preliminary recommendations here and put together some talking points or even a draft letter with the recommendations and you can all use that in your interaction with the Area Office during the call.</p>	<p>Anyone want to continue data infrastructure (NO) We are recommending the data money be returned to the general pool of resources and reallocated to all the grantees on a national level.</p> <p><u>CDC Native Diabetes Wellness Program</u> – CDC contributes some money to this as well; it is about \$2-3 million operation. We have never supported this and have always recommended that this money be returned also to the general pool of resources to be made available to tribes as grants.</p> <p>3. User population and diabetes prevalence data – there are some things that are changing in this formula. Decrease disease burden to 50% from 57.7%; increase user population to 37.5% from 30% and tribal size adjustment to stay at 12.5% (YES)</p> <p>4. Structure and activities of the SDPI grant programs – we have already done this one.</p> <p>5. Opportunity for tribes not currently funded by SDPI – this is new tribe funding. Do you think the new tribes funding should be funded out of the</p>	
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# January 2014 Quarterly Board Meeting

## Summary of Minutes

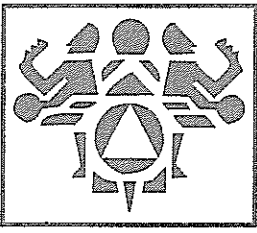
		Area allocation or out of National allocation? (NATIONAL)	
Election of Officers: CHAIRMAN	Sam Penney, Nez Perce Tribe; 2 <sup>nd</sup> by Greg Abrahamson, Spokane Tribe nominated Andy Joseph for Chairman.	Andy Joseph was elected Chairman.	
Election of Officers: Secretary	Shawna Gavin, Umatilla Tribe; 2 <sup>nd</sup> by Janice Clements, Warm Springs Tribe nominated Cheryle Kennedy for Secretary	Cheryle Kennedy was elected Secretary	
Financial Report	The financial report ending 12/31/13 was presented	Motion by Cheryl Sanders, Lummi Nation; 2 <sup>nd</sup> by Cassandra Sellards-Reck, Cowlitz Tribe to approve the financial report.	
RESOLUTION #14-02-01	Support to Expand Medicare-Like Rates to Non-Hospital Based Services	Motion by Joanne Liantonio, Samish Tribe; 2 <sup>nd</sup> by Greg Abrahamson, Spokane Tribe to approve. MOTION CARRIED	
RESOLUTION #14-02-02	OS-PAW-14-001 Mobilization for Health: National Prevention Partnership Awards	Motion by Cheryl Sanders, Lummi Nation; 2 <sup>nd</sup> Cassandra Sellards-Reck, Cowlitz Tribe to approve. MOTION CARRIED	
RESOLUTION #14-02-03	NPAIHB Program Operations Manual Revision	Motion by Cheryle Kennedy, Grand Ronde Tribe; 2 <sup>nd</sup> by Cassandra Sellards-Reck, Cowlitz Tribe to approve. 3 abstains MOTION CARRIED	
Elders Committee	Report attached		
Public Health	Report attached		
Behavioral Health	Report attached		
Legislative/Resolution	Report attached		
MOTION - Minutes	Motion by Cassandra Sellards-Reck, Cowlitz Tribe; 2 <sup>nd</sup> by Greg Abrahamson, Spokane Tribe to approve the October 2013 minutes	MOTION CARRIED	
MOTION	Motion by Dan Gleason, Chehalis Tribe; 2 <sup>nd</sup> by Cassandra Sellards-Reck, Cowlitz Tribe to grant the Executive Committee the authority to	MOTION CARRIED	

January 2014 Quarterly Board Meeting

***Summary of Minutes***

	approve the letters that Jim Roberts is drafting to NCAI President and Senate Committee on Indian Affairs.		
Future Board Meetings	June 2014 – Quinault Nation in Ocean Shores WA January 2015 – Chehalis Tribe at Great Wolf Lodge		





