HEALTH NEWS & NOTES

HOUSING & TRIBAL INFRASTRUCTURE

AUGUST–SEPTEMBER 2026

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Brandon Tupper, Secretary, Klamath Tribes

Alison Boyd-Ball, Treasurer, Confederated Tribes of the Colville Reservation

Sharon Stanphill, Sergeant-at-Arms, Cow Creek Band of Umpqua Tribe of Indians

DELEGATES

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Coeur d'Alene Tribe, Gene James
Confederated Tribes of the Chehalis Reservation, Kim Coombs
Confederated Tribes of the Colville Reservation, Alison Boyd-Ball
Confederated Tribes of Coos, Lower Umpqua & Siuslaw, Illiana Montiel
Confederated Tribes of Grand Ronde, Kelle Rowe
Confederated Tribes of Siletz Indians, Judy Mushcamp
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Confederated Tribes of the Warm Springs, E. Austin Greene
Coquille Indian Tribe, Jen Procter Andrews
Cow Creek Band of Umpqua Tribe of Indians, Sharon Stanphill
Cowlitz Indian Tribe, Kay Culbertson
Vacant, Hoh Tribe
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Kalispel Tribe of Indians, Nick Pierre
Klamath Tribes, Brandon Tupper
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Lower Elwha Klallam Tribe, Frances G. Charles
Lummi Nation, Maureen Kinley
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Nez Perce Tribe, Alexis Walker
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Northwestern Band of the Shoshone Nation, Michelle Richards
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Puyallup Tribe, David Tonemah
Quileute Tribe, Jolene Winger
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Shoalwater Bay Indian Tribe, Delia Culp
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Squaxin Island Tribe, *Vacant*
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Suquamish Tribe, Steve Kutz
Swinomish Indian Tribal Community, Alana Quintasket
Tulalip Tribes, Teri Gobin
Upper Skagit Indian Tribe, Marilyn Scott
Yakama Nation, Katherine Saluskin

The Northwest Tribes have long recognized the need to exercise control over the design and development of healthcare delivery systems in their local communities. To this end, they formed the Northwest Portland Area Indian Health Board (also referred to as NPAIHB or "the Board") in 1972.

Guided by the vision of *'Health and Wellness for the Seventh Generation,'* NPAIHB is a 501(c)(3) nonprofit Tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), serving the 43 federally recognized Tribes in Idaho, Oregon, and Washington.

Led by our Board of Directors, NPAIHB's mission is to ***"eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high-quality health programs and services."***

Health and Wellness for the Seventh Generation.

NPAIHB Programs & Development: Working Together in Service to Northwest Tribes

Candice Jimenez, MPH
Confederated Tribes of Warm Springs

Director of Programs and Development, NPAIHB

Welcome to the August/September 2026 issue of *Health News & Notes*, focused on housing and Tribal infrastructure. Safe homes and strong community systems are part of what keeps people healthy. Tribal health systems rely on infrastructure too: public health capacity, data systems, a skilled workforce, and funding. In this letter, I'm introducing NPAIHB's Programs and Development teams that help support that foundation.

The strength of Tribal health systems is rooted in the knowledge, leadership, and relationships within our communities. At the Northwest Portland Area Indian Health Board (NPAIHB), our responsibility is to support that strength with resources and expertise responsive to the priorities of our 43 Member Tribes. Our Clinical Support Services (Clinical), Environmental Public Health (EPH), and the Northwest Tribal Epidemiology Center (NWTEC) Divisions along with grants Management work together to connect Tribal priorities with workforce development, public health practice, research, technical assistance, and funding.

Our **2025–2030 Strategic Plan** guides this work for Programs and Development. That plan means aligning funding and program decisions with Tribal priorities, strengthening collaboration, and evaluating where our support is useful and where gaps remain. Feedback from Tribes and staff is essential to understanding our progress and guiding adjustments.

As Director of Programs and Development, I work alongside our Division Directors and Grants Management team to clear obstacles that slow this work down. Throughout we honor each Tribe's authority to determine its own path toward health and wellness.

Supporting People, Communities, and Place

Our Clinical programs include community health aide education, dental services, dementia and caregiver support, suicide prevention, and substance use response. Indian Country ECHO and Syndemic Support offer providers training, consultation, and tools to strengthen culturally responsive care.

EPH work builds environmental health capacity, supports climate-related community priorities, education, and prevention. It reflects the relationship between our people's health, the lands, waters, and places that sustain us.

The NWTEC is beginning a new five-year core award cycle and approaching 30 years of service in 2027. Its work supports Tribal research, meaningful data access, and Tribal data sovereignty. The Northwest Tribal Data Hub and the Huckleberry Hub learning management system, now in development, give Tribes access to information and practical resources.

Connecting Resources, Programs, and Advocacy
In Fiscal Year 2026, Grants Management worked with program staff, Tribal partners, and administrative teams to secure new and continuing support for these priorities. Recent awards sustain public health infrastructure, expand research training, strengthen the Tribal health workforce, and support environmental health and community wellness.

For example, continued Tribal Opioid Response funding supports the 34 Tribes participating in its consortium, with most resources going to Tribes for community-directed responses. Additional awards support crisis response partnerships and culturally grounded youth suicide prevention. Each award carries a responsibility to tie resources to our strategic priorities and meaningful benefit for communities.

Programs and policy advocacy strengthen one another. Through program partnerships, we learn about barriers and share approaches communities find useful. Research and public health data can inform Tribal advocacy, while policy advances can create opportunities for resources, workforce development, and access to care. Program teams help put those opportunities into practice and bring what they learn back to inform advocacy.

