

MEMORANDUM

DATE: May 12, 2017

TO: Northwest Portland Area Indian Health Board (NPAIHB) Delegates, Tribal Health Directors and Tribal Chairs

FROM: Joe Finkbonner, NPAIHB Executive Director, RPH, MHA

RE: Weekly NPAIHB "News and Information"

**To view a bulletin of interest, click on a title below*

NPAIHB Delegates, Tribal Health Directors, Tribal Chairs

- ✦ NPAIHB Funding Opportunities
- ✦ NIHB Letter to House on American Health Care Act (AHCA)
- ✦ IHS Dear Tribal Leader Letter - Providing an Update on Several Important Behavioral Health Initiatives
- ✦ NPAIHB WEAVE Community Forum is Live
- ✦ Lowry Family in Celebrating the life of Governor Mike Lowry
- ✦ 2017 THRIVE Registration
- ✦ ATNI Portland Youth Forum Flyer
 - ATNI Portland Youth Forum Workshop
- ✦ Northwest Tribal Cancer Coalition Flyer
 - Northwest Tribal Cancer Agenda

Idaho Delegates and Tribal Health Directors

- ✦ Tribal Notice for FQHC
- ✦ Tribal Notice of Aged and Disabled and Adult Developmental Disabilities Waiver Renewal
- ✦ Division of Public Health Updates and Opportunities
- ✦ National Alliance on Mental Illness (NAMI) flyer, May 20, 2017, Moscow, ID

Oregon Delegates and Tribal Health Directors

- ✦ DHS Director 5 Program Convening Draft Agenda
- ✦ SB 770 Health and Human Services Cluster Meeting Agenda
- ✦ Tribal Meeting on THW Program Agenda



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To: Idaho Delegates, Oregon Delegates, Washington Delegates, Tribal Chairs and Tribal Health Directors

Greetings! The NPAIHB - Funding Opportunity is provided on the basis that when there is pertinent announcements that we are made aware of, received and researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. Every Friday, new posts will be available (unless there is nothing **"New"** **Funding Opportunity Information (is provided in this color code)**).

If you have a specific targeted goal, or urgent community needs and find yourself not knowing where to start looking our assistance is available anytime, and we would be very excited to assist you. Also, at the end of this announcement there are several funding organizations that do not have deadlines and do accept proposals all year round. Thank you for your time, please do not hesitate to contact me:

Tara Fox, Grant Specialist
E-mail: tfox@npaihb.org
Office Phone: (503) 416-3274



OCRFA Accepting Applications for Woman to Woman Ovarian Cancer Program

DEADLINE: Interested organizations should submit an application, as outlined below, no later than 11:59pm EST on May 29, 2017. Applications should be sent to womantowoman@ocrfa.org. Applications (including budget and all supporting material) must be submitted as a single PDF document.

AMOUNT: Each grant recipient will receive a one-time grant of no more than \$25,000. The grant is intended to help provide salary support for the Program Coordinator, to cover miscellaneous program expenses, and to start the patient fund. It is expected that each Woman to Woman program will become self-funding and sustaining after the grant period has ended.

DESCRIPTION: Woman to Woman, a program of the Ovarian Cancer Research Fund Alliance, pairs gynecologic cancer patients with trained survivor volunteers who provide one-on-one emotional support and mentoring to women when they need it most. From the moment of diagnosis through the end of treatment, Woman to Woman survivor volunteers have helped hundreds of women and their families cope with gynecologic cancer.

Through the program, one-year grants of either \$50,000 (for a hospital-based program) or \$25,000 (for a community-based organization) will be awarded to institutions with a large volume of gynecologic cancer patients and a need to provide this type of support to patients. Grants are provided to cover the cost of a part-time program coordinator's salary (either a new hire or reassignment), program costs, and the patient fund (no indirect costs are allowed). It is expected that each Woman to Woman program will become self-funding after the first year.



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OCRFA will provide all program materials for patients, as well as technical assistance and support, for the life of the program (even after the end of the grant period). Programs also will have access to a dedicated section of the website (under construction) featuring tools to assist in the development and administration of new programs.

WEBSITE/LINK: <https://womantowoman.ocrfa.org/wp-content/uploads/2017-CBO-RFP.pdf>

Scaling the National Diabetes Prevention Program in Underserved Areas - Department of Health and Human Services, Centers for Disease Control - NCCDPHP

DEADLINE: Jun 12, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: \$1,500,000

DESCRIPTION: Approximately 86 million Americans, or 1 in 3 adults, have prediabetes. Prediabetes is a health condition characterized by blood glucose levels that are higher than normal but not high enough to be diagnosed as diabetes. People with prediabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke. Prediabetes is treatable, but only about 10 percent of people who have it are aware that they do. The CDC-led National Diabetes Prevention Program (National DPP) is a partnership of public and private organizations working collectively to build the program delivery infrastructure for an evidence-based lifestyle change program for adults with prediabetes to prevent or delay onset of type 2 diabetes. The lifestyle change program is founded on the science of the 2002 NIH Diabetes Prevention Program research study, and several translation studies that followed, which showed that making modest behavior changes helped participants with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% and 71% for people over 60 years old.

(<http://www.cdc.gov/diabetes/prevention/index.htm>)The CDC Diabetes Prevention Recognition Program (DPRP) is the quality assurance arm of the National DPP. The DPRP plays a critical role in assuring that organizations can effectively deliver the evidence-based lifestyle change program with quality and fidelity. To achieve CDC recognition, organizations must provide evidence they are following a CDC-approved curriculum and achieving meaningful results with patients based on established national standards (<http://www.cdc.gov/diabetes/prevention/recognition/about.htm>). There are over 1,200 CDC-recognized organizations across 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands delivering the evidence-based lifestyle change program in-person, virtually, or through a combination of virtual/in-person modalities to accommodate different learning styles and preferences. These organizations are listed on the DPRP website at (https://nccd.cdc.gov/DDT_DPRP/Programs.aspx).The National DPP works toward equal access to the lifestyle change program for all populations at risk. Currently, there are gaps in the national infrastructure related to reaching and serving particular priority populations. Medicare beneficiaries, people with disabilities, men, and racial/ethnic minorities are under-represented relative to their estimated numbers and disease burden. Many live in areas of the country with few or no programs. Where programs do exist, they often lack the expertise necessary to help these populations overcome barriers to successful completion of the program. This is an open competition funding opportunity announcement (FOA) that builds on successful strategies tested in previous FOAs to scale and sustain the National Diabetes Prevention Program (National



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DPP) for general populations. In this FOA, those strategies will be adapted for both general populations, Medicare beneficiaries and one or more priority populations in underserved areas. Through a five-year cooperative agreement, CDC will support national or regional organizations with multi-state networks to deliver a CDC-recognized lifestyle change program in underserved areas to adult populations with prediabetes or at high risk for type 2 diabetes. Applicants must identify affiliate delivery sites in at least three states and enroll at least 1000 priority population participants in the first year. Continued growth in sites and participants is expected in years 2-5. Applicants must demonstrate the organizational capacity and experience working with affiliate sites and other key partners to implement and deliver a CDC-recognized lifestyle change program or other evidence-based behavior change program, including documenting program outcomes. Applicants must have demonstrated specialized experience working with general populations, Medicare beneficiaries and one or more priority populations in underserved areas to deliver a CDC evidence based lifestyle change program or other behavioral change program. Priority populations include men, African-Americans, Asian Americans, Hispanics, American Indians, Alaska Natives, Pacific Islanders, and non-institutionalized people with visual impairments or physical disabilities. These populations are prioritized because they have been enrolled in lifestyle change program at lower rates despite relatively higher rates of type 2 diabetes. To the extent the general population as well as priority populations have access and are enrolling, a reduction in incidence, or new cases, of type 2 diabetes is anticipated. Previous enrollment of priority population participants does not by itself constitute specialized experience. If applicants do not substantially meet this criteria, they may enter into a formal collaboration with one or more organizations that have this experience. These collaborations must be formalized through a memorandum of understanding (MOU) or memorandum of agreement (MOA) that details the respective roles of the applicant and each of the collaborating partners in implementing the required strategies and activities and in meeting the outcomes and performance measures outlined in this FOA. Awardees must implement activities in all 5 strategies: 1) Increase the availability of CDC-recognized organizations in underserved areas; 2) Increase clinician screening, detection, and referral of adults with prediabetes or at high risk for type 2 diabetes to CDC-recognized organizations; 3) Increase awareness of prediabetes and enrollment in the lifestyle change program; 4) Increase retention rates for participants in the lifestyle change program; 5) Increase benefit coverage for participation in the lifestyle change program. By the end of the cooperative agreement, delivery infrastructure will be expanded, closing the enrollment gap so that more priority population participants with prediabetes successfully complete the CDC lifestyle change program, achieve 5-7% weight loss, and significantly reduce their risk for developing type 2 diabetes. The announcement is only for non-research activities supported by CDC; applications for research cannot be considered through this announcement.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=290159>

Agriculture and Food Research Initiative - Childhood Obesity Prevention Challenge Area

DEADLINE: Wednesday, June 28, 2017

AMOUNT: \$2,500,000



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DESCRIPTION: This AFRI Challenge Area focuses on the societal challenge to end obesity among children, the number one nutrition-related problem in U.S. Food is an integral part of the process that leads to obesity, and USDA has a unique responsibility for the food system in the United States. The long-term goal of this Challenge Area is to reduce the prevalence of obesity among children and adolescents ages 2–19 years or any subset of this age range. Applications to this Challenge Area will support multi-function Integrated Research, Education, and Extension Projects and Food and Agricultural Science Enhancement (FASE) Grants. See Childhood Obesity Prevention Challenge Area RFA for details.

WEBSITE/LINK:

[https://nifa.usda.gov/sites/default/files/rfa/FY%202017%20AFRI%20Childhood%20Obesity%20Prevention Final.pdf](https://nifa.usda.gov/sites/default/files/rfa/FY%202017%20AFRI%20Childhood%20Obesity%20Prevention%20Final.pdf)

Karma for Cara Foundation Invites Applications for Youth Microgrants

DEADLINE: JULY 1, 2017

AMOUNT: \$250 and \$1,000

DESCRIPTION: As part of our efforts to support youth volunteerism, we started a microgrant program in fall 2014. We are encouraging kids 18 and under to apply for funds between \$250 and \$1,000 to complete service projects in their communities. Whether it is turning a vacant lot into a community garden, rebuilding a school playground or helping senior citizens get their homes ready for winter, we want to hear what project you're passionate about.

WEBSITE/LINK: <http://karmaforcara.org/get-involved/apply-for-a-microgrant/>

Foundation for Physical Therapy Accepting Applications for Research Grants

DEADLINE: AUGUST 3, 2017

AMOUNT: To that end, grants of up to \$40,000 will be awarded to research projects designed to evaluate the effectiveness of physical therapist interventions within any discipline relevant to the field. Funds may be requested to meet any type of expense reasonably associated with the research project, including salaries and fringe benefits, purchase or rental of equipment, supplies, travel, publication costs, printing or postage, and special services such as computer time, photographic services, and secretarial or research assistant support.

DESCRIPTION: The mission of the Foundation for Physical Therapy is to fund and publicize physical therapy research that determines the scientific basis and value of services intended to optimize physical functioning by physical therapists, and to develop the next generation of researchers.

FPT supports only those intervention studies in which the interventions are provided by physical therapists, or selected components of the interventions are provided by physical therapist assistants under the direction and supervision of physical therapists.



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To be eligible, applicants must be an individual or a group of investigators applying through a U.S. sponsoring organization/institution with which they are affiliated. Groups must designate one member as the principal investigator responsible for directing the project. Other members of the group may be physical therapists, physical therapist assistants, or individuals from other disciplines that are relevant to the proposed study.

WEBSITE: <http://www.foundation4pt.org/wp-content/uploads/2014/10/FRG-Guidelines-4.11.17-Final.pdf>

AAFP Accepting Applications for Free Clinics Grant Program

DEADLINE: The application deadline is September 15 at 5:00 CST. Application materials must be requested from the AAFP Foundation. See the AAFP Foundation website for complete program guidelines, a fact sheet, and application instructions.

AMOUNT: Up to \$25,000

DESCRIPTION: The American Academy of Family Physicians Foundation advances the values of family medicine by promoting humanitarian, educational, and scientific initiatives that improve the health of all people. To that end, the academy is accepting applications to its Family Medicine Cares USA program.

Launched in 2011, the program is designed to help new and existing free clinics care for the uninsured in areas of need across the United States by providing grants of up to \$25,000 for the purchase of items such as exam tables, EHR systems, and medical equipment. Family Medicine Cares USA also gives AAFP members, residents, and students the opportunity to volunteer their time and talents.

As of 2016, the program had awarded a total of \$340,829 to thirteen new clinics and seventeen existing clinics.

To be eligible, applicants must be a new clinic nearing completion of the Volunteers in Medicine (VIM) clinic development process and have an AAFP member in a leadership role within the clinic. Primary consideration will be given to clinics with an AAFP member serving as medical director and to those that have family medicine residents and/or medical students involved as volunteers.

WEBSITE/LINK: <http://www.aafpfoundation.org/foundation/our-work/grants-awards/all/fmc-usa.html>

Uncovering the Causes, Contexts, and Consequences of Elder Mistreatment (R01) – DHHS, NIH

DEADLINE: Oct 20, 2017

AMOUNT: \$300,000

DESCRIPTION: The purpose of this Funding Opportunity Announcement is to solicit applications proposing research that can lead to advancements in the understanding of elder mistreatment (emotional abuse, physical abuse, and sexual abuse; financial exploitation; abandonment; and neglect) and lay the foundation for the future design of mechanistically focused interventions for individuals at risk for mistreating elders, for



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promoting recovery and resilience in the maltreated and their families, and for preventing re-perpetration for those who have inflicted harm. Applications are solicited from multidisciplinary teams which include researchers from the fields of elder mistreatment, child abuse and neglect, intimate partner violence, and/or emergency medicine to pursue research in two priority areas: (1) the development of new and innovative tools and methods for the screening and detection of elder mistreatment; and (2) the identification of modifiable risk factors for elder mistreatment and modifiable protective factors, with potential to prevent maltreatment and/or enable individuals who have been mistreated and those who have mistreated others to overcome adversity and thrive. All applications should propose evidence-based strategies for addressing ethical challenges surrounding informed consent and study design in the research proposed, and to employ, when possible, best practices established in the fields of child abuse and neglect and/or intimate partner violence.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/rfa-files/RFA-AG-18-010.html>

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Evidence-Based Falls Prevention Programs Financed Solely by 2017 Prevention and Health Funds (PPHF-2017) DHHS/Administration for Community Living

DEADLINE: May 13, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: \$600,000 x 3 years.

DESCRIPTION: The Administration on Aging (AoA) within the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) forecasts the possible availability of Fiscal Year (FY) 2017 funds to make three-year grants to approximately 6-8 entities to bring to scale and sustain evidence-based falls prevention programs that will reduce the number of falls, fear of falling, and fall-related injuries in older adults and adults with disabilities. Goal 1: Significantly increase the number of older adults and adults with disabilities at risk of falls who participate in evidence-based community programs to reduce falls and falls risks; and Goal 2: Implement innovative funding arrangements (e.g. contracts with integrated health care systems) to support community-based falls prevention programs beyond the grant period, while embedding the programs into an integrated, sustainable evidence-based prevention program network.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=290900>



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Food Protection Task Force (FPTF) and Integrated Food Safety System (IFSS) Project Grant Program (R18) - Department of Health and Human Services Food and Drug Administration

DEADLINE: May 16, 2017

AMOUNT: \$10,000 x 20

DESCRIPTION: This Funding Opportunity Announcement (FOA), issued by the Food and Drug Administration under the support for Research Demonstration and Dissemination Projects (R18), is to solicit applications from organizations that propose to develop, test, and evaluate food safety and food defense health service activities and to foster the application of existing knowledge for the control of categorical and food related diseases and illnesses. Grantees will also organize Food Protection Task Force meetings and support related research activities, foster communication, cooperation and collaboration within the States among federal, state, local, tribal and territorial food protection, public health, agriculture, and regulatory agencies.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=283029>

Resiliency in Communities After Stress and Trauma

DEADLINE: Wednesday, May 17, 2017

AMOUNT: Proposed budgets cannot exceed \$1,000,000 in total costs (direct and indirect) in any year of the proposed project.

