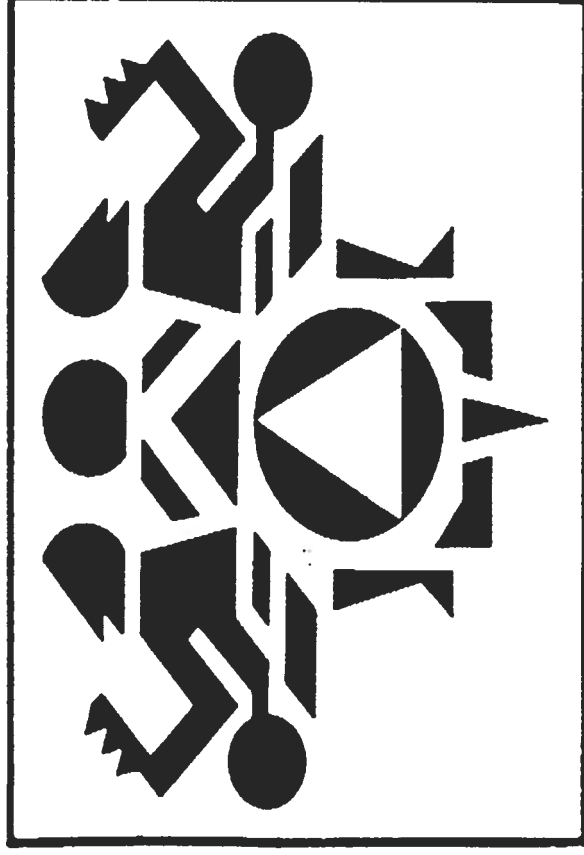


SUMMARY OF MINUTES



QUARTERLY BOARD MEETING

JUNE 19-21, 2012
GREAT WOLF LODGE
CENTRALIA WA

June 2011 Quarterly Board Meeting

Summary of Minutes

<u>Issue</u>	<u>Summary</u>	<u>Action</u>	<u>Follow-Up</u>
Area Director Report	<p>Upcoming meetings: Office of Tribal Government Relations Western Region quarterly meeting 7/10-11/12 at Grand Ronde working together with the VA. Direct Service Tribes Portland Area will be 6/28/12 to discuss the 2005 master plan that is in place & also the regional facility to get their input & thoughts. 2nd IHS Tribal Consultation Summit will be 8/7-8/12 in Denver; targeting the West Coast tribes. The National Direct Service Tribes meeting will be 8/14-16/12 in Tucson</p>		
Area Director Report	Administrative Review that was based on the SCIA investigation into the Aberdeen Area Office. The key areas they looked at were: accreditation of IHS facilities, CHS assessment, pre-employment suitability & Element 2 administrative leave policy, pharmacy control assessment & administrative control of funds	Portland Area was completed on 5/24/12. They were especially pleased with the Western Oregon Service Unit because those funds for that service unit are tied directly to the students of Chemewa.	No written report yet; mainly because there are still 3 Areas that have to be completed and then all submitted back to the Senate Committee.
Area Director Report	Terry Dean is the liaison with the Western Region Human Resources Program	We are going to focus on customer service on working with the applicants; we have received lots of feedback from applicants that the process is not friendly. There is an 80-day hiring target that is an OPM directive; that is from the time it is advertised to the time the job is offered.	
Area Director Report	Electronic Health Record incentive – the amount of funds that have come into the Area, both federal & tribal is \$786, 250.	If you have not signed up yet highly encourage you to get with either Angela or Katie to move forward.	
Area Director Report	FY12 CHS new funds, \$6.7 million to the Area. Met with FDW at last quarterly board meeting. Their recommendations were to stay consistent with what has been done in the past 3 disbursements and that is go with the CHS active user's number.	Those numbers were verified by the tribes and those funds have been 75% distributed.	