## Resolution #14-02-01

### Support to Expand Medicare-like Rates to Non-Hospital Based Services

#### NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Colville Tribe  
Coos, Suislaw &  
Lower Umpqua Tribe  
Coquille Tribe  
Cow Creek Tribe  
Cowlitz Tribe  
Grand Ronde Tribe  
Hoh Tribe  
Jamestown S'Klallam Tribe  
Kalispel Tribe  
Klamath Tribe  
Kootenai Tribe  
Lower Elwha Tribe  
Lummi Tribe  
Makah Tribe  
Muckleshoot Tribe  
Nez Perce Tribe  
Nisqually Tribe  
Nooksack Tribe  
NW Band of Shoshone Tribe  
Port Gamble S'Klallam Tribe  
Puyallup Tribe  
Quileute Tribe  
Quinault Tribe  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock Tribe  
Siletz Tribe  
Skokomish Tribe  
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 SW Broadway  
Suite 300  
Portland, OR 97201  
(503) 228-4185  
(503) 228-8182 FAX  
[www.npaihb.org](http://www.npaihb.org)

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

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

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

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

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

**WHEREAS**, the Medicare Modernization Act of 2003 (Section 506) established a payment rate cap on Contract Health Services (CHS) payments made to Medicare-participating hospitals that require Medicare participating hospitals to accept payment rates no more than what Medicare would pay for the same service, also known as Medicare-Like Rates; and

**WHEREAS**, in 2007 the Centers for Medicare and Medicaid Services (CMS) promulgated regulations at 42 C.F.R. 136.30, that do not apply to physician and other providers that are not associated with Medicare participating hospitals; and

**WHEREAS**, on April 11, 2013, the Government Accounting Office (GAO) issued a report finding that the Department of Veterans Affairs and Department of Defense have imposed a rate cap on non-hospital services and recommended that Congress should consider imposing a cap on payments for physician and other non-hospital services made through IHS' CHS program that is consistent with the rate paid by other federal purchasers of health care; and

**WHEREAS**, the GAO report found that the Indian Health Service (IHS) CHS program continues to pay full billed charges for non-hospital services, resulting in the needless waste of taxpayer dollars and scarce CHS resources and recommended expanding Medicare-like rates to non-hospital based services would save the federal government (IHS) hundreds of millions of dollars and is completely budget neutral; and

**WHEREAS**, CHS programs continue to be chronically underfunded and unable to pay for all eligible services and expanding Medicare-like rates to non-hospital based services would save IHS and Tribal CHS programs hundreds of millions of dollars; and

**WHEREAS**, legislation is needed to expand Medicare-like rates consistent with the GAO recommendations.

**NOW THEREFORE BE IT RESOLVED**, that the NPAIHB recommends that the HHS Secretary, HHS Office of Legislation, and the Indian Health Service Director pursue legislation through the A-19 legislative process to expand Medicare-like rates to non-hospital based services and to also support similar legislation introduced by Congress.

**BE IT FURTHER RESOLVED**, that NPAIHB support and urge the Congress to introduce and enact legislation that would expand Medicare-like rates to all non-hospital services purchased through the IHS Contract Health Service program.

**BE IT FINALLY RESOLVED** that NPAIHB recommends the HHS Secretary direct CMS to promulgate regulations to implement this new authority within one year of enactment of the legislation.

**CERTIFICATION**

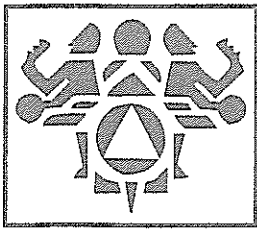
NO. 14-02-01

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 36 for, 0 against, 0 abstain on January 23, 2014.

Andrew C. Joseph Jr.  
Chairman

1-23-14  
Date

Charles A. Kennedy  
Secretary



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Colville Tribe  
Coos, Suislaw &  
Lower Umpqua Tribe  
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Quinault Tribe  
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Skokomish Tribe  
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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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[www.npaihb.org](http://www.npaihb.org)

### Resolution #14-02-02

#### OS-PAW-14-001 Mobilization for Health: National Prevention Partnership Awards

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

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

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

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

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

**WHEREAS**, the Northwest Tribes recognize the need for reducing youth tobacco, obesity and diabetes, because significant disparities continue to exist for AI/AN; and

**WHEREAS**, the Northwest Tribal Epi Center has a proven track record of demonstrated ability providing high-quality technical assistance to Tribes and tribal organizations on implementing effective healthy lifestyle choice interventions and health programs, including programs addressing youth health outcomes; and

**WHEREAS**, the Northwest Tribal Epi Center has a wealth of experience with AI/AN best practices and curriculums, including resources specifically targeting our Native youth; and

**WHEREAS**, the NPAIHB has a long standing, successful partnership with our tribal programs who are committed to addressing the health promotion needs of AI/AN through education, training and dissemination activities.