DESCRIPTION: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2017 Resiliency in Communities After Stress and Trauma (Short Title: ReCAST Program) grants. The purpose of this program is to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. The goal of the ReCAST Program is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, reductions in trauma, and sustained community change.

For the purposes of this FOA, civil unrest is defined as demonstrations of mass protest and mobilization, community harm, and disruption through violence often connected with law enforcement issues. Communities that have experienced civil unrest share similar characteristics [1]:

Barriers to access and lack of social services, health care, legal and political representation, housing, employment, and education;

Current and historic strains in community and public sector relationships, e.g., law enforcement, school, health, and/or housing and community relationships; and

Racial/ethnic minority and marginalized populations with experiences of poverty and inequality.



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The ReCAST Program closely aligns with SAMHSA's Recovery Support and Trauma and Justice Strategic Initiatives. More information on these Initiatives is available at: <http://www.samhsa.gov/about-us/strategic-initiatives>. In addition, this program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. (See PART II: Appendix F – Addressing Behavioral Health Disparities.)

ReCAST Program grants are authorized under Section 520A of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

[1] U.S. Department of Justice. Investigation of the Ferguson Police Department (2015). http://www.justice.gov/sites/default/files/opa/press-releases/attachments/2015/03/04/ferguson_police_department_report.pdf

WEBSITE/LINK: <https://www.samhsa.gov/grants/grant-announcements/sm-17-009>

Wounded Warrior Service Dog Program - Department of Defense

DEADLINE: May 22, 2017

AMOUNT: SEE PACKAGE

DESCRIPTION: The Uniformed Services University of the Health Sciences (USU) is authorized by 10 USC 2113(g)(1)(A) to make grants to any nonprofit entity for the purpose of carrying out cooperative enterprises in medical research, medical consultation, and medical education. In FY15, USU received congressionally directed funding to establish the Wounded Warrior Service Dog Program, a competitive grants program that supports nonprofit organizations committed to connecting assistance dogs with service members and veterans. Ten (10) grants were issued to assistance dog nonprofit organizations in FY15. Twenty (20) grants were issued in FY16. USU intends to continue this program in FY17 (subject to availability of funding) by issuing multiple grant awards to assistance dog nonprofit organizations.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=292878>

SMART FY 17 Support for Adam Walsh Act Implementation Grant Program Department of Justice

DEADLINE: May 23, 2017

AMOUNT: \$400,000

DESCRIPTION: The Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) Support for Adam Walsh Act Implementation Grant Program assists jurisdictions with developing and/or enhancing programs designed to implement the Sex Offender Registration and Notification Act (SORNA). SORNA (42 U.S.C. § 16901, Title I) was enacted to protect the public by establishing a comprehensive national system of standards for the registration and notification of convicted sex offenders. The term jurisdiction is defined in the SORNA national guidelines as any State of the United



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States, the District of Columbia, the principal U.S. territories and federally-recognized Indian tribes to the extent provided by SORNA section 127. Statutory Authority: This solicitation will be funded by funds made available pursuant to the Adam Walsh Child Protection Act, 42 U.S.C. 16901 et seq.; Pub. L. No. 114-113, 129 Stat. 2242, 2307. Program-Specific Information The Support for Adam Walsh Act (AWA) Implementation Grant Program assists jurisdictions with developing and/or enhancing programs designed to implement requirements of SORNA. In summary, SORNA requires: (1) all States, the District of Columbia, the principal U.S. territories, and participating federally recognized Indian tribes to maintain a sex offender registry; and (2) sex offenders to register and maintain a current registration in each jurisdiction where the offender resides, is an employee, or is a student. SORNA also sets forth requirements for sex offender registries, to include specified information, duration of registration, and in-person verification of sex offender registration information, as well as participation in the National Sex Offender Public Website (NSOPW), and the utilization of the SORNA Exchange Portal. For more specific information about substantial implementation of SORNA and access to the National Guidelines and Supplemental Guidelines on Sex Offender Registration and Notification, please visit http://www.smart.gov/pdfs/final_sornaguidelines.pdf. For information and resources on SORNA, visit www.smart.gov. Goals, Objectives, and Deliverables The SMART Office is interested in proposals that facilitate, enhance and maintain jurisdictional implementation of SORNA. For State and Territorial jurisdictions that have not yet substantially implemented SORNA, applicants must have received a SORNA Substantial Implementation Report from the SMART Office, or submitted materials for review, and must explain how the proposed project will bring the jurisdiction closer to implementation based upon SMART's review. For tribal jurisdictions that have not yet substantially implemented SORNA, applicants must have received a SORNA Substantial Implementation Report, or submitted materials for review or requested and received a "reasonable time" extension from the SMART Office. If the jurisdiction has received a Substantial Implementation Report, the applicant must explain how the proposed project will bring the jurisdiction closer to implementation based on SMART's review. Discussion of a jurisdiction's planned activities should include information regarding the jurisdiction's SORNA implementation working group. The working group plan should include a list of the working group members, their responsibility regarding SORNA implementation, and an agenda for the group's work during the grant period, in addition to the timeline of the applicant's planned activities otherwise required by this solicitation. It is expected that successful grantees will complete semi-annual progress reports that include updates on their jurisdiction's working group meetings. This requirement does not apply to jurisdictions that have already been found to have substantially implemented SORNA. For those jurisdictions that have substantially implemented SORNA, the application must explain how the proposed project will either support continued implementation of SORNA or enhance their registration/notification programs. State and Territorial applicants should link their proposed activities with non-implemented factors as identified in their most recent SORNA Substantial Implementation Report. In developing and/or enhancing efforts or programs designed to implement or maintain SORNA standards, applicants may propose specific strategies and projects including, but not limited to, the following examples: Examples of strategies and projects to develop or enhance jurisdiction-wide SORNA implementation All applicants: • Developing proposed legislation and administrative materials (such as policies and procedures) that address SORNA's requirements, including legal support. • Providing support for coordinated interagency efforts to enhance implementation of SORNA requirements. • Developing or enhancing law enforcement and other criminal justice agency information sharing within the jurisdiction as well as between jurisdictions.



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- Implementing records management projects, such as converting paper documents to digital format as required by SORNA.
 - Developing and implementing training, including safety training, for law enforcement and other criminal justice agency personnel responsible for sex offender registration, notification, monitoring, and/or management.
 - Enhancing registration verification strategies, collaborating with other jurisdictions and agencies on absconder investigations, and expanding community education and prevention programs related to sex offender registration, notification, or management.
 - Enhancing infrastructure to assist implementation of SORNA, such as the collection, storage, submission or analysis of sex offender biometric data (finger and palm prints) and DNA. See budget information on page 6 including referenced footnote for more information.
- Tribal applicants:
- Tribes that have elected to carry out the requirements of SORNA are encouraged to apply for funding to support SORNA implementation activities that benefit a consortium of tribes that have elected to implement SORNA. Several tribes may choose to form a consortium to share resources (e.g., hardware, digital fingerprint equipment, kiosks; joint staff or shared registry office space; shared public registry website, etc.) or collaborate on enforcement activities or other facilities used for registration. An application to fund such a collaborative approach or project must include supporting documentation, such as an interagency agreement, a memorandum of understanding, or a letter of cooperation that demonstrates commitment from each member jurisdiction of the consortium.
 - Tribes that have been found to have substantially implemented SORNA may apply for funding to create, improve and/or sustain registration/notification activities, including but not limited to developing community education programs on sex offender topics (e.g., promoting an understanding of the tribe's sex offender registration, notification, treatment, and community supervision strategies; safety planning; and facts and statistics about sexual offending and offenders), or collaboration with intra-tribal organizations, including victim service agencies, courts, probation, schools and other entities. An application to fund such a collaborative approach or project must include supporting documentation from the included tribal organizations detailing how the collaboration will be effectuated. The application should also detail how such strategies will sustain and support the tribe's sex offender registration and notification program.
 - Tribes that have been found to have substantially implemented SORNA may apply for funding to develop or enhance their inter-jurisdictional cooperation, including but not limited to information-sharing infrastructure improvement.
- States with tribal jurisdictions within their borders:
- States may apply to support efforts of local or state units of government, or P.L. 280 tribes, to develop or enhance their sex offender registration and notification functions as they pertain to tribal nations that have been delegated to the state for the purpose of substantial implementation of SORNA.
 - State jurisdictions that include P.L. 280 tribes are encouraged to design projects that address SORNA implementation as it relates to these tribes.
 - State jurisdictions that have Tribal SORNA Jurisdictions within their borders may apply for funding to enhance their collaboration with SORNA tribes including but not limited to enhancing information sharing such as tribal access to NCIC/NSOR. An application to fund such a collaborative approach or project must include supporting documentation, such as an interagency agreement, a memorandum of understanding, or a letter of cooperation, which demonstrates the collaborative endeavor from each member SORNA jurisdiction involved in the collaboration.
- Additional Information Required
- State and territory applicants that are eligible to receive Byrne/JAG reallocation funding should describe how the proposed project complements the work that the jurisdiction plans to perform with that reallocation funding. Applicants shall ensure that the project involves activities that are separate from or complement the tasks being performed with the SORNA reallocation funding, so as to



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avoid receiving duplicate funds for the same activity. The Goals, Objectives and Deliverables are directly related to the performance measures set out in the table in Section D. Application and Submission Information, under "Program Narrative."

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppld=292701>

U.S. Tobacco Control Policies to Reduce Health Disparities (R21) - DHHS/NIH

DEADLINE: May 24, 2017. Letter of Intent Due Date(s) - 30 days prior to the application due date.

AMOUNT: \$200,000

DESCRIPTION: The purpose of this Funding Opportunity Announcement (FOA) is to support observational or intervention research focused on reducing health disparities in tobacco use in the United States. Specifically, this FOA is intended to stimulate scientific inquiry focused on innovative tobacco control policies including, but not limited to, those addressing health economics (e.g. tax and pricing policies, insurance coverage for tobacco dependence treatment). Applicants may propose projects in which the primary outcome of interest is on reducing tobacco use health disparities in vulnerable populations by utilizing tobacco prevention and control strategies. The long-term goal of this FOA is to reduce health disparities in health outcomes thereby reducing the excess disease burden of tobacco use within these groups. This FOA provides funding for up to 2-years for research planning, intervention delivery, dissemination and implementation. Applicants submitting proposals related to health economics are encouraged to consult NOT-OD-16-025 to ensure that proposals align with NIH mission priorities in health economics research.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PAR-17-218.html>

National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention (NCHHSTP) Public Health Conference Support - Department of Health and Human Services/Centers for Disease Control - NCHHSTP

DEADLINE: May 30, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: \$500,000

DESCRIPTION: The purpose of this conference support funding is to provide partial support for specific non-Federal conferences in the areas of health promotion, disease prevention information and education programs, and applied research. Conferences supported under this program announcement must be specific to one or more of the following focus areas: HIV/AIDS, viral hepatitis, STD, TB, or adolescent health. Further, measurable conference outcomes must be in alignment with one or more of the relevant performance goals or performance measures listed in the Outcomes sub-section that follows. The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) maximizes public health and safety nationally and internationally through elimination, prevention, and control of disease, disability, and early death caused by HIV/AIDS, non-HIV retroviruses, viral hepatitis, other STDs, and TB. Its three overarching goals are to: (1) decrease incidence of infection with HIV, viral hepatitis, STDs, and TB; (2)



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decrease morbidity and mortality from HIV, viral hepatitis, STDs, and TB; and (3) decrease health disparities across groups affected by HIV, viral hepatitis, STDs, and TB. Timely dissemination of the newest information derived from recent scientific studies on these diseases and CDC recommendations is imperative, but often it is challenging to reach this goal. Conferences play an important role in addressing this gap. Nongovernmental and governmental organizations often wish to hold conferences to provide up-to-date information regarding the aforementioned diseases, but are prohibited by budgetary constraints. Limited resources for disseminating the latest health information and fostering community collaboration and partnerships impedes efforts to effectively reach and impact at-risk populations and persons serving them, thereby reducing the effectiveness of prevention and treatment efforts. In an effort to ease this burden, the purpose of this program is to provide partial support for specific non-Federal conferences focusing on topics that support CDCs goals and recommendations related to HIV/AIDS, viral hepatitis, STDs, TB, and/or adolescent and school health.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=291559>

Future of Work – The Russell Sage Foundation

DEADLINE:

Letter of Inquiry Deadline - May 31, 2017 (11am PT)
Invited Proposal Deadline - August 15, 2017 (11am PT)
Funding Decision - November 2017

AMOUNT: Awards are available for research assistance, data acquisition, data analysis, and investigator time for conducting research and writing up results. Applications should limit budget requests to no more than a two-year period, with a maximum of \$150,000 (including overhead) per project. Presidential Awards, with a maximum budget of \$35,000 (no overhead allowed) are also available. Our website lists upcoming deadlines and provides detailed information about submitting letters of inquiry, proposals and budgets.

DESCRIPTION: The Russell Sage Foundation's program on the Future of Work supports innovative research on the causes and consequences of changes in the quality of jobs for less- and moderately-skilled workers and their families. We seek investigator-initiated research proposals that will broaden our understanding of the role of changes in employer practices, the nature of the labor market and public policies on the employment, earnings, and the quality of jobs of workers. We are especially interested in proposals that address important questions about the interplay of market and non-market forces in shaping the wellbeing of workers, today and in the future. Funding is available for secondary analysis of data or for original data collection. We are especially interested in novel uses of existing data, as well as analyses of new or under-utilized data. Proposals to conduct laboratory or field experiments, in-depth qualitative interviews, and ethnographies are also encouraged. Smaller projects might consist of exploratory fieldwork, a pilot study, or the analysis of existing data.

The Foundation encourages methodological variety and inter-disciplinary collaboration. All proposed projects must have well-developed conceptual frameworks and research designs. Analytical models must be specified and research questions and hypotheses (where applicable) must be clearly stated.



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A brief letter of inquiry (4 pages max. excluding references) must precede a full proposal to determine whether the proposed project is in line with the Foundation's program priorities and available funds. All applications must be submitted through the Foundation's online submission system. If you still have questions after reviewing the information on our website, please contact Aixa Cintrón-Vélez, Program Director, at programs@rsage.org.

WEBSITE/LINK:

<http://www.rwjf.org/en/library/funding-opportunities/2017/coordinate-efforts-to-enhance-hospitals-role-in-population-health.html>

Roslyn S. Jaffe Awards Issues 2017 Call for Nominations

DEADLINE: MAY 31, 2017

AMOUNT: Each year, the program chooses a single grand-prize winner to receive \$100,000 and two runners up to receive \$25,000 based on work they do that empowers women and children in the fields listed above. Now in its third year, the program has issued a call for anyone to nominate themselves or their peers (any eligible organization) for their chance to win the 2017 Jaffe Award.

DESCRIPTION: Sponsored by the Ascena Foundation, the Roslyn S. Jaffe Awards program provides financial awards to everyday heroes who are making the world a better place for women and children, with a focus in the areas of health, education, social reform, and esteem. Nominees must be a legal resident of the United States; at least 18 years old on the date of nomination; and the creator or founder of a social impact organization with 501(c)(3) tax-exempt status from the Internal Revenue Service. The nominee also must be the organization's principal decision maker in management and development matters. In addition, the organization must be independent and autonomous and must not be substantially supported by, or serve the purpose of promoting, religious or political organizations or beliefs.

WEBSITE/LINK: <http://www.jaffeawards.com/jaffe/home.aspx>

2017 JUNE

Marijuana, Prescription Opioid, or Prescription Benzodiazepine Drug Use Among Older Adults (R01) - Department of Health and Human Services/National Institutes of Health

DEADLINE: June, 5, 2017

AMOUNT: See announcement web link.