Please tell us where our support is working, where gaps remain, and where stronger connections across NPAIHB would help. Your guidance shapes how we move our shared priorities into action. With much gratitude, we look forward to supporting and uplifting Northwest Tribes as we begin Fiscal Year 2027.

Contact:
Candice Jimenez
Director of Programs and Development
cjimenez@npaihb.org

The Portland Area Regional Specialty Referral Center Demonstration Project – **A Healthcare Infrastructure Project**

Puyallup Tribal Health Authority, Tacoma, Washington.

Jason G. Lovett, PE

Healthcare Construction Special Projects Manager

The Portland Area Indian Health Service (IHS) is building its first regional specialty care center, and NPAIHB is helping make it happen. The outpatient specialty care and surgical center will be located on land provided by the Puyallup Tribe of Indians in Fife, Washington. It is the first in a planned network of three specialty care centers serving the Portland Area (Idaho, Oregon, and Washington).

How It Comes Together

IHS is providing funds to design, construct, and equip the facility, and awarded NPAIHB an Indian Self-Determination Construction Contract to complete the project. The Puyallup Tribe of Indians, represented by the Puyallup Tribal Health Authority, will design, construct, and equip the facility under a subaward with NPAIHB. Once complete, IHS will own and operate the completed

> ***"We are committed to delivering a successful project that will be accessible to all Tribes."***
> ***— David Tonemah, Executive Director, Puyallup Tribal Health Authority***

facility to serve AI/AN people throughout the Pacific Northwest.

"We are committed to delivering a successful project that will be accessible to all Tribes," said David Tonemah, Executive Director of the Puyallup Tribal Health Authority. "We want this project to succeed and serve as a template for the other network locations."

More Than a Building

Roads, bridges, power, and water systems are the most familiar examples of infrastructure: the physical systems that keep things running. But infrastructure also includes the people and institutions that provide essential services, including healthcare. This project builds both: a new facility and medical equipment, plus approximately 450 new medical professionals, including specialty care providers, dedicated to raising the health status of AI/AN people to the highest possible level.

"This project builds both: a new facility and medical equipment, plus approximately 450 new medical professionals, including specialty care providers, dedicated to raising the health status of AI/AN people to the highest possible level."

Connected to the Region

This site is located next to Interstate 5, and the upcoming Tacoma Dome Link Extension will provide light rail access to Seattle-Tacoma International Airport and communities along the I-5 corridor. A new regional bicycle and pedestrian path, the spuyaləpabš Trail, is also under development nearby. These connections will help bring staff and patients to the facility and back home, and help specialist travel to rural Tribal communities.

Just as important, telecommunications will link the center with Tribal communities and health facilities throughout the Portland Area, extending the reach of services and reducing how often patient need to travel.

All Infrastructure is Health Infrastructure

NPAIHB's 2025–2030 Strategic Plan is grounded in the Tribal Social Determinants of Health. One of the plan's primary goals is that "Northwest Tribes are leaders in providing culturally tailored, high-quality, innovative, and holistic health programs/systems for American Indians and Alaska Natives." Reaching that goal takes both kinds of infrastructure: facilities and equipment and the people and systems behind them. Infrastructure of all types supports food systems, economic development, housing, education, and healthcare. Through that lens, all infrastructure is health infrastructure. The Portland Area Regional Specialty Referral Center is one important piece of a larger system that will continue to grow to support health and well-being for all.

A New NPAIHB Website and the Huckleberry Hub – Coming Soon

Klamath Cohn
Shasta Tribe, Tuscarora Nation of the Haudenosaunee Confederacy

Training and Outreach Manager, NWTEC

Amory Zschach
Cheyenne and Arapaho Tribes

Director of Strategic Communications

NPAIHB launched an updated website on Monday, October 5, at npaihb.org, bringing all of our work and programs together in one place so it's easier for Tribes and partners to find the information and support they need. The new site is the first step to something bigger. In spring 2027, NPAIHB will launch the Huckleberry Hub, a learning management system that gives Tribes, health agencies, and partners 24/7 access to a customized digital library of resources, including live and recorded training, webinars, toolkits, and other materials.

Developed in partnership with the Northwest Center for Public Health Practice at the University of Washington, the Huckleberry Hub is designed to be a one-stop shop for high-quality, culturally responsive public health information.

Looking for a Resource?
While we move resources into the Huckleberry Hub, some content will be temporarily unavailable online. These include the Boarding School Toolkit, Mind4Health, and documents from the NW NARCH resource library.

If you can't find a resource you used on our previous site, please contact the projects themselves or email communications@npaihb.org. We're happy to help you find what you need.

Research Support Fellowship

NW NARCH
A Project of the Northwest Portland Area Indian Health Board

FOR AMERICAN INDIAN/ALASKA NATIVE STUDENTS

AWARD INCLUDES:

- Financial support on an hourly basis for research completed
- Mentorship
- Travel award for research conferences and in person workshops
- Virtual and in person learning

PAID EXPERIENCE

Undergraduate: $20/hour (max: 10 hours/week)

Graduate: $27/hour (max: 20 hours/week)

GOAL

To increase participation in population health sciences research among American Indian & Alaska Native (AI/AN) undergraduate students.

APPROACH

We support hands-on learning experiences for AI/AN students interested in population health research. Complete a mentored research project and attend skill-building courses in our Summer Research Training Institute, workshops, or scientific conferences.