**THEREFORE BE IT RESOLVED** that the NPAIHB endorses the Epi Center's proposal to support OS-PAW-14-001 Mobilization for Health: National Prevention Partnership Awards OR healthy lifestyle choices for youth in the Pacific Northwest; and decrease tobacco use, obesity and diabetes by targeting AI/AN youth with the intent to promote and accelerate partnerships with our tribal, local, state and regional communities.

**CERTIFICATION**

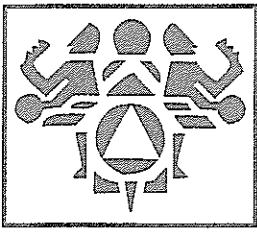
NO. 14-02-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 36 for, 0 against, 0 abstain on January 23, 2014.

Andrew C. Joseph Jr.  
Chairman

1-23-14  
Date

Cheryl A. Kennedy  
Secretary



**Resolution #14-02-03**  
**NPAIHB Program Operations Manual Revisions**

**NORTHWEST  
PORTLAND  
AREA  
INDIAN  
HEALTH  
BOARD**

Burns-Paiute Tribe  
Chehalis Tribe  
Coeur d' Alene Tribe  
Colville Tribe  
Coos, Suislaw &  
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**WHEREAS**, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

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

**WHEREAS**, the NPAIHB seeks to adopt and promote practices that improve employee health and wellness; and

**WHEREAS**, the NPAIHB seeks to cooperate with state and local regulations and ordinances in employment practices.

**NOW THEREFORE BE IT RESOLVED** that the NPAIHB supports and recommends that all temporary employees who have been employed with NPAIHB for ninety (90) days and have worked a minimum of two hundred and forty (240) hours will accrue one hour of sick leave for every thirty hours worked. The NPAIHB also supports and recommends that the administrative leave section of the Program Operations Manual be revised to include domestic partners and grandchildren when granting paid administrative leave to employees for the purpose of attending a funeral.

**CERTIFICATION**

NO. 14-02-03

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 33 for, 0 against, 3 abstain on

January 23, 2014  
14

Andrew C. Joseph Jr.  
Chairman

1-23-14  
Date

Cheryl A. Eversley  
Secretary

# Legislative/Resolution Committee

Tuesday January 21, 2014  
Embassy Suites Downtown, Portland, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	Kim Ziffert-Lewis Health Director	Shoawatt Bay	
2	Cheryl Rosen	Swinomish	
3	Robin Sigd Tribal Council	Squamish	rsigd@squamish.nsn.us
4	Leslie Wosing, Health Director	Squamish	
5	Greg Abrahamson	Spokane	Greg@ed.com 509-991-7583
6	Pearl Baller	Quinalt	
7	Shawn Starphill	Cow Creek	ssstarphill@cowcreek.com
8	Ed Fay	Port Gange S'Klalm	360 790 1164
9	Cassie Ketchum	Confederated Tribes of Warm Springs	541-553-1196 - Robert.Ballin@osttribes.org or Cassie.Ketchum@osttribes.org
10	Andy Joseph	Colville Tribes	andy.joseph@colvilletribes.com
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**NPAIHB Quarterly Board Meeting  
Embassy Suites Hotel – Portland, OR**

**Legislative Committee Report**

January 23, 2014

Present:

Andy Joseph, Jr., Colville Tribes  
Pearl Capoeman Baller, Quinault Nation  
Greg Abramson, Spokane Tribe  
Leslie Wosnig, Suquamish Tribe  
Kim Zillyet Harris, Shoalwater Tribe  
Cheryl Raser, Swinomish Tribe  
Sharon Stanphill, Cow Creek Tribe  
Ed Fox, Port Gamble S'Klallam Tribe  
Cassie Katchia, Warm Springs Tribes  
Jim Roberts, NPAIHB  
Joe Finkbonner, NPAIHB

New Business:

- Jim Roberts provided an update on policy issues that will likely come up in the Second Session of Congress and the need to update the Legislation Plan for this session.
- Also discussed was the work of the MMPC and TTAG and the need to shift their focus to more State Medicaid issues. Including addressing health care system delivery changes and reimbursement issues.
- Discussion also on the FY 2014 final budget.
- Program Directors also provided an update on policy issues related to their programs. Almost all of the items discussed are addressed in some form in the on-going work of the Board and in the Legislative Plan.
- Report on the pending DTLLs and the need to provide Board recommendations (i.e. SDPI and Medicare-like rates).

