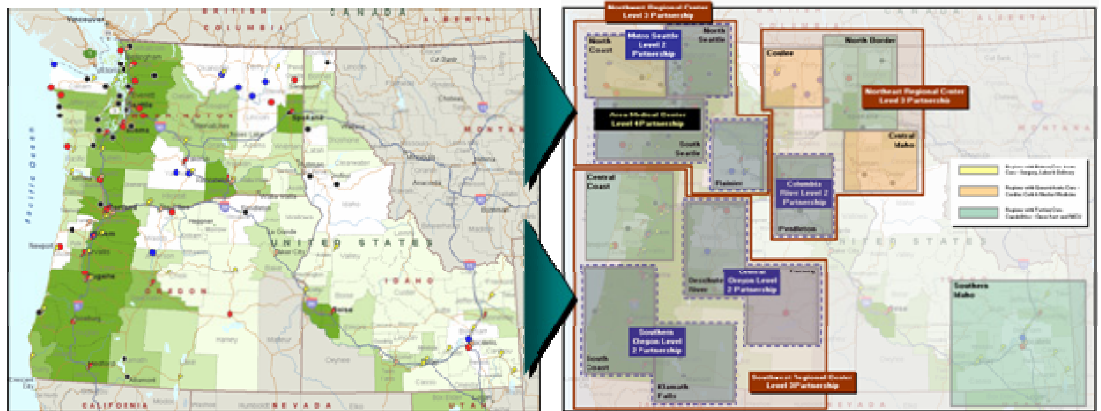




The Portland Area Health Services Master Plan *Integrated (Round 1 & 2)*



Final Report
October 1, 2005



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- Cow Creek - South
- Cow Creek Health & Wellness Center
- Cowlitz - North
- Cowlitz - South
- Fort Hall – Not-stoo Gah-nee Health Center
- Hoh Tribe
- Kalispel Tribe
- Lummi Tribal Health Center
- Neah Bay – Sophie Trettevick Health Center
- NW Band of Shoshone
- Puyallup Tribal Health Facility
- Quileute Health Clinic
- Shoalwater Bay Health Clinic
- Siletz Community Health Clinic
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- Yakama – White Swan Health Clinic
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- Kootenai
- Lower Elwha
- Muckleshoot
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- Nisqually
- Nooksack
- Port Gamble S'Klallum
- Quinault - Roger Saux
- Samish
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- Skokomish
- Squaxin Island
- Suquamish
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Introduction

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Introduction

Background

The Portland Area Indian Health Service provides access to health care to over 158,000 American Indians and Alaska Natives (AI/AN) throughout Washington, Oregon, and Idaho. A range of direct care services is provided to forty-two (42) tribes in the Portland Area from thirty-nine (39) health centers, thirteen (13) health stations, and three (3) urban programs. Referral services are also available through Contract Health funding. Of the health centers, twenty-nine (29) are tribally operated and ten (10) are federally operated. One of the health stations is federally operated and the remaining thirteen (13) are tribally operated. All three (3) of the urban programs are operated by tribal organizations. Each of the health centers has distinctly-defined service areas, some of which overlap.

The planning activities proposed by this scope of work are intended to analyze, justify, and design a comprehensive Portland Area Health Services Master Plan. The scope of work was based on service area populations, locations (accessibility), travel distances, workload threshold, provider capacities, space capacities, resource deficiencies, and related data. Consultation and consensus building strategies were provided by the respective Strategic Planning workgroups throughout this process.

Purpose

The purpose of this project was to develop a Health Services Master Plan to address the short- and long-term health care requirements for each service area of the Portland Area, and an overall Area Master Plan. Each Master Plan establishes the primary care and specialty care needs and describes how a comprehensive health care delivery system can be accomplished for each service area.

Consensus Strategy

Each health center established a Strategic Planning workgroup to identify and facilitate the needs for their respective health care facilities and service areas. An area-wide Strategic Planning advisory workgroup was established to facilitate the needs of the Portland Area, as a whole. Based on guidance from the Strategic Planning workgroups throughout the process outlined below, the Portland Area proposed to develop a Master Plan to address the health services and health facilities needs for the Area.

The contractor provided a Facilitator who was responsible for conducting review meetings and establishing and documenting the consensus on the Master Plan, and all issues related to consensus building. The Facilitator worked with the staff and appointed committees or workgroups at each health center and the Area. The Strategy included the establishment of partnerships or working alliances among the health centers and health stations and other entities within the respective service areas that shared common goals and missions.

The area-wide Strategic Planning workgroup was responsible for seeing that consensus was achieved. In the event that the area-wide Strategic Planning workgroup could not achieve consensus, the issue was referred to the Director of the Portland Area Indian Health Service.

The contractor's facilitator and the IHS project officer were responsible for setting up and coordinating all review meetings required for each phase.



Participants

Twenty-six (26) of the fifty-five (55) projected PSAs were included in this effort through two rounds of planning efforts, identified as Service Units/PSAs participating in Round 1 (2003-2004) and Round 2 (2004-2005). The twenty-six PSAs were split into two groups.

PSA #	Round	Group Number (Round 2 Only)	Service Unit	PSA
1	1		Colville	Inchelium, WA
2	1		Colville	Keller, WA
3	1		Colville	Nespelem, WA
4	1		Colville	Omak, WA
5	1		Makah	Neah Bay, WA
6	1		Shoshone Bannock	Fort Hall, ID
7	1		Warm Springs	Warm Springs, OR
8	1		Western Oregon	Salem, OR (Chemawa)
9	1		Yakama	Toppenish, WA
10	1		Yakama	White Swan, WA
11	2	1	Burns Paiute	Burns, OR
12	2	1	Cowlitz	Longview, WA
13	2	1	Hoh River	Hoh, WA
14	2	1	Kalispel	Usk, WA
15	2	1	NW Band of Shoshone	Brigham, UT
16	2	1	Shoalwater Bay	Tokeland, WA
17	2	1	Snoqualmie	Fall City, WA
18	2	1	Stillaguamish	Arlington, WA
19	2	1	Upper Skagit	Sedro Wooley, WA
20	2	2	Cow Creek	Roseburg, OR
21	2	2	Lummi	Lummi, WA
22	2	2	Puyallup	Tacoma, WA
23	2	2	Quileute	LaPush, WA
24	2	2	Siletz	Siletz, OR
25	2	2	Spokane	Wellpinit, WA
26	2	2	Western Oregon	Eugene, OR

Round One entailed 6 service units including 10 facilities. The scope of work covered 9 primary care service areas (PSAs: Nespelem, Omak, Inchelium, Fort Hall, Neah Bay, Warm Springs, Chemawa, White Swan, and Yakama). Each of the 9 PSA facilities is either a health center or a health station. Submittals included the 9 PSA facilities. Keller was ultimately included since Colville had initiated construction at the time of the site visits.

Round Two entailed 2 groups totaling 16 PSAs. Group One PSAs are identified in the table above, of which three received site visits. Group Two PSAs are identified in the table above, of which all received site visits.



Tribes choosing to prepare their own master plans independent of this effort were invited to submit documents for inclusion in this final deliverable. As of publishing, twelve (12) of twenty-three (23) additional service areas had submitted plans. Those plans may or may not provide detail and planning metrics consistent with the project participating service area plans. The Portland Area Office provided base-line documentation for those service areas that did not submit any plan. Tabs and Executive Summaries are provided in this deliverable for all twenty-three (23) service areas to facilitate a single comprehensive planning resource. Tabs for the Urban Programs are also provided without any Executive Summary.

Service Unit Master Plans

The Service Unit Master Plan provides a comprehensive definition of services for each health delivery program. The list of services includes currently provided services to be continued and expanded where appropriate, along with any new services to be provided. Where appropriate, the Master Plan defines how services provided at each facility may relate to a larger service network that may encompass other facilities in their respective states.

It is intended that the Master Plan for each facility establish a conceptual direction for existing and new health care services based on analysis of the community health needs, projected service area population statistics, and other pertinent data. The IHS Health Systems Planning (HSP) standards were used as part of the analysis. Where necessary "out-of-template" programs proposed for a service unit were examined and justified accordingly. For Round Two - Group One PSAs, the IHS Draft Small Ambulatory Care Facility Criteria was the primary means of completing the analysis.

The Master Plan also includes a prioritized ten-year Development Plan for each service area. The Development Plan includes a prioritized list of recommendations based on analysis of needs, projections, and other pertinent data. The Master Plan does not include projected costs and potential funding sources.

Each Master Plan is not intended to include any facility design activities.

Area Master Plan

The Area Master Plan is an assimilation of all service area Master Plans into one document. Where deemed feasible to share or regionalize any health care programs among the service units, or if area-wide services from a centralized location are proposed, these options are detailed in the Area Master Plan in the Master Plan Summary.

Desired Outcome

At the close of the Round One Kick-off meeting, participants were asked the following question: *What is your desired outcome for this project?* Results are tabulated below.

- Equitable division of limited resources with a plan for expansion of services to meet future needs.
- A comprehensive plan for our community and one for region.
- Getting IHS & Tribal programs under or located in one area, not 2 miles apart.
- To obtain a baseline of current services and a guideline for future growth direction: a list of future needs that can be prioritized as funds are available.
- Use this process to establish a projection of needed healthcare to close the gap between Native Americans and the rest of the country.
- An acceptable representation of health care need versus Yakama Service Unit Resources such that Level of Need Funding may be increased; staffing may be increased; the facilities may be expanded; and health care delivery levels will be increased. In short, I want same day appointments with minimum (less than 30 minutes) wait times.
- Provide basis for future projects and priorities for these projects.
- Develop a master plan for our service area that can be used to provide facilities and services as budget allows.