DESCRIPTION: Despite significant scientific advancements made in substance use disorder research over the last century, the causes and consequences of drug use in later life remain poorly understood. The intent of this funding opportunity announcement is to support innovative research that examines aspects of marijuana and prescription opioid and benzodiazepine use in adults aged 50 and older. This FOA encourages research that examines the determinants of these types of drug use and/or characterizes the resulting neurobiological alterations, associated behaviors, and public health consequences. This



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initiative will focus on two distinct populations of older adults: individuals with earlier onset of drug use who are now entering this stage of adult development or individuals who initiate drug use after the age of 50. Applications are encouraged to utilize broad methodologies ranging from basic science, clinical, and epidemiological approaches. The insights gleaned from this initiative are critical to our understanding of the determinants of drug use in later life, as well as its consequences in the aging brain and on behavior. This knowledge may have the potential to identify risk factors and to guide clinical practices in older populations.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PA-17-196.html>

**Hearing Health Care for Adults: Improving Access and Affordability (R01)-
Department of Health and Human Services/National Institutes of Health**

DEADLINE: June 5, 2017

AMOUNT:

DESCRIPTION: This FOA encourages on hearing loss and hearing health care in adults in support of improving access and affordability. Further research is needed to strengthen the evidence base with a goal of delivering better hearing health care outcomes in adults. These goals are highlighted in the NIDCD Strategic Research Plan:

<https://www.nidcd.nih.gov/about/strategic-plan/2012-2016/2012-2016-nidcd-strategic-plan> This FOA encourages applications addressing the research recommendations in the 2009 NIDCD research workshop on AAHHC and the 2016 NASEM report "Hearing Health Care for Adults: Priorities for Improving Access and Affordability".

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PA-17-202.html>

**Innovations in Mechanisms and Interventions to Address Mental Health in HIV
Prevention and Care Continuum (R01) Department of Health and Human Services
National Institutes of Health**

DEADLINE: June 5

AMOUNT: See application.

DESCRIPTION: This Funding Opportunity Announcement (FOA) encourages applications focused on 1) advancing understanding of mechanisms by which mental health affects HIV prevention and treatment in order to identify modifiable intervention targets; and 2) developing and testing expanded interventions to improve both mental health and HIV outcomes along the entire HIV care continuum (from HIV testing to viral suppression). PA-17-136 uses the R01 grant mechanism while PA-17-137 uses the R21 mechanism. High risk/high payoff projects that lack preliminary data or utilize existing data may be most appropriate for the R21 mechanism, while applicants with preliminary data and/or include longitudinal analysis may wish to apply using the R01 mechanism.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=291442>

**Women & Sex/Gender Differences in Drug and Alcohol Abuse/Dependence (R01)-
Department of Health and Human Services/National Institutes of Health**



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



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DEADLINE: June, 5, 2017

AMOUNT: See announcement

DESCRIPTION: The purpose of this Funding Opportunity Announcement (FOA) is to advance research on male-females differences in drug and alcohol abuse and addiction and on factors specific to women. Both human and animal model studies are sought.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PA-14-038.html>

Data to Care Rx: Using Real-time Prescription Claims Data to Support the HIV Care Continuum - Department of Health and Human Services/Centers for Disease Control - NCHHSTP

DEADLINE: Jun 05, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$875,000

DESCRIPTION: There are approximately 1.2 million people living with HIV in the United States among whom only 40% are engaged in HIV medical care and 30% have reached viral suppression. The substantial proportion of persons who are not engaged in care has important individual and public health implications because over 90% of new HIV infections are transmitted from persons with HIV who are not fully retained in medical care. Re-engaging out-of-care persons with HIV back into care, confers important individual-level health benefits and population-level prevention benefits. Use of HIV surveillance data to identify out-of-care persons, is one strategy for identifying and re-engaging out-of-care persons in care. Using surveillance data (i.e., CD4 and HIV viral load test results reported to the health department) to identify out-of-care persons and to re-engage these persons in care is called Data to Care or D2C. In the current D2C model, there is a delay in the identification of out-of-care persons due to the time interval between recommended monitoring tests (i.e., every 3-6 months) and the subsequent reporting of these tests to surveillance. Thus, the current D2C model identifies a failure to retain in care rather than identify persons at risk for dropping out of care and the model cannot intervene in the time between a gap in care and identification of being out of care. More real-time data is required to identify persons at risk of dropping out of care and to intervene prior to a gap in care or loss to care. Pharmacy prescription refill (claims) data are a source to identify HIV-infected persons, who have stopped filling antiretroviral (ARV) medications, and who are at risk for becoming out of care. Patients may elect to fill prescriptions at one of potentially many pharmacies that accept their insurance plan. Within one pharmacy network, prescriptions can be tracked across partnered pharmacies (e.g. chain drug stores). However, if a patient switches pharmacies (to another chain or independent pharmacy) the prior refill history remains with the first pharmacy. Pharmacy claims are adjudicated for an insurance company by a third-party claims processor or a pharmacy-benefit management (PBM) company. All pharmacy claims that are billed to an insurance company, for an individual patient, can be tracked through the PBM, regardless of where a patient filled the prescription. PBMs manage pharmacy benefits for ~85% of all people with prescription benefits. Because most ARVs are prescribed as a 30-day supply of medication, data from PBMs, can be used to identify persons who are not filling their medications on a monthly basis. Tracking ARV refill data can, therefore, be a more real-time indicator of poor adherence and can act as a harbinger of potential poor retention in



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care. Given that ~30% of persons on ARV are non-adherent, using real time pharmacy data to identify persons who fail to fill ARV prescriptions and to intervene could have a significant impact on adherence and potentially on retention in care. The purpose of the cooperative-agreement is to develop and implement a model using real-time pharmacy data to identify persons who fail to pick up prescribed ARVs, and who are at risk for poor retention in care, and to use this information for targeted adherence and retention interventions and to re-engage persons in care. The grantee, along with the Project Team, will develop and implement a 1st line intervention for persons who fail to pick up prescribed ARVs within 30 days, a 2nd line adherence /retention intervention to be conducted at the prescribing clinic or filling pharmacy for persons who fail to pick up prescribed ARVs within 60 days and a 3rd line intervention for the health department to locate persons who fail to pick up prescribed ARVS within 90 days and to re-link these individuals to the clinic or to the pharmacy. The expected outcomes of the model program are increased retention in HIV care, re-linkage to care, adherence to ARV therapy and viral load suppression. Specific activities, of the cooperative agreement, are broadly categorized into three areas: (1) develop a model to use pharmacy claims data to identify persons who fail to pick up prescribed ARVs and to target these individuals for progressive adherence interventions (2) implement the model (3) evaluate project outcomes and disseminate results.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=293025>

Regional Partnership Grants to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse in American Indian/Alaska Native Communities \Department of Health and Human Services Administration for Children and Families - ACYF/CB

DEADLINE: Jun 06, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: \$600,000 X 6 awards

DESCRIPTION: The purpose of this forecasted funding opportunity announcement (FOA) is to provide competitive grant funds for projects of up to 5 years, authorized by the Child and Family Services Improvement and Innovation Act (Pub. L. 112-34). This Act includes a targeted grants program (section 437(f)) that directs the Secretary of Health and Human Services to reserve funds for regional partnership grants (RPGs) to improve the well-being of children affected by substance abuse. These targeted grants will be awarded to regional partnerships that provide, through interagency collaboration and integration of programs and services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in out-of-home placements or are at risk of entering out-of-home placements as a result of a parent's or caretaker's substance abuse. Native communities face service delivery issues that are complicated by several barriers such as, lack of early intervention for American Indian/Alaska Native (AI/AN) communities, distances to services, and lack of access to programs and services. The goal of the program, services, and activities supported by these funds is to improve the well-being of children and families affected by parental substance abuse in AI/AN communities. Per the legislative requirements, RPGs are required to select and report on performance indicators and evaluation measures to increase the knowledge



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that can be gained from the program. Partnerships will: Use specific, well-defined, and evidence-based programs and/or promising practices that are also trauma-informed and targeted to the identified population; Conduct an evaluation that is sufficiently rigorous to contribute to the evidence base on service delivery, outcomes and costs associated with the project's chosen interventions; Participate in the national cross-site evaluation, which includes an implementation and partnership study, an outcomes study, and an impact study. PLEASE SEE ALSO FORECAST FOR REGIONAL PARTNERSHIP GRANTS TO INCREASE THE WELL-BEING OF, AND TO IMPROVE THE PERMANENCY OUTCOMES FOR, CHILDREN AFFECTED BY SUBSTANCE ABUSE.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=288214>

Public Policy Effects on Alcohol-, Marijuana-, and Other Substance-Related Behaviors and Outcomes (R03) Department of Health and Human Services National Institutes of Health

DEADLINE: June 16

AMOUNT: See application.

DESCRIPTION: This Funding Opportunity Announcement (FOA) encourages applications to conduct research on the effects of public policies on health-related behaviors and outcomes associated with alcohol, marijuana, and other substances. The purpose of the FOA is to advance understanding of how public policy may serve as a tool for improving public health and welfare through its effects on behaviors and outcomes pertaining to alcohol and other drugs. This FOA is intended to support innovative research to examine policy effects that have the potential to lead to meaningful changes in public health. Research projects that may be supported by this FOA include, but are not necessarily limited to: causal analyses of the effects of one or multiple public policies; evaluations of the effectiveness of specific public policies as tools for improving public health through their effects on alcohol-, marijuana-, and other substance-related behaviors and outcomes; and research to advance methods and measurement used in studying relationships between public policies and alcohol-, marijuana-, and other substance-related behaviors and outcomes. The R03 Small Research Grant Program supports discrete, well-defined projects that realistically can be completed in two years and that require limited levels of funding. This program supports different types of projects including (but not limited to) pilot or feasibility studies; secondary analysis of existing data; small, self-contained research projects; and development of research methodology.

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=291415>



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2017 JULY

Hospice and Palliative Nurses Foundation

DEADLINE: July 1, 2017

AMOUNT: A single grant of up to \$15,000 will be awarded.

DESCRIPTION: The Hospice and Palliative Nurses Foundation, the charitable arm of the Hospice and Palliative Nurses Association, is accepting applications for its Certification Research Grant program.

The HPNF Certification Research Grant is intended to provide investigators with resources to conduct exploratory, pilot, or feasibility studies that will lead to larger scale projects linking certification with patient outcomes. Examples include collecting preliminary data about the distribution of certification qualifications among staff of different types of organizations or examining datasets from healthcare systems for patterns of staffing and outcomes. To be eligible, the principal investigator must be actively involved in some aspect of hospice and palliative care practice, education, or research; hold a master's or doctoral degree or be enrolled in a doctoral program; and have a project that is consistent with the purpose of the research grant. Preference will be given to HPNA members.

For complete program guidelines and application instructions, see the HPNF website.

WEBSITE/LINK: <http://hpnf.advancingexpertcare.org/research/research-grant-opportunities/>

National Lupus Outreach and Clinical Trial Education Program (Lupus Program)

DEADLINE: July 1, 2017

AMOUNT: \$250,000-\$325,000 for Priority A; \$450,000-\$550,000 for Priority B

DESCRIPTION: The Office of Minority Health (OMH) at the United States Department of Health and Human Services announces the availability of Fiscal Year 2017 grant funds for the National Lupus Outreach and Clinical Trial Education Program (Lupus Program). The Lupus Program seeks to reduce lupus related health disparities among racial and ethnic minority populations disproportionately affected by this disease by: (1) implementing a national health education program on lupus (Priority A); and (2) developing, piloting and assessing clinical trial education interventions for health care providers and paraprofessionals focusing on improving recruitment and retention rates in clinical trials for racial and ethnic minority populations affected by lupus (Priority B).

WEBSITE/LINK: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=289374>

Global Infectious Disease Research Training Program (D43)

DEADLINE: Letter of Intent Due Date(s) -30 days prior to the application due date. July, 27, 2017



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AMOUNT: Applications budgets are limited to \$230,000 per year for new awards and \$276,000 per year for renewal awards (total direct costs). The maximum project period is up to 5 years.

DESCRIPTION: This Funding Opportunity Announcement (FOA) encourages applications for the Global Infectious Disease Research Training program from U.S. and LMIC research institutions. The application should propose a collaborative research training program that will strengthen the capacity of a LMIC institution to conduct infectious disease research that focuses on 1) major endemic or life-threatening emerging infectious diseases 2) neglected tropical diseases 3) infections that frequently occur as co-infections in HIV infected individuals or 4) infections associated with non-communicable disease conditions of public health importance in LMICs. FIC will support innovative research training programs that are designed to build sustainable infectious disease research capacity at an institution in an endemic LMIC. Sustainable infectious disease research capacity is known to require a critical mass of scientists and health research professionals with in-depth scientific expertise and complementary leadership skills that enable the institution to conduct independent, internationally-recognized infectious disease research relevant to the health priorities of their country.

WEBSITE/LINK: <http://grants.nih.gov/grants/guide/pa-files/PAR-17-057.html>

AUGUST 2017

**Centers for AIDS Research (P30) - Department of Health and Human Services
National Institutes of Health**

DEADLINE: August 1, 2017

AMOUNT: \$3,000,000

DESCRIPTION: The purpose of this Funding Opportunity Announcement (FOA) is to invite applications for the Centers for AIDS Research (CFAR) program to provide administrative and shared research support to enhance HIV/AIDS research. CFARs provide core facilities, expertise, resources, and services not readily obtained otherwise through more traditional funding mechanisms. The program emphasizes interdisciplinary collaboration across all areas of HIV/AIDS research.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PAR-17-237.html>

Russell Sage Foundation Seeks Letters of Inquiry for Social Inequality Research

DEADLINE: AUGUST 21, 2017 (LETTERS OF INQUIRY)

AMOUNT: Two-year grants of up to \$150,000 will be awarded to qualified organizations.

DESCRIPTION: One of the oldest foundations in America, the Russell Sage Foundation was established by Mrs. Margaret Olivia Sage in 1907 for "the improvement of social and living conditions in the United States." In pursuit of its mission, the foundation now dedicates itself to strengthening the methods, data, knowledge, and theoretical core of the social sciences as a means of diagnosing social problems and improving social policies.



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The foundation's program on Social Inequality supports research on the social, economic, political, and labor market consequences of rising economic inequality in the United States. The program seeks Letters of Inquiry for investigator-initiated research projects that broaden current understanding of the causes and consequences of rising economic inequality. Priority will be given to projects that use innovative data or methodologies to address important questions about inequality.

Examples of the kinds of topics that are of interest include but are not limited to economic well-being, equality of opportunity, and intergenerational mobility; the political process and resulting policies; psychological and/or cultural change; education; labor markets; child development and child outcomes; neighborhoods and communities; families, family structure, and family formation; and other forms of inequality.

WEBSITE/LINK: <http://www.russellsage.org/research/funding/social-inequality>

SEPTEMBER 2017

Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President – DHHS/Administration for Community Living

DEADLINE: Sep 15, 2017 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: \$40,000

DESCRIPTION: Grants awarded under this announcement are to provide disaster reimbursement and assistance funds to those State Units on Aging (SUAs) and federally recognized Tribal Organizations who are currently receiving a grant under Title VI of the Older Americans Act (OAA), as amended. These funds only become available when the President declares a National Disaster and may only be used in those areas designated in the Disaster Declaration issued by the President of the United States. Eligible SUAs and Title VI grantees should discuss all disaster applications with ACL/AoA Regional staff before submitting a formal application. The amount of funds requested should be discussed with Regional staff before the application is completed. Providing a draft of the narrative justification for the application will help expedite the processing of an award. Applicants should talk with the State and local Emergency Managers to determine what funds may be available through other resources before applying for OAA funding. State Units on Aging (SUAs) and federally recognized Tribal Organizations currently receiving a grant under Title VI of the Older Americans Act must submit proposals electronically via <http://www.grants.gov>. At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=289875>



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~~NO DEADLINE – GRANT RESOURCE INFORMATION~~

Evidence for Action: Investigator-Initiated Research to Build a Culture of Health

DEADLINE:

Informational Web Conferences:

Lessons Learned from a Year of Evidence for Action Grant Reviews

February 18, 2016 from 1:30-2:30 p.m. ET (10:30-11:30 a.m. PT)

Registration is required.

Archived Web Conferences

Informational Web Conferences were scheduled for June 3, 2015 and July 22, 2015
Recordings for both events are now available.

June 3, 2015 web conference recording available here.

July 22, 2015 web conference recording available here.

Timing: **Since applications are accepted on a rolling basis**, there is no deadline for submission. Generally, applicants can expect to be notified within 6-8 weeks of their LOI submission. Applicants invited to the full proposal stage will have 2 months to submit their proposal once they receive notification. Full proposal funding decisions will generally be made within 6-8 weeks of the submission deadline.

AMOUNT: Approximately \$2.2 million will be awarded annually. We expect to fund between five and 12 grants each year for periods of up to 30 months. We anticipate that this funding opportunity will remain open for at least a period of three years; however, decisions about modifications to the program and the duration of the program will be made by RWJF at its sole discretion.