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

1. Support for Medicare-like Rate Legislation
2. Support DHAT Legislation in the Washington State Legislature.

Adjourn at 1:15 p.m.

# Elders Committee

Tuesday January 21, 2014  
Embassy Suites Downtown, Portland, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	Francisco de los Angeles	Snoqualmie Tribe	Francisco@SnoqualmieTribe.us
2	Andy Joseph Jr	Colville Tribes	andy.joseph@colvilletribes.com
3	Charlene Kröner	Upper Skagit Indian Tribe	charlenek@upper-skagit.com
4	Patty Kinswa-Gaiser	Cowlitz Trib	pattygaiser@gmail.com
5	DAN GLEASON	CHH Halis	D. GLEASON@CHH Halis TRIBE.us
6	Janice Clements	Wahwah Springs	541-553-1196 Cassie
7	Yubena manion	Konfakata Tribes	541-553-1196
8	Bunda [unclear]	CTGR	503-663-7624
9	Gladys Hobbs	CTGR	971-241-8486
10	Joanne LIAANTONIO	Samish Ind. Nation	360-899-5454 jliaantonio@SAMISHtribe.us
11	Twila Teeman	BPT	
12	Cheryl Sande	Lummi Nation	Cheryl@s@lumminn.gov
13	Scott Falden	CTGR	971-218-3730
14	Corie Chappin	NPAIHB staff	
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Elder Committee Meeting Minutes  
January 21, 2014  
Embassy Suites - Portland, Oregon

Members: Bernadine Shriver-Grand Ronde, Patty Kinswa-Gaiser-Cowlitz Tribe, Gladys Hobbs-Grand Ronde, Violet Folden-Grand Ronde, Janice Clements-Warm Springs, Twila Teeman-Burns Paiute, Charlene Koerner-Upper Skagit, Urbana Manion-Warm Springs, Francis De Los Angeles-Snoqualmie, Joanne Liantonio-Samish, Cheryl Sanders-Lummi, Andy Joseph-Colville, Dan Gleason, Committee Chair-Chehalis

NPAIHB Staff: Clarice Charging

Dan opened the meeting with a prayer.

Patti motioned to approve October 2012 minutes. Bernadine seconded. Motion approved.

Updates:

Clarice will find out future dates for 2014 NICOA Conference and Oregon Tribal Caregiver Conference.

**Cowlitz:** Patty has retired from her position as Elder Program Manager for the tribe and is volunteering her time. Elder Studio apartments in Saint Mary's are fully occupied with several larger units still available.

**Snoqualmie:** Elders went on a Christmas cruise around Lake Washington. Elder's reviewed Community Health report that reflected Snoqualmie Tribal males numbers for preventative cancer screenings have increased.

**Grand Ronde:** Bus service between Salem, Grand Ronde, and Lincoln City has increased to 3 times a day. This service provides Tribal Elders with assistance with their Dr.'s appointments, etc. The service will eventually include a stop in Tillamook.

Adult foster care housing is at full capacity with a waiting list. Grand Ronde Tribe is still recruiting for a Tribal Health Director.

**Chehalis:** Elder group (including Dan) returned from a trip to Hawaii. Chehalis Tribe currently developing plans for Elder housing and Senior Center.

**Samish:** Elders received a 12 passenger, wheel chair accessible bus. Council plans to add some lettering and graphics to the exterior soon.

**Warm Springs:** Tribe provides lunches to elders Tuesday and Thursday and transportation to Kah-Nee-Ta for exercise and a light lunch Monday, Wednesday and Friday. Their Assisted Care Center has 35 occupants at this time.