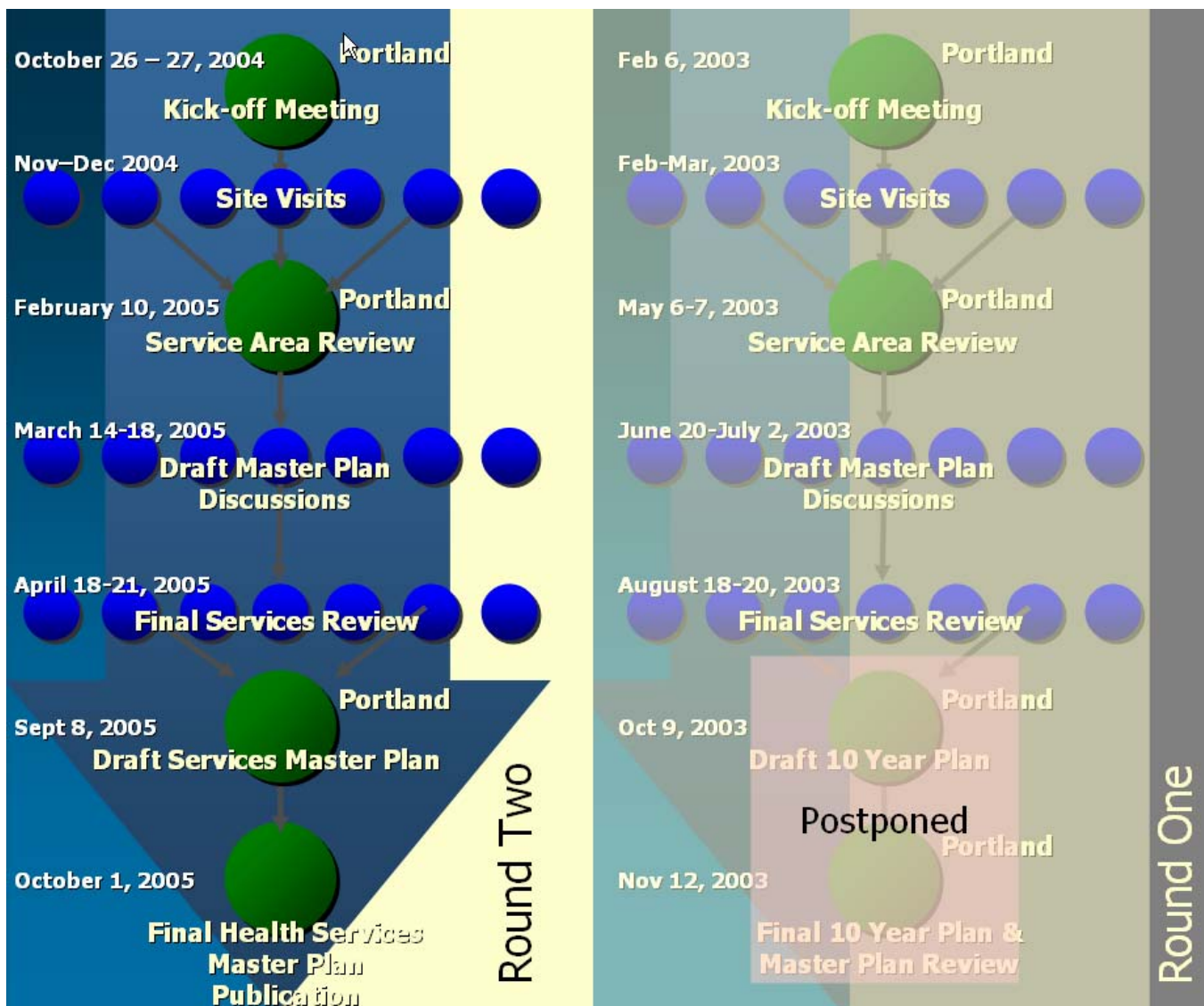


- A planning document with all of the numbers in black and white so that people can make informed decisions regarding health care for tribal management. Klamath.
- Tribes that take ownership of the master plan.
- The ability to make decisions in the next 10 years based on data to meet the priority of needs.
- A final document that will determine health care needs for future patient care.
- For PAO / Headquarters to see that we need more providers (and then fund them)!
- More funding for health in Indian Country, the minority of minorities.
- Realistic determination of service unit funding / staffing needs.

At the end of the Round Two Kick-off meeting, participants were also asked the following question: *what are your hopes for this project?* Answers were to be written on the back of their meeting evaluation sheet due to time restrictions in the meeting as a result of extended discussion on other matters. However, no responses were included.

Process

This report land is the last step in the development of the Portland Area Health Services Master Plan. An integrated schedule detailing the steps in Round One & Two is shown below.





To the following steps/meetings have been conducted as part of the Health Services Master Planning effort:

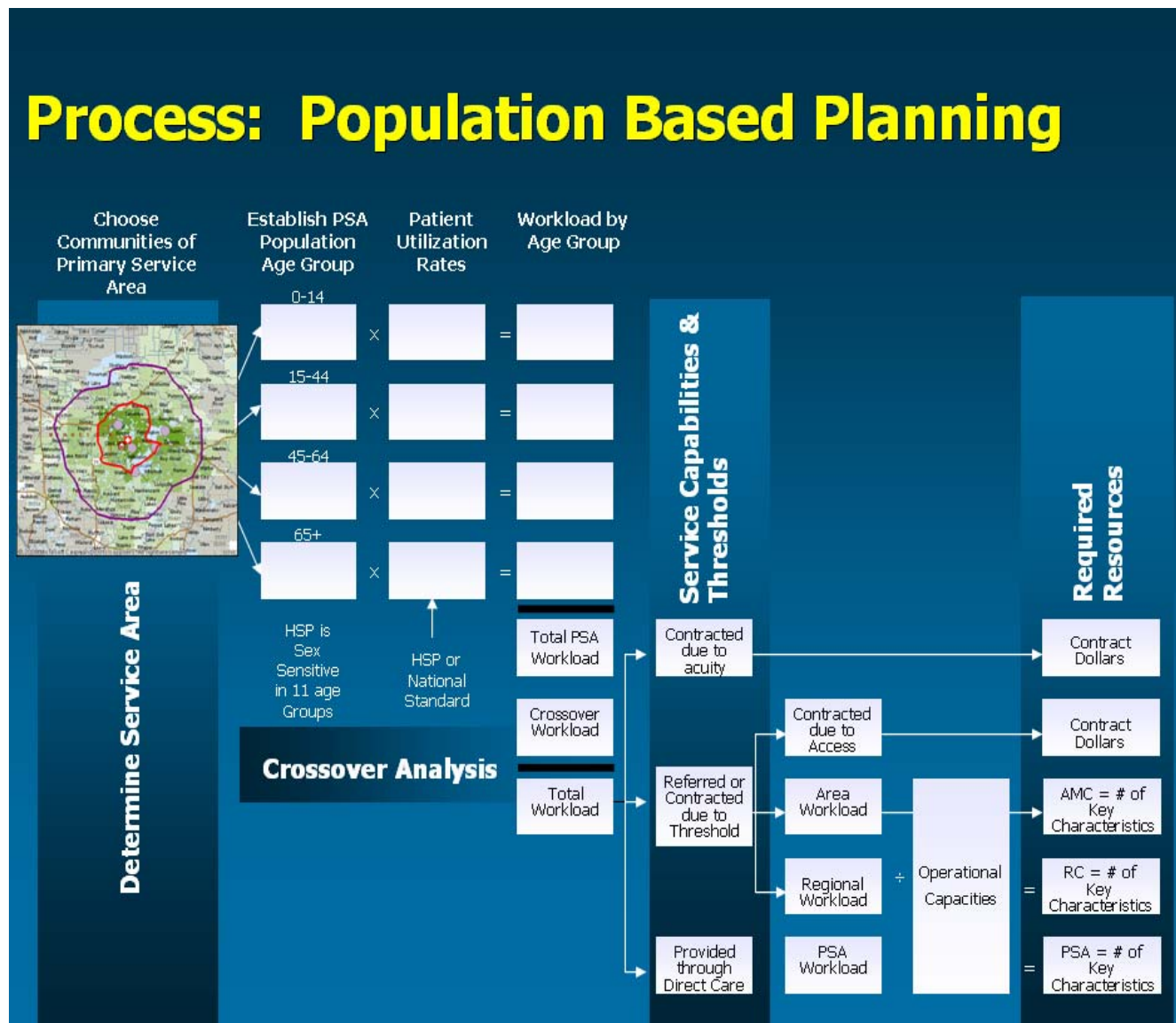
- Step One: **Kickoff Meetings** for Round One & Two
- Step Two: **Site Visits** for each of the Primary Service Areas (PSA) in Round One and those specified in Round Two.
- Step Three: **Service Area Review Meetings** supported by analysis of three years of RPMS and CHS data (2000-2002) resulting in Deliverables and supporting meetings in both Round One & Two.
- Step Four: **Draft Master Plan Discussions** supported by population based market projections by product line. The effort documented existing workloads, comparing them to National and IHS standards for the population, forecasting the key characteristics required for each service. From this documentation, a PSA/consultant team worked at each site (with the exception of specified Round Two- Group 1 PSAs) to draft a Service Delivery Plan.
- Step Five: **Final Services Review Discussions** were held for Round One & Two PSAs to compare existing resources to required, and develop priorities for integration into the master plan.
- Step Six: **The Draft Services Master Plan**, or pre-final review was held September 8, 2005 in Portland, Oregon to summary data and review remaining issues.

This document represents seventh and final step in the overall process: **Final Services and Master Plan Review**.



Methodology

Health Care is a population-based business. The goal of this exercise is to allow the PSA planning teams and the Health Service's Work Group to view the complexity of the health care industry in such a way as to allow each service to be considered at its simplest element. We define that element as a Key Characteristic. Key Characteristics are typically the most expense attribute to a service and range from Dental Chairs to Providers to FTEs. Making decisions along the way, based on these Key Characteristics, allows us in the end to define a Delivery Plan per Service. That Delivery Plan mandates the Required Resources. Required Resources as indicated below can include: Contract Health Dollars, Key Characteristics, Staffing and Space. These resources can be located locally, regionally or Area-wide in accordance with the Delivery Plan. The process utilized for each product line is illustrated below.





Glossary of Terms

The Master Planning process is an extensive multi-month process that employs its own terminology, one not always known to all document users or process participants. The terms below are defined in an attempt to give some help in understanding how these terms are generally used, verbally as well as within the deliverable documents.

Additional Services	Medical or Healthcare support services offered that are typically not provided for by IHS. These services are usually tribal and hold no IHS supported planning metrics or thresholds.
Alternative Care	Alternative rural or urban hospitals within 90 miles of a Primary Service Area. These are profiled in the first phase of the Master Planning process as part of the PSA deliverable.
Area	The IHS consists of 12 large geographic and/or tribally organized administrative units responsible for the planning and provision of healthcare within each of their Service Units.
CHS	Contract Health Services. Healthcare services that must be purchased from Non-IHS providers, based upon threshold issues or high acuity. These are generally facility and professional services of greater scope and intensity than are available through IHS facilities and providers.
CHSDA	Counties defined all or in part as the Contract Health Services Delivery Area. To receive CHS payment for needed services outside of the IHS delivery system, a Native American must reside within this area.
Crossover	(See also "Migration"). The natural tendency for some people to crossover/ migrate outside their area for healthcare. <i>Negative or "Out" crossover/migrate:</i> service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. <i>Positive or "In" crossover/migrate:</i> where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
Deliverable	A specific planned report from The Innova Group given to the Master Planning workgroup, Area Office and/or PSA. These are published in a small number of binders as well as on the web for PSA download and printing as needed.
Defining Characteristic	The recognized significant component of a discipline's ability to deliver care (e.g.: physician, radiology room).
Discipline	A specific medical specialty (e.g.: primary care, dentistry or radiology).
Existing Delivery System	A table of medical services presently offered by access distance.
HSP	Health Systems Planning process software. The computer application that manages the IHS tool for the planning, programming and design of health facilities.



- Historical Workload AnalysisThe past workload generated by a PSA's communities. This workload reflects an average number over a 3 year period by service line. It is not countable for CHS purposes when the payor is a third party. This measure is typically visits but varies by service.
- IHS.....The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes.
- JustificationUsed within the context of whether or not workload, criteria and market assessment "justify" the placement of resources or services at an identified location.
- Market AssessmentA part of the Delivery Plan report wherein a PSA's historical 3 year workload is compared to the United States National Average (USNA) workload understanding for an identical non-native population number, and the HSP understanding of expected workload for an identical native population number. The largest of these three is typically carried forward to the Delivery Plan as a planning assumption.
- Market ShareThe percentage of the user population from a specific community that is expected to be served at a facility for a specific discipline.
- Migration.....(See also "Crossover"). The natural tendency for some people to crossover/ migrate outside their area for healthcare. *Negative or "Out" crossover/migrate:* service areas where more visits from their user population seek care elsewhere, than where other service area user populations seek care at their facility. *Positive or "In" crossover/migrate:* where more other service area user populations seek care at their facility service areas than where their service area user populations seek care elsewhere.
- Patient Utilization RatesThe annual healthcare demand a single patient has for a discipline.
- Payor ProfileAn analysis of the payor mix for a Service Area, typically focusing on Medicare, Medicaid, Veterans and other third party payors that may or may not affect the Service Area's ability to raise third party billing thereby increasing revenue.
- Primary Care Service Area.....A group of communities and its population for which, at a minimum, the primary care disciplines are being planned and resourced. Referred to as the PSA.
- RRM.....Resource Requirements Methodology: The IHS staffing methodology.
- Regionalization/Referral Partners.....The grouping of workload from different PSAs for the purpose of stretching resources and improving access. A region may be as simple as a referral pattern among facilities creating effective leverage to purchase commonly needed services, or it may be a facility where on site resources are justified and can be offered to one or more PSAs thereby stretching CHS dollars.



