



# American Indian Health Commission for Washington State

## “Improving Indian Health through Tribal-State Collaboration”

Chair  
**Stephen Kutz**  
Cowlitz Tribe

Vice-Chair  
**Dylan Dressler**  
Lower Elwha Klallam  
Tribe

Treasurer  
**Andrew Shogren**  
Quileute Tribe

Secretary  
**Charlene Nelson**  
Shoalwater Bay Tribe

Member-at-Large  
**Aren Sparck**

Executive Director  
**Vicki Lowe**

Member Tribes:  
**Chehalis**  
**Colville**  
**Cowlitz**  
**Jamestown S'Klallam**  
**Kalispel**  
**Lower Elwha Klallam**  
**Lummi**  
**Makah**  
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**Swinomish**  
**Tulalip**  
**Upper Skagit**  
**Yakama**

Member Organizations:  
**Seattle Indian Health  
Board**  
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February 11, 2016

### Report to AIHC Delegates on Changes to DOH Public Health Emergency Preparedness and Response Contracts With Tribes

#### Background

- Since 2002, when federal funding for PHEPR began, the total funds available to the DOH has significantly declined as a result of federal funding reductions
- All tribes have seen a reduction in contract amounts
- Not all tribes choose to contract for the DOH PHEPR funds; fewer tribes choose to contract as contract amounts decline
- In the 2013-2014 year, a total of \$180,000 targeted for tribes was not contracted; in 2014-2015, that amount was \$177,000
  - This year, the amount for tribes that chose not to contract is \$183,407
  - Executed contracts = \$142,858
  - Contracts pending tribal signature = \$124,325
  - Contracts in process = \$10,472 (see attached)
- Tribes discussed this issue at AIHC Delegate meetings on September 18, 2014 and December 11, 2014. A Briefing Paper was submitted and discussed at the Tribal and State Leaders Health Summit on November 17, 2014 (see attached.) At the February 12, 2015 AIHC meeting, Tribal Delegates decided to present a formal request to DOH Secretary John Wiesman (see attached) to preserve non-contracted funds for the exclusive use of benefiting Washington tribes.

#### Update

- On February 8, 2016, at the DOH Office of Emergency Preparedness and Response (OEPR) monthly update call, Kristen Baird reported changes to future contracting with tribes
- Per AIHC's request, Kristen Baird provided the attached information on contracting changes

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## 2016-2017 Tribal Contracting Strategy

Three (3) main changes will be implemented in Budget Period 5 (BP5) affecting the tribal contracting process. Highlights are as follows:

1. Distribution of a formal “*Letter of Intent*” during the Open Tribal Funding Period to tribal partners for Public Health Emergency Preparedness (PHEP) funds. **Due: May 30, 2016**
2. Addition of a second funding opportunity open only to tribes and tribal associations opting to accept PHEP funds for the coming year. [Open: Early July 2016]
3. Contract Date of Execution (DOE) reimbursement <per DOH Contract’s Office>

### Updated Process

Documents to begin the Open Tribal Funding Period for BP5 will be sent by March 1, 2016.

Funds are available for public health emergency preparedness activities, under a federal grant from the Centers for Disease Control and Prevention (CDC). Contracts begin July 1, 2016.

- By March 1, in addition to grant guidance materials, the PHEP Contracting Tool, and submission instructions, the tribal contracting packet will also include a pre-written *Letter of Intent* template.
- **NEW ACTION>>>** Tribes will be asked to take one of two actions **by May 30** in order for the Department of Health, Office of Emergency Preparedness and Response to accurately determine the amount of “uncontracted” tribal PHEP funds for the upcoming budget period.

- To “*Accept PHEP funding*”-  
Tribe will complete and return a PHEP Contracting Tool by May 30 deadline.
- To “*Decline PHEP funding*”-  
Tribe will sign and return the provided *Letter of Intent* to decline PHEP funds by May 30 deadline; or provide no formal reply regarding PHEP funds by July 1.

- **NEW >>>** Uncontracted tribal PHEP funds will be calculated and offered as a second funding opportunity open to contracting tribal partners and tribal associations. This Consolidated Tribal Funding Period will have an expedited application timeline and receive internal EPR review to approve projects.
- Statement of Work development and review process will be conducted as usual with tribal partners. Additionally a review of amendments to tribal contracts for partners receiving approval for projects submitted during the second funding period will be conducted.
- Pending available funds and approval, the Special Projects Funding period will remain unchanged and open to all partners.