Suggestions for future quarterly board presentations will be forwarded to Clarice.

# Personnel Committee

Tuesday January 21, 2014  
Embassy Suites Downtown, Portland, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	Shaun Gavin	CTUR	541/429-9378 shaungavin@ctur.org
2	Andra Wagner	NPAIHB Staff	<del>andra</del> a.wagner@npaihb.org
3	Cassandra S Red Cloud	Couditz Indian Tribe	csellardsredcloud@hotmail.co
4	Jacqueline LHS	Staff	—
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Quarterly Board Meeting Jan 21-23, 2014

#### Personnel Committee Meeting Minutes

The personnel committee met and discussed the new City of Portland Protected Sick Leave Ordinance which took effect on January 1<sup>st</sup>, 2014. The committee concluded that the NPAIHB currently grants more paid sick leave to regular employees than is required by the new ordinance.

The committee noted that temporary employees are currently given no paid sick leave. The Board employs temporary employees for a period of up to six months and temporary employees who are employed for 90 days and who have worked for at least 240 hours would be considered eligible for employer paid sick leave under the new ordinance.

The committee concluded that extending paid sick leave to temporary employees as per the City of Portland's Protected Sick Leave Ordinance supports the mission and values of the NPAIHB in regards to employee health and wellness. The committee also recommends that paid sick leave be granted to all temporary employees who meet the length of service eligibility regardless of the employee's work location (within the city of Portland or outside the city).

The committee discussed the new OFLA bereavement leave which took effect on January 1<sup>st</sup>, 2014. The committee noted that the OFLA section in the Program Operations Manual allows for the taking of leave for all circumstances which fall under OFLA regulations. The current wording allows for the taking of leave under the new OFLA bereavement leave therefore, no revision was recommended.

The committee discussed the current Administrative leave section of the Personnel Operations manual and noted that same-sex domestic partners are not listed as family members for which an employee may take paid funeral leave. The committee recommended the adding of same-sex domestic partners in order to more closely match the covered family members under OFLA.

The committee adjourned.

# Behavioral Health Committee

Tuesday January 21, 2014  
Embassy Suites Downtown, Portland, OR

Name and Title	Organization	Phone/FAX/E-mail
1 <del>Charles Kennedy</del> <del>Health Council - DECEMBER</del>	Conf. Tribes of Grand Ronde	503-878-5244
2 Sabido-Hodges, Charity Cowlitz Health Board	Cowlitz Indian Tribe Health Board Member	Charity.Sabido@gmail.com
3 Melody Pfeiffer Cowlitz Health Board	Cowlitz Indian Tribe Health Board + NDAF coalition	m.pfeiffer@cowlitz.org
4 Tommy Ghost Dog Project Red Tailon - assistant	NNAIHB	
5 Mike Mancione NCP (PERS) Director	CTCS	michael.mancione@westtribes.org
6 Denise Walker Health Director	Skokomish	360) 426-5755 dwalker@skokomish.org
7 Jessica Marunkway EIS Officer	NNAIHB	503-416-3213
8 Caroline M. Cruz Health & Human Services General Manager	Conf. Tribes of Warm Springs	541-615-0140 caroline.cruz@westtribes.org
9 Lisa Guzman Healthcare Admin, Kalispel	Kalispel Tribe	lguzmana@cmshhealth.com
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# **Northwest Portland Area Indian Health Board – Quarterly Board Meeting**

## **Behavioral Health Committee Meeting Minutes**

Portland, OR - January 21, 2014

**Participants:** Cheryl Kennedy (Grand Ronde), Charity Sabido-Hodges (Cowlitz), Melody Pfeifer (Cowlitz), Tommy Ghost Dog (NPAIHB), Mike Mancolte (CTUI), Denise Walker (Skokomish), Jessica Marcinkevage (NPAIHB), Caroline Cruz (Warm Springs), Lisa Guzman (Kalispel), Stephanie Craig Rushing (NPAIHB).