SPONSORS

National Institute of General Medical Sciences of the National Institutes of Health under Award Number S06GM145214

Northwest Portland Area Indian Health Board

Native American Research Centers for Health

CONTACT

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NW NARCH
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NPAIHB

Northwest Native American Research Center for Health

– Continuing Education Opportunities & Updates

Research Support Fellowship Program
Aimed at increasing the number of well-trained American Indian/Alaska Native researchers who are prepared to conduct population health sciences research in diverse settings, this fellowship is offered yearly to AI/AN undergraduate and graduate students. Accepted fellows are compensated hourly for research completed, have opportunities to increase research competencies by attending the Summer Research Training Institute (SRTI), and receive a travel award to attend national, regional, and local research conferences. Applications are available on our website and are reviewed on a rolling basis.

Visit our website to learn more: npaihb.org/programs/nw-narch/

Summer Research Training Institute
The SRTI is one of Northwest Native American Research Center for Health's (NW NARCH) hallmark programs that features a two-week training designed to improve research skills. Each week offers different, short skill-building courses in research methods, epidemiology, community-based participatory research, data science, and more. We encourage AI/AN health professionals, undergraduates, and graduate students with an interest in Tribal health to attend. More information will be available on our website this spring.

Tribal Researchers Cancer Control Fellowship Program
Since 2018, the Tribal Researchers Cancer Control Fellowship Program has supported 85 fellows who sought additional training in cancer prevention and control. This figure more than doubled our initial recruitment goal of 40 AI/AN researchers. Each year-long fellowship includes a two-week cancer prevention and control training hosted by experienced faculty who also aid fellows in implementing cancer control projects. Upon training completion, fellows are offered distance learning opportunities and a travel award to attend a research conference of their choosing. As the funding cycle for this program draws to a close, NW NARCH extends its sincere gratitude to all who participated and helped support the development of Native cancer researchers.

Public Health Research Academy
Our third cohort of Native high school students completed their year-long exploration of public health in May 2026. Ten students representing Tribes from Idaho, Oregon, and Washington learned key public health concepts and methods used to conduct culturally grounded research with Native communities. Assisted by local mentors, NPAIHB staff, and the NW NARCH team, youth explored mental health, health impacts of lead bullets, youth substance abuse, cancer in Native communities, and medical gaslighting in female patients. Youth conducted community surveys, interviews, talking circles, and literature reviews to learn about their topic and understand community impacts. They also learned how to use photovoice and social media campaigns to share what they learned and raise awareness about these issues with their communities. Congratulations to our amazing 2025–26 youth cohort and mentors!

What's next for the Academy?
We are working to transition our lessons for wider distribution. We will share updated lesson plans with educators and communities on healthynativeyouth.npaihb.org and through NPAIHB's Learning Management System.

Read more about our cohorts: sites.google.com/allysonkelleypllc.com/npaihb-narch/home

Celebrating our graduated 2025–26 cohort.

Young Heroes: A New First Responder Pilot for Native Youth

Wildfire smoke has been the most visible health threat for Northwest Tribes, but it isn't the only one. Falls and injuries, diabetes-related crises, asthma attacks, cardiovascular emergencies, hypothermia, hyperthermia, overdoses, insect bites—the list is long.

In Australia, the programs teach children as young as 12-year-olds first responder skills and how to help intervene in common emergencies. Our NW NARCH team wondered whether a similar program could work for Native youth. With funding from the National Institutes of Health, we are now launching a pilot project on first response to find out.

We are seeking three regional Tribal partners to help us test different ways of teaching these skills.

After three years of pilot exploration, we hope to expand the project to all Northwest Tribes. We will be contacting NPAIHB Tribal delegates at the October 2026 Quarterly Board Meeting (QBM) in Snoqualmie, Washington to gauge interest.

NW NARCH
Northwest Native American Research Center for Health
A Project of the Northwest Portland Area Indian Health Board

Recruiting Members for the NWTEC Data Advisory Group

NPAIHB's Northwest Tribal Epidemiology Center (NWTEC) believes that Tribe-led, Tribe-owned data makes communities healthier. NWTEC is forming a Data Advisory Group to guide our data and epidemiology services and strategy. This group will serve as both a learning community and an opportunity to inform NWTEC's services to Northwest Tribes.

We plan to convene the Data Advisory Group in early 2027. The initial year will focus on data modernization, including:

- Building our knowledge base on issues such as interoperability, health information exchanges, and data governance
- Defining what data modernization means for NW Tribes
- Engaging with state health departments to ensure Tribal needs are included in their data modernization strategies

This group is an exciting opportunity for Tribal professionals who work with data to learn from each other and improve how we access, analyze, and use data to improve Tribal Nations' health. When we all share knowledge, we strengthen Tribal health.

If you are interested in participating or would like more information, please contact Sujata Joshi, NW Tribal Data Hub Project Director (sjoshi@npaihb.org).

Tribal Engagement Guides NW Tribal Data Hub Work

Sunny Stone, MPH, MCHES

Data Hub Outreach Manager

Each year, the NW Tribal Data Hub (Data Hub) asks the people we serve how we are doing and where we should go next. In July, Tribal leaders and Data Hub users responded to the 2026 NW Tribal Data Hub Annual Evaluation and Priorities Survey. The survey focuses on data priorities and needs, the impact of the Data Hub on decision-making and Tribal data sovereignty, suggested improvements to dashboards, and general feedback. Responses help us plan work for the upcoming year and shape a longer-term strategy to meet the future needs of you, the Tribes that we serve.