NOTES: Tribal Contracting Strategy

[Table 1.1]: The table below outlines updates to the tribal funding strategy timeline of Public Health Emergency Preparedness (PHEP) contracting for tribal partners with the Washington State Department of Health (DOH) Office of Emergency Preparedness and Response (EPR).

Updated Tribal Funding Strategy Timeline			
-Open-TRIBAL FUNDING PERIOD March to June 30		Consolidated TRIBAL FUNDING PERIOD July 1 to Sep. 1	All-Partner FUNDING PERIOD July 1 to Sep. 1
<p><u>Funding opportunity 1:</u></p> <p>By March 1, 2016 DOH-EPR sends <i>PHEP Capability Planning Tool</i> and <i>Letter of Intent</i> to tribal partners for <b>reply by May 30</b>.</p> <p><b>NEW!</b> Partners select one of two options to reply:</p> <p>1) <b>Yes, accept PHEP funds.</b> Submit completed PHEP Capability Tool for Statement of Work (SOW) development.</p> <p>2) <b>No, decline PHEP funds.</b> Submit signed Letter of Intent to decline PHEP funding. (<i>prewritten decline letter template will be provided</i>)</p> <p style="background-color: #e0e0e0;">Follow up calls will be conducted for tribes not submitting Capability Tool or letter of decline.</p>	<p><b>July 1</b> Fiscal period begins</p>	<p><u>Funding opportunity 2:</u></p> <p>Declined, including “no response” tribes’ funds will be calculated (<i>March – June 30</i>).</p> <p><b>NEW!</b> <u>Consolidated Tribal Funding Period</u> -A second funding period for tribal-projects will be open only to tribes and tribal associations who agreed to contract in the previous open funding period sourced from uncontracted tribal PHEP funds calculated.(July)</p> <p>Timeline for the second funding opportunity will be expedited and resemble the special project funding application process. While submission of projects will not require federal approval, the process will remain competitive requiring internal review for project approval.</p> <p style="background-color: #e0e0e0;">Statement of Work development and review will continue as usual. Additionally, submission of amendments to tribal contracts for approved projects if applicable. (<i>March to Dec</i>)</p> <p><i>(Funding period designed to layer with special project process, in case more funding is needed.)</i></p>	<p><u>Funding opportunity 3:</u></p> <p>All-partner Special Project funding period; consistently available to tribes and tribal associations through competitive application process.</p> <p style="background-color: #e0e0e0;"><u>Special Project - Carryover Funding</u> - Application process will continue pending available funds. Open to all partners.</p> <p>Submitted project applications subject to DOH internal review and federal approval.</p> <p>This application period is ideal for projects able to be completed within 5-8 months and able to be split across separate funding periods with possible interruptions to project activities.</p>
<p>~ Implementing updates outlined to the tribal contracting process will provide tribes and tribal associations with one additional funding period for a total of three funding opportunities to access uncontracted PHEP funds for tribal projects enhancing public health preparedness. ~</p>			

**Contract Date of Execution (DOE) Reimbursement – Changes per the DOH Contracts Office**

The Department of Health (DOH) Contracts Office has decided to enforce changes for non-consolidated contracts billing in order to minimize risks for both contractual parties.

Non-consolidated contracts would include tribal contracts in addition to other contracts including special projects / carryover projects.

**What this means for tribal contractors and contracts:**

The Office of Emergency Preparedness and Response (EPR) will no longer be able to process contracts with an after the fact justification. Contractors will no longer be able to bill for services completed before the contract Date of Execution (DOE).

Outdated Process:	New process with enforced changes by DOH Contracts Office	
<p>Contract start date is written as of July 1 regardless of when contract negotiations and final execution is complete.</p> <p>Contractor able to bill for activities as of July 1 beginning of fiscal year.</p>	<ul style="list-style-type: none"> <li>• PHEP Contract Tool submitted confirming acceptance of PHEP funds. (April)</li> <li>• Statement of Work development, review, and approval (May)</li> <li>• Submission of Statement of Work and processing (June) <b>This step could take up to 4 weeks!</b></li> <li>• Final contract sent to contractor for execution (June)</li> <li>• Contract returned signed with FFATA form. (June 23)</li> </ul> <div data-bbox="516 1199 846 1423" style="text-align: center;">  <p><b>Contractor able to bill for activities as of DOE, July 1</b></p> </div>	<ul style="list-style-type: none"> <li>• PHEP Contract Tool submitted confirming acceptance of PHEP funds. (May)</li> <li>• Statement of Work development, review, and approval (June)</li> <li>• Submission of Statement of Work and processing (June) <b>This step could take up to 4 weeks!</b></li> <li>• Final contract sent to contractor for execution (July)</li> <li>• Contract returned signed with FFATA form. (DOE Aug 31)</li> </ul> <div data-bbox="1101 1186 1419 1423" style="text-align: center;">  <p><b>Contractor able to bill for activities as of DOE, Aug 31</b></p> </div>