- RPMSRegistered Patient Management System: the IHS standard Patient record system that forms the data basis for the master planning process.
- Resource Allocation.....Analysis that follows the Delivery Planning phase. This focuses on the capacities exceeded by Delivery planning decisions, documenting shortfall and need. Resource deficiencies identified and documented include providers, rooms, staff, square feet, and CHS dollars.
- Service AreaThe communities and its population intended to be supported by a specific discipline’s resources.
- Service Delivery Plan.....Analysis that follows the Regional Analysis and Services Stratification Report. This plan is final component of a report that includes the historical workload and market assessment pieces as well. The Delivery Plan assigns a projected workload assumption to a specific delivery option for approximately 120 service lines. Options typically include one of the following: delivery on-site, delivery through a Visiting Professional on-site, purchase care through CHS dollars, referral to the Service Unit for consideration, referral to the Region for consideration, or referral to the Area for consideration.
- Service Access Distribution Template.....A table of medical services, either desired or planned, detailing services offered by access distance.
- Service Population.....The IHS understanding of the number of Native Americans living within a county which may or may not be users. Census based and projected into the future. Primarily used for growth projection and market opportunities.
- Service UnitAn administrative unit overseeing the delivery of healthcare to a specific geographic area. May consist of one or more facilities, Service Areas, or PSAs.
- Threshold.....The minimum workload and/or remoteness necessary to justify the provision of a specific discipline.
- Travel Distance.....The distance a User has to travel from his home to a facility to receive care.
- UserA Native American that has received or registered to receive healthcare in the past three years.
- User PopulationThe number of Active Indian Registrants in the healthcare system from a specified area.

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Points of Contact

The table below lists the points of contact for each of the Primary Service Areas and Urban Programs involved in the development of the Portland Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
<i>Name</i>	<i>Title</i>	<i>Telephone</i>	<i>Email</i>
Portland Area IHS Office - 1220 SW Third Ave. #476, Portland, OR, 97204, (503)326-2020, FAX (503)326-7280			
Area Office Staff			
Doni Wilder	Area Director,	(503) 326-2020	dwilder@pao.portland.ihs.gov
Rich Truitt	Director, OEHE	(503) 326-2001	rtruitt@pao.portland.ihs.gov
Wes Bell	Director, DHFE	(503) 326-2379	wbell@pao.portland.ihs.gov
Gene Kompkoff	Project Officer,	(503) 326-3104	gkompkof@pao.portland.ihs.gov
Dale Mossefin	Facility Engineer,	(503) 326-3108	dmossefi@pao.portland.ihs.gov
Jai D. Sung	Facility Engineer,	(503) 326-3106	jsung@pao.portland.ihs.gov
Leah Tom	Business Office,	(503) 326-2023	ltom@pao.portland.ihs.gov
Roselyn Tso	Program Analyst,	(503) 326-3154	rtso@pao.portland.ihs.gov
David Battese	Information Management	(503)-326-7277	
Rena Gill	Portland Area Office		rena.gill@ihs.gov
Northwest Portland Area Indian Health Board (NPAIHB)			
Sonciray Bonnell	Human Resources Coordinator	(503) 228-418 x1260	sbonnell@npaihb.org
Coeur D'Alene Service Unit (un-studied)			
Debra Hanks	Health Director	(208) 686-1036	dhanks@bmc.portland.ihs.gov
Colville Service Unit			
Inchelium Clinic			
Tom Berg	Pharmacist / Fac. Dir	(509) 722-7006	tberg@col.portland.ihs.gov
Carol Leach	Clinic Nurse	(509) 722-7006	
Pam Phillips	Confederated Tribes of Colville - CHR	(509) 722-7019	
Colville Health Center -- Nespelem -- P.O. Box 150 Nespelem, WA 99155, (509)634-2842, Fax (509)634-4116			
Yvonne Misiaszek	Service Unit Director	(509) 634-2933	ymisiasz@col.portland.ihs.gov
Terry A. Dean	Past Service Unit Director	(509) 634-2933	tdean@col.portland.ihs.gov
Kathy Winzer	Clinical Director	(509) 634-2913	kwinzer@col.portland.ihs.gov
LaVonne Hammelman	Oral Disease Prevention Officer	(509) 634-2958	jhammel@col.portland.ihs.gov
Marilyn Wolf	Administrative Officer	(509) 634-2918	mwolf@col.portland.ihs.gov
John LaFontaine	Facility Manager	(509) 634-2934	jlafount@col.portland.ihs.gov
Jody A George	IT Specialist / Site Manager	(509) 634-2923	jgeorge@portland.ihs.gov
Preston Boyd	Behavioral Health	(509) 634-2606	pboyd@portland.ihs.gov
Omak - Dental Facility			
Terry Dean	Past Service Unit Director	(509) 634-2933	tdean@col.portland.ihs.gov
Kim Stewart	Contract Dentist	(509) 422-7416	kstewart@col.Portland.ihs.gov
Paul Phillips	CDO Colville (Contracted)	(509) 634-2919	pphillip@col.portland.ihs.gov
Keller - Keller Health Station			
Non-Hospital or Health Center Tribal Representatives			
Myra Aubertin	Tribal Health	(509) 634-2944	Myra.aubertin@colvilletribes.com
Gary Joseph	CCT - OPS	(509) 634-2249	gary.joseph@colvilletribes.com
Mel Tonasket	Tribal Council	(509) 634-2206	mel.tomasket@colvilletribes.com
Kyle Desautel	Health Facilities	(509) 634-2589	kyle.desautel@colvilletribes.com
Andrew Joseph Jr.	Tribal Council	(509) 634-2209	andy.joseph@colvilletribes.com
Angelena Compton	Health Facility Project	(509) 634-2574	angelena.Compton@colvilletribes.com
Lou Anderson	Tribal Council	(509) 634-2219	louella.Anderson@colvilletribes.com
Jerry Baltzell	Exec, Director	(509) 634-2238	jerry.baltzell@colvilletribes.com



Points of Contact

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Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
<i>Name</i>	<i>Title</i>	<i>Telephone</i>	<i>Email</i>
Fort Hall Service Unit -- P.O. Box 306 Ft. Hall, ID 83203, (208)238-2400, Fax (208)478-3950			
Not-tsoo Gah-nee Comprehensive Care Facility			
Shirley Alvarez	Service Unit Director	(208) 238-2400	shirley.alvarez@ihs.hhs.gov
Robert Biddle	Facilities Manager	(208) 238-5414	rbiddle@fth.portland.ihs.gov
Bernadine Ricker	Past Service Unit Director	(208) 238-5407	bricker@fth.portland.ihs.gov
Connie Farmer	Medical Records Admin. Spec	(208) 238-5468	cfarmer@fth.portland.ihs.gov
Johnna Pokibro	Computer Specialist	(208) 238-5444	jpokibro@fth.portland.ihs.gov
Tom Troshynski	Director of Pharmacy	(208) 238-5429	ttroshynski@fth.portland.ihs.gov
Carol Irwin	Purchasing Agent	(208) 238-5425	cirwin@fth.portland.ihs.gov
Barbara Edmo	Administration	(208) 238-5467	bedmo@fth.portland.ihs.gov
William Parish	Dentist	(208) 238-5446	wparrish@fth.portland.ihs.gov
Craig Nicholson, MD	Clinical Director	(208) 238-5427	cnichols@fth.portland.ihs.gov
Tamara Hollinger	CHN	(208) 238-5435	thollinger@fth.portland.ihs.gov
Roanna Stump	CHR Manager	(208) 478-3967	rstump@sbth.nsn.us
Linda Osborne	CHS	(208) 238-5419	losborne@fth.portland.ihs.gov
Jim Cutler	Community Health Nursing	(208) 238-5435	jcutter@fth.portland.ihs.gov
NW Band of Shoshone - 862 S. Main St., Suite 6, Brigham City, UT, 84302, 435-734-2286, FAX 435-734-0424			
Robin Troxwell	NW Band of Shoshone	(435) 734-2286	T_rtroxell@yahoo.com
Trudy Linville	NW Band of Shoshone	(453) 734-2286	
Neah Bay Service Bay			
Neah Bay Indian Health Center-- P.O. Box 115 Neah Bay, WA 98357, (360)645-2201, Fax (360)645-2863			
Marcy Parker	Temporary Health Director	(360) 645-3282	mtchm@centurytel.net
Leslie Dye	Service Unit Director	(360) 645-2233	ldye@bay.portland.ihs.gov
Gwen Steelman	Past Service Unit Director	(360) 645-2233	gsteelma@bay.portland.ihs.gov
Jim Lindsay	Pharmacists	(360) 645-2233	jlindsay@bay.portland.ihs.gov
Tracy Lind	FNP	(360) 645-2233	tlind@bay.portland.ihs.gov
Shirley Johnson	Administrative Officer	(360) 645-2233	sjohnson@bay.portland.ihs.gov
Paul Schwabe	Lab/Xray Tech		
Jim Elison	Dentist	(360) 645-2233	
David Goldstein	RN	(360) 645-2233	gsteelma@bay.portland.ihs.gov
Valerie Cheeka		(360) 645-2233	
Makah Tribal Programs			
LeAnna Wilson	Diabetes RN	(360) 645-3298	ljbuck@yahoo.com
Betsy Buckingham	EMS	(360) 645-2481	nbems@centurytel.net
Gordon Parker	Makah Tribe/SHE	(360) 645-2635	cromezilla@yahoo.com
Non-Hospital or Health Center Tribal Representatives			
Ben Johnson, Jr.	Tribal Chairman	(360) 645-3234	benj@centurytel.net
Blanchard Matte		(360) 645-3236	bmatte@olympen.com
Debbie Wachendorf		(360) 645-3237	debbiew@olympen.com
Bud Denney	Planning Manager	(360) 645-3281	mtcbud@olympen.com
Gary Ray			
Greig W. Arnold		(360) 645-3284	mtccped@olympen.com