Who Responded

The survey had 14 responses provided by NW Tribal Data Hub Users (43%), NPAIHB Delegates (29%), Tribal Health Directors (29%), Other Tribal staff (14%), and Behavioral Health Directors (7%). Nearly two-thirds of respondents currently had access to the Data Hub (64%).

How Tribes are using the Data Hub

Based on Data Hub users' feedback, the use of Data Hub's dashboards varies by topic; 20% of respondents are using each of the dashboards regularly and 40-60% have used the dashboards a few times (See Figure 1.) When asked "What information or features on the dashboards have been most useful?", respondents shared appreciation for the ability to customize the dashboards by year, age, and region (Tribal area; state; regional data) controls. For features to be improved or added, users noted a need to add more data sources into the platform.

Figure 1:
Have you used any of the dashboards currently available in the Data Hub?

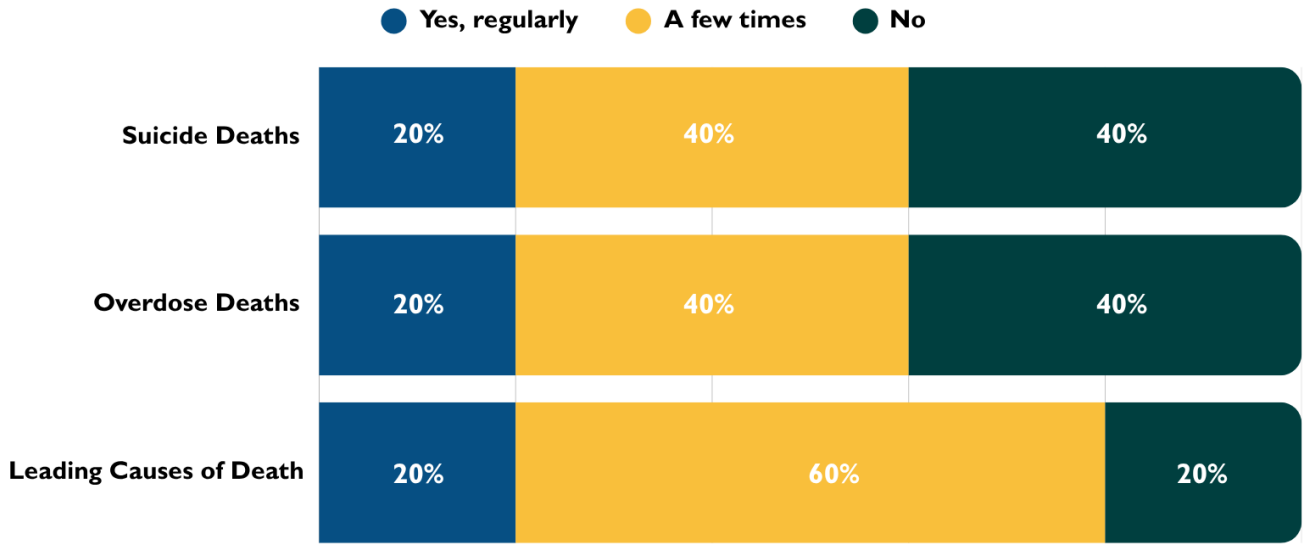
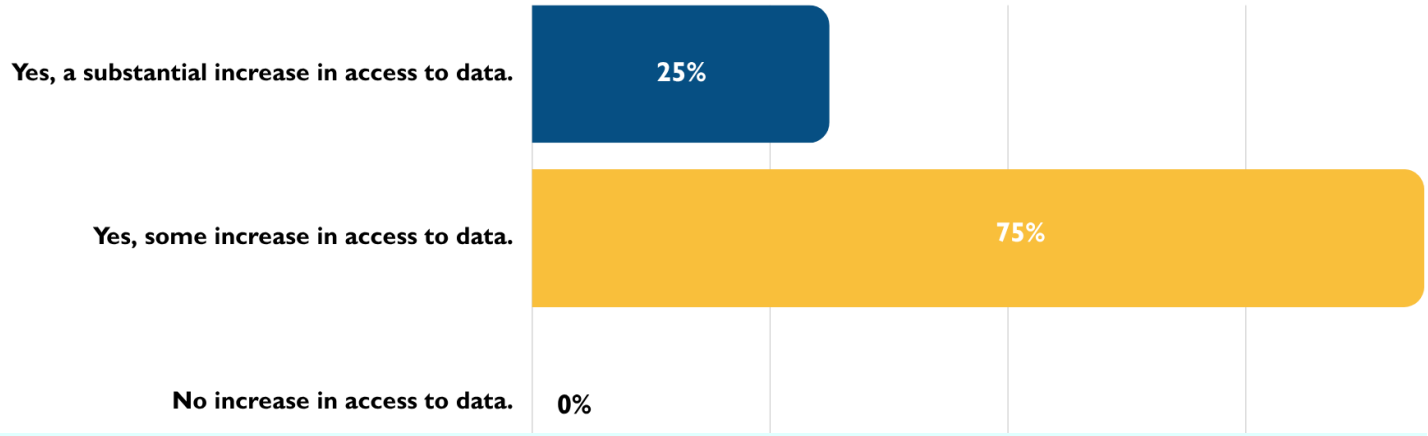
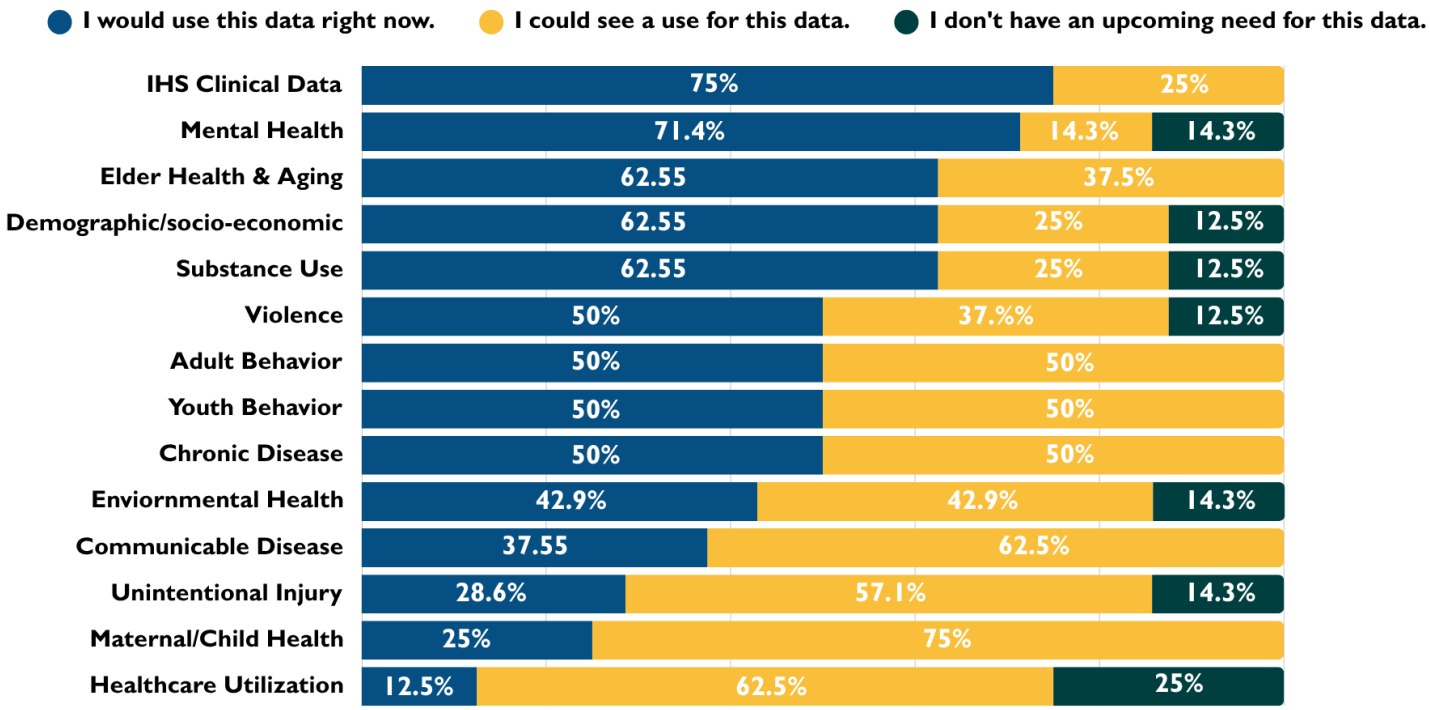