DESCRIPTION: Evidence for Action: Investigator-Initiated Research to Build a Culture of Health is a national program of RWJF that supports the Foundation's commitment to building a Culture of Health in the United States. The program aims to provide individuals, organizations, communities, policymakers, and researchers with the empirical evidence needed to address the key determinants of health encompassed in the Culture of Health Action Framework. In addition, Evidence for Action will also support efforts to assess outcomes and set priorities for action. It will do this by encouraging and supporting creative, rigorous research on the impact of innovative programs, policies and partnerships on health and well-being, and on novel approaches to measuring health determinants and outcomes.

WEBSITE: http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3u0aFeLLcJROtLce2ecBeg&et_cid=469879



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Changes in Health Care Financing and Organization: Small Grants

DEADLINE: Grants are awarded on a rolling basis; proposals may be submitted at any time.

AMOUNT: This solicitation is for small grants of \$100,000 or less.

DESCRIPTION: Changes in Health Care Financing and Organization (HCFO) supports research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include:

examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and

exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.

Eligibility and Selection Criteria

Researchers, as well as practitioners and public and private policy-makers working with researchers, are eligible to submit proposals through their organizations. Projects may be initiated from within many disciplines, including health services research, economics, sociology, political science, public policy, public health, public administration, law and business administration. RWJF encourages proposals from organizations on behalf of researchers who are just beginning their careers, who can serve either individually as principal investigators or as part of a project team comprising researchers or other collaborators with more experience. Only organizations and government entities are eligible to receive funding under this program.

Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

Complete selection criteria can be found in the Call for Proposals.

WEBSITE: <http://www.rwjf.org/en/grants/funding-opportunities/2011/changes-in-health-care-financing-and-organization--small-grants.html>

The National Children's Alliance

Deadline: <http://www.nationalchildrensalliance.org/>

Amount: See website

Description: The National Children's Alliance has a Request for proposals to help support the development of CACs and Multidisciplinary Teams. NACA encourages all tribal communities to apply. They can offer FREE technical support to help you with your application.



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➤ **Common Wealth Fund**

The Commonwealth Fund encourages and accepts unsolicited requests on an ongoing basis. The Fund strongly prefers grant applicants to submit letters of inquiry using the online application form. Applicants who choose to submit letters of inquiry by regular mail or fax should provide the information outlined in a two- to three-page document.

They fund:

- **Delivery System Innovation and Improvement**
- **Health Reform Policy**

➤ **Health System Performance Assessment and Tracking**

<http://www.commonwealthfund.org/Grants-and-Programs/Letter-of-Inquiry.aspx>

➤ **Kaboom! Invites Grant Applications to Open Previously Unavailable Playgrounds**

Deadline: KaBOOM! is inviting grant applications from communities anywhere in the United States working to establish joint use agreements to re-open playground and recreational facilities previously unavailable due to safety and upkeep concerns. (No specific deadline.)

Amount: Let's Play Land Use grants of \$15,000 and \$30,000 will support creation of joint-use agreements between local governments and school districts that address cost concerns related to safety, vandalism, maintenance, and liability issues to re-open previously unavailable playgrounds and recreational facilities.

The \$15,000 grants will support the opening of at least four playgrounds in cities with populations of less than 100,000 people. The \$30,000 grants will support the opening of at least eight playgrounds in larger communities.

Description: Grants can be used for training and technical assistance, utilities and other building related to the extra use of the facility, legal fees, contract security

services, and marketing campaigns related to the joint-use agreement. Grant recipients must commit to opening the playgrounds within twelve months of the grant decision.

Complete grant application guidelines are available on the KaBOOM! website:

http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl



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➤ **Meyer Memorial Trust**

Deadline: Monthly (Except January, April and August)

Amount: Range generally from \$40,001 to \$300,000 with grant periods from one to two (and occasionally three) years.

Description: Responsive Grants are awarded for a wide array of activities in the areas of human services, health, affordable housing, community development, conservation and environment, public affairs, arts and culture and education. There are two stages of consideration before Responsive Grants are awarded. Initial Inquires are accepted at any time through MMT's online grants application. Applicants that pass initial approval are invited to submit full proposals. The full two-step proposal investigation usually takes five to seven months. <http://www.mmt.org/program/responsive-grants>

➤ **Kellogg Foundation Invites Applications for Programs that Engage Youth and Communities in Learning Opportunities**

Deadline: No Deadline

Amount: No Amount Specified

Description: The W.K. Kellogg Foundation is accepting applications from nonprofit organizations working to promote new ideas about how to engage children and youth in learning and ways to bring together community-based systems that promote learning. The foundation will consider grants in four priority areas: Educated Kids; Healthy Kids; Secure Families; and Civic Engagement.

Educated Kids: To ensure that all children get the development and education they need as a basis for independence and success, the foundation seeks opportunities to invest in early child development (ages zero to eight) leading to reading proficiency by third grade, graduation from high school, and pathways to meaningful employment.

Healthy Kids: The foundation supports programs that work to ensure that all children grow and reach optimal well-being by having access to fresh, healthy food, physical activity, quality health care, and strong family supports.

Secure Families: The foundation supports programs that build economic security for vulnerable children and their families through sustained income and asset accumulation.

Civic Engagement: The foundation partners with organizations committed to inclusion, impact, and innovation in solving public problems and meeting the needs of children and families who are most vulnerable.

See the Kellogg Foundation Web site for eligibility and application guidelines.

http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfRk.dpuf



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• **W.K. Kellogg Foundation**

Deadline: The Kellogg Foundation does not have any submission deadlines. Grant applications are accepted throughout the year and are reviewed at their headquarters in Battle Creek, Michigan, or in our regional office in Mexico (for submissions focused within their region).

Amount: NO LIMIT (Please read restrictions/What they won't fund.)

Description: What to Expect Once they receive your completed online application, an automated response, which includes your WKKF reference number, will be sent to you acknowledging its receipt. Their goal is to review your application and email their initial response to you within 45 days. Your grant may be declined or it may be selected for further development.

As part of review process you may be asked to submit your organization's financial reports and/or IRS Form 990. While this information may be required, it is not intended to be the overall determining factor for any funding. You will not be asked to provide any financial reports or detailed budget information during this initial submission. They will only request this information later if needed as part of the proposal development.

If you would like to speak with someone personally, please contact the Central Proposal Processing department at (269) 969-2329. <http://www.wkkf.org/>

✚ **AHRO Research and Other Activities Relevant to American Indians and Alaska Natives**

<http://www.ahrq.gov/research/findings/factsheets/minority/amindbrf/index.html>

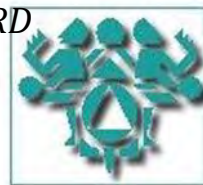
Community Grant Program- WALMART

DEADLINE: The 2016 grant cycle begins Feb. 1, 2016 and the application deadline to apply is Dec. 31, 2016. **Application may be submitted at any time during this funding cycle. Please note that applications will only remain pending in our system for 90 days.**

AMOUNT: Awarded grants range from \$250 to \$2,500.

DESCRIPTION: Through the Community Grant Program, our associates are proud to support the needs of their communities by providing grants to local organizations.

WEBSITE: <http://giving.walmart.com/apply-for-grants/local-giving>



Friday, MAY 12, 2017

SCHOLARSHIP:

The Meyerhoff Adaptation Project -

The Meyerhoff Scholars Program is open to all high-achieving high school seniors who have an interest in pursuing doctoral study in the sciences or engineering, and who are interested in the advancement of minorities in the sciences and related fields. Students must be nominated for the program and are most typically nominated by their high school administrators, guidance counselors, and teachers. Awards range from \$5,000 – \$22,000 per year for four years.

The Meyerhoff Selection Committee considers students academic performance, standardized test scores, recommendation letters, and commitment to community service. Scholars are selected for their interests in the sciences, engineering, mathematics, or computer science, as well as their plans to pursue a Ph.D. or combined M.D./Ph.D. in the sciences or engineering. Reviewing the freshman class profile may provide an idea of the kinds of students who are admitted to UMBC and the Meyerhoff Scholars Program.

Applicants are expected to have completed a strong college preparatory program of study from an accredited high school. The minimum program of study should include:

English: four years

Social Science/History: three years

Mathematics*: three years

Science: three years

Language other than English: two years

*Students are strongly recommended to have completed four years of mathematics, including trigonometry, pre-calculus, and/or calculus.

Eligibility Criteria

To be considered for the Meyerhoff Scholars Program, prospective students must have at least a “B” average in high school science or math courses, and many applicants have completed a year or more of calculus. Preference is given to those who have taken advanced placement courses in math and science, have research experience, and have strong references from science or math instructors. In recent years, a strong preference has been given to those students interested in the Ph.D. or M.D./Ph.D. (over the M.D.).

Students must meet all eligibility requirements:

Minimum of 600 on the Math component of the SAT

Cumulative High School GPA of a 3.0 or above

Aspire to obtain a Ph.D. or M.D./Ph.D. in Math, Science, Computer Science, or Engineering

Display commitment to community service



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Must be a citizen or permanent resident of the United States

WEBSITE:

<http://meyerhoff.umbc.edu/how-to-apply/benefits-and-eligibility/>

~ONLY FOR WASHINGTON STATE UNIVERSITY~

First Scholars – The Suder Foundation

DEADLINE:

AMOUNT: The goal of the First Scholars program is to help first-generation college students succeed in school, graduate, and have a life complete with self-awareness, success and significance. Scholars receive personalized support, including a four-year renewable scholarship of \$5,000. The program is open to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree.

DESCRIPTION: The First Scholars™ Program is available to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree. Participation in First Scholars™ includes a four-year renewable scholarship, half disbursed in the fall semester and half disbursed in the spring semester. Students can receive the award depending on eligibility requirements for a total of 4 years if program requirements are met.

This scholarship is open to Washington residents who enroll at Washington State University - Pullman full-time during the 2016-2017 academic year. The program requires that the recipients live on campus in a specified residence hall for the 2016-2017 academic year, and outside of the family home the following three academic years in order to renew the scholarship.

First-generation students represent a cross-section of America and college campus demographics. First Scholars come from diverse cultural, socioeconomic, geographic and family backgrounds and experiences. First-gen students are found in all departments and colleges of virtually every major public university across the country. Our affiliate universities have an average 30-50% first-gen enrollment and the number keeps rising. However, the average national graduation rate for first-generation students is only 34%, compared with 55% for the general student population.

WEBSITE: <http://firstscholars.wsu.edu/>

Education Award Applications –The American College of Psychiatrists

DEADLINE: June 30

AMOUNT: (SEE WEBSITE)

DESCRIPTION: The Award for Creativity in Psychiatric Education is open to any creative/innovative program for psychiatric education that has been in operation for at least two years, and has been a part of a U.S. or Canadian approved psychiatric residency training program. Trainees may include: medical students, residents, other physicians, allied mental health professionals, or members of the community. The Committee selects



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an awardee in the fall; all applicants are notified of the Committee's decision by November 15.

WEBSITE: <http://www.acpsych.org/awards/education-award-applications-deadline-december-1>

VETERANS

VFW Accepting Applications From Veterans for Emergency Financial Assistance

DEADLINE: Open

AMOUNT: Grants of up to \$5,000 will be awarded to active and discharged military service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity or natural disaster....

DESCRIPTION: As the nation's largest organization of combat veterans, we understand the challenges veterans, service members and military families can face and believe that experiencing financial difficulties should not be one of them. That's the premise behind the VFW's Unmet Needs program.

Unmet Needs is there to help America's service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity. The program provides financial aid of up to \$5,000 to assist with basic life needs in the form of a grant -not a loan- so no repayment is required. To further ease the burden, we pay the creditor directly.

Since the program's inception, Unmet Needs has distributed over \$5 million in assistance to qualified military families, with nearly half of those funds going directly toward basic housing needs.

The needs of our veterans, service members and their families should never go unmet. Let us offer you a hand up when you need it!

Please review the Unmet Needs eligibility criteria to see if you or someone you know qualifies for a grant through the Unmet Needs program.

WEBSITE:

http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAiAhPCyBRctwMDS5tzT03gSIADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyYK_PRoCB4Hw_wcB

RWJF: Submit a Pioneering Idea Brief Proposal - Throughout the year, we welcome Pioneering Ideas Brief Proposals that can help us anticipate the future and consider new and unconventional perspectives and approaches to building a Culture of Health.

DEADLINE: Open

AMOUNT: See site



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DESCRIPTION: The goal of the Pioneering Ideas Brief Proposal funding opportunity is to explore; to look into the future and put health first as we design for changes in how we live, learn, work and play; to wade into uncharted territory in order to better understand what new trends, opportunities and breakthrough ideas can enable everyone in America to live the healthiest life possible.

While improving the status quo is vital to the health and well-being of millions of Americans now, the Pioneering Ideas Brief Proposal opportunity reaches beyond incremental changes to explore the ideas and trends that will influence the trajectory and future of health. Ultimately, we support work that will help us learn what a Culture of Health can look like—and how we can get there.

What is a Pioneering Idea?

Good question! We don't want to provide a checklist that limits your thinking—or ours. We do want to give you as clear a picture as we can about the kinds of proposals we hope to see, so you can best assess whether submitting an idea through our Pioneering Ideas Brief Proposal process is the right next step for you. Our application form allows you to introduce your idea; if it seems to be a fit for our portfolio we will reach out for more information.

We share some examples below of Pioneering Ideas we have funded in the past to give you a sense of where we've been. Keep in mind that ultimately, we need you to challenge us, and to tell us where we should be going and what ideas have the most potential to transform the way we think about health. As you review the examples below, you may notice some shared themes or characteristics which:

Challenge assumptions or long-held cultural practices.

Take an existing idea and give it a new spin—or a novel application.

Offer a new take or perspective on a long-running, perplexing problem.

Apply cutting-edge ideas from other fields to health.

Explore the potential for emerging trends to impact our ability to build a Culture of Health.

WEBSITE/LINK: http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjL9Zh7yWU63VdhdaVE2UAc&et_cid=639126



Friday, MAY 12, 2017

IDAHO & WASHINGTON - ONLY

ASPCA Northern Tier Shelter Initiative Coalition Grants

DEADLINE: No Deadline

AMOUNT: Grant amounts will vary depending on project. A site visit may be required as part of the review process or as a condition of receiving the grant funds. Consultation services may be offered as part of a grant package.

DESCRIPTION: Priority will be given to coalitions working toward long-term, systemic, and sustainable community/regional improvements in animal welfare services. This may include (but not limited to) programs that:

Increase capacity to provide quality animal care and services by:

Improving protocols around vaccination on intake, disease spread prevention, decreased length of stay, physical and behavioral care of sheltered pets

Improving capacity to provide basic health services including spay/neuter and vaccines for animals at risk in the community.

Increase coalition live release rate via:

Fee-waived adoption programs and policies

High-volume adoption events

Foster programs

Relocation initiatives within the seven Northern Tier target states

Decrease shelter intake via:

Lost and found programs

Return to owner in the field

Pet retention assistance, such as safety net programs

Re-homing assistance

WEBSITE: <http://aspcapro.org/grant/2016/05/06/aspcanorthern-tier-shelter-initiative-coalition-grants>

Healthy Native Babies Outreach Stipend Application

DEADLINE: Applications will be accepted on a rolling basis as funds are available.

AMOUNT: \$1500

DESCRIPTION: The Healthy Native Babies Project, a project of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), has created culturally



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appropriate materials with safe infant sleep messages for American Indian and Alaska Native communities. These materials can be tailored for local communities by selecting various photos, graphic designs, and phrases in Native languages from the Healthy Native Babies Project Toolkit Disk. Outreach stipends are available for printing customized outreach materials to disseminate in your community. Recipients must be from one of the following Indian Health Service (IHS) Areas: Alaska, Bemidji, Billings, Great Plains, and Portland. Information on IHS Areas can be found at: <https://www.ihs.gov/locations/>.

WEBSITE/LINK: <http://files.constantcontact.com/913a319f001/8e50ceae-d3be-462e-be3d-3216455225bc.pdf?ver=1470849886000>

Good Sports Accepting Applications for Sports Equipment Program

DEADLINE: *ROLLING FUNDING*

AMOUNT: While the equipment, apparel, and footwear received through the program are free, recipients are expected to pay shipping and handling costs, which amount to roughly 10 percent of the donation value, with a maximum fee of \$1,500.