**Committee Spokesperson:** Cheryl Kennedy

### **Marijuana – Washington Experience**

- WA State – Is the state monitoring outcomes of the new law?
- Lots of questions and concerns: Different strains? Triggers? The long-term effects of mixing drugs – energy drinks, prescription drugs, marijuana, etc...
- **Next Step:** The committee requests a QBM Presentation on the physiological effects of marijuana and treatment options available to tribes in the NW. Best Practices - How should our staff respond to community members? (Possible speaker Eric Martin, ACCPL:  
[http://sapp.uoregon.edu/courses/reg\\_instructor.php?instructorid=628291](http://sapp.uoregon.edu/courses/reg_instructor.php?instructorid=628291))

### **Commitment Procedures**

- Who is available at IHS to assist tribes with questions related to commitment procedures/concerns?  
Michelle Sobel LCSW CADCI  
Behavioral Health Consultant  
Portland Area Office/IHS  
1414 NW Northrup St., #800  
Portland OR 97209  
503-414-5596  
Fax 503-414-7795  
[michelle.sobel@ihs.gov](mailto:michelle.sobel@ihs.gov)

### **Gonorrhea Uptick**

- Update provided by Jessica Marcinkevage, NPAIHB Epidemic Intelligence Officer
- Uptick in gonorrhea rates in the NW (particularly in Washington). Median age is 28, married couples.
- **Resources:**
  - We included an article about it in Health News and Notes
  - NPAIHB's STD/HIV Policy Kit is available at:  
[http://www.npaihb.org/epicenter/project/tribal\\_hiv\\_std\\_advocacy\\_kit\\_policy\\_guide](http://www.npaihb.org/epicenter/project/tribal_hiv_std_advocacy_kit_policy_guide)

## **Hepatitis C**

- Jessica Leston is soliciting feedback on a CDC Hepatitis C Brochure for baby boomers
- Caroline Cruz – Thought CDC's pamphlet was too "in your face," Should make a culturally appropriate version – Come up with messages that are more positive/encouraging, not as threatening. Make testing sound routine, less stigmatizing.
- We need to make sure providers are ready and aware too. Hep C monitoring can be added to EHR reminders.
- At the community level, we need to reduce shame/stigma that surrounds having Hep C, and getting treatment for it.
- **Resources:** The Tribal BEAR Project offers clinical updates on Hep C Testing – Treatment Options (<http://www.spipa.org/health.html>). Their next training is March 4<sup>th</sup> or 5<sup>th</sup> at Warm Springs?

## **Bullying Prevention Resolution**

- Colbie drafted a tribal bullying prevention resolution
- Committee members reviewed a draft (attached)
- Committee members requested that cyber bullying be added to the template
- **Next Step:** Please let Colbie ([ccaughlan@npaihb.org](mailto:ccaughlan@npaihb.org)) know if you would like to review the draft or if you have suggestions for improvement

## **SAMHSA – Tribal Center for Excellence (NACE)**

- Question: What do they provide to tribes?
- We have a Regional Substance Abuse Tribal Action Plan
- Challenge is in getting community buy-in – need TA on community mobilization
- **Resources:** <http://beta.samhsa.gov/tribal-ttac> and <http://samhsa.gov/TLOA/>
  - Forward to Dee Walker - Skokomish

## **We R Native Youth Presentations/Conference Booths**

- We R Native staff are available for youth conferences, trainings and health fairs. Our spring and summer calendars are booking up quickly. If you have a youth gathering that you'd like us to attend, please send dates, times, and locations to [native@npaihb.org](mailto:native@npaihb.org) (If we cannot attend in person, we'll send you a box of We R Native materials – stickers, shirts, etc.)



# Public Health Committee

Tuesday January 21, 2014  
Embassy Suites Downtown, Portland, OR

Name and Title		Organization	Phone/FAX/E-mail
1	Danna Drum Perf Mgt Prog Mgr	OTHA / Public Health	971-673-1223 danna.k.drum@state.or.us
2	Rachel Fox	NPAI HB	
3	Karen Hanson	Kootenai Tribe of ID	208-267-5223 Karen@Kootenai.org
4	Rene Roman Noh	Sauk-Suiattle I.T.	vromannose@ sauk-suiattle.org
5	Kelle Little	Coquille Indian Tribe	kelle.little@coquilletribe.org
6	MARIA C. GARDIPSE	WIA DOLL	maria.gardipse@doh.wa.gov
7	Maria Warden	NPAI HB	maria.warden@ncai.org
8	Sujata Joshi	NPAI HB	sjoshi@npaihb.org
9	Bridget Canniff	NPAI HB	bcanniff@npaihb.org
10	ANDREW SHOGBREN	QUILTEUTE Nation	Andrew.Shogren@quiltate Nation ORG
11	Tom Waiser	HB / NPAI HB	twaiser@npaihb.org
12	Karin Lopez	NPAI HB	npaihb.org
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8/10/14