Figure 2:
How has the Data Hub increased your Tribe's access to public health data?



All respondents noted that the Data Hub has increased their Tribe's access to public health data, with 25% noting a substantial increase and 75% noting some increase (See Figure 2). Tribes are using the data in a variety of ways, including reporting to Tribal Leadership (100%), grant writing/securing funding (100%), community education & advocacy (88%), policy decisions (88%), identifying emerging problems (75%), and public health program planning (75%).

Figure 3:
How important is it to you that the Data Hub includes dashboards on the following topics?



What Tribes Want Next

Responses throughout the survey indicate that Tribes need access to all types of data. When asked about priorities for future development, the responses showed a split between building more dashboards with less

detail (38%) and providing more detail in fewer dashboards (38%); the remaining (25%) had no preference or were not sure. Data topics of most interest for future dashboards include: IHS clinical, elder health, demographic/socioeconomic, and substance use (See figure 3).

What We Are Doing with Feedback

The results of the survey are already being used to inform the Data Hub's development. Based on feedback for this and last year's priorities surveys, we are prioritizing the development of a new Cancer dashboard using cancer registry data, which requires adding a new data source into the Data Hub's database. We will be updating the existing Overdose Deaths, Suicide Deaths, and Leading Causes of Death dashboards with 2024 data, and adding new year and age control features to the existing (Overdose Deaths and Suicide Deaths) dashboards.

Additionally, the Data Hub team plans to build a dashboard focused on chronic diseases such as cardiovascular disease and diabetes and will begin to identify how to incorporate IHS clinical data into the Data Hub. Currently, all dashboards include suppression of data counts between one and four.

Suppression is when data or data visuals are not visible, or do not display, because the numbers are too small. Suppression helps protect individual confidentiality. Public health authorities (like Tribes) should have access to data that include small numbers; however, current data sharing agreements don't allow the NWTEC to share small numbers. Once approved by state agencies (through updated data sharing agreements), work will begin to update the Data Hub to allow Tribal public health authorities visibility of unsuppressed data for community public health initiatives.