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Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
<i>Name</i>	<i>Title</i>	<i>Telephone</i>	<i>Email</i>
Jamestown S'Kallum tribal Health Clinic (unstudied)			
Bill Riley	Health Director	(360) 681-4660	briley@jamestowntribe.org
Lower Elwha Clinic (unstudied)			
Cecile Greenway	Health Director	(360) 452-8471 x236	cgreenway@elwha.nsn.us
Quileute Health Family Center-- P.O. Box 279, LaPush, WA 98350, (360)374-9035, Fax (360)374-2644			
Brenda Nielson	Health Director	(360) 374-4318	bjaim@pao.portland.ihs.gov
Terri Demorest	CHS Officer	(360) 374-8659	tdemores@pao.portland.ihs.gov
Non-Service Unit (or Unassigned)			
North Idaho Service Unit (unstudied)			
Kootenai Tribal Clinic (unstudied)			
Gary Leva	Ex-Health Director	(509) 535-4475	garyl@imbris.com
Nimiipuu-Kamiah Health Facility (unstudied)			
Victoria McClellan	Executive Director		vmcclellan@nid.portland.ihs.gov
Nimiipuu-Lapwai Health Center (unstudied)			
Pat Harroun	Health Director	(208) 843-2271	pharroun@nid.portland.ihs.gov
Northwest Washington Service Unit			
Lummi Tribal Health Center -- 2616 Kwina Road Bellingham, WA 98226, (360)384-0464, Fax (360)380-1328			
Barbara Finkbonner	LIHC Director	(360) 384-0464	barbaraf@lummi-nsn.gov
Jim Bunton	LITC Facility Manager	(360) 758-2329	jbunton@lummi-nsn.gov
Patricia Rasch	Public Health Nsg/Diabetes Prog Manager	(360) 384-0464 x2569	patr@lummi-nsn.gov
Dan Su	Physician	(360) 384-0464	
Nooksack Community Clinic (unstudied)			
Melissa Leyva	Health Director	(360) 966-2106	mleyva@nooksack-tribe.org
Samish Indian Nation (unstudied)			
Dr. Keith Tucker	Health Director	(360) 293-6404 x201	ktucker@samishtribe.nsn.us
Swinomish Health Clinic (unstudied)			
Barbara Clure	Health Director	(360) 766-3167	bclure@swinomish.nsn.us
John Stephous		(360) 466-7216	jstephous@swinomish.nsn.us
Upper Skagit Tribal Health Clinic - 2284 Community Plaza, Sedro, WA, (360) 854-7070, FAX (360) 854-7004			
Marilyn Scott	Health Director	(360) 854-7070	marilyns@upperskagit.com
Puget Sound Service Unit			
Muckleshoot Tribal Clinic (unstudied)			
Lisa James	Health Director	(253) 939-6648	lisa.james@muckleshoot-health.com
Nisqually Health Clinic (unstudied)			
Rena Wells	Health Director	(360) 456-5221	wells.rena@nisqually-nsn.gov
Port Gamble S'Kallum Clinic (unstudied)			
Danette Ives	Health Director	(360) 297-9661	dives@pgst.nsn.us
Lou Schmitz	Health Planner	(360) 297-9664	lrschmitz@pgst.nsn.us



Points of Contact

The table below lists the points of contact for each of the Primary Service Areas and Urban Programs involved in the development of the Portland Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
<i>Name</i>	<i>Title</i>	<i>Telephone</i>	<i>Email</i>
Sauk-Suiattle Health Clinic (unstudied)			
Rhonda Metcalf	Health Director	(360) 436-1124	(360) 436-0242 - fax
Seattle Indian Health Board (unstudied)			
Ralph Forquera	Health Director	(206) 324-9360	ralphf@sihb.org
Skokomish Health Center (unstudied)			
Marcie Gouley	Health Director	(360) 426-5755	marie@skokomish.org
Snoqualmie North Bend - P.O. Box 280, Carnation, WA 98014			
Marie Ramirez	Snoqualmie Tribe	(425) 333-5425	marie.ramirez@snoqualmienation.com
Snoqualmie Tolt			
Marie Ramirez	Snoqualmie Tribe	(425) 888-5512	marie.ramirez@snoqualmienation.com
Squaxin Island Tribal Health Clinic (unstudied)			
Whitney Jones	Health Director	(360) 432-3924	wjones@squaxin.nsn.us
Stillaguamish Tribal Clinic -- P.O. Box 277, Arlington, WA 98223			
Thomas Ashley	Director Social & Health Services	(360) 653-1104 x11	tomashley411@hotmail.com
Cynthia Derrick	Admin. Assistant	(360) 652-9640	
Suquamish (Port Madison IR) (unstudied)			
Barbara Hoffman	Community Health Nurse	(360) 394-8468	bhoffman@sugumish.nsn.us
Tulalip Health Clinic (unstudied)			
Dr. John Okema	Health Director	(360) 651-9179	john.okemah@tulaliptribes-nsn.gov jokemah@tulaliptribes-nsn.gov
Puyallup Service Unit			
Takopid Health Center -- 2209 E. 32nd Street Tacoma, WA 98404, (253)593-0232, Fax (253)272-6138			
Rod Smith	Executive Director	(253) 593-0234	rod@eptha.com
Rex Harrison	Health Planner	(253) 593-0232 x519	rex@eptha.com
Marlee Miller	Facilities	(253) 377-7397	marlee@eptha.com
Raymond McCloud	Facilities Manager	(253) 377-7412	raymond@eptha.com
Janis Givan		(253) 377-7412	janis@eptha.com
Connie McCloud	Cultural Coordinator	(253) 593-0232 x525	connie@eptha.com
Anlot		(253) 593-0232	anlot@eptha.com
Byron		(253) 593-0234	btron@eptha.com
Bruce Jackson	Dental	(253) 593-0232	bruce@eptha.com
Marian Ogden	Dental	(253) 593-7200	marian@eptha.com
Southern Oregon Service Unit			
Coos Umpqua Health Center (unstudied)			
Mark Johnston	Health Director	(541) 888-7515	mjohnston@csb.portland.ihs.gov
Coquille Community Health Center (unstudied)			
Kelle Little	Acting Director	(800) 344-8583 x210	kelle@uci.net



Points of Contact

The table below lists the points of contact for each of the Primary Service Areas and Urban Programs involved in the development of the Portland Area Health Services Master Plan.

Administrative Unit

Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email
Cow Creek Health and Wellness Center - 2371 NE Stephens, Ste 200, Roseburg, OR 97470, (541) 672-8533, Fax (541) 672-4993			
Sharon Stanphill	Health Director	(541) 672-8553	sstanphill@cowcreek.com
Sherri Shaffer	CEO	(541) 672-9405	sshaffer@cowcreek.com
Michael Rondeau	COO	(541) 672-9405	mrondeau@cowcreek.com

Taholah Service Unit (unstudied)

Chehalis Community Health Clinic (unstudied)			
Sharon Krupski	Health Director	(360) 273-5504	skrupski@chehalistribe.org
Cowlitz Tribal Clinic -- 1055 9th Avenue, Suite A Longview, WA 98632, (360)575-8275			
Jim Sherrill	Health Director	(360) 575-3307	isherrill.health@tdn.com
Steve Kutz	Chariman, Health Board	(360) 731-2885	skutz@wavecable.com
Patty Kinswa-Faisir	Vice Chair, Health Board	(360) 864-8127	citelders@toledotel.com
Larry Coyle	Vice Chair, Council by Dir Housing	(360) 864-8720	chetra@aol.com
Jess W. Groll	Treasurer/CFO	(360) 864-8720	iwgroll@toledotel.com
Ernie Donovan	Health Board	(360) 723-2937	mothers8@yahoo.com
Carolee Morris	Health Comm. Tribal Administrator	(360) 577-8140	cowlitztribe@tdn.com
Lori Morris	CHS Manager	(360) 575-8275	cowlitzhealth@tdn.com

Hoh River - 2464 Lower Hoh Rd., Forks, WA 98331, 360-374-6501 FAX: 360-374-6549

Donna Scott	Executive Director	(360) 374-6501	{ ddscott_23@hotmail.com hohtribe@hotmail.com
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Roger Saux Health Center (Quinault) (unstudied)

Fawn Tadios

Queets Health Center (Quinault) (unstudied)

Pearl Capoeman-Baller	President, Quinault Indian Nation		pballer@quinault.org
Dennis Jones			djones@quinault.org

Shoalwater Bay Tribal Health Center -- P.O. Box 130, 2373 Old Tokeland Rd., Tokeland, WA 98590, (360)267-6766, Fax (360)267-6777

Marsha Crane	Health Director	(360) 267-6766 x121	mcrane@pao.portland.ihs.gov
Charlene Nelson	Health Board Member, Chairwoman	(360) 267-6766 x108	cnybay@techline.com
Robert Bo Jorcas	Health Board Chairperson	(360) 267-6766	
Margaret Olsen	Health Board Member	(360) 942-3739	
Lois Burkes	Health Board Member	(360) 942-3663	
Anita Couture	Health Board Member	(360) 267-0884	

Umatilla Service Unit (unstudied)

Yellowhawk Tribal Health Center (unstudied)

Elwood "Woody" Patawa	Health Director	(541) 278-7547	epatawa@yel.portland.ihs.gov
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Warm Springs Service Unit

Wadatika Health Center - 100 Pasigo St., Burns OR 97720, (541)573-7312, Fax (541)573-4217

Twila Teeman	Health Director	(541) 573-7312 x227	tteeman@bur.portland.ihs.gov
Kenton Dick	Tribal Planner	(541) 573-2088	



Points of Contact

The table below lists the points of contact for each of the Primary Service Areas and Urban Programs involved in the development of the Portland Area Health Services Master Plan.

Administrative Unit

Clinic/PSA/Office		Clinic/PSA/Office Address	
Name	Title	Telephone	Email
Warm Springs Health & Wellness Center -- PO Box C Warm Springs, OR 97761, (541)553-3462, Fax (541)553-3543			
Carol Devaney	Service Unit Director	(541) 553-2461 x4210	cdevaney@wsp.portland.ihs.gov
Gwen Steelman	Deputy Service Unit Director	(541) 553-1196	gsteelman@wsp.portland.ihs.gov
Russ Alger	Past Service Unit Director	(541) 553-2461 x4210	ralger@wsp.portland.ihs.gov
Dr. Thomas Creelman	Staff Physician	(541) 553-1196 x4265	tcreelma@wsp.portland.ihs.gov
Sharon Miller	Acting Nurse Supervisor	(541) 553-1196 x4630	
Leroy Jackson	H.R. Assistant	(541) 553-2461 x4216	ljackson@wsp.portland.ihs.gov
Marge Koepping	FNP	(541) 553-2461 x4121	mkoepping@wsp.portland.ihs.gov
Mary Ann Bernard	Managed Care - Case Manager	(541) 553-1196 x4491	mbernard@wstribes.org
Faye Kaudle-Kaule	Business Office	(541) 553-1196 x4471	fkkaule@wsp.portland.ihs.gov
Michele Gemelas		(541) 553-1196 x4420	mgemelas@wsp.portland.ihs.gov
Thomas Manning		(541) 553-1196	tmanning@wsp.portland.ihs.gov
Roberta Queahpama		(541) 553-2461	rqueahpa@wsp.portland.ihs.gov
Michele Miller		(541) 553-2174	mkmiller@wsp.portland.ihs.gov

Non-Hospital or Health Center Tribal Representatives

Wm. Gayle Rodgers		(541) 553-3491	grodgers@wstribes.org
Nancy Collins		(541) 553-4943	ncollins@wsp.portland.ihs.gov
Jim Quaid		(541) 553-3205	jimquaid@wstribes.org
Yvonne Iverson		(541) 553-3225	yearl@wstribes.org
William Fuentes	Chief Operating Officer	(541) 553-3228	wfuentes@wstribes.org
Mike Marcotte	MCP Administrator	(541) 553-2490	mmarcotte@wstribes.org
Kathy Quaempts	CHP	(541) 553-3225	kquaempts@wstribes.org
Chuck Grover	Tribal Facilities Mngt. -- Facility Manager	(541) 553-1196 x4801	
Cassie Katchia	Facility Manager	(541) 553-2461	catherine.katchia@ihs.gov
Urbana Manion		(541) 553-3205	
Susan McGough	Mountain View Hospital District -- CEO	(541) 475-3882	smcgough@mvhd.org
Janice Clements	Health and Welfare	(541) 553-3257	