DESCRIPTION: Good Sports helps lay the foundation for healthy, active lifestyles by providing athletic equipment, footwear, and apparel to disadvantaged young people nationwide. By working closely with teams, coaches, and community leaders across the United States, the organization is able to focus on the respective needs of each individual program and help offset the main factors causing the greatest challenges.

Good Sports is accepting applications from organizations and schools for equipment, apparel, and footwear for a wide range of sports. Organizations that are approved will have access to equipment, apparel, and footwear inventory for a two-year period. During that time, organizations can make up to six separate donation requests — as long as need is well documented, donations will be granted. There is no need to resubmit a full application again during the two-year period.

To be eligible, applicants must directly serve youth between the ages of 3 and 18; serve youth in an economically disadvantaged area; be located in North America (the U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Schools must apply as a whole; applications for individual programs within a school will not be considered. Donation requests for short-term events such as sports camps and tournaments or to individual athletes will not be considered.

Applications are reviewed on a rolling basis. It is recommended, however, that organizations apply at least eight weeks prior to the start of their particular season or program to ensure the desired equipment can be accessed and shipped on time.

WEBSITE/LINK: <https://www.goodsports.org/apply/>



Friday, MAY 12, 2017

Good Sports Accepting Applications for **Athletic Equipment** Grants

DEADLINE: *ROLLING FUNDING*

AMOUNT: You will be required to sign a release form and pay a shipping and handling fee with each donation. This will always equal 10% of the total retail value of the items; for example, if the total value of your items equals \$2,000, you will be asked to provide \$200, etc.

DESCRIPTION: Good Sports in Quincy, Massachusetts, is a nonprofit whose mission is to increase youth participation in sports, recreation, and fitness activities.

To that end, the organization provides sports equipment, apparel, and footwear to youth organizations offering sports, fitness, and recreational programs to youth in need.

To be eligible, organizations must directly serve youth between the ages of 3 and 18 in an economically disadvantaged area; be located in North America (U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Winning organizations may make up to six equipment requests within a two-year period. Winners will be responsible for operational costs, including equipment shipping, up to \$1,500.

WEBSITE/LINK: <http://www.goodsports.org/apply/>

Voya Foundation Grants

DEADLINE: Grant requests are reviewed throughout the year. Grant applicants should check the online system for quarterly deadlines, which are subject to change.

AMOUNT: Value of grant requests must be a minimum of \$2,500.

DESCRIPTION: The Voya Foundation, the philanthropic arm of Voya Financial, works to ensure that youth are equipped with science, technology, engineering, and math (STEM) expertise and financial knowledge necessary to compete in the twenty-first century workforce and make smart financial decisions that lead to a secure retirement.

To that end, Voya is accepting applications from organizations that provide innovative and experiential K-8 STEM learning opportunities that promote an early interest in STEM career fields and improve teachers' capabilities in STEM; or that provide financial education curriculum to grade 9-12 students focused on navigating major financial milestones such as student debt, credit, home ownership, financial products and services/financial capability, and family needs.

1) STEM Education: The foundation supports organizations that fund high-quality experiential STEM learning opportunities for children in grades K-8. Programs are evaluated based on improvements in covered STEM concepts and increased interest in STEM careers generated over the course of the program.

2) Financial Literacy: Voya's financial literacy grants support organizations that provide financial literacy curriculum to students in high school (grades 9-12). Programs must cover student debt, credit, home ownership, investing, and understanding of financial products and services (financial capability), and family financial planning.



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



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To be eligible, applicants must be considered tax exempt under Section 501(c)(3) of the Internal Revenue Code.

WEBSITE/LINK: <http://corporate.voya.com/corporate-responsibility/investing-communities/voya-foundation-grants>



March 23, 2017

The Honorable Paul Ryan
Speaker of the House
U.S. House of Representatives
H-232 The Capitol
Washington, DC 20515

Re: Tribal Concerns in the American Health Care Act

Dear Speaker Ryan:

On behalf of the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI) and the 567 federally recognized Tribal Nations we serve, I write to express concerns about the American Health Care Act (AHCA) (H.R. 1628) and request that the legislation be amended to take into account concerns of American Indians and Alaska Natives (AI/ANs) and to ensure that the federal government continue to live up to the federal trust responsibility to provide health care for Tribal communities. We recommend that the legislation:

- Preserve Medicaid Expansion for all Americans and especially for individuals receiving Medicaid through an Indian Health Service (IHS) or Tribally operated health facility
- Clarify that AI/ANs should not be subject to state-imposed work requirements under the Medicaid program
- Continue the cost sharing protections for AI/ANs contained in section 1402(d) of the Affordable Care Act

The Indian health care system is unlike any other health care delivery system. It was created by the federal government specifically to carry out a federal responsibility. These health care services were pre-paid by AI/ANs in exchange for vast amounts of lands that were ceded through treaties and other agreements and has been continuously reaffirmed by Congress. We urge you to continue this long-standing precedent by including these Tribal specific provisions in AHCA.

Tribes across the country were very pleased to see that H.R. 1628 preserves the Indian Health Care Improvement Act (IHCIA) and other Tribal specific portions of the Affordable Care Act (ACA) that have major, direct impacts on Tribal health programs. IHCIA serves as the backbone legislation for the Indian Health Service (IHS)/Tribal/ and Urban Indian health system which provides health care services for AI/ANs in fulfillment of the federal government's trust responsibility for health. Since it was enacted as part of the ACA in 2010, the IHCIA has been critical in allowing much-needed reform to come to the Indian health system. Furthermore, Sections 2901, 2902, and 9021 of the ACA are critically important for the financial viability Tribal

health systems and Tribes are glad to see these maintained as part of the AHCA and we appreciate that AHCA maintains all of these provisions.

Medicaid

That said, Tribes have several other concerns regarding the Medicaid program and the elimination of cost-sharing protections in H.R. 1628. Over 40 years ago, Congress permanently authorized the IHS and Tribal facilities to bill Medicaid for services provided to Medicaid-eligible American Indians and Alaska Natives to supplement inadequate IHS funding and as part of the federal trust responsibility to provide health care to AI/ANs. Today, Medicaid represents 67% of 3rd party revenue at the IHS, and 13% of overall IHS spending. However, this amount is just 0.15% of total national Medicaid spending. These proposed changes to the Medicaid program will mean less services for AI/ANs and increased pressure on the severely underfunded IHS.

Medicaid Expansion and Per Capita Funding Mechanism:

We appreciate the need to control costs of the Medicaid program. However, AHCA's proposed cuts to Medicaid expansion represent an unprecedented and irresponsible policy action that will have real-life consequences for tens of millions of Americans, including AI/ANs. Eliminating Medicaid Expansion will enact long-term damage to America's health system by forcing individuals to go without credible health coverage and thereby reduce services leading to negative health impacts nationwide.

Since Medicaid expansion, Medicaid revenues at IHS and Tribal facilities have increased by roughly 20%. This means, that for the first time, IHS patients are able to receive care beyond just "life or limb" services. Reversing the expansion represents a major cut in direct funding for IHS and Tribal health providers and will result in reduced services and loss of life. This is especially troubling when considering tighter discretionary budgets.

The movement toward a per capita and block grant system would be detrimental to Tribal communities. The AHCA correctly does not apply per capita payments to those who receive services through the Indian Health System. However, capping Medicaid through per-capita Medicaid allotment would lead to a significant reduction in federal Medicaid health care investment over the years. This would ultimately force States to choose between allocating additional State funding to maintain coverage; decrease covered services; or reduce eligibility. States do not have a treaty or trust responsibility to provide health care to AI/ANs, and the Medicaid program should not shift costs for AI/AN health to the States.

Therefore, we request a mechanism through which American Indians and Alaska Natives would not be affected by reduced eligibility requirements implemented by States or other similar expenditure controls within the purview of states. This is consistent with the trust responsibility and Congress's original intent when they amended the Social Security Act in 1976 to provide full Medicaid reimbursement for eligible AI/AN as a means to supplement the underfunded Indian health care system.

Work Requirements:

Recent changes to the AHCA allow states the option of instituting a work requirement in Medicaid for nondisabled, nonelderly, non-pregnant adults as a condition of receiving coverage under Medicaid. Tribal communities are often located in the most remote areas of the country, with jobless rates reaching 80% or 90% in some areas and are often disconnected from state unemployment services. Work requirements and co-pays pose barriers to access to Medicaid that are unique to American Indians and Alaska Natives because they can and will simply elect not to enroll in Medicaid and rely on IHS coverage instead. This means little cost savings, and just more demand put on IHS facilities. Again, this will lead to increased uncompensated care being provided to otherwise Medicaid eligible individuals by the IHS, Tribes and non-Indian healthcare providers. Therefore, we request that the following language be added to H.R. 1628 that would clarify the intent of Congress to ensure AI/ANs full access to Medicaid:

Notwithstanding any other provision of this title, no work requirements may be imposed as a condition of eligibility under this title or as a condition of receiving medical assistance under this title for Indians who are furnished an item or service directly by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under purchased referred care.

Cost-Sharing Protections:

Section 131 of the AHCA repeals the cost-sharing subsidy program, which is at Section 1402 in the ACA. However, Section 1402(d) includes important and critical cost sharing protections for AI/ANs that have incomes at or below 300% of the federal poverty level or through referral by the IHS Purchased and Referred Care (PRC) program. These protections were included for AI/ANs in fulfillment of Congress and the United States federal trust responsibility to provide health care to Indians. They make health insurance affordable for AI/AN people. Like Medicaid cuts, ending these cost-sharing protections would destabilize the Indian health system by decreasing available 3rd party revenue and limiting services for patients. Congress should continue the cost-sharing protections for AI/ANs by amending Section 131 of the AHCA to continue the cost sharing protections for AI/ANs contained in section 1402(d).

We propose amending Section 131, to exempt the cost-sharing protections for Indians contained in subsection 1402(d) of the ACA from repeal. This would still accomplish Congress' intent to repeal the overall cost-sharing subsidies, but leave the Indian cost-sharing protections in place. The language below is Section 131, with *italic/underlined* text the amending language we propose:

Sec. 131. REPEAL OF COST-SHARING SUBSIDY.

- (a) In General. – *Subject to subsection (c)* Section 1402 of the Patient Protection and Affordable Care Act is repealed.
- (b) Effective Date. – The repeal made by subsection (a) shall apply to cost-sharing reductions (and payments to issuers for such reductions) for plan years beginning after December 31, 2019.

(c) Exemption. – Notwithstanding any other provision of law, subsection (d) of Section 1402 of the Patient Protection and Affordable Care Act shall continue to be implemented and payments required under that subsection shall continue to be made.

Conclusion:

In conclusion, we thank you again for your commitment to ensuring AI/AN-specific provisions of the ACA are preserved as part of the AHCA, but we urge you to amend the current legislation to ensure that services are not disrupted for AI/ANs. In short, the proposed changes in the AHCA addressed above would not save money, but would place unnecessary pressure on IHS discretionary appropriations. It would result in less services for AI/ANs, greater long-term health costs, and ultimately loss of life. The suggested changes detailed above will maintain the intent and spirit of AHCA, but still safeguard federal trust responsibility. If you have any questions, please do not hesitate to contact NIHB Executive Director Stacy A. Bohlen at (202) 507-4070 or sbohlen@nihb.org.

Sincerely,



Vinton Hawley
Chairman



Jacqueline Pata
Executive Director
National Congress of American Indians

Cc:

Chairman Greg Walden, House Energy and Commerce Committee
Chairman Kevin Brady, House Ways and Means Committee
Chairman Rob Bishop, House Natural Resources Committee
NIHB Board of Directors
National Congress of American Indians



MAY 10 2017

Indian Health Service
Rockville MD 20852

Dear Tribal and Urban Indian Organization Leader:

I am writing to provide updates on several important Indian Health Service (IHS) behavioral health initiatives. This letter outlines the updates by providing background on how IHS formerly delivered services for the Indian Children's Program (ICP), Fetal Alcohol Spectrum Disorders (FASD), and continuing education for behavioral health providers, as well as providing information on how IHS is currently delivering services for those areas. I am also providing information on our partnership with the National Indian Health Board (NIHB) to offer a premier national behavioral health conference.

The ICP was established in 1978 as a collaborative demonstration effort by the Bureau of Indian Affairs (BIA) and the IHS to address the needs of American Indian and Alaska Native (AI/AN) youth with disabilities. Formerly, the IHS had a service contract with the Utah State University, Department of Disabilities, to provide consultative services for disabled children. These services were provided to the Navajo, Hopi, and Pueblos in the Albuquerque, Navajo, and Phoenix Areas.

The IHS also formerly supported FASD research and services, such as psychological and coordinated multi-disciplinary assessments, through the Northwest Portland Area Indian Health Board and the University of Washington to serve Tribes located in the Pacific Northwest.

To expand services for the ICP and FASD, the IHS now delivers training and case consultation through its TeleBehavioral Health Center of Excellence (TBHCE). The TBHCE focuses training on neuro-developmental and social issues facing AI/AN youth diagnosed with autism or FASD. To complement training opportunities and to further support providers in the Indian health system, the TBHCE also provides twice monthly consultation clinics hosted by clinical experts to address FASD and other neuro-developmental clinical issues experienced by AI/AN youth. There is no cost to take the training or receive case consultation for IHS, Tribal, and Urban Indian providers. More information regarding this program and the neuropsychology consultation schedule can be found at: <https://www.ihs.gov/telebehavioral/icp>. I am hopeful you will find these services helpful and will pass along this valuable resource to those working in your health care system.

I also want to take this opportunity to provide an update regarding the National AI/AN Behavioral Health Conference. With the rising cost to administer a national conference, IHS will no longer host an in-person conference. Instead, the IHS has partnered with the NIHB to ensure that an in-person behavioral health conference is offered for AI/AN communities as the premier opportunity to assemble and hear from nationally recognized speakers, behavioral health care providers, Tribal leaders, and health care officials committed to addressing emergent behavioral health topics in Indian Country. The conference will attract presenters and participants from across the country to share their research and promising practices and provide opportunities for professional development, collaboration, and networking. The IHS will continue to provide no cost continuing education for health care providers who attend the behavioral health conference. With this shift, I would also like to make you aware that participants will now pay a registration fee administered by NIHB.

Page 2 –Tribal and Urban Indian Organization Leader

Finally, IHS will continue to offer continuing education credits to health care providers on behavioral health topics through virtual training, webinars, seminars, and case consultations with clinical experts. Providers may access this training online at www.ihs.gov/telebehavioral.

Thank you for your support and partnership in addressing important behavioral health issues in the communities we serve. For follow up questions regarding these updates, please contact Dr. Beverly Cotton, Director, Division of Behavioral Health, by phone at (301) 443-2038 or by e-mail at beverly.cotton@ihs.gov.

Sincerely,

/Chris Buchanan/

RADM Chris Buchanan, R.E.H.S., M.P.H.
Assistant Surgeon General, USPHS
Acting Director

NPAIHB COMMUNITY FORUM is LIVE!!!

<http://www.npaihb.org/Community/index.php>

Everyone is welcome to join our online Community Forum.

This forum is a discussion space for our tribal communities to remotely connect and share questions, tips, and resources on topics that may include:

- Policy development & implementation
- Gardening & traditional foods
- Health system platforms & linkages
- Clinic case Management
- Other topics as they relate to your community of health

If you would like assistance or for further information, please feel free to contact weave@npaihb.org



Join the Lowry family in celebrating the life of Governor Mike Lowry

Tuesday, May 30th at 10:30 am

St. Matthew's Lutheran Church

1700 Edmonds Ave NE

Renton, WA 98056

In lieu of flowers the family requests donations to the [Lowry Fund to End Homelessness](#) at The Church Council of Greater Seattle (details below).

A green header with the text "Lowry Fund to End Homelessness" and "at the Church Council of Greater Seattle". Below is a dark grey box with white text providing donation details.