June 2011 Quarterly Board Meeting

Summary of Minutes

Area Director Report	Just received word this morning that the Area Office received \$1.654 million in meth/suicide prevention/domestic violence. This money is already designated coming from Headquarters as far as how those funds will roll out.	Those of you who will be receiving modifications or amendments to your contracts please work with your chairmen to get the mods signed and returned	
Legislative Report	GAO Study & CHS Funding – The GAO completed a study last Friday; this is a second of two studies that are required under the ACA & the IHClA. GAO completed the first part of the study, which was to determine if IHS could effectively measure the unmet need in the CHS program & what that amount would be. The conclusion of the first part was that IHS systems are not adequate to measure the unmet CHS needs. They provided recommendations on what IHS should do to improve its data collection systems in order to evaluate or to assess the unmet need that could be reported to Congress. The second part of the study was to look at the equity of the CHS distribution system that took place in the Agency. GAO started this study about a year ago & just finished on Friday. GAO analyzed IHS funding data, reviewed agency documents & interviewed IHS and Area Office officials and examined FY2001-2010 CHS base budgets & user populations.	The GAO recommendations are: 1) GAO suggests Congress consider requiring IHS to develop and use a new method to allocate all CHS program funds to account for variations across Areas; 2) GAO recommends IHS use actual counts of CHS users in methods for allocating CHS funds; 3) HHS/IHS did not concur with the GAO recommendation to use CHS users and 4) GAO believes that its recommendation would provide a more accurate count of CHS users.	In the coming year or so we will hear what recommendations or processes IHS will put into place for reporting.
National Committee Representatives	There are a few national committees that need to have Portland Area representatives added to: <u>HP/DP Policy Advisory Committee:</u> Marilyn Scott Cassandra Sellards-Reck, alternate <u>Tribal Leaders Diabetes Committee:</u>	Dean will forward the new list to IHS Headquarters and to the national committees that need the names.	

June 2011 Quarterly Board Meeting Summary of Minutes

	<p>Cassandra Sellards-Reck Sharon Stanphill, alternate</p> <p><u>National Tribal Advisory Committee on Behavioral Health:</u> Stella Washines</p> <p><u>Tribal Self Governance Advisory Committee:</u> Ron Allen Roberta Bisbee, alternate</p> <p><u>IHS Facilities Appropriation Advisory Board (FAAB):</u> Pearl Capoeman-Baller Jim Roberts, alternate</p> <p><u>Director's Tribal Advisory Workgroup on Consultation:</u> Andy Joseph Steven Kunz, alternate</p> <p><u>Director's Workgroup on Improving CHS:</u> Andy Joseph Eric Metcalf, alternate</p> <p><u>Information Technology Tribal Shares Workgroup:</u> John Rowland, Benewah Wellness Center</p> <p><u>SAMHSA Tribal Advisory on Consultation Workgroup:</u></p>		
--	---	--	--

June 2011 Quarterly Board Meeting Summary of Minutes

	Deborah Parker Marilyn Scott, alternate		
Elders Committee	Report Attached		
Veterans Committee	No committee meeting		
Behavioral Health & Public Health Committee Combined	Report Attached		
MOTION Minutes	Motion by Dan Gleason, Chehalis Tribe; 2 nd by Cassandra Sellards-Reck, Cowlitz Tribe to approve the April 2012 minutes.	MOTION CARRIED	
RESOLUTION #12-04-03	Support for the Northwest Children's Immunization Improvement Project	Motion by Dan Gleason, Chehalis Tribe; 2 nd by Cassandra Sellards-Reck, Cowlitz Tribe to approve. MOTION CARRIED	
RESOLUTION #12-04-04	Support for a Supplemental Appropriation to Fund BIA & IHS CSC Requirements as a Result of Recent Supreme Court Decisions	Motion by Andy Joseph, Colville Tribe; 2 nd by Dan Gleason, Chehalis Tribe to approve as amended. MOTION CARRIED	
FUTURE BOARD MEETING SITES	January 2014 – Portland Area April 2014 – Suquamish/Port Gamble in Suquamish June 2014 – Klamath Tribe		