Wellpinit Service Unit

Kalispel Health Clinic -- P.O. Box 39, Usk, WA 99180, (509)445-1762, Fax (509) 445-1705			
Ken Stocks	Ast. Planner	(509) 445-1147 x335	kstocks@kalispeltribe.com
Robert Russell	Director, Social Services	(509) 445-1762	brussell@kalispeltribe.com
Stephen Reichard	Consultatn, Reichard & Associates Inc.	(509) 999-3091	reichardandassociates@comcast.net

David C. Wynecoop Memorial Clinic (Spokane Tribe) -- P.O. Box 100 Wellpinit, WA 99040, (509)258-4581

Bill N. Wiles	Administrative Officer	(509) 258-4517 x103	bill.wiles@ihs.gov
Ellen Kemper, MD	Clinical Director	(509) 258-4517	Ekemper@wel.portland.IHS.gov
Kay Moyer		(509) 258-4517 x115	kmoyer@wel.portland.ihs.gov
Gerald Nicodemus		(509) 458-6512	geraldn@spokanetribe.com
Richard Brisbois		(509) 458-6512 x123	richard.brisbois@ihs.gov
Julia Greeson	HHS Program Manager	(509) 258-4029	juliah@spokanetribe.com
Kaye Brisboise	HHS Program Manager	(509) 258-7502	kb@spokanetribe.com
Dennis Jones	HHS Director (Past)	(509) 258-7502	dennisdj@spokanetribe.com
Robert Brisbois	HHS Director (Present)	(509) 258-7502	robb@spokanetribe.com

Spokane Urban Clinic (NATIVE) (unstudied)

Toni Lodge	Health Director	(509) 325-5502	tlodge@nativeproject.org
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Western Oregon Service Unit

Grand Ronde Health Center -- 9515 Grand Ronde Road Grande Ronde, OR 97347, (800)775-0095, Fax (503)879-2015

Stephen Bowles			
Michael Watkins	Health Director	(503) 879-4638	michael.watkins@grandronde.org



Points of Contact

The table below lists the points of contact for each of the Primary Service Areas and Urban Programs involved in the development of the Portland Area Health Services Master Plan.

Administrative Unit			
Clinic/PSA/Office	Clinic/PSA/Office Address		
Name	Title	Telephone	Email
Salem-Chemawa Health Center-- 3750 Chemawa Rd NE Salem, OR 97305, (503)399-5931			
Tom Birdinground	Service Unit Director	(503) 304-7642	tom.birdinground@ihs.gov
Vern Kessinger	Facility Manager		vkessing@wor.portland.ihs.gov
Roger Applegate, MD	Western Oregon Service Unit		rapplega@wor.portland.ihs.gov
Lorraine Hesketh	Admin. Officer	(503) 399-5937	lhesketh@wor.portland.ihs.gov
Diane Sheck, RN	Nursing Supervisor	(503) 399-5931	dsheck@wor.portland.ihs.gov
Non-Hospital or Health Center Tribal Representatives			
Miguel Reyes	Chemawa High School	(503) 399-5721	mreyes@chemaw.bia.edu
Debora Martinez	Chemawa Committee Homeliving Asst./Parent	Cell (503) 507-0700	M6j8j0@aol.com
Siletz Community Health Clinic -- P.O. Box 320 Siletz, OR 97380, (800)648-0449, Fax (541)444-1278			
Judy Muschamp	Health Director	(541) 444-9655	healthdirector@ctsi.nsn.us
Charlie Butler	CTSI	(541) 444-9644	
Darcy trego	Db Coordinator	(541) 444-9647	siletzDM@ctsi.nsn.us
Beverly Phillipson MD	Medical Officer	(541) 444-9632	medofficer@ctsi.nsn.us
Marlee Van Noy	Admin/AI Coordinator	(541) 444-9663	siletzqi@ctsi.nsn.us
Dorene Rilatos	Patient Accounts Supervisor	(541) 444-9652	dorener@ctsi.nsn.us
Sunshine Keck	Site Mgr./IS Tech	(541) 444-9636	sunshinek@ctsi.nsn.us
Naomi Shadwick	Grant Writer	(541) 444-8235	naomis@ctsi.nsn.us
Beverly Baumgardt	Medical Support Supervisor	(541) 444-9635	medrecordsup@ctsi.nsn.us
George Nager	Mental Health Services	(541) 444-9867	georgenctsi@yahoo.com
NARA - Portland Urban Program (unstudied)			
Linda Drebin	Health Director	(503) 803-9433	ldrebin@naranorthwest.org
Yakama Service Unit			
Yakama Nation Tribal Health Facility -- P.O. Box 151 Toppenish, WA 98948, (509)865-5121, Fax (509)865-8777			
Jay Sampson	Service Unit Director	(509) 865-2102 x242	j.sampson@ihs.hhs.gov
Colleen R. Reimer	Past Service Unit Director	(509) 865-2102 x242	creimer@yak.portland.ihs.gov
James D. Newquist	Deputy Director	(509) 865-2102 x257	jnewquis@yak.portland.ihs.gov
Daniel L. Hocson, MD	Medical Officer	(509) 865-2102 x262	dhocson@yak.portland.ihs.gov
Gene J. McElhinney, DDS	Director, Dental Program	(509) 865-2102 x260	dmcelhin@yak.portland.ihs.gov
Donald J. Hutson, ME, PE	Past Facilities Manager	(509) 865-1736	
Danny J. English, ARNP	Public Health Nurse	(509) 865-2102 x249	denglish@yak.Portland.ihs.gov
Evelyn C. James	Business Office Supervisor	(509) 865-2102 x270	ejames@yak.portland.ihs.gov
Joe C. Jackson	Site Manager	(509) 865-2102 x599	jjackson@yak.portland.ihs.gov
Lori Storla	Yakama Nation Nursing Program Manager	(509) 865-7961	lstorla@yak.portland.ihs.gov
Marlene White	Yakama Nation Maintenance Program Manager	(509) 865-5121 x4608	mwhite@yakama.com
Derald Ortloff	Yakama Nation Facilities Manager	(509) 865-5121 x4622	derald@yakama.com
Lori Drews	Yakama Nation	(509) 865-7965	yinhh@yakama.com
Annette Coyle	Yakama Nation	(509) 865-7965	
White Swan Health Clinic and Ambulance Service			
Ellen Swan		(509) 874-2979	eswan@yak.portland.ihs.gov
Joy Rivera		(509) 874-2979	joy@yakama.com
Non-Hospital or Health Center Tribal Representatives			
Patricia L. Martin	Human Services Int. Deputy Director	(509) 865-5121 x4519	pmartin@yakama.com
Oscar Olney	Yakama Nation Human Services	(509) 865-5121 x4519	oscar@yakama.com
Randall Tulee	Assist. Tribal Director	(509) 865-5121 x4400	randall@yakama.com
Matt Tomaskin	Tribal Council HEW Comm. Chair.	(509) 865-5121 x4337	matt@yakama.com
Ray C. James	Yakama Nation Tribal Council	(509) 865-5121 x4327	rjames@yakama.com
John Smortwest	Yakama Tribal Council	(509) 865-6272	



Small Ambulatory Care Criteria (SAC)

In order to provide consistent appropriate health care to remote Native American communities, the Indian Health Service relies on a number of standard tools to distribute resources based on a community's population and medical workload. The standard tools, the Resource Requirements Methodology (RRM) and the Health System Planning software (HSP) do not adequately address communities of less than 4,400 primary care provider visits (PCPVs). Typically this is a population of approximately 1320 Active Users.

The Small Ambulatory Care Criteria was developed as a means of understanding and planning for needs in such communities as mentioned above. Most maps in this Master Planning document utilize a population number threshold based upon the Small Ambulatory Care Criteria developed by IHS. The numbers relate directly to typical delivery systems ranging from a Small Health Clinic down to a Health Location. The table below identifies the significance of each number and what facility might be justified for consideration at such a level.

User Population	Facility	Staffing & Service Concept
900-1319	Small Health Clinic	A Physician utilized between 70 – 100%. Two Dentists or a Dentist and Hygienist at all times
588-900	Large Health Station	Minimal facility to allow One full time dentist work with a medical provider 3 days a week.
256-587	Medium Health Station	Minimal facility that allows dentist to work 4 days a week and medical provider 2.5 days/week. One full time Public Health Nurse and Contract Health Clerk.
138-275	Small Health Station	Minimal facility that allows dentist to work 3 days a week and medical provider 2 days/week
0-137	Health Location	Minimal facility with visiting providers less than one day per week.

Small Ambulatory Care Application to Portland Primary Service Areas

A table detailing application of the above criteria to Portland Area PSAs is found on the following page. The Portland Area contains a significant percentage of populations and projected workload that is best considered under SAC to facilitate right-sizing of each plan. If the PSA was not suitable for SAC application the SAC Clinic Model Consideration is left blank. However, if the PSA was suitable for SAC application the SAC Clinic Model Consideration columns identify which specific model was utilized. A criteria completion section on the right hand side of the table shows the process forward for completion of SAC planning.

Note: Other criteria must be applied to justify consideration for a small ambulatory care facility. Standard planning scenarios would apply to populations and PCPV ratios greater than represented in the table above. Consult the PSA specific delivery plan for detail.



Small Ambulatory Care Application Criteria

Primary Service Area	Projected vs. Threshold			SAC Clinic Model Consideration					Criteria Completion			
	User Pop 2015	HSP-PCPVs (Primary Key)	Dental Service Minutes	Small Health Clinic	Large Health Station	Medium Health Station	Small Health Station	Health Location	Coordinated w Area Office & neighboring tribes?	Complement to existing assets and delivery system?	Business Plan, sustainable asset within delivery system (doc. in Area Wide Health Services and Facilities Master Plan)?	SAC Justified as Planning Assumption
	Threshold - PCPV	Threshold - Dental Srv. Minutes	Threshold - User Pop	3,001	1,989	976	488	0				
		4,400		3,001	1,989	976	488	0				
			125,306	85,500	55,765	26,125	13,110	0				
	1,320			901	588	276	138	25				
Benawah Medical Center	4,597											
Chehalis Indian Health Center	1,433											
Chemawa Health Center	7,117	46,269	1,298,141									
Colville Indian Health Center	3,226	11,324	312,599									
Coos Umpqua Health Center	1,040											
Coquille Community Health Center	1,112											
Cow Creek Health Center	2,193	10,518	208,335									
Cow Creek South PSA	2,749	13,189	261,155									
Cowlitz North PSA (HC)	3,093	10,494	293,835									
Cowlitz South PSA	3,046	10,334	289,370									
Eugene New PSA Opportunity	944	3,476	89,680	Yes								
Grand Ronde Health Center	3,526											
Hoh River	75	878	7,102				Yes					
Inchellium Clinic	1,641	5,870	169,926									
Jamestown S'Klallam Health Clinic	538											
Kalispel	401	1,325	38,077			Yes						
Keller	607	2,112	57,665		Yes							
Klamath - Klamath & Chiloquin	2,667											
Kootenai Tribal Clinic	182											
Lower Elwha Clinic	914											
Lummi Health Center	5,090	24,959	483,550									
Muckleshoot Tribal Clinic	3,779											
Multi-Tribal New PSA Opportunity	587	2,106	55,765		Yes							
NARA (Portland Urban)												
Neah Bay - Sophie Trettevick	1,769	14,467	186,541									
Nez Perce - Lapwai & Nimipuu	4,458											
Nisqually Health Clinic	1,306											
Nooksack Community Clinic	1,235											
Not-tsoo-Gah-nee Health Center	7,231	25,018	714,423									
NW Band Shoshoni	697	2,366	66,215		Yes							
Omak Clinic	3,618	12,615	343,710									
Port Gamble S'Klallam Clinic	1,656											
Portland New PSA Opportunity	3,128	11,248	297,160									
Puyallup Tribal Health Authority	11,335	38,835	1,076,833									
Quileute Tribal Health Clinic	707	3,804	67,165	Yes								
Quinalt - Queets & Saux	2,866											
Samish Indian Nation	414											
Sauk-Suiattle Health Clinic	225											
Seattle Indian Health Board												
Shoalwater Bay Tribal Clinic	600	4,188	156,524	Yes								
Siletz Community Health Center	7,083	25,475	672,885									
Skokomish Health Center	1,138											
Snoqualmie - North Bend & Tolt	150	513	14,286				Yes					
Spokane Urban Clinic - NATIVE												
Squaxin Island Tribal Health Clinic	967											
Stillaguamish Tribal Clinic	183	611	17,356				Yes					
Suquamish	1,166											
Swinomish Health Clinic	1,491											
Tulalip Health Clinic	4,560											
Upper Skagit Tribal Health Clinic	559	1,960	53,105			Yes						
Wada-Tika Health Center	376	1,311	35,721			Yes						
Warm Springs Health Center	5,929	21,528	568,792									
White Swan Health Clinic	2,419	8,060	229,805									
Wyncoop Memorial Clinic	2,473	11,753	234,894									
Yakama Indian Health Center	11,460	39,807	1,154,022									
Yellowhawk Tribal Health Center	3,462											

Note: Identification in this table is a starting point for SAC application. For application decision please consult the actual PSA Plan. Gray row signifies tribe/facility/PSA outside scope of work.