Lowry Fund to End Homelessness
at the Church Council of Greater Seattle

Donations to the Lowry Fund to End Homelessness can be made [online](#) or by mail:

Lowry Fund to End Homelessness
Church Council of Greater Seattle
PO Box 18467
Seattle, WA 98118

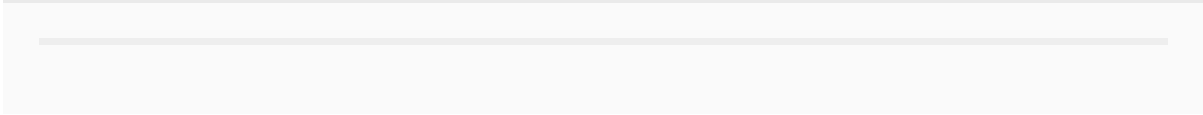
A color portrait of Governor Mike Lowry, smiling, wearing a light blue shirt.

To contribute to the memory book please email lowrymemorialbook@gmail.com

or bring a story or photo to the
service.

For media inquiries please contact markobrown@comcast.net.

Top photo credit Betty Udesen/The Seattle Times



7th Annual THRIVE Conference

June 26-30, 2017

Registration is NOW OPEN!
<https://www.surveymonkey.com/r/7thTHRIVE>

WHO: For American Indian and Alaska Native Youth

- Limit of 4 youth (13-19yo) per Tribe or Urban Area.
- Limit of 1-2 Chaperones per group registering. **This year background checks are required for all adults facilitating or attending.
- Activities, materials, lunch and snacks Mon-Thurs. will be provided.
- Travel, parking, lodging, breakfast and dinners are not included.

WHERE: Native American Student and Community Center at Portland State University (PSU) in Portland, OR

LODGING: University Place Hotel - group rate "THRIVE Conference" for \$89/night + tax for 2 or \$109 for 4, the room block deadline is **May 30, 2017** for reservations call 866.845.4647. Breakfast and wi-fi are included in this rate. Parking is \$15/night. Additional hotels can be found in downtown Portland and near the Portland airport which can be reached by Max Train from the conference location. Contact THRIVE staff for additional hotel options if needed.

WHY: Build protective factors and increase your skills and self-esteem, connect with other young Natives, learn about healthy behaviors (suicide prevention, healthy relationships, etc.) and how to strengthen your nation through culture, prevention, connections, and empowerment!

WHAT: This conference is made up of four workshop tracks and each youth will need to rank their preference for which workshop they want to be in when they are registered. The tracks are: digital storytelling, beats lyrics leaders (song writing and production), We Are Native youth ambassador leadership (additional application required), and a science and medical track sponsored by the Oregon Health and Science University.

#WeNeedYouthere

Contact Information:

Northwest Portland Area Indian Health Board's project THRIVE
Celena McCray, project coordinator
Ph. 503-228-4185 x 270
Email. cmccray@npaihb.org
Website. <http://www.npaihb.org/epicenter/project/thrive>





ATNI YOUTH FORUM

Culturally Based Native Youth Leadership Training

Sunday May 21st 2017 9:30-4:30



FREE
Snacks & Lunch provided
Register at door

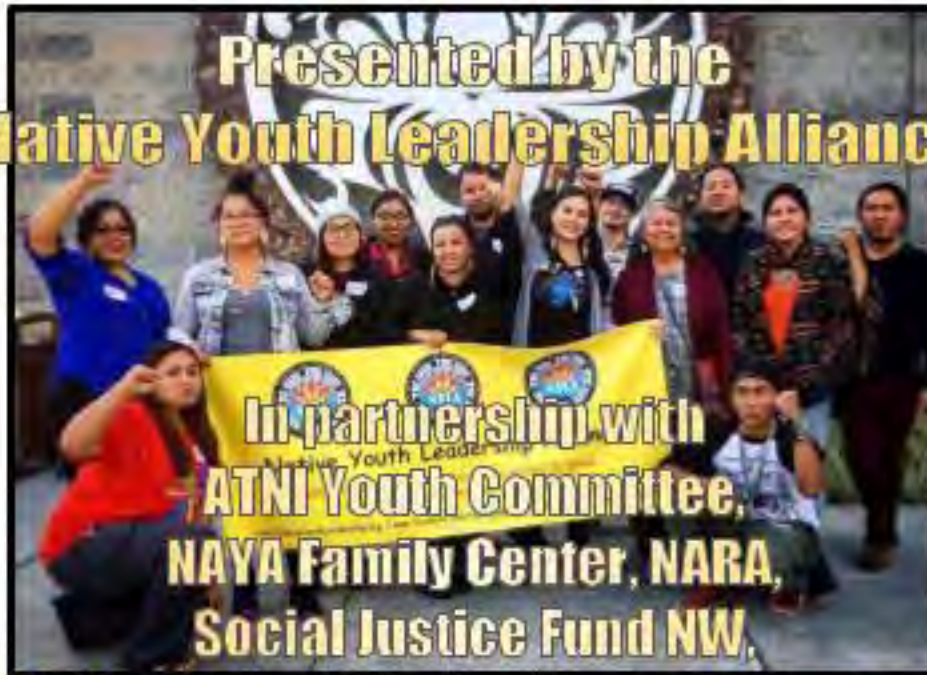
NAYA Family Center 5135 NE Columbia Boulevard
Portland, OR 97218



**For Middle and High School Aged
Native Youth**



Presented by the
Native Youth Leadership Alliance



Potlatch Fund: Native Student Success

- +Games
- +Native Foods
- +Cultural Leadership
- +Prizes
- +Indigenous Public Speaking
- +Frontlines Are Everywhere
- +Native Arts
- +Celebrate Life
- +Self Reflection
- +Youth Determination

For more information contact

*Johnny Buck
ATNI Youth Committee Chair
johnny_buck@gmail.com

*Mariana Harvey
NYLA NW Program Manager
mariana.kiona@gmail.com

Visit us:

website
www.nativeyouthleadership.org

facebook:
Affiliated Tribes of
Northwest Indians Youth
&
Native Youth Leadership Alliance



Portland ATNI Youth Forum: Cultural Based Leadership Training

When: Sunday May 21 9:30am - 4:30pm

Where: NAYA Family Center 5135 NE Columbia Boulevard Portland, OR 97218

Who: All middle school-high school age Native youth

In partnership with Affiliated Tribes of Northwest Indians (ATNI) Youth Committee, Native American Youth and Family Center (NAYA), Native Rehabilitation Association of the Northwest Inc. (NARA), Social Justice Fund Northwest, and Potlatch Fund: Native Student Success.

Workshop Descriptions*

**Detailed agenda coming soon*

Demarginalization of Youth

Mariana Harvey & Jesse Short Bull

This session asks youth to use their info machines/phones to look up terms such as adultism, ageism, marginalize and from here we have a dialogue on what these terms mean to them and how they impact their lives

Youth Determined Space

Youth Participants

Sometime during the forum we poll youth participants on what they'd like to do at the end of the day. This one practice NYLA uses to de marginalize youth, by giving them their own right to choose how they'd like to spend time together, acknowledging all the planning of this forum that was done without their input.

Icebreakers/games

Josephine Buck

We begin, end and break up each workshop with icebreakers to keep folks engaged and stimulated, to build trust, get to know each other, have fun, and balance 'thinking' time with some movement and light heartedness.

Leadership values

Tiffany Bahnimptewa

What are values leaders need to live by? What are your values? What are values you want to see in your own leadership? In this space, youth participants will co-create their values to lead/live by.

Spirit in Motion: Self Reflection Wheel

Tiffany Bahnimptewa

Where does our energy go? In this exercise, participants self reflect and map out where their energy/time is being spent, and if there are changes they'd like to see, participants will receive coaching in where they'd like their energy to go.

Our Food is Our Medicine: Cedar Box Teaching Toolkit

Mariana Harvey & Katie Swan

Participants will learn more about NW Native foods and medicines, will make tea/food/medicine, discuss treaty rights, wellness, and hear traditional stories about our foods.

Indigenous Public Speaking

Jesse Short Bull

As Indigenous people we have our own unique ways and teachings around public speaking. Participants will learn about various communication styles and practice their own public speaking; strengthening the power of youth voice.

Public Service & Activism: Frontlines are Everywhere

Anna Takes the Shield & Kaden Walksnice

Leadership is a diverse path, whether you're an elected official, on the frontlines of movements, or learning about your culture, it all has value and importance. In this workshop participants will learn from Anna Takes the Shield (Oglala Lakota), Oglala Lakota County District 2 Commissioner. and her path to becoming an elected leader and the importance of Native people having a 'seat at the table.' This space will be interactive and engaging, NYLA will share stories of inspirations, hardships and work collaboratively with participants in hopes to support them to create steps forward on their own leadership pathway.

Native Arts

Josephine Buck

Native art goes back in our history as a people it is fluid in our culture through our baskets, canoes, songs, dances, oral history/storytelling, etc. Our ancient arts are still currently used to send and carry messages to give our people a voice. In this workshop learn about about what different pathways of Native artists, how art can be a healing space, and there will be an open space to share your own art: dance, song, stories, drawing, painting, weaving, poetry.

Celebrate Life

Michelle Sherman

Michelle will share her coming out story and the organization she has founded. Also Participants will explore the empowerment through identity to create greater inclusion for individuals who challenge the norms of gender; it will create space for all individuals and have an understanding of identity. So we can Celebrate Life together.

NYLA Facilitator Bios



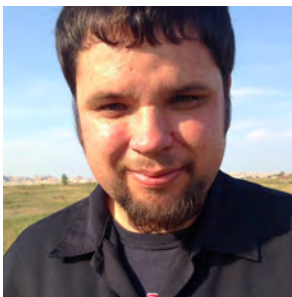
Josephine Buck

Josephine is a Full-time student at Yakima Valley Community College in Yakima, Washington. Josephine is fully committed to the health and wellness of Native Youth. She practices “camouflage learning” which uses fun activities to teach various lessons. Josephine is also a Youth Pastor for “Mending Wings” Native Youth Ministry on the Yakama reservation and is also a song/dance coach for the Yakama Swan Dancers. Since 2004 she has offered Teambuilding workshops for both Native youth and adults who work with Native youth-such as Yakama reservation childcare directors, Head Start teachers and summer camp staff. Josephine has also facilitated youth workshops for the Annual BAAD Tournament in Pendleton, OR for Drug and Alcohol prevention and Social Skills Training for Job Corps students. Other workshops include “Leaders of Tomorrow” with United National Indian Tribal Youth (UNITY) and Goal setting workshops for the Northwest Indian Youth Conference (NWIYC). With two children of her own, Josephine knows the honor and respect of time invested in our children. Visit www.mendingwings.net for more information on the Mending Wings Native Youth Programs. Josephine is an alumna of the NYLA fellowship.



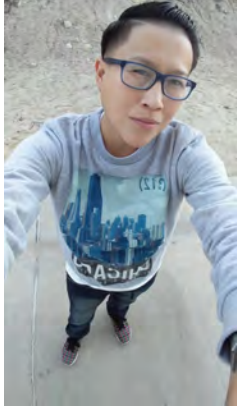
Mariana Harvey

Mariana, is an enrolled member of the Yakama Nation and was born and raised in Seattle, WA. She graduated in 2008 from Fort Lewis College with a BA in American Indian Studies. Mariana brings a wealth of experience to her leadership role with NYLA, including previous work with several Native non-profits, student organizations, the Yakama Nation, work with regional food sovereignty movements and with Native youth. Mariana serves the Affiliated Tribes of Northwest Indians (ATNI) Youth Committee dedicated to increase the leadership capacity in tribal youth across ATNI member tribes. She is a contributing affiliate to the Northwest Native Plants and Foods Collective which aims to catalyze the indigenous foods and medicines revolution by raising awareness, mobilizing communities and supporting culture. Mariana enjoys gathering foods & medicines, making earrings, singing and is also passionate about creating spaces for all members of our community to thrive and belong. Mariana is an alumna of the NYLA fellowship.



Jesse Short Bull

Jesse, is a tribal college graduate from Oglala Lakota College hailing from the Badlands of South Dakota. While a student he discovered a passion for filmmaking and writing. This passion was born out of love for his tribe and has taken him across the country from Los Angeles to New York. He has co-written and co-produced his first short film which has taken top honors at several film festivals and will be showcased at 2015 imagineNATIVE film festival in Toronto, Canada. Jesse is a part of the 2016 Development Fellowship through Sundance Institute Native Program. He is also passionate about helping young people accomplish goals and thrive in their communities and beyond. He co-founded The Native Youth Leadership Alliance alongside a network of amazing young tribal leaders from different tribal nations. Jesse serves NYLA as Communications Manager.



Michelle Sherman

Michelle Sue Sherman is Dine'-Navajo born for the Ta'baaha' (Water Edge people) and To'a'heedlinii (the Two Water that Flows together people) from Upper Fruitland, NM on the Navajo Reservation. Michelle is the founder and Coordinator for the community organization Celebrate LIFE. Celebrate LIFE is celebrating individuality among the Native Youth, educating the community about Two-Spirit/LGBTQA (Lesbian, Gay, Bisexual, Questioning, and Allies) and creating a positive ripple effect across Tribal communities. I am a part of Native Youth Leadership Alliance (NYLA) and intergenerational collective of Tribal college students and allies supporting education and leadership for Native Youth, and a part of the National organization Brown Boi Project (BBP) from Oakland, CA, an ally committed to transforming our privilege of masculinity, gender, and race into tools for achieving Racial and Gender Justice. I also serve on the Board for Peer Advocate LGBTQ at San Juan College to help support and create safe zones at schools. I am currently a student at San Juan College Farmington,

NM working on a Human Services Degree, and pursuing BA in Social Work.



Anna Diaz-Takes the Shield

Anna Diaz-Takes the Shield is a member of the Oglala Sioux Tribe, in South Dakota. Anna is a dedicated mother of three children, and senior at Oglala Lakota College, pursuing her Bachelors in Social Work. After her graduation, Anna plans to pursue a Masters in Lakota Leadership and Management with an emphasis on Human Services.

Anna's love for her community lead her to organizations such as the Youth Opportunity Movement, Young People For, Native Youth Leadership Alliance, and Native Nations Rebuilders. In addition to that

she has served as Miss Oglala Lakota Nation, on the Oglala Lakota College Board of Directors, and is currently serving on her second term as Oglala County Commissioner. Anna is also a vice president of a nonprofit called Ehanni Wicohan that encourages families to bring cultural awareness and restoration to the Oglala Lakota Nation.



Katie Swan

Katie Swan was born and raised in White Swan, Washington on the Yakama Reservation. She is enrolled in the Confederated Tribes and Bands of the Yakama Nation and has Chippewa-Cree lineage. Currently she resides in Ellensburg, Washington with her three daughters. She received her Bachelors of Science in Recreation and Tourism from Central Washington University (CWU) in 2006. She also completed coursework for Masters of Science in Resource Management (Natural and Cultural Resources) from CWU also. She has provided contract support in a Climate Change study with USGS, helped with an exhibit at the Wildhorse Windfarm. Memorable trips include CWU Cross-cultural Leadership Exchange trip to El Salvador, Central America and the Disney

Leadership Institute in Lake Buena Vista, Florida. Presently, Katie is employed in Land Restoration. She

enjoys making moccasins, traveling, and gathering natural foods and medicines per family teachings. Katie and her family pride themselves on reducing their carbon footprint, keeping generations yet unborn in mind.



Tiffany Bahnimptewa

Tiffany, Hopi, is a member of the Water Clan from the Village of Hotevilla. After graduating from Hopi High School in 2006, Tiffany stayed within her community to serve as a Cultural Ambassador for the Hopi Tribe as Miss Hopi 2006-2007. She was able to continue her love of volunteer work for the community through her reign and other community activities. She began as a Volunteer for The Hopi Foundation and was later hired as a Program Assistant and Data Entry Clerk for the Hopi Foundation. Tiffany is a past volunteer of the Natwani Coalition, a founding member of the Hopi Food Co-Op, trained trainer with Adventures for Hopi, and was a past Hopi Girl Scouts Troop Leader. She has also participated in other local, national and international programs that have supplied her with various leadership experience and tools, including the Hopi Leadership Program, Up with People, Young People For, and the Native Youth Leadership Alliance in 2011. Her passion for community work and wellness has stemmed from her cultural identity, roots, and values.



Kaden Walksnice

Kaden, Northern Cheyenne Lame Deer MT. I grew up on the reservation raised by my grandparents in a traditional manner until their passing then I had to raise myself while continuing to attend ceremonies and high school. I belong to the crazydog military society of the Cheyenne people, the law enforcers of traditional Cheyenne laws. I'm a wildland, structural firefighter and Tribal Historic Preservation Officer for the traditional government. Currently I'm the Coordinator for the Northern Cheyenne Youth Commission of the NC-Tribe. My focus is on integrating a next generation view on traditional leadership and laws.