How Feedback Impacts Long-Term Strategies

When asked what the Data Hub should focus on for the next 3-5 years, respondents' priorities were: data specific to their Tribal membership, infrastructure for Tribally collected data to be analyzed and stored in the Data Hub, and increasing the number of dashboards available. To incorporate data specific to Tribal membership, the Data Hub team would need to link Tribe-specific enrollment data to data sourced from state or federal agencies. Incorporating any Tribal data (enrollment or Tribally collected) would require permission from the Tribe and amendments to their data sharing agreement. Therefore, in the next 3-5 years, we will begin to engage Tribes in how to include more Tribe-specific data and Tribally collected data within the Data Hub, while honoring Tribal sovereignty. Medium term, based upon survey responses and written feedback, in the next 1-3 years the team will continue to increase Tribes' access to community-level public health data by building more dashboards.

The Data Hub team would like to thank everyone that participated in the survey. Your feedback drives our work! We will send this survey out again in July of 2027, but if you have feedback in the meantime or if your Tribe is interested in participating in a pilot project that incorporates Tribal enrollment or Tribally collected data, please feel free to send it to our team via email at datahub@npaihb.org. We will continue our outreach efforts to help more member Tribes gain access and utilize the Data Hub for their community health initiatives.

The Data Hub is a project of the NWTEC working to connect Tribal communities with their data. The Data Hub provides member Tribes with secure, on-demand access to public health data to support community health planning. Tribes access the Data Hub through individual logins to view interactive data dashboards on a variety of public health topics. Each Tribe can view data for their Tribal service area (PRCDA), each state in the region (Idaho, Oregon, and Washington, and the combined Northwest region).

Building the Infrastructure for Sustainable CHAP Services in Oregon – **Oregon Medicaid reimbursement for Community Health Aide Program services moves toward implementation**

Kate Denny

Community Health Aide Program Director

Building Tribal healthcare infrastructure is about more than facilities, technology, or equipment. It also means developing systems that allow Tribal health programs to recruit providers, train and certify, deliver services, document care, bill for services, and reinvest reimbursement into the workforce and communities they serve.

For the Community Health Aide Program (CHAP), this infrastructure is essential to long-term sustainability. NPAIHB has been working in coordination with the Oregon Health Authority (OHA) to build the Medicaid claims infrastructure necessary to support reimbursement for CHAP services in Oregon. That work has reached an important milestone, with implementation of Medicaid reimbursement for eligible CHAP services scheduled to begin January 1, 2027.

Moving CHAP From Policy to Practice

The Centers for Medicare & Medicaid Services approved Oregon State Plan Amendment OR-23-0015, establishing federal Medicaid authority for Oregon to recognize certified Indian Health Service CHAP providers as eligible providers when practicing within their certified scope and under appropriate clinical supervision. Approval of the State Plan Amendment was an important policy achievement, but approval alone does not create a functioning reimbursement system.

For Tribes to successfully bill Medicaid for CHAP services, the policy must be translated into operational infrastructure. Providers need appropriate credentials and identifiers. Tribal health programs need enrollment pathways. Billing systems must recognize CHAP providers. Claims must contain the correct provider's information. OHA systems must be able to receive, process, and reimburse those claims.

This is the infrastructure behind the claim.

Over the past several years, NPAIHB and OHA have worked together to move the CHAP State Plan Amendment from federal approval toward operational implementation. The January 1, 2027, implementation date represents the next major step in that work.

Building the Claims Infrastructure

Successful CHAP reimbursement begins before a claim is ever submitted.

CHAP providers must first complete an approved education program and obtain certification through the Portland Area CHAP Certification Board (PACCB). Certification establishes that the provider has met applicable

education, competency, scope of practice, and certification requirements.

The next layer of infrastructure connects that certified provider to the Medicaid system.
Certified providers must obtain or confirm their individual National Provider Identifier (NPI) through the National Plan and Provider Enumeration System. Providers must also ensure that the appropriate health care provider taxonomy is associated with their NPI.

Providers can obtain or update an NPI through the National Plan and Provider Enumeration System: nppes.cms.hhs.gov/

The next step is enrollment with the Oregon Health Plan. A certified CHAP provider must be appropriately enrolled with OHA before Medicaid can reimburse services associated with that provider.

OHA provider enrollment information is available at: oregon.gov/oha/OHP/Providers/Pages/Enroll.aspx

Once enrollment is completed, Tribal health programs must also ensure that provider information is correctly incorporated into their billing systems and organizational billing structure. The provider's certification, NPI, taxonomy, Medicaid enrollment, clinical documentation, and relationship to the Tribal billing entity must work together to support a successful claim.

Infrastructure Creates Sustainability
This administrative work may happen behind the scenes, but it is a critical part of building a sustainable Tribal health workforce.

Training a Community Health Aide is an investment. Certification is another investment. Clinical supervision, continuing education, electronic health records, billing systems, and administrative support all require resources. A functioning reimbursement pathway allows eligible CHAP services to generate Medicaid revenue that can support continued program operations and workforce development. In this way, claims infrastructure becomes part of the broader CHAP workforce infrastructure.

The goal is not simply to submit claims. The goal is to establish a reliable system in which a Tribal community can develop its own workforce, provide high-quality and culturally responsive care, receive appropriate reimbursement for that care, and reinvest those resources into continued services.

That cycle strengthens Tribal health systems, supporting greater local capacity to meet community health needs.

Preparing for January 1, 2027
As Oregon approaches the January 1, 2027, implementation date, Tribes and Tribal Health Organizations (THOs) with PACCB-certified CHAP providers should begin preparing now.