Master Plan Summary

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Master Plan Summary

The Master Plan Summary consists of 7 key components:

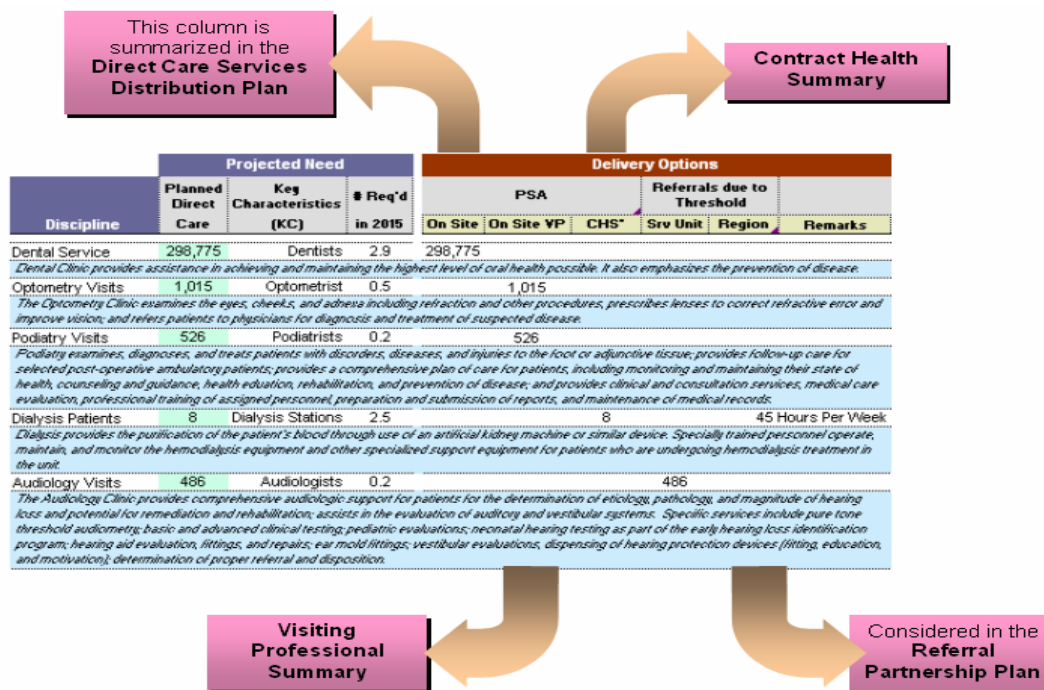
- User Population Summary
- On-Site Service Summary
- Regional Delivery Plan Summary
- Contract Health Summary
- Staffing Summary
- Space Summary
- and Priorities

These items document the plan, services and resource allocations developed over the course of our effort and conversations. Each of these components has their own purpose and is integral to understanding the complete Master Plan requirements for the Portland Area.

The **Primary Service Area Delivery Plan**, which is not in the Master Plan Summary, is the basis and starting point of the Master Plan and this Summary. These documents are stand-alone documents behind each PSA's tab.

A Primary Service Area (PSA) is defined as a logical grouping of communities based on proximity for which healthcare resources are planned and distributed.

The population demographics of a PSA determine what services are appropriate. A medical workload and key characteristics need projection was provided based on the projected 2015 demographics. This information was reviewed and discussed with Service Area leadership in order to determine the best delivery options.



PSA resource needs, priorities and future on-site services were identified and summarized in the **On-Site Service, Contract Health, Staffing and Facility Size Summaries**. As a result of the Primary Service Area decisions, Portland Area Office and tribal input, Regional Partnership opportunities were also developed on a conceptual level.

The **Master Plan Priorities** section organizes each PSA's priorities alphabetically for easy reference by the Area.



User Population Summary

The Area-wide **User Population Summary** is shown on the following page. These populations form the basis for all Service Delivery Plans and the resulting Summaries mentioned above.

- The Round One PSA user populations (indicated by the blue shaded headers) reflect a projection from the 2001 User Population based on the communities assigned to each Primary Care Service Area as developed during the process.
- The Round Two PSA user populations (indicated by the green shaded headers) reflect a projection from the 2002 Portland Area Office/PSA negotiated or “understood” populations. These Round Two populations were adjusted according to accepted service population growth rates to align with the Round One 2001 numbers to form a common baseline for the market assessment and delivery planning phases of the effort.

The communities selected for each Service Area are identified on the executive summary page of each PSA Delivery Plan. 2015 is the baseline projection year for the Master Plan. Population growths are based on IHS’s annually published County Service Populations. There are a few noteworthy items to consider when reviewing the table:

- New PSA opportunities (Eugene, Portland, and Multi-Tribal) and their populations are not included in Service Unit totals or the Area Wide totals. This is so because communities for each of these were often included in existing service areas as well (ex: Multi-Tribal communities are included in Warm Springs and Yakama service areas). As a result, should any of these new PSA opportunities be forwarded by an interested tribe, the affected service area populations should be adjusted accordingly.
- Chemawa shows 2 significantly different populations, a projection dilemma closely related to the point above. Chemawa’s population projection would be affected rather dramatically if the Portland New PSA or the Eugene PSA were forwarded. Communities were assigned to Chemawa for planning purposes in Round 1 without full consideration of all potentially affected PSAs as part of the process. As a result, Chemawa should be aware of the significant variance between the low end of a 2015 projection (3,267) if all the new PSAs are developed, and the high end of a 2015 projection (7,128) if no new PSAs are developed.

The future facility type is identified for each Service Area.

The User Population growth is indicated and ranked for Service Areas and Service Units within the Portland Area. However, the column titled “*User Pop Growth %*” tracks a Round 2 understanding at the Service Unit level, but a Round 1 or Round 2 understanding at the PSA level, depending on which round the PSA participated in. For example, Colville’s typical PSA growth as understood in Round 1 ranges from 9.5% to 21.4%. The service unit growth, however, is shown as 35.9% because it looks at the Round 2 2001 user pop in relationship to the 2015 user pop.

User Populations for independently prepared plans

Service Areas preparing independent plans are shown in the table along with their current and projected user populations for reference only. Further analysis on these is not provided beyond provision for inclusion of their documentation in this deliverable along with executive summary interpretation of their documentation. User populations from independently prepared and submitted plans are not reflected in this table though they are shown (in red) in all summary tables. Such populations may or may not have utilized methodologies consistent with project participant PSAs.

For additional information on user populations methodologies, updates and community assignments please consult *Appendix A – User Population Updates* and *Appendix D – Service Area Community Assumptions*.



User Population Growth by Rank by Service Unit & PSA

2001 Rd 2 Pops based on 2002 PAO User Pop reduced by Svc Pop (CHSDA) growth/reduction rate												Service Unit totals in this column track 2001-2015 Round 2 Numbers		
Service Area	Service Areas with Health Center / Urban Program	Round 1				Round 2				Round 1		Round 2		Service Unit Growth Rank
		2001 User Pop	2001 User Pop	2001 User Pop (SACA / HSP)	2002 User Pop (PAO Table)	2015 User Pop	2015 User Pop	User Pop Growth %	User Pop Growth	PSA Growth Rank				
Coeur D'Alene Service Unit*		3,544	3,545	3,465	3,611	4,477	4,597	29.7%	1,053				12	
<i>Benewah Medical Center*</i>	HC		3,545	3,465	3,611		4,597		1,053	9				
Colville Service Unit		7,737	8,011	7,737	8,188	9,092	10,887	35.9%	2,876				5	
Inchelium - Health Clinic	HC	1,499	1,552	1,499	1,586	1,641	2,109	9.5%	557	20				
Nespelem - Colville Health Center	HC	2,658	2,752	2,658	2,813	3,226	3,740	21.4%	988	10				
Omak - Dental Facility	HC	3,021	3,128	3,021	3,197	3,618	4,251	19.8%	1,123	7				
Keller - Keller Health Station	HC	559	579	559	592	607	787	8.6%	208	36				
Fort Hall Service Unit		6,814	5,884	6,814	5,936	7,231	7,250	23.2%	1,366				10	
NW Band of Shoshone	LHS		112	0	112		697		585	19				
Fort Hall - Not-tsoo Gah-nee Health Center	HC	6,814	5,771	6,814	5,824	7,231	6,553	6.1%	782	13				
Klamath Service Unit*		2,617	2,356	2,617	2,377	2,944	2,667	13.2%	327				16	
<i>Klamath Tribal Health Center - Klamath Falls*</i>	HC		2,617						0					
<i>Klamath Tribal Health Center - Chiloquin*</i>	HC		2,617						0					
Neah Bay Service Unit		3,248	3,613	3,248	3,659	4,020	4,342	20.2%	729				14	
Neah Bay - Neah Bay Indian Health Center	HC	1,430	1,848	1,430	1,870	1,769	2,183	23.7%	335	32				
<i>Jamestown S'Kallum Tribal Health Clinic*</i>	HC		439		445		538		100	45				
<i>Neah Bay Unassigned*</i>		1,818		1,205										
<i>Lower Elwha Clinic*</i>	HC		774		783		914		140	42				
Quileute Tribal Health Clinic	SHC		553	613	561		707		154	40				
Non-Service Unit (or Unassigned)		1,460		1,460		1,523			63				17	
Multi-Tribal PSA Opportunity (SU Unassigned) ¹		520		520		587	587		67	47				
North Idaho Service Unit*		3,591	3,533	3,591	3,602	4,724	4,640	31.3%	1,107				11	
<i>Kootenai Tribal Clinic*</i>	HC		168		169		182		14	51				
<i>Nimiipuu - Kamiah Health Facility*</i>	HC		3,365		3,433		4,458		1,093	8				
<i>Nimiipuu - Lapwai Health Center*</i>	HC								0					
Northwest Washington Service Unit		6,274	6,482	6,274	6,646	7,341	8,789	35.6%	2,307				7	
Lummi Health Center	HC		3,865	4,038	3,962		5,090		1,225	6				
NW Washington Unassigned				738										
<i>Nooksack Community Clinic*</i>	HC		872		894		1,235		363	30				
<i>Samish Indian Nation*</i>			320		326		414		94	46				
<i>Swinomish Health Clinic*</i>	HC		1,025		1,053		1,491		466	26				
Upper Skagit Tribal Health Clinic	MHS		400	1,498	411		559		159	39				