Steven Pahe

Steven, member of the San Carlos Apache Tribe located in eastern Arizona. I'm a co-founder of the Native Youth Leadership Alliance (NYLA). Currently, I'm working on my American Indian Studies degree. Recently, spoke on at NYU, Florida State and at the National Education building along with other NYLA co-founders about our work. My main goal is starting a basketball club for the youth of my tribe. I want to use sports to help combat the reservation issues that the youth face on my reservation.

Save the Date

Northwest Tribal Cancer Coalition

Tribal Tobacco Cessation Training

5As Tobacco Cessation



Tuesday & Wednesday
June 20-21, 2017

Tamástslikt Cultural Institute
47106 Wildhorse Blvd , Pendleton, OR 97801
Phone: (541) 966-9748

Please contact:

Ryan Sealy at rsealy@npaih.org 541-691-2431

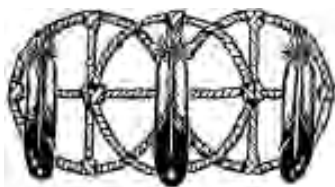
or

Antoinette Aguirre at aaguirre@npaih.org (503) 416-3282
with any questions or comments

Online registration:

www.surveymonkey.com/r/2017TribalTobaccoCessation

NOTE: Limited space for training



YELLOWHAWK
TRIBAL HEALTH
CENTER



Northwest Portland Area
Indian Health Board

This training is supported by Centers for Disease Control and Prevention, National Cancer Prevention and Control Program Grant # 5 U58 DP003935-5



Tribal Tobacco Cessation Training

June 20, 2017

8:00 AM to 5:00 PM

Tamástslikt Cultural Institute

47106 Wildhorse Blvd, Pendleton, OR 97801

Phone: (541) 966-9748

Time	Topic	Speaker
8:30 am	Opening Prayer	TBD Confederated Tribes of Umatilla Indian Reservation
8:45 am	Welcome	TBD Confederated Tribes of Umatilla Indian Reservation
9:00 am	Introductions	All
9:15 am	What is happening in your tribal community?	All
9:30 am	Tobacco in Indian Country	All
10:00 am	Break	All
10:15 am	Concepts in Tobacco Cessation	Kerri Lopez
11:00 am	5 A's, 2 A's & R Cessation	Kerri Lopez
12:00 pm	Working Lunch	TBD
1:00 pm	5 A's, 2 A's & R Cessation (Continued)	Kerri Lopez
2:00 pm	Nicotine Replacement Therapy	Robin John, RPh, CDE
3:00 pm	Break	All
3:15 pm	Implementation Case Study	Kerri Lopez
4:00 pm	Role Playing and Implementation Practice	Groups



Northwest Portland Area
Indian Health Board



Tribal Tobacco Cessation Training

June 21, 2017

9:00 AM to 12:00 PM

Tamástslikt Cultural Institute

47106 Wildhorse Blvd, Pendleton, OR 97801

Phone: (541) 966-9748

Time	Topic	Speaker
9:00 am	Role Playing and Implementation Practice (Continued)	Groups
10:30 am	Break	All
10:45 pm	Success, Barriers and Tracking Tool	Groups
12:00 pm	Closing Evaluation/Travel Forms	All



Northwest Portland Area
Indian Health Board



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

April 28, 2017

Dear Tribal Representative;

This is to let you know that Idaho Medicaid intends to submit a State Plan Amendment (SPA) to add an alternate payment for Federally Qualified Health Center (FQHC) that train primary care resident physicians at the FQHC. We intend to submit the SPA no later than June 30, 2017.

The proposed amendment is in Attachment 4.19-B of the Idaho State Plan. The effective date for this change is July 01, 2017.

These alternate payments are limited to any FQHCs that are part of a recognized Medical Education Program. A primary care resident physician is an individual with an Idaho post graduate training license who is enrolled in an Idaho care residency program. The alternate payment is made through a settlement process based on the number of hours worked by primary care resident FQHC physicians, which is multiplied by the FQHC resident physician's hourly rate, and which is multiplied by the ratio of the Medicaid encounters to all encounters for the time period.

Impact on Indians/Indian Health Program/Urban Indian Organizations

This change will allow participating FQHC's to be eligible for an alternate payment methodology that will enhance the Prospective Payment System (PPS) rate. This could also include Indian health care providers if they participate in a medical education program.

Idaho Medicaid's development of the proposed SPA will be reviewed as part of the Policy Update at the next quarterly Tribal meeting scheduled for May 11, 2017. Idaho Medicaid is interested in receiving your comments, questions or suggestions relating to this change. Should you have questions about this letter or the upcoming SPA submission, please contact Alan Brewington, Senior Financial Specialist, Office of Reimbursement, Bureau of Financial Operations, Division of Medicaid at (208) 364-1994 or alan.brewington@dhw.idaho.gov prior to May 26, 2017.

Sincerely,

MATT WIMMER
Administrator

MW/ab

**Department of Consumer and Business Services - Department of Human Services - Department of Veterans Affairs
Oregon Housing and Community Services - Oregon Health Authority - Youth Development Council**



**SB 770 Health & Human Services Cluster Meeting
Wednesday May 24, 2017
9:00 AM - 4:00 PM
Human Services Building Room 137 B-D
500 Summer St. NE Salem OR**

Conference Line: 888-363-4734		Participant code 3292468#
Agenda Item	Presenter(s)	Time
Welcome, Traditional Opening & Introductions	Julie Johnson, OHA Tribal Affairs	9:00 - 9:15
<i>Oregon Health Authority</i> Tribal Consultation Pharmacy State Plan Amendment	Lynne Saxton, Director Jim Rickards, Chief Medical Officer Deborah Weston, Policy Analyst Janna Starr, Tribal Health Liaison Jesse Anderson, Policy Analyst	9:15 - 10:30
<i>Oregon Health Authority Cont.</i> Opioid STR Grant	Rusha Grinstead, Behavioral Health Planner & Block Grant Manager	10:30-10:50
<i>Oregon Housing and Community Services</i> Update	Kim Travis, Housing Integrator	10:50-11:00
Tribal Sharing	Tribes, NARA, NPAIHB	11:00-12:00
Lunch provided by DHS <i>Department of Human Services</i> Update Online training course	Clyde Saiki, Director Nadja Jones, Tribal Affairs	12:00-1:00
<i>Youth Development Council</i> General Overview	Anya Sekino, Juvenile Crime Prevention Manager	1:00-1:30
<i>Department of Consumer & Business Services</i> Legislative update Site visits	Pat Allen, Director Rob Smith, Community Partner and Tribal Liaison	1:30-2:30
<i>Department of Veterans Affairs</i> Update	Cameron Smith, Director	2:30-3:00
<i>Oregon Health Authority Cont.</i> BH mapping tool and data schedule Health Information Technology Presentation Traditional Health Workers Update	John Collins, Director of Health Analytics Kristin Bork, Policy Analyst Julie Johnson, Tribal Affairs	3:00-4:00
Aug 22, DHS Convening Aug 23, SB 770 Health and Human Services Cluster Mtg.	Hosted by Klamath Tribes Chiloquin, OR	
Nov 28, DHS Convening Nov 29, SB 770 Health and Human Services Cluster Mtg.	Hosted by the Confederated Tribes of Grand Ronde Grand Ronde, OR	
Rob Smith, Tribal Liaison, DCBS 971-301-1960 robert.d.smith@oregon.gov	Julie Johnson, Interim Tribal Affairs Director, OHA 503-945-9703 julie.a.johnson@state.or.us	
Nadja Jones, Tribal Affairs Director, DHS 971-301-1668 nadja.p.jones@state.or.us	Anya Sekino, Juvenile Crime Prevention Manager, YDC 503-378-5115 anya.sekino@state.or.us	
Kim Travis, Housing Integrator, OHCS 503-428-3843 kim.travis@state.or.us	Cameron Smith, Director, Dept. of Veterans Affairs cameron.smith@state.or.us	



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-5747
FAX: (208) 364-1811

April 26, 2017

Dear Tribal Representative:

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid State Plan Amendment (SPA) or waiver likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare (Idaho Medicaid) provides notice on the following matter.

Purpose

Idaho Medicaid intends to submit applications to the Centers for Medicare and Medicaid Services (CMS) prior to June 30, 2017 to renew the Aged and Disabled (A&D) and Adult Developmental Disabilities (DD) Home and Community-Based Services (HCBS) waivers.

Idaho Medicaid's currently approved waivers will expire on September 30, 2017. The proposed changes to the existing waivers are expected to include:

- Revisions to the reimbursement methodology for Residential Habilitation – Supportive Living services (prior notice and opportunity to comment regarding this change for the A&D HCBS waiver was given on August 19, 2016 and for the DD HCBS waiver was given on August 12, 2016);
- Updated cost projections and expected utilization of waiver services, based on historical trends; and
- Other minor revisions to clarify grammar and language.

Anticipated Impact on Indians/Indian Health Program/Urban Indian Organizations

Indians receiving waiver services may be impacted by these changes. There is no anticipated impact on Indian Health Programs, or Urban Indian Organizations.

Availability for Review

Copies of the proposed renewal applications for the Developmental Disabilities §1915(c) Waiver and the Aged and Disabled §1915(c) Waiver are available on the Department's website at:

<http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>.

Comments and Questions

Idaho Medicaid would appreciate any input or concerns that Tribal Representatives wish to share regarding these waiver renewal applications. Please return any comments to Idaho Medicaid at 1-855-249-5024 or by email at HCBSWaivers@dhw.idaho.gov by Monday, May 29, 2017 at 5:00 p.m.

April 26, 2017
Page 2

Idaho Medicaid's renewal of the HCBS waivers will be reviewed as part of the Policy Update at the next quarterly Tribal meeting.

Sincerely,

A handwritten signature in black ink that reads "Matt Wimmer". The signature is written in a cursive style with a large, prominent "M" and "W".

MATT WIMMER
Administrator

MW/kw

Idaho Department of Health and Welfare/Tribes in Idaho
Quarterly Meeting
Plummer, ID
Wednesday, May 10, 2017

Division of Public Health - Updates and Opportunities

For more information please contact:

JamieLou Delavan, Cultural Liaison/Health Equity Program Specialist
Project Filter, Bureau of Community & Environmental Health, Division of Public Health
PO Box 83720, Boise, ID 83720-0036
JamieLou.Delavan@dhw.idaho.gov Tel: 208-334-0643 or 208-850-0513 (cell)

PROGRAM UPDATES/TOPICS OF POSSIBLE INTEREST

Division of Public Health

The Division recently had a Public Health Accreditation site visit. Initial feedback of interest included a recommendation to strengthen relationships and work closer

Diabetes

Funding Opportunity

The Diabetes, Heart Disease and Stroke Program will have up to \$10,000 per Tribe for the new fiscal year (July 1 2017- June 29, 2018) to implement or improve activities related to hypertension and diabetes control. We plan on continuing to work with our current Tribal Health Subrecipients and hope to also partner with the other tribes to support their efforts in hypertension and diabetes management and prevention. The funding announcement summary (attached) provides a general overview of the activities to be implemented but we will work with each tribe individually to assist in the development of a workplan and budget based on each tribe's unique needs.

We hope to have a formal funding announcement that includes a workplan and budget proposal template in late May or early June. It will be posted on our website at diabetes.idaho.gov and emailed as well.

Please have anyone interested contact me at Nicole.stickney@dhw.idaho.gov.

Project Filter – Commercial Tobacco Prevention & Control

New QuitLine Service Provider

The number is still the same 1-800-QUIT NOW (1-800-784-8669) but our new vendor hosts the Native American QuitLine with Native American quit coaches on the phone. (See attached referral instructions) We are creating toolkits for healthcare and other providers who are interested in being set up on the e-referral system. If a provider is interested contact Jamie. Project Filter will cover the costs of the set up.

New Factsheet

A general factsheet on commercial tobacco use among American Indians in Idaho is being created. If you would like to provide feedback on the draft factsheet please see attached.

Women's Health Check (WHC)

Women's Health Check (WHC) Program, as part of the Cancer Prevention and Control Section in the Division of Public Health, will have new subgrantees beginning June 30, 2017 until June 29, 2018. We are currently in the process of identifying subgrantees, that are not Public Health Districts, in North Central Idaho (District 2) and Treasure Valley areas. In Fiscal Year 2018, we hope to establish/strengthen partnerships with tribal representatives who can help us identify

ways to increase breast and cervical cancer screenings for Women’s Health Check Program eligible women in their respective areas. For more information related to WHC, visit womenshealthcheck.dhw.idaho.gov.”

Colorectal Cancer Screening Program

- Releasing subgrant solicitation to Community Health Centers for sustainable systems change to increase colorectal cancer screening. Current subgrantees are Family Health Services, Family Medicine Residency of Idaho, Health West, and Kaniksu Health Services.
- Developing provider and clinical staff training videos to increase knowledge about colorectal cancer screening and evidence-based practices.
- PHD support and TA come July ...?

Bureau of Vital Records and Health Statistics

Looking for vital statistics (like birth, death, or marriage information) or health behavior data in Idaho? You can find this information as well as data from the Idaho statewide Behavioral Risk Factor Surveillance System (BRFSS), or the Pregnancy Risk Assessment Tracking Survey at:

<http://healthandwelfare.idaho.gov/Health/HealthStatistics/tabid/102/Default.aspx>

The Bureau of Vital Records and Health Statistics publishes annual publications with this type of information. If you are interested in receiving notifications when new reports are released contact Jamie at JamieLou.Delavan@dhw.idaho.gov or 208-334-0643.

OFFERS OF TECHNICAL ASSISTANCE

Radon (Ongoing)

For assistance/training in radon testing and mitigation contact Jim Faust, Indoor Environment Program Manager (208) 334-5717

Public Health Business Office (Ongoing)

The Division of Public Health is offering technical assistance to tribes on **performance management and quality improvement**. Dan Ward, Performance Improvement Manager, has an extensive PM/QI background with years of experience in helping organizations become more efficient and effective in their work. For more information or wanting technical assistance please contact:

Dan Ward, MPA
Performance Improvement Manager - Division of Public Health
WardD@dhw.idaho.gov (208) 334-6563

OTHER OPPORTUNITIES

Climbing to Great Heights: Strengthening Connections for Injury & Violence Prevention-Conference Scholarship

The Regional Network Coordinating Organization (RNCO) at Washington State Dept. of Health has funding assistance to assist non-funded state injury and prevention offices on the Western Pacific Injury Prevention Network (WPIP) to attend the Safe States Annual Meeting. The WPIP Safe States Annual Meeting Scholarship includes Registration for one person from unfunded state, U.S territory, or tribal injury prevention offices. Eligible states: Alaska, Idaho, Nevada, California, Tribal Injury Prevention Offices, and the U.S. Pacific Islands. Safe States is committed to supporting and

building the future injury and violence prevention workforce. Safe States is committed to supporting and building the future injury and violence prevention workforce.

The application period for scholarships will close on May 12, 2017. Apply at <http://www.safestates.org/page/2017AMSchola> or send scholarship application questions to lakaya.brittian-quander@safestates.org

Comprehensive Cancer Alliance of Idaho:

- Sign up for newsletters at <http://eepurl.com/ctuGJb>

Colorectal Cancer Roundtable:

- Newsletter sign up at <http://eepurl.com/cm8CKb>
 - Webinar - *“Screening Options: More than just a scope”* June 28th 2:00 to 3:00 pm (MT) – registration link shared through newsletter
-

MEETINGS AND CONFERENCES

Annual Clinical STD Update

August 10, 2017 -Spring Hill Suites on Park Center, Boise (different date than previously shared)

This is a one-day; in-person training and CEUs are available. Anyone with an interest in the clinical “updates” around STDs is welcome to attend. Our program can offer stipends to help cover the \$150 registration fee. If interested, contact Diana Gardner, STD Prevention Program Specialist, directly regarding registration and stipend information. See attached Flyer.

208.334.5785 or diana.gardner@dhw.idaho.gov

Basic information on the STD Update training:

University of Washington’s Prevention Training Center - 1 Day Clinical STD Update For Healthcare Staff in Idaho
This 1-day didactic STD Update course provides participants with training in the most recent advancements in the epidemiology, diagnosis, and management of viral & bacterial STDs. An optional 2-day clinical practicum is available to participants who complete this Update.