**Important to note**—Once EPR receives your final agreed upon SOW, our internal approval process takes roughly 4 days. From there it goes into a queue in the Contracts Office used by the entire agency where processing can take up to 4 weeks and then sent out to the contractor for execution.

**Impact to the Contracting Process:**

Our new goal in EPR moving forward will be to have non-consolidated tribal contracts executed before July 1<sup>st</sup>.

For those that don't make that goal, we will have the contract start date noted as DOE. The contract will be effective as of the final signature date – meaning that our contractors may not bill for any services completed before that start date.

**Contracting Status by Tribe: Contract Year 2015 – 2016**

As of  
2/4/2016

<b>Tribe</b>	<b>Contract Status</b>	<b>Contract Amount</b>	<b>Balance Remaining</b>
<a href="#">Chehalis</a>	****	\$11,778.00	\$11,778.00
<a href="#">Colville</a>	Executed	\$50,956.00	\$50,956.00
<a href="#">Cowlitz</a>	Sent to Contractor	\$7,625.00	\$7,625.00
<a href="#">Hoh</a>	Executed	\$5,817.00	\$5,817.00
<a href="#">Jamestown S'Klallam</a>	****	\$6,098.00	\$6,098.00
<a href="#">Kalispel</a>	Executed	\$7,010.00	\$7,010.00
<a href="#">Lower Elwha</a>	****	\$9,917.00	\$9,917.00
<a href="#">Lummi</a>	Executed	\$27,392.00	\$27,392.00
<a href="#">Makah</a>	Sent to Contractor	\$15,910.00	\$15,910.00
<a href="#">Muckleshoot</a>	****	\$22,487.00	\$22,487.00
<a href="#">Nisqually</a>	With Contracts for Execution	\$10,472.00	\$10,472.00
<a href="#">Nooksack</a>	Executed	\$10,537.00	\$10,537.00
<a href="#">Port Gamble S'Klallam</a>	Executed	\$12,586.00	\$12,586.00
<a href="#">Puyallup</a>	****	\$49,385.00	\$49,385.00
<a href="#">Quileute</a>	****	\$8,702.00	\$8,702.00
<a href="#">Quinault</a>	Sent to Contractor	\$18,734.00	\$18,734.00
<a href="#">Samish</a>	Executed	\$4,557.00	\$3,216.03
<a href="#">Sauk-Suiattle</a>	****	\$5,982.00	\$5,982.00
<a href="#">Shoalwater</a>	****	\$7,840.00	\$7,840.00
<a href="#">Skokomish</a>	****	\$9,971.00	\$9,971.00
<a href="#">Snoqualmie</a>	****	\$5,850.00	\$5,850.00
<a href="#">Spokane</a>	****	\$16,283.00	\$16,283.00
<a href="#">Squaxin</a>	****	\$9,317.00	\$9,317.00
<a href="#">Stillaguamish</a>	****	\$6,400.00	\$6,400.00
<a href="#">Suquamish</a>	****	\$5,514.00	\$5,514.00
<a href="#">Swinomish</a>	Sent to Contractor	\$11,399.00	\$11,399.00
<a href="#">Tulalip</a>	Executed	\$24,003.00	\$24,003.00
<a href="#">Upper Skagit</a>	****	\$7,883.00	\$7,883.00
<a href="#">Yakama</a>	Sent to Contractor	\$70,657.00	\$70,657.00



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April 1, 2015

John Wiesman, DrPH, MPH  
Secretary of Health  
P.O. Box 47890  
Olympia, Washington  
98504-7890

Dear Secretary Wiesman:

On behalf of Washington's tribes, the American Indian Health Commission for Washington State (AIHC) thanks the Department of Health Office of Emergency Preparedness and Response for more than 10 years of contracting with tribes and the AIHC to develop and strengthen public health emergency preparedness and response capacity in tribal communities.