User Population Growth by Rank by Service Unit & PSA

2001 Rd 2 Pops based on 2002 PAO User Pop reduced by Svc Pop (CHSDA) growth/reduction rate												Service Unit totals in this column track 2001-2015 Round 2 Numbers	
Service Area	Service Areas with Health Center / Urban Program	Round 1		Round 2		Round 1		Round 2		PSA Growth Rank	Service Unit Growth Rank		
		2001 User Pop	2001 User Pop	2001 User Pop (SACA / HSP)	2002 User Pop (PAO Table)	2015 User Pop	2015 User Pop	User Pop Growth %	User Pop Growth				
Puget Sound Service Unit		9,616	11,175	9,616	11,418	12,781	15,131	35.4%	3,956		2		
Muckleshoot Tribal Clinic*	HC		3,101		3,145		3,779		679	18			
Nisqually Health Clinic*	HC		972		993		1,306		333	33			
Port Gamble S'Kallum Clinic*	HC		1,169		1,198		1,656		487	25			
Sauk-Suiattle Health Clinic*	HC		160		164		225		65	48			
Seattle Indian Health Board*	U								0				
Skokomish Health Center*	HC		769		791		1,138		369	29			
Snoqualmie (North Bend/Tolt)	SHS		122		124		150		28	50			
Squaxin Island Tribal Health Clinic*	HC		653		672		967		313	34			
Stillaguamish Tribal Clinic	SHS		137		140		183		46	49			
Suquamish (Port Madison IR)*			823		844		1,166		343	31			
Tulalip Health Clinic*	HC		3,268		3,347		4,560		1,292	5			
Puyallup Service Unit		8,849	7,708	8,849	7,830	13,013	11,335	47.1%	3,627		3		
Puyallup Tribal Health Authority	HC		7,708	8,849	7,830		11,335		3,627	1			
Southern Oregon Service Unit		1,934	5,722	1,858	3,340	2,412	7,094	24.0%	1,373		9		
Coos Umpqua Health Center*	HC		845		858		1,040		195	38			
Southern Oregon Unassigned*				1,278									
Coquille Community Health Center*	HC		881		896		1,112		231	35			
Cow Creek Health Center	HC		1,784	580	1,586		2,193		409	27			
Cow Creek South (new)	HC		2,211				2,749		538	21			
Taholah Service Unit		3,477	8,421	3,477	4,304	4,791	11,113	32.0%	2,693		6		
Chehalis Community Health Center*	HC		1,063		1,086		1,433		370	28			
Cowlitz North PSA (Tribal Health Ctr)	HC		2,241	139	364		3,093		852	11			
Cowlitz South PSA (New)	HC		2,302				3,046		744	16			
Hoh Tribe	SHS		63	268	65		75		12	52			
Taholah Unassigned				2,609									
Roger Saux Health Center (Quinalt)*	HC		2,353		2,386		2,866		514	23			
Queets Health Center (Quinalt)*									0				
Shoalwater Bay Tribal Clinic	SHC		399	461	403		600		201	37			
Umatilla Service Unit*		2,738	2,690	2,738	2,739	3,574	3,462	28.7%	772		13		
Yellowhawk Tribal Health Center*	HC		2,690	2,738	2,739		3,462		772	14			



User Population Growth by Rank by Service Unit & PSA

2001 Rd 2 Pops based on 2002 PAO User Pop reduced by Svc Pop (CHSDA) growth/reduction rate

Service Unit totals in this column track 2001-2015 Round 2 Numbers

Service Area	Service Areas with Health Center / Urban Program	Round 1		Round 2		Round 1		Round 2		PSA Growth Rank	Service Unit Growth Rank
		2001 User Pop	2001 User Pop	2001 User Pop (SACA / HSP)	2002 User Pop (PAO Table)	2015 User Pop	2015 User Pop	User Pop Growth %	User Pop Growth		
Warm Springs Service Unit											
		5,097	5,544	5,168	5,649	6,324	7,231	30.4%	1,687		8
Wada-tika Health Center (Burns Paiute)	MHS		269	274	274		376		107	44	
Warm Springs - Warm Springs Health and Wellness Center	HC	5,097	5,275	4,894	5,375	5,929	6,855	16.3%	1,580	4	
Wellpinit Service Unit											
		2,570	2,207	2,649	2,255	3,312	3,312	50.1%	667		15
Kalispell	MHS		247	220	252		401		154	41	
Wynecoop Memorial Clinic (Spokane Tribe)	HC		1,960	2,429	2,003		2,473		513	24	
Spokane Urban Clinic (NATIVE)	U								0		
Western Oregon Service Unit											
		9,132	9,665	7,927	9,839	14,358	13,876	43.6%	5,019		1
Grand Ronde Health Center	HC		2,767		2,815		3,526		760	15	
Western Oregon Unassigned		3,756		2,123							
Salem - Chemawa Health Center (Western Oregon SU)	HC	5,376	2,461	4,226	2,511	7,117	3,267	32.4%	806	12	
Siletz Community Health Center	HC		4,437	1,578	4,513		7,083		2,646	2	
Eugene New PSA Opportunity (Non SU Assigned) ¹	SHC		821	860			944		123	43	
NARA - Portland	U								0		
Portland New PSA Opportunity (Non SU Assigned) ¹	HC	2,443		2,434		3,128	3,128	28.0%	685	17	
Yakama Service Unit											
		12,225	11,648	11,954	11,838	13,929	14,615	25.5%	2,967		4
Toppenish - Yakama Comprehensive Health Care Facility	HC	10,100	9,623	9,883	9,780	11,460	12,074	13.5%	2,451	3	
White Swan - White Swan Health Clinic	HC	2,125	2,025	2,071	2,058	2,419	2,540	13.8%	516	22	
Totals		90,923	98,201	89,442	93,231	115,846	130,340	32.7%	32,139		

Round 2 2015 pops revised to reflect discreet HSP community profile growth rates.

Legend Notes

- HC =Health Center
 - UP =Urban Program
 - SHC =Small Health Clinic
 - LHS =Large Health Station
 - MHS =Mediam Health Station
 - SHS =Small Health Station
 - HL =Health Location
- Small Ambulatory Care Criteria {

- Population Shading Code {
- Round 2 PSAs studied and Round 2 Pop Projections
 - Shading signifies variance of > than 10% anticipated based on the Round 1 Projection
 - * Indicates that further analysis of the SU/PSA is not provided.
 - Revised baseline planning assumptions (see Update)

¹ New PSA Populations not counted in totals since they are also included in existing PSAs



On-Site Service Summary

The following pages provide a holistic view of the direct care services and their distribution in the year 2015. The Regions or Partnerships of Care are not intended to change IHS Service Unit boundaries and in many ways already reflect today's referral pattern. The Regional Partnerships do not identify specific services. However, potential services are identified in the **Regional Plan Summary**. All partnerships are suggestive.

The **On-Site Service Summary** is a summary and abbreviation of the services offered and supported at your local Primary Service Area, as well as a conceptual alignment of PSAs into partnerships to offer Area Wide and Regional services. This document is a result of the PSA and conceptual Regional and Area Delivery Discussions. The document is organized by Region and by PSA. New services anticipated in the plan are shown in red font, while existing services are shown in black font. Detailed resources and fully outlined anticipated services are found in the individual PSA documents. An absence of identified services indicates no submission of master planning data from non-participating tribes as of publishing date.

Independently prepared service area plans are identified with an asterisk (*). Services listed under such service areas utilized nomenclature consistent with this planning document.

Intentionally Blank

Asterisk (*) indicates Independently Prepared/Submitted Plan

Independently Prepared/Submitted Plan* services are identified with project-consistent nomenclature.

New services are identified in red.