Elders Committee

Tuesday June 18, 2012
Great Wolf Lodge, Centralia, WA

Name and Title	Organization	Phone/FAX/E-mail
1 DAN GLEASON	CHEHALIS	360-273-5911
2 Frances de los Angeles	Snoqualmie	425 471 0241
3 Brenda Nielson	Quileute	360 374 4318 Brenda.nielson@tns.gy
4 Larry Jackson	Klamath	(541) 882-1487
5 L. Bonnie Sanchez	Squaxin Island	360 432 3941
6 Twila Teeman	Burns Paiute	
7 Andrew C. Joseph	Colville Tribes	509 638 4406
8 David P. Williams	Umatilla Tribe	541-278-0551 541-310-1654
9 Corrie Chasing	NPAIHB Staff	503-416-3256
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Behavioral Health Committee

Tuesday June 18, 2012
Great Wolf Lodge, Centralia, WA

Name and Title	Organization	Phone/FAX/E-mail
1 Michelle Sebe ^{SW} / Btr	IHS	michelle.sebe@ihs.gov
2 Stella Washines	Yakama Nation ^{Tribal} Council	509 944-0189C stella.w@yakama.com
3 Rebecca Crook	Nooksack Indian Tribe	
4 Marilyn M. Scott	Upper Skagit Indian Tribe	360 854-7039 marilyn.scott@upper-skagit.com
5 Colleen Bows	Shillagumish Tribe	360 854-7039 cbows@shillagumish.com
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Public Health and Behavioral Health Committee Meeting
June 19, 2012

In attendance:

Victoria Warren-Mears
Tom Weiser
Colleen Bowles, Stillaguamish
Kelle Little, Coquille Indian Tribe
Marilyn Scott, Upper Skagit Tribe
Tracey Roscon, Makah Tribe
Doug Wangen, Chehalis Indian Tribe
Rebecca Crocker, Nooksack (alternate delegate)
Michelle Sobel, Behavioral Health consultant
Laverne Lane Sauk Suiattle Tribe
Maria Gardipee, Tribal Liaison WA State Department of Health
Stella Washines, Yakama Nation
Jacqueline Left Hand Bull

Tom Weiser Immunization Policy Resolution- Funding for immunization, interviews and focus groups
Clinic staff for interviews and focus groups of community members. Rates are low in the NW, but we don't fully understand why there is vaccine hesitancy. Clinic staff attitudes and practices. Some clinics do not push immunizations. Potential e-mail survey of staff.

Resolution to request support of board proceeding to explore issues around immunization rate. Sharing of data with states

Stella motion approval, Marilyn second to approve. Motion carried. Public Health/Behavioral Health Committee recommend movement of the motion to the full board for approval.

Discussion: Several questions arose around immunizations for delegates: What are we not doing and why are we not doing it?

Energies are being rerouted to EHR and training. Staff training and new clinical operations procedures are taking place. Emphasis on outreach, may have diminished. CHR roles have changed to do other items. Loss of in home education.

What is each tribe's focus? Are other clinics operating in the same way?

Do CHR's and PHN still exist or do they work on other issues?

1:1000 CHR at Coquille, no tribal WIC program at the Tribe

WIC used to provide these services, lots of patient education and parenting things that coincided with WIC. Then to Head Start, multiple education points. Now waiting list for Head Start. Waiting lists for WIC due to lack of slots. MCH and CHR have had child safety seat programs in the past. Not uniformly present.

Accumulation of factors that contribute to decreased MCH.

Another perceived issue is risk of autism, related to immunization.

This is one of the important questions we would like to explore. Do vaccines cause autism or not? Hope to get a broad net of people who support and do not support vaccination.

Issue is RPMS, getting the data in. Took time with last GPRA results and RN spent time getting things into the computer. Needs constant upkeep to get data back in line. Data exchange seems to be working in Washington.

Question from Marilyn Scott: Is EHR data better? Do we know yet? Problem of dual entry into Child Profile and RPMS. With programs in Washington is data that is able to get with EHR better? We should

Legislative/Resolution Committee

Tuesday June 18, 2012
Great Wolf Lodge, Centralia, WA

Name and Title	Organization	Phone/FAX/E-mail
1 ED Foy	PO Summit	
2 Jim Zeltz/Harris	Shoalwater Bay	
3 CHRYL RASAR	SWINOMISH	
4 Shawn Stanphill	Cow Creek	
5 Leslie W. Brown	Squamish	
6 Joe Finkbeiner	NPAIHB	
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Elaine Dado

From: Elaine Dado
Sent: Wednesday, June 20, 2012 1:48 PM
To: 'Seyler, Dean M (IHS/POR)' (dean.seyler@ihs.gov); Joe Finkbonner
Subject: List of Tribal Leaders and Committees Discussed at Board Meeting

Dean

Would you forward to me the original document you had Victoria print for you today.