Topics include (subject to change):

- Update on 2015 CDC STD Treatment Guidelines | Christine Johnston, MD, MPH
- Update on Gonorrhea and Chlamydia | Laura Quilter, MD
- Update on Human Papillomavirus | Sue Szabo, PA-C
- Syphilis: Clinical Refresher and Update in Epidemiologic Trends and Diagnosis | Sue Szabo, PA-C
- HIV-1 Pre-Exposure Prophylaxis | Brian Wood, MD

Course participants will learn how to:

- ✓ Describe the latest clinical and lab diagnostic and testing procedures for the infections covered.
- ✓ List the current recommended treatments, follow-up, and prevention messages for the sexually transmitted infections covered.

Six credit hours available.

Hypertension and Diabetes Improvement Project Funding Announcement 2017-2018

The Idaho Diabetes, Heart Disease and Stroke Program, housed in the Bureau of Community and Environmental Health at the Idaho Department of Health and Welfare will have funding available to support five (5) Idaho Tribal Health Systems in implementing or improving activities related to hypertension and diabetes control for the upcoming fiscal year (July 1, 2017 – June 29, 2018). We anticipate having approximately **ten thousand dollars (\$10,000)** available **per** Tribal Health System to implement evidence based interventions and team-based care to prevent and manage high blood pressure and diabetes while increasing community linkages between Diabetes Self-Management Education Programs, Diabetes Prevention Programs, and clinical care.

The Idaho, Diabetes, Heart Disease and Stroke Program is funded by the Centers for Disease Control and Prevention. This subgrant solicitation announcement addresses priorities of the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (CDC-RFA-DP13-1305) CFDA# 93.757.

Tribes are asked to select at least two (2) of the following strategies to develop or improve hypertension and/or diabetes health outcomes. *(This funding opportunity will specifically aim to address processes and outcomes related to NQF 18* and NQF 59**):*

1. Increase the effective use of electronic health records (EHR) and health information technology (HIT) to ensure that all hypertensive, diabetic and prediabetic patients are identified and receive patient and self-management strategies for hypertension, diabetes and prediabetes.
2. Develop and implement a workflow and appropriate policies/protocols to increase the use of self-measured blood pressure among their patients and provide hands-on instruction on proper blood pressure measurement technique along with available tracking resources.
3. Increase community awareness of prediabetes among people at high risk for type 2 diabetes and increase the number of primary care staff who receive prediabetes training specific to their position.
4. Increase access and participation in a Diabetes Prevention Program (DPP) in the primary care setting by developing and implementing a standardized referral process for patients with prediabetes or patients at high risk to develop diabetes.
5. Promote participation and increase proportion of patients with diabetes enrolled in a Diabetes Self-Management Education Program.

A formal funding announcement that will include a proposed workplan and budget template will be available late May/early June on our website at diabetes.idaho.gov.

For more information, please contact Nicole Stickney at nicole.stickney@dhw.idaho.gov.

**NQF18: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mmHg) during the measurement period. Numerator: Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg) during the measurement period. Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period*

***NQF59: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c >9.0% during the measurement period. Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%. Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period.*

DRAFT COPY

Please provide feedback on information and imagery to Jamie: JamieLou.Delavan@dhw.idaho.gov, 208-334-0643

NATIVE AMERICAN FACTS & STATS

1 QUESTION | 2 ANSWERS

Q. WHAT DO HEART DISEASE AND LUNG CANCER HAVE IN COMMON?

A: THEY ARE THE LEADING CAUSE OF DEATH AND CANCER DEATH AMONG NATIVE AMERICANS.

A: TOBACCO USE IS A MAJOR RISK FACTOR FOR BOTH DISEASES.

#1 WE'RE

39%
OF NATIVE AMERICANS ARE ADDICTED TO SMOKING TOBACCO. THAT'S MORE THAN ANY OTHER ETHNICITY OR RACE IN AMERICA.

E-EQUAL OPPORTUNITY
WHITES (6%)
NATIVE AMERICANS (11%)
E-CIGARETTES
ARE NEARLY 2X MORE POPULAR WITH NATIVE AMERICANS THAN THEY ARE WITH WHITES.

CIGARETTE MAKERS KNOW NATIVE AMERICAN CULTURE USES TOBACCO TO DELIVER PRAYERS BY SMOKE. THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION STATE THAT "CERTAIN TOBACCO PRODUCTS APPEAR TO BE TARGETED TO MEMBERS OF RACIAL/MINORITY COMMUNITIES. MARKETING TO HISPANICS AND AMERICAN INDIANS/ALASKA NATIVES HAS INCLUDED ADVERTISING AND PROMOTION OF CIGARETTE BRANDS WITH NAMES SUCH AS RIO, DORADO, AND AMERICAN SPIRIT"

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IDAHO FIGHTS TOBACCO
PROJECTFILTER.ORG

READY TO QUIT SMOKING?
1-800-QUIT-NOW
COUNSELING / GUM, LOZENGES, PATCHES / HEALTH FACTS



Presents:

CLINICAL STD UPDATE

WITH OPTIONAL CLINICAL PRACTICUM

August 10, 2017

The **Clinical STD Update** course provides registered participants with training in the most recent advancements in epidemiology, diagnosis, and management of viral and bacterial STDs.

▼ TOPICS INCLUDE (SUBJECT TO CHANGE):

- Update on 2015 STD Treatment Guidelines
- Update on Gonorrhea and Chlamydia
- HIV-1 Pre-Exposure Prophylaxis
- STDs in Adolescents
- Update on Vaginal Health
- Syphilis: Clinical Refresher and Update in Epidemiologic Trends and Diagnosis

▼ COURSE PARTICIPANTS WILL LEARN HOW TO:

- Describe the latest clinical and lab diagnostic and testing procedures for the infections covered.
- List the current recommended treatments, follow-up, and prevention messages for the infections covered.

Boise, Idaho
August 10, 2017
8:30am – 5:30pm
Fee: \$150

Hotel rooms, dinner meals, and parking fees are not covered in the registration fee and are the participants' responsibility. Lunch and a light continental breakfast will be provided.

This course is designed for clinicians practicing in Idaho, but providers from other areas are welcome to attend.

Pre-enrollment by August 3, 2017 is required.



For registration and payment information, please visit:
<http://courses.nnptc.org>

uwptc@uw.edu | (206) 685-9850

Continuing Medical & Nursing Education Available

CONTINUING MEDICAL EDUCATION: The University of Washington is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of 6.0 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CONTINUING NURSING EDUCATION: A certificate for 6.5 contact hours (of which 5.5 are in pharmacology at the advanced practice level) will be awarded for completing all course activities, a pre/post-test and an evaluation.

Continuing Nursing Education at the University of Washington School of Nursing (UWCNE) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

Psychologists: UWCNE qualifies as a CE program sponsor under WAC 246-924.240.

Social Workers and Counselors: UWCNE qualifies as a Washington State CE program sponsor under WAC 246-809.610.

Other disciplines: A contact hour certificate will be awarded for use in documenting completion of this continuing education activity.



NAMI Idaho

NATIONAL ALLIANCE ON MENTAL ILLNESS



NAMI Idaho

NATIONAL ALLIANCE ON MENTAL ILLNESS

LET'S COME TOGETHER
TO IMPROVE THE LIVES OF PEOPLE LIVING WITH MENTAL ILLNESS

LET'S COME TOGETHER
TO IMPROVE THE LIVES OF PEOPLE LIVING WITH MENTAL ILLNESS

NAMI Idaho's mission is to improve the quality of life for all those affected by mental illness through support, education, advocacy and research.



Northern Region Spring Conference

University of Idaho

Pitman Center, Vandal Ballroom

709 S. Deakin Ave. Moscow, ID 83844

(Free parking in Red, Blue, Silver, and Purple Areas)

May 20th, 2017

9:00 a.m. – 5:00 p.m.

<https://www.idahonami.org>

<https://latahrecoverycenter.org/about/nami-conference/>

<https://www.facebook.com/idahonami>

NAMI Helpline 1-800-950-6264

- 8:30-9:00 Registration Check-in
- 9:00-9:50 Opening, Keynote
Dr. Rand Walker, PhD *Beyond Struggle: Flourishing with Mental Illness*
- 10:00-10:50 Breakout session 1 (2 sessions)
Dr. Jamie Derrick, PhD *Mindfulness Meditation*
Dr. Emily Johnson, PhD *QPR Suicide Prevention*
- 11:00-12:00 Breakout session 2 (2 sessions)
Dr. Sharon Fritz, PhD *On Campus Support*
Amanda Lehto *Recovery & Resiliency*
- 12:00-1:00 Lunch
- 1:00-1:50 Breakout session 3
Dept Health & Welfare, *Adult and Children Mental Health*
- 2:00-:2:50 Breakout session 4 (2 sessions)
Angela Day *Recovery models, Community Support Groups*
Mark Leeper
- 3:00-4:15 Panel discussion
Lee and Carol Burkett; Darrell Keim; Dr. William Cone, PhD;
Officer Paul Kwiapkowski
Community Support Groups, Latah Recovery Center, Crisis Training
- 4:15-Close NAMI Board President, Mike Sandvig *Advocacy, Membership, and Support*

About the Keynote Speaker, Dr. Rand Walker, PhD:

Dr. Walker is the founder of the University of Idaho Child & Youth Study Center (based in the Center on Disabilities & Human Development) and the owner of Educational & Psychological Services (in Moscow, Idaho). As an Affiliate Associate Professor at the University of Idaho and Graduate Instructor at Washington State University for over 25 years, Dr. Walker has taught a variety of advanced graduate courses in the respective graduate programs and published research in anxiety, communication, diagnostics, and novel interventions treating refractory mental conditions. Dr. Walker, a frequent presenter at conferences nationally and regionally, is an active consultant for corporations, universities, non-profit organizations, and is the primary psychological consultant for the University of Idaho Athletic Department. He has authored numerous publications including articles in the Encyclopedia of Psychotherapy (Harcourt-Brace), Behavior Therapy, and the Journal of Consulting and Clinical Psychology. He resides in Viola, Idaho with his wife Keri and their son Kristian.

Thanks to our Sponsors!



**Department of Human Services
Tribal Affairs**



**DHS Directors 5 Programs Convening
May 25, 2017 9:00 am – Noon
HSB – 500 Summer Street NE Salem, OR
Conference Line: 1-877-873-8018 Access: 3622940#**

Agenda

Time	Agenda Item	Presenter(s)
9:00.- 10:30 am	Welcoming & Introductions Program Updates <ul style="list-style-type: none"> • DHS Directors Office Clyde Saiki, Director • Aging and People with Disabilities; Ashley Carson-Cottingham, Aging and People with Disabilities Director • Child Welfare; Lena Alhusseini, Child Welfare Director • Self Sufficiency; Kim Fredlund, Self Sufficiency Director • Vocational Rehabilitation: Trina Lee, Vocational Rehabilitation Director 	Nadja Jones
10:30 am – Noon	Targeted Case Management Work Group Update APD Local Outreach Follow-Up Program/Project Updates	Linda Williams, Janna Star Ashley Carson Cottingham All

Contact Information

Nadja Jones, Tribal Affairs Director
C: 971.301.1668
Nadja.p.jones@state.or.us

Kristen Potts, Executive Support Tribal Affairs
P: 503.947.5434 **C:** 971.283.4524
Kristen.l.potts@state.or.us

**Department of Consumer and Business Services - Department of Human Services - Department of Veterans Affairs
Oregon Housing and Community Services - Oregon Health Authority - Youth Development Council**



SB 770 Health & Human Services Cluster Meeting

Wednesday May 24, 2017

9:00 AM - 4:00 PM

Human Services Building Room 137 B-D

500 Summer St. NE Salem OR

Conference Line: 888-363-4734		Participant code 3292468#
Agenda Item	Presenter(s)	Time
Welcome, Traditional Opening & Introductions	Julie Johnson, OHA Tribal Affairs	9:00 - 9:15
<i>Oregon Health Authority</i> Tribal Consultation Pharmacy State Plan Amendment	Lynne Saxton, Director Jim Rickards, Chief Medical Officer Deborah Weston, Policy Analyst Janna Starr, Tribal Health Liaison Jesse Anderson, Policy Analyst	9:15 - 10:30
<i>Oregon Health Authority Cont.</i> Opioid STR Grant	Rusha Grinstead, Behavioral Health Planner & Block Grant Manager	10:30-10:50
<i>Oregon Housing and Community Services</i> Update	Kim Travis, Housing Integrator	10:50-11:00
Tribal Sharing	Tribes, NARA, NPAIHB	11:00-12:00
Lunch provided by DHS <i>Department of Human Services</i> Update Online training course	Clyde Saiki, Director Nadja Jones, Tribal Affairs	12:00-1:00
<i>Youth Development Council</i> General Overview	Anya Sekino, Juvenile Crime Prevention Manager	1:00-1:30
<i>Department of Consumer & Business Services</i> Legislative update Site visits	Pat Allen, Director Rob Smith, Community Partner and Tribal Liaison	1:30-2:30
<i>Department of Veterans Affairs</i> Update	Cameron Smith, Director	2:30-3:00
<i>Oregon Health Authority Cont.</i> BH mapping tool and data schedule Health Information Technology Presentation Traditional Health Workers Update	John Collins, Director of Health Analytics Kristin Bork, Policy Analyst Julie Johnson, Tribal Affairs	3:00-4:00
Aug 22, DHS Convening Aug 23, SB 770 Health and Human Services Cluster Mtg.	Hosted by Klamath Tribes Chiloquin, OR	
Nov 28, DHS Convening Nov 29, SB 770 Health and Human Services Cluster Mtg.	Hosted by the Confederated Tribes of Grand Ronde Grand Ronde, OR	
Rob Smith, Tribal Liaison, DCBS 971-301-1960 robert.d.smith@oregon.gov	Julie Johnson, Interim Tribal Affairs Director, OHA 503-945-9703 julie.a.johnson@state.or.us	
Nadja Jones, Tribal Affairs Director, DHS 971-301-1668 nadja.p.jones@state.or.us	Anya Sekino, Juvenile Crime Prevention Manager, YDC 503-378-5115 anya.sekino@state.or.us	
Kim Travis, Housing Integrator, OHCS 503-428-3843 kim.travis@state.or.us	Cameron Smith, Director, Dept. of Veterans Affairs cameron.smith@state.or.us	

Tribal Meeting on Traditional Health Worker Programs

Meeting Date:	May 23, 2017
Meeting Time:	1:00 - 4:00 pm
Meeting Location and Call In:	Lincoln Building (421 SW Oak St Suite 775, Portland, OR 97204) Suite 775 - Transformation Conf. Room - 14 Conference Line: 888-363-4734 Access Code: 3292468
Meeting Purpose:	The purpose of this meeting is for the discussion of supporting tribal programs in implementing Traditional Health Workers in their communities, collaborating with OHA's Office of Equity and Inclusion (OEI) and others.

Agenda	Presenters	Time
Welcome, Introductions	All	1:00-1:10
1) Review purpose of meeting and discussion up to date.	All	1:10-1:45
<p>Background: Tribes have been interested in expanding their Traditional Health Worker programs and there has been numerous discussions of how best to do that over the last year. A couple key areas are-</p> <ul style="list-style-type: none"> • Developing a culturally responsive curriculum for working in Tribal communities. Eventually we would like to see one for Peer Support/Peer Wellness Specialists, one for Community Health Workers and one for Birth Doulas. • Starting with the Oregon Family Support Network (OFSN) to complete this for Family Support Specialists. • Understanding and having the billing process in place. 		
2) Update on curriculum development and training for Family Support Specialists	Aaron Noisey CTUIR-Yellowhawk	1:45-2:15
<p>Background: Partnering with OFSN, the NPAIHB, tribal communities and OHA to create a culturally responsive curriculum for the certification of Family Support Specialists.</p>		
2) Agencies that could help with this process	Mohamed Abdiasis OEI	2:15-2:45
<p>Background: From our last call Mohamed is going to provide a list of possible organizations that could assist in the curriculum development.</p>		
3) OEI Programs Overview	OEI Staff	2:45-3:30
<p>Background: OEI can share other statewide programs that may be beneficial to tribes.</p>		
4) Next steps	All	3:30-4:00
<p>Background: What needs to be done to keep this process moving?</p>		
Next Meeting:		