Public Health Committee Meeting  
January 21, 2014  
12:00 to 1:00 PM  
Embassy Suites Portland, OR

In attendance:

Danna Drum OHA/Public Health  
Rachel Ford NPAIHB  
Karen Hanson Kootenai Tribe of ID  
Renee Roman Nose Sauk-Suiattle IT  
Kelle Little Coquille Indian Tribe  
Maria Gardipee WA DOH  
Victoria Warren-Mears, NPAIHB  
Sujata Joshi, NPAIHB  
Bridget Canniff NPAIHB  
Andrew Shogren, Quileute Nation  
Tom Weiser, IHS/NPAIHB  
Kerri Lopez, NPAIHB

Introductions: The group provided a brief introduction to each other.

New Business:

Kelle Little: Healthy Communities and Healthy Meetings

Kelle discussed the Healthy Choices policy for Meetings and Events recently implemented at the Coquille Tribe. Previously the tribe has had no written guidance around food choices at meetings. The Oregon Healthy Communities grant allowed for employment of an employee to shepherd through actions recommended following a planning process. The policy draft was presented to stakeholders, the health board, and tribal council, which was an 8 month process. The tribe has developed tool kits for implementation of this policy. The application of this policy is to food purchased with tribal dollars and includes youth travel, tribal meetings, and elder activities. The policy states that 50% of the offerings will meet specific nutritional guidelines for health meetings. Beverages have been a challenge. The policy has now been in place for three weeks. Kelle will report on additional progress and feedback on this policy at the April meeting. She also will share the policy and the toolkit.

Rachel Ford: Public Health Accreditation and Improvement Update  
Digital Storytelling registration closes tomorrow. The workshop is offered February 4 to 6<sup>th</sup>. To register, speak to Rachel Ford at this meeting or [rford@npaihb.org](mailto:rford@npaihb.org)

Watch for a Public Health Leadership/Management training co-sponsored by the NW Center for Public Health Practice

We are beginning planning for the 2014 Emergency Preparedness Conference. Rachel will be contacting leaders for volunteers to assist in planning the conference.

Rachel also hopes to release more mini-grants for QI related to health accreditation for the NW Tribes.

Tom Weiser: Flu Update

Currently is on a flu update call. The predominant strain of flu is H1N1, which has been a component of the flu vaccine since 2009. There has been an early peak, but it remains to be seen if we are at the top of the peak or there is more flu to come.

Danna Drum: Vista Match and Americorps Update

Danna discussed the OHA/Public Health funding for Americorps/Vista public health workers to work on items related to public health accreditation. Oregon Tribes should watch for additional information.

Maria Gardipee: State of Washington Update

Maria has been moved into the newly formed Office of Performance, Partnership and Planning. Local and tribal health is being pulled together to create the optimum public health system. There will be a request for partners to participate on two committees; one regarding structure and one regarding data needs.

Maria discussed the dental health therapist bill which has been dropped into the legislative hopper.

Maria also mentioned the Cross-Border conference for emergency preparedness. This year's conference is to be held at the Benson Center in Portland in early May. If you are interested in attending this meeting, contact Maria Gardipee at [maria.gardipee@doh.wa.gov](mailto:maria.gardipee@doh.wa.gov)

Kerri Lopez: Request for support to apply for Mobilization of Partnerships for Health Grant.

Kerri also mentioned the Comprehensive Cancer Meeting which will be held on Thursday of this week, here at the Embassy Suites in the Fireside room. The meeting begins just prior to noon and goes throughout the afternoon.

Bridget Canniff: Evaluation of Environmental Health Indicators and Injury Prevention

Bridget requested that all tribes fill out the survey. More information will be presented at 4:00 PM in today's meeting.

Respectfully Submitted,  
Victoria Warren-Mears  
NW TEC Director