Here is the list of new tribal leaders for committees:

NEED TRIBAL LEADERS TO FILL THE FOLLOWING:

HP/DP POLICY ADVISORY COMMITTEE – Marilyn Scott
Cassandra Sellards-Reck

TRIBAL LEADERS DIABETES COMMITTEE – Cassandra Sellards-Reck
Sharon Stanphill

NATIONAL TRIBAL ADVISORY COMMITTEE ON BEHAVIORAL HEALTH – Stella Washines

TRIBAL SELF GOVERNANCE ADVISORY COMMITTEE – Ron Allen
Roberta Bisbee

HIS FACILITIES APPROPRIATION ADVISORY BOARD (FAAB) – Pearl Capoeman-Baller
Jim Roberts, alternate

DIRECTORS TRIBAL ADVISORY WORKGROUP ON CONSULTATION – Andy Joseph
Steve Kunz

DIRECTORS WORKGROUP ON IMPROVING CHS – Andy Joseph
Eric Metcalf

INFORMATION TECHNOLOGY TRIBAL SHARES WORKGROUP – John Rowland, Benewah Wellness Center

SAMHSA TRIBAL ADVISORY ON CONSULTATION WORKGROUP – Deborah Parker, Tulalip
Marilyn Scott

Area Tribal Consultation Committees, Boards, and Workgroups

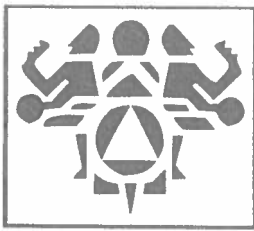
GROUP	MEMBERSHIP	CONTACT	MEETINGS	TRAVEL SUPPORT
Fund Distribution Workgroup (FDWG)	<p>9 members: 3 each from Title I, Title V, and Direct Service Tribes of Portland Area: Angela Mendez, Shoshone Bannock, angela.mendez@ihs.gov</p> <p>Janice Clements, Warm Springs, dtufti@wstribes.org</p> <p>Stella Washines, Yakama Nation, swashines@yakama.com</p> <p>Dan Gleason, Chehalis, dgleason@chehalistribe.org</p> <p>Marilyn Scott, Upper Skagit, marilyns@upperskagit.com</p> <p>Leroy Jackson, Klamath, ljackson@KLM.portland.ihs.gov</p> <p>Judy Muschamp, Siletz, judyM@ctsi.nsn.us</p> <p>Mark Johnston. Grand Ronde, Mark.Johnston@grandronde.org</p> <p>Barbara Finkbonner, Lummi Nation, barbaraf@lummi-nsn.gov</p>	Terry Dean (503) 414-5556	When called into session by Area Director	

National Tribal Consultation Committees, Boards, and Workgroups

GROUP	MEMBERSHIP	CONTACT	MEETINGS	Portland Area Reps	TRAVEL SUPPORT
Health Promotion/ Disease Prevention Policy Advisory Committee (HP/DP PAC)	<ul style="list-style-type: none"> Two members each from NCAI, NIH, TSGAC, NCUH Up to six regional tribal leaders Federal partners from the Operating Divisions and the Office of the Secretary 	Alberta Becenti (301) 443-4305	4 times per year		
Direct Service Tribes Advisory Committee (DSTAC)	18 members: 9 primary and 9 alternate from the direct service tribes in 9 Areas. Primary and alternate selected by the member's respective Area Director.	Roselyn Tso (301) 443-1104	4 times per year	Andy Joseph T Janice Clements T	

GROUP	MEMBERSHIP	CONTACT	MEETINGS	Portland Area Reps	TRAVEL SUPPORT
IHS Information systems Advisory Committee (ISAC)	<p>Ten permanent members from the following organizations:</p> <ul style="list-style-type: none"> • IHS CIO • NIH • TSGAC • NCUIH • NCCMO • NCEO • IHS National Clinical Councils • IHS OEHE • IHS Information Systems Coordinator Committee • DST (Note: Next Charter revision will officially add DST Rep) <p>8 members consisting of IHS staff, tribal leaders, and urban program managers serve staggered 2-year terms.</p>	Christy Tayrien (918) 336-4181	At least twice annually (in-person, by telephone, or video-conference)	David Battese F	