Programs should confirm provider certification, NPI information, appropriate taxonomy, OHA Medicaid enrollment, organizational billing relationships, and access to the Oregon Medicaid Provider Portal. Billing, credentialing, clinical, and CHAP program staff should also work together to ensure provider records and claims systems are ready before services are submitted for reimbursement.

The Oregon Medicaid Provider Portal is available at: or-medicaid.gov/

NPAIHB will continue working with OHA and Oregon Tribes to support implementation, including additional

guidance regarding provider enrollment, taxonomy, provider type and specialty requirements, billing procedures, documentation, and claims submission.

Building for the Future

Finalizing implementation of the Oregon CHAP State Plan Amendment is more than a billing milestone. It is another piece of infrastructure being put into place for Tribal health systems.

CHAP was built on the principle that Tribal communities should have meaningful opportunities to develop local health care workforces that respond to the needs of their communities. Making that workforce sustainable requires the policy, certification, clinical, administrative, and financial systems behind it to work together.

The January 1, 2027, implementation of Oregon Medicaid reimbursement brings another part of that system online.

By building the infrastructure behind successful CHAP claims, Oregon Tribes are also building the infrastructure needed to sustain their workforce, strengthen access to care, and support the long-term health of their communities.

Adolescent Health Autumn 2026 Updates: New Curricula for Students and Adults

Michelle Singer
Navajo

Healthy Native Youth project Director

Celena J. Ghost Dog
Navajo

Adolescent Health Co-Director

Seven Tribal Communities Join the Youth Engagement Network

NPAIHB's Adolescent Health Projects are welcoming seven Tribal sites to the Youth Engagement Network through the Indian Health Service (IHS) ETHIC II: Ending the HIV/HCV/Syphilis Epidemics in Indian Country Initiative.

Through August 31, 2027, these Tribal partners will work alongside We R Native and Healthy Native Youth to strengthen youth engagement and develop locally driven approaches that support the health and well-being of Native youth and young adults.

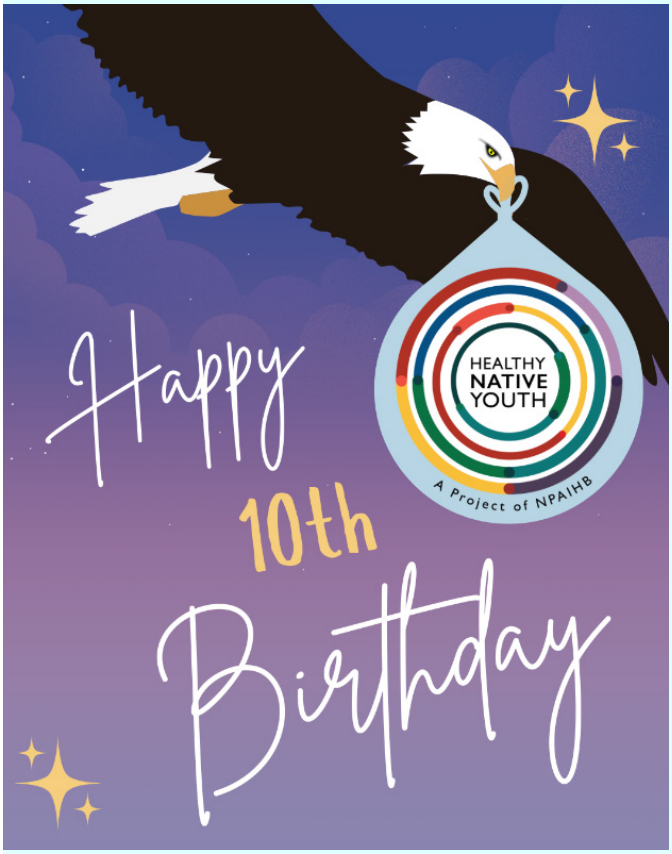
Meet Our Tribal Partners:

- Cowlitz Indian Tribe
- Muckleshoot Indian Tribe
- Klamath Tribes
- Confederated Tribes of Warm Springs
- Confederated Tribes of Siletz Indians
- Shoshone-Bannock Tribes
- Coeur d'Alene Tribe

Each site will have the opportunity to engage Native youth in ways that reflect their community's strengths, priorities, and needs. Youth voice and leadership are at the center of this work. We want young people to have meaningful opportunities to help shape the programs and activities created for them. The sites will also have opportunities to connect with one another, share what's working, learn from each other, and grow together as a network.

We are excited to see what our Tribal partners and young people build together.

Questions? Contact:
Adolescent Health Co-Director,
Celena Ghost Dog, Adolescent Health Co-Director, cghostdog@npaihb.org
Michelle Singer, Healthy Native Youth Project Director, msinger@npaihb.org



Shout out to Healthy Native Youth!
NPAIHB's NWTEC Adolescent Health project turns 10 years old

Happy 10th Birthday, Healthy Native Youth!

HealthyNativeYouth.org was born on August 15, 2016, in collaboration with a body of American Indian/Alaska Native community advisors, to host culturally relevant adolescent health curricula and resources. Since then, Healthy Native Youth (HNY) has grown through the guidance of Northwest Native communities.

HNY is an adolescent health project of the NPAIHB housed in the NWTEC funded by the Indian Health Service Ending the HIV/AIDS Epidemic in Indian Country (ETHIC) grant.

HNY expresses its gratitude to the NPAIHB Tribal Delegates, Member Tribes, and the countless caring adults who offer support and their dedication as partners to this important work.