Every year, since 2003, contract funding has been allocated from DOH's CDC and ASPR grants for each Tribe. Today, Washington's tribes vary greatly in their level of preparedness and capacity to respond to public health emergencies. Some tribes lack basic public health emergency organizational capacity and resources. Other tribes have developed and implemented public health emergency response plans, mutual aid agreements, policies, procedures and other assets. All tribes continue to identify significant gaps and needs, which represent dangerous vulnerabilities to our communities.

Funding available today is grossly inadequate for the level of need. Over the years, the total amount of funds available has steadily diminished, as a result of federal funding reductions. The funding allocation formula, developed in 2003, includes a heavily-weighted population component. The amount of funding allocated to tribes with smaller populations - many of which have limited organizational infrastructure - is significantly less than to larger tribes.

Current contract amounts preclude many tribes from contracting at all, because the funds are not sufficient to cover administrative, operational, and project costs. Also, some tribes find they are unable to complete contract deliverables with the funding available, and are forced to have unexpended funds at the end of the contract year. These non-contracted and



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unexpended funds are not benefiting the communities for which they were targeted. In the contract year 2013 – 2014 these unexpended funds represented almost \$180,000.

Tribes discussed this issue at AIHC Delegate meetings on September 18, 2014, December 11, 2014, and a Briefing Paper was submitted and discussed at the Tribal and State Leaders Health Summit November on 17 and 18, 2014. At the February 12, 2015 AIHC meeting, Tribal Delegates decided to present this formal request to you:

Please preserve funds originally allocated for Tribal communities and not expended in any given contract year to be used for contracting by tribes or tribal organizations in support of efforts that benefit all Washington tribes; for example, exercises, training, technical assistance, mutual aid coordination, etc.

On behalf of Washington's tribes, we urge you to assure that these funds are preserved for the purpose of strengthening tribal communities' public health emergency response capacity, per the tribes' request.

Thank you for your thoughtful consideration and your efforts to resolve this matter.

Sincerely,

Stephen Kutz, Chair  
American Indian Health Commission

cc: Maria Gardipee, Washington State Department of Health Tribal Liaison and Multicultural Coordinator  
Michael Loehr, Chief, Office of Emergency Preparedness and Response



## Tribal and State Leaders Health Summit Briefing Paper

*This briefing paper is designed to provide a summary of facts regarding an issue that requires action, to improve the health status of American Indians and Alaska Natives in Washington State.*

**Subject:** Public Health Emergency Preparedness Funding

**Prepared By:** Lou Schmitz

**Background:** The first year that PHEPR funds were available to Washington State tribes (2003 – 2004), the Tribes, the Washington State Department of Health (DOH), the Northwest Portland Area Indian Health Board and the American Indian Health Commission agreed to use a funding methodology similar to that used for tribal tobacco cessation funds to distribute the PHEPR funds. The DOH adopted this recommendation and the formula has been used since then to allocate available funds to Tribes.

### **Methodology**

Funding was split into two categories

- **Category 1:** Approximately 75% of the total available funds distributed to all 29 federally recognized tribes

- **Category 2:** Approximately 25% of the total available fund distributed to 26 tribes that had tribally operated clinics

For **Category 1** funds, 30% was distributed equally to all tribes and 70% was distributed proportionally based on the most recent available IHS user population for each tribe.

For **Category 2** funds, 50% was distributed equally to all tribes and 50% was distributed proportionally based on the most recent available HIS user population for each tribe.

**Analysis:** Because the formula includes a heavily-weighted population component, the amount of funding allocated to tribes with smaller populations is significantly less than that available to larger tribes. Over the years, the total amount of funds available has gradually been reduced as a result of federal funding reductions. Although all tribes have seen a reduction in contract amounts, the share of funds available now to smaller tribes is reaching a level where it is not feasible for smaller tribes to contract. The contract amount is not sufficient to cover administrative, operational and project costs. Smaller tribes are finding it increasingly challenging to contract and complete the work required, and are having to decline the contracts. In the last contract year 2013 – 2014, a total of \$180,000 targeted for Tribes was not contracted, and thus did not go to benefitting Tribes.

<b>Action Required:</b>	<b>By Whom:</b>
Agree to reallocate funds that are not contracted by Tribes towards benefiting all Tribes' efforts to strengthen their capacity to prepare and respond to public health emergencies. (For example, training, exercises, technical assistance, etc.)	DOH
Consider modifying the funding allocation formula.	Tribes