GROUP	MEMBERSHIP	CONTACT	MEETINGS	Portland Area Reps	TRAVEL SUPPORT
Information Technology Tribal Shares Workgroup	<p>1 tribal representative from ISAC and IHS. Additional IHS and/or Tribal staff may serve as technical advisors. Workgroup will consist of 21 additional members: 1 tribal representative selected for each IHS Area by the IHS Area Director in consultation with Area Tribes, IHS OIT Chief Information Officer, 1 representative from DSTAC, Office of Urban Indian Health Programs, IHS Agency Lead Negotiators, OTSG, OTP and 3 IHS ISAC.</p>	Theresa Cullen (301) 443-0750	Established 5/09; expected to dissolve by 12/09		



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
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

Resolution #12-04-03 "In Support for the Northwest Children's Immunization Improvement Project"

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

WHEREAS, the NPAIHB is a "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, childhood immunizations are one of the surest means to prevent illness in children and protect them from unnecessary infections; and

WHEREAS, the percent of AI/AN children in the Northwest who are fully immunized by age two has fallen to only 62%; and

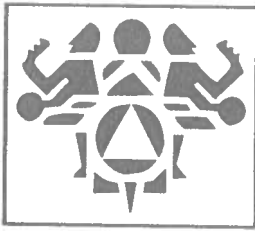
WHEREAS, in order to improve upon the current rate of childhood immunization it is necessary to understand the barriers to immunization from the perspective of patients and families; and

WHEREAS, it is also necessary to understand the attitudes and practices of healthcare providers with regards to immunizations; and

WHEREAS, the Portland Area IHS Director has made available funding to better understand the reasons why AI/AN childhood immunization rates have fallen and to develop strategies to address these issues.

THEREFORE BE IT RESOLVED, the NPAIHB does hereby supports the effort to address the crisis of under-immunization of AI/AN children in the Northwest through the Northwest Children's Immunization Improvement Project which will conduct interviews, focus groups and epidemiologic reviews to better understand and improve upon immunization practices affecting NW Tribes.

2121 SW Broadway Drive
Suite 300
Portland, OR 97201
(503) 228-4185
(503) 228-8182 FAX
www.NPAIHB.org



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinalt Tribe
Samish Indian Nation
Sauk-Sumattle 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

Resolution #12-04-04

**"Support for a Supplemental Appropriation to fund BIA and IHS
Contract Support Cost Requirements as a
Result of Recent Supreme Court Decisions"**

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, on March 1, 2005, the United States Supreme Court unanimously held the United States liable in money damages for failing to pay full Contract Support Cost (CSC) funds owed to Tribes under Indian Self-Determination and Education Assistance Act (ISDEAA, P.L. 93-638) contracts and compacts; and

WHEREAS, on June 18, 2012, the United States Supreme Court ruled in favor of the Pueblo of Zuni and all other Tribes and tribal organizations with contract support cost claims that the government is liable if it fails to pay full CSC funds, so long as the agency [Bureau of Indian Affairs (BIA) or Indian Health Service (IHS)] has enough funds to pay each contractor in full; and

WHEREAS, these landmark decisions will result in substantial recoveries from the Treasury Department's Judgment Fund; and

WHEREAS, the failure to request and adequately fund CSC need is not the fault of AI/AN patients, and those patients should not be adversely impacted by damage awards from the Treasury Department's Judgment Fund to honor CSC obligations under the Supreme Court's rulings.

2121 SW Broadway Drive
Suite 300
Portland, OR 97201
(503) 228-4185
(503) 228-8182 FAX
www.NPAIHB.org

CERTIFICATION

NO. 12-04-04

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 28 for, 0 against, 0 abstain on June 21, 2012.

Andrew C. Joseph Jr.
Chairman

6-21-12
Date

Brenda N. H. [Signature]
Secretary