Back-to-School with HNY's Community of Practice
A new school & community adolescent health line up for caring adults

Since September 2018, the Healthy Native Youth Community of Practice (CoP) has connected Tribal and Native-serving professionals with culturally grounded resources, peer learning, implementation support, and technical assistance, reaching an average of 60 participants across 87 live sessions and 40 recording views per session.

The CoP has started another season of monthly learning circle to support caring adults who engage native youth with AI/AN adolescent health programming tools & youth support resources.

Join us!

Resources
Register: healthynativeyouth.npaihb.org/community-of-practice/

On-demand viewing: healthynativeyouth.npaihb.org/resources-search/?_sft_resource_audience=community-of-practice-presentations

(L to R: ANTHC-Hannah Gumlickpuk, SPTHB -Robbie Bright, ANTHC-Micah Ladd, NPAIHB-Michelle Singer)

Story From the Field: HNY at NTHC 2026 Project Red Talon Regional Partner Network in Full Force

NPAIHB's NWTEC Division has joined forces with a network of regional and national partners to support AI/AN adolescent health. Together, the partners designed NPAIHB's healthynativeyouth.npaihb.org, which houses lesson plans and resources to help educators deliver health curricula.

The HNY website includes 20 curricula, an implementation toolbox with ready-to-use templates, a Community of Practice for Tribal health educators, and a library of resources. Caring adults who engage with youth can use HNY culturally-relevant curricula in their classroom, after-school programs or local community events settings.

Michelle Singer, HNY Project Director, presented "Healthy Native Youth: Culturally Grounded Strategies for Native Youth Engagement" at the National Tribal Health Conference 2026 and supported fellow Tribal Epidemiology Centers who are a part of the Project Red Talon Regional Partner Network coordinated by the NPAIHB and funded by the IHS ETHIC II grant.

HEALTHY NATIVE YOUTH
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WERNATIVE
A PROJECT OF NPAIHB

NPAIHB Partnerships Nationwide: ECHO Team hosts Ending the Syndemic Clinical Training with Southern Plains Tribal Health Board

Ending the Syndemic Clinical Training, 2026 Speakers, August 11 m

The Indian Country ECHO Ending the Syndemic Training held on August 11-12, 2026, in Oklahoma City, Oklahoma. We partnered with the Southern Plains Tribal Health Board to offer a free two-day training for both healthcare clinicians and community health professionals that provided comprehensive information to effectively address the evolving HCV, SUD, HIV, and Syphilis syndemic in Indian Country.

Training website for additional information:
indiancountryecho.npaihb.org/ending-the-syndemic-clinical-training-august-2026/

You can find the resources shared in this training at NPAIHB's Indian Country ECHO website:
indiancountryecho.npaihb.org

Resources include topics such as:

- Advancing Pharmacist Roles in Substance Use Disorder (SUD) Treatment and Recovery Teams
- Substance Use Disorder (SUD)
- Infectious Disease
- Hepatitis C
- Peer recovery
- and more

INDIAN + COUNTRY ECHO
A Project of NPAIHB

INDIAN ✦ COUNTRY ECHO

A Project of NPAIHB

Indian Country ECHO empowers healthcare professionals serving Tribal communities with collaborative education & expert mentorship to expand access to high-quality, culturally responsive care.

Who we are:

As a project of the Northwest Portland Area Indian Health Board, it is our goal to create a collaborative learning network that connects healthcare providers, public health professionals, Tribal health programs, and subject matter experts to strengthen healthcare across Tribal and urban Indian communities.

Using the Project ECHO model, we provide virtual, case-based education and peer-to-peer learning that expands knowledge, builds local capacity, and supports culturally responsive, evidence-informed care.

To Learn More Please Visit:

indiancountryecho.org

What we cover:

- Behavioral Health
- Chronic Disease Prevention & Management
- Cultural Wellness
- Emergency Medicine & Response
- Emerging Public Health Priorities
- Harm Reduction
- Infectious Diseases
- Maternal, Child & Family Health
- Oral Health
- Workforce Development

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Indian Leadership for Indian Health

REQUEST TECHNICAL ASSISTANCE

We are in the development of an updated TA Request Form.
Please use the guide below to contact the appropriate NPAIHB Team.

CLINICAL SUPPORT	clinical@npaihb.org
ENVIRONMENTAL PUBLIC HEALTH	ehteam@npaihb.org
LEGISLATIVE & POLICY	policy@npaihb.org
NORTHWEST TRIBAL EPICENTER	epicenter@npaihb.org
DATA/RESEARCH REQUEST FORM	DRTA@npaihb.org

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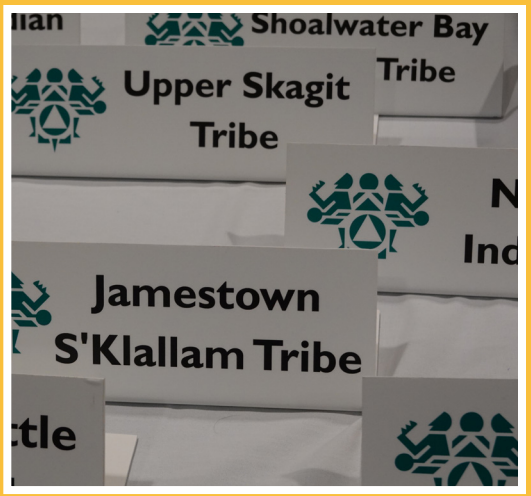

For Access to Downloadable Copies or Historic Editions,
Please Contact communications@npaihb.org.

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