Urban Program	Neah Bay SU	Neah Bay SU	Neah Bay SU	Neah Bay SU	Taholah SU	Northwest Washington SU	Northwest Washington SU	Northwest Washington SU	Northwest Washington SU	Northwest Washington SU	Puget Sound SU	Puget Sound SU	Puget Sound SU	Puget Sound SU	
N.A.R.A*	Quileute Tribal Health Facility	Sophie Trettevick Indian Health Center	Lower Elwha Clinic*	Jamestown S'Klallam Tribal Community Center*	Hoh Tribe Clinic	Samish PSA*	Lummi Tribal Health Center	Swinomish Tribal Health Center*	Upper Skagit Tribal Health Center	Nooksack Community Clinic*	Stillaguamish Tribal Clinic	Sauk-Sulattle Tribal Community Clinic*	Tulalip Health Clinic*	Skokomish Health Center*	
2015 User Pop: N/A	2015 User Pop: 707	2015 User Pop: 1,769	2015 User Pop: 914	2015 User Pop: 538	2015 User Pop: 75	2015 User Pop: 414	2015 User Pop: 5,090	2015 User Pop: 1,491	2015 User Pop: 559	2015 User Pop: 1,235	2015 User Pop: 183	2015 User Pop: 225	2015 User Pop: 4,560	2015 User Pop: 1,138	
PSA	Primary Care, including FP	Primary Care, including FP	Primary Care	Primary Care	Primary Care	Primary Care	Primary Care, including FP, Peds, OB/Gyn	Primary Care	Primary Care, including FP	Primary Care	Primary Care, including FP	Community Health Services	Podiatry	Primary Care	
	Traditional Healing	Traditional Healing	Behavioral Health	Behavioral Health	Traditional Healing	Public Health Nursing	Diabetes and Nutrition Programs	Behavioral Health	Traditional Healing	Well Child Clinics	Dental	Diabetes	Alcohol & Substance Abuse	Women's Screening	
	Dental	IM, Peds, OB/Gyn	Chemical Dependency OP	Community Health Services	Dental, Optometry, Behavioral Health	Diabetes and Nutrition Programs	IM, Ortho, Podiatry	Alcohol & Substance Abuse	Dental	Women's Health	Optometry, Visiting Professional	Well Child Services	Mental Health	Chiropractic	
	Behavioral Health	Rheumatology	CHS	Managed Care	Preventive Care	Pharmacy	Audiology, Psychiatry	Mental Health	Behavioral Health	Internal Medicine	Mental Health	Traditional Healing	PHN		
	Visiting Professionals, including Optometry	Optometry, Podiatry, Audiology	Public Health & Prevention		Additional Services	Referral Care	Dental	Diabetes/Nutrition	Visiting Professionals, including Optometry	Community Health Nursing	Alcohol & Substance Abuse	Dental	Chiropractic		
	SA Transitional Care	Traditional Healing	Tobacco		CHR, Diabetes Program, Transportation	Community/Environmental Health	Pre-Natal Care/Ob/Post Part.	PHN, Env. Health,	Health Education	CHR	Public Health Nursing	CHR	Maternal Child Health	Nutrition	
	Pharmacy	Dental	CHR		Maternal Child Health	Accident Prevention	Behavioral Health	Visiting Providers	Nutrition	Diabetes Program	Diabetes Program	Diabetes Program	WIC	Social Services	
	PHN, Nutrition, Env. Health	Behavioral Health	Skilled Nursing		Tribal Health Admin., Tobacco	Telemedicine	Clinical Laboratory	Psychiatry	Additional Services				Orthodontics		
	Additional Services	SA Transitional Care	SA Transitional Care				Pharmacy	Traditional Healing	CHR,				Pharmacy		
	CHR, Diabetes Program	Laboratory, Pharmacy	Wellness Center				General Radiography	Cardiologist	Transportation				Alternative Health		
	All. Med., Transportation,	Diagnostic Imaging, including	Pharmacy				Ultrasound	Orthopedist	WIC,				Community Health		
	MCH, WIC,	Rad	Telemedicine				Rehab, including PT, OT, Speech	Nephrologist	Tribal Health Admin.				Tobacco		
	Security, Wellness Center,	Rehab (Visiting)					Home Health						Diabetes		
	Tobacco	PHN, Nutrition, Health Ed. Env. Health					Public Health Nursing						Radiology		
		Additional Services					Public Health Nutrition						Lab		
		Case Management					CHR						Nutrition		
		CHR					Diabetes Program						Optometry		
		Transportation					Alternative Medicine						Specialty Care		
		Tribal Health Admin.					WIC						Wellness Center		
		WIC					Wellness Center						SA Transitional Care		
	Outreach Diabetes											Youth Mental Health			
	Wellness Center											Grant Writer			
	Domestic Violence											Adult Residential Treatment Facility			
	Tobacco											Youth Residential Treatment Facility			
Level 1 Partners	North Coast Partnership					North Seattle Partnership									
Level 2 Partners											Metro Seattle Partnership				
Level 3 Partners	Level 1 - 4 Partnership Service Opportunities are found in the Regional Summary and Detail.										Northwest Regional Center				
Area Wide Partnership											Area Medical Center				
Level 3 Partners											Southwest Regional Center				
Level 2 Partners											Southern Oregon Partnership				
Level 1 Partners	Central Coast Partnership					South Coast Partnership					Klamath Falls Partnership				
PSA	Primary Care, including FP, IM, Peds, OB/Gyn	Primary Care, including FP	Primary Care	Primary Care, including FP, IM, Peds, OB/Gyn	Primary Care, including FP	Primary Care, including FP, IM, Peds, OB/Gyn	Well Women's Care	Specialty Care	Primary Care, including FP	Primary Care, including FP	Primary Care-Family Practice	Primary Care		Primary Care, including FP	Part-Time Primary Care- F.P.
	Visiting Professionals, including Ortho, Ophtha, Gen Surg	Ortho, Ophtha, Gen Surg	Eye Care	Orthopedics	Dental	Dental, Optometry, Behavioral Health	Health Promotion/Disease Prevention	Mental Health	Traditional Healing	Dental, Optometry,	Optometry	Mental Health	Podiatry	Alcohol and Substance Abuse	Part-Time Dental
	ENT, Cardio, Neuro, Nephro, Allergy, Pulmonology, Gerontology, Podiatry	ENT, Cardio, Urology, Neuro, Nephro	Physical Medicine (P/T, Massage Therapy, Chiropractic Care, Acupuncture)	Podiatry	Behavioral Health	Behavioral Health	Laboratory	Pharmacy	Dental, Optometry,	Behavioral Health	Podiatry	Alcohol and Substance Abuse	Podiatry	Alcohol and Drug Abuse Counseling	
	Traditional Healing	Traditional Healing	Acupuncture	Psychiatry	Visiting Professionals, including IM, Peds, OB/Gyn	Visiting Professionals, including Podiatry, Audiology	Radiology	Laboratory Services	Behavioral Health	Visiting Professionals, including Podiatry, Optometry, Audiology	Mental Health	Youth Residential Treatment Facility	Behavioral Health	Public Health Nursing	
	Gerontology, Podiatry	Visiting Professionals, including IM, Peds, OB/Gyn	Mental Health	Traditional Healing	Podiatry, Optometry, Audiology	SA Transitional Care	Podiatry	Podiatry	Behavioral Health	IM, Peds, OB/Gyn	Social Services	Public Health Nursing	Visiting Professionals, including Audiology	Environmental Health	
	Audiology	IM, Peds, OB/Gyn	Wellness and Prevention	Dental	SA Transitional Care	Laboratory, Pharmacy	Audiology	Optometry	SA Transitional Care	Laboratory	Alcohol and Substance Abuse	CHR	Laboratory, Pharmacy	CHR	
	Dental, Optometry,	Optometry, Podiatry, Audiology		Optometry	Laboratory, Pharmacy	Rehab, including PT, OT, Speech	Optometry		Behavioral Health	PHN, Nutrition, Env. Health,	Part-Time Pharmacy		Diagnostic Imaging, including Rad	Transport	
	Behavioral Health	Behavioral Health		Behavioral Health	Preventive Care	Preventive Care			Rehab, including PT, OT, Speech	Additional Services	Public Health Nutrition		Wellness Center		
	Laboratory, Pharmacy	Laboratory, Pharmacy		Subs. Abuse Transitional Care	Additional Services	Additional Services			PHN, Nutrition,	Case Management	Public Health Nutrition		Rehab		
	Diagnostic Imaging, including Rad	Rehab		Clinical Lab	Case Management, CHR	Case Management			Env. Health,	CHR, Transportation,	Transportation		Preventive Care		
	Rehab	Preventive Care		Pharmacy	Diabetes Program, All. Med.	CHR, Diabetes Program			Additional Services	Wellness Center	CHR		Additional Services		
	Preventive Care	Options for complete list		General Radiography	Transportation	Alt. Med., Transportation, WIC			Case Management	CHR, Diabetes Program	Diabetes Program		Case Management		
	Additional Services			Public Health Nursing	WIC, Security, Domestic Violence	Security, Domestic Violence			CHR, Diabetes Program				CHR, Diabetes,		
	Security			Public Health Nutrition	Wellness Center	Wellness Center			Transportation				Elder Care, EMS,		
	Transportation			Health Education	Outreach Elder Care	Outreach Elder Care, HIV/AIDS			Wellness Center				Security,		
	Wellness Center			CHR	HIV/AIDS, Tobacco	Tobacco							Transportation,		
				Diabetes Program									Tribal Health Admin,		
				Alternative Medicine									WIC, Outreach Diabetes,		
				Wellness Center									Personal Care Attendants,		
				Tobacco Prevention									Wellness Center,		
			Domestic Violence									Domestic Violence,			
			EMS - Emergency Preparedness									FAS/FAE, MCH			
			Outreach Elder Care												
			Case Management/Transport												
			Security												
2015 User Pop: 7,117	2015 User Pop: 3,128	2015 User Pop: 3,526	2015 User Pop: 7,083	2015 User Pop: 3,093	2015 User Pop: 3,046	2015 User Pop: 1,112	2015 User Pop: 1,040	2015 User Pop: 2,193	2015 User Pop: 2,749	2015 User Pop: 944	2015 User Pop: 2,667	2015 User Pop: (incl left)	2015 User Pop: 5,929	2015 User Pop: 376	
Chemawa Health Center	Portland New PSA	Grand Ronde Health & Wellness Center*	Siletz Community Health Center	Cowlitz North Clinic	Cowlitz South Clinic	Coquille Community Health Center*	Coos Umpqua Health Center*	Cow Creek Health & Wellness Center	Cow Creek South Clinic	Eugene New PSA Opportunity	Klamath Tribal Health Center*	Chiloquin Tribal Clinic*	Warm Springs Health & Wellness Center	Wada-Tika Health Center	
Western Oregon SU	Urban Program	Western Oregon SU	Western Oregon SU	Taholah SU	Taholah SU	Southern Oregon SU	Southern Oregon SU	Southern Oregon SU	Southern Oregon SU	Unassigned	Klamath SU	Klamath SU	Warm Springs SU	Warm Springs SU	



Asterisk (*) indicates Independently Prepared/Submitted Plan

Independently Prepared/Submitted Plan* services are identified with project-consistent nomenclature.

New services are identified in red.

	Puget Sound SU	Puget Sound SU	Puget Sound SU	Urban Program	Puget Sound SU	Puget Sound SU	Puget Sound SU	Taholah SU	Taholah SU	Taholah SU	Taholah SU	Puyallup SU	Fort Hall SU	Fort Hall SU					
	Squaxin Island Tribal Clinic*	Nisqually Health Center*	Muckleshoot*	Seattle Indian Health Board*	Port Gamble*	Suquamish*	Snoqualmie - N. Bend/Tolt	Chehalis Community Clinic*	Roger Saux Health Center*	Queets Health Station*	Shoalwater Bay Tribal Health Center	Puyallup Tribal Health Authority	Not-Issoo-Gah-nee Health Center	NW Shoshone					
	2015 User Pop: 967	2015 User Pop: 1,306	2015 User Pop: 3,779	2015 User Pop: N/A	2015 User Pop: 1,656	2015 User Pop: 1,166	2015 User Pop: 150	2015 User Pop: 1,433	2015 User Pop: 2,866	2015 User Pop: (incl left)	2015 User Pop: 600	2015 User Pop: 11,335	2015 User Pop: 7,231	2015 User Pop: 697					
PSA	Primary Care	Primary Care	Primary Care		Family Practice	Alcohol & Substance Abuse	Primary Care, FP	Primary Care	Primary Care	Primary Care, including	Primary Care, including	Primary Care, including	Primary Care, including	Part-Time Primary Care-F.P.					
	Dental	Dental	Dental		Ob-Gyn	Behavioral Health	Part-Time Dental	Women's Wellness Care	Podiatry (VP)	FP	FP	FP, IM, Peds, Urgent Care	FP, Peds, OB/Gyn	Part-Time Dental					
	Pharmacy	Substance Abuse Counseling	Pharmacy		Visiting Professionals	Community Health Services	Part-Time Optometry	Pharmacy	Dental	Traditional Healing	Traditional Healing	Visiting Professionals, including	IM	Part-Time Optometry					
	Mental Health	CHR	Lab		Internal Medicine	Public Health Nursing	Mental Health	Alcohol & Substance Abuse	Community Health	Dental	Ortho, Ophtha, Derm, Gen Surg,	Ortho, Ophtha, Derm, Gen Surg,	Specialty Care, including	Mental Health					
	Psychiatrist	Social Services/Mental Health	Mental Health		Pediatric	WIC	Alcohol and Substance Abuse	Mental Health	Public Health Nurse	Behavioral Health	ENT, Cardiology	ENT, Cardiology	Ortho, Gen Surg, Cardio,	Alcohol and Substance Abuse					
	Social Work	Substance Abuse	Substance Abuse		Psychiatric	Medical Transportation	Social Services	Dental	MCH	Visiting Professionals, including	Traditional Healing	Traditional Healing	Ophtha, Neuro,	Public Health Nursing					
	Home Health Care		Community Health Services		Nutrition	Nutrition (Elders Lunch program)	Public Health Nursing	Urgent Care	Nutrition	Optometry	Optometry	Dental, Optometry,	Rheumatology,	Environmental Health					
	CHR		Diabetes		Physical Therapy		CHR	Diabetes	Diabetes	Pharmacy	Podiatry, Audiology	Podiatry, Audiology	Traditional Healing	Additional Services					
	Public Health Nursing		Massage Therapy		Laboratory		Diabetes Program	Diabetes Program	Environmental Health	Diagnostic Imaging, including	Behavioral Health	Behavioral Health	Dental, Optometry,	CHR					
	Domestic Violence		Social Services		Dental		Tobacco Cessation Program	Well Child (Head Start)	Behavioral Health	Rad	SA Adult & Adol Residential Trmt	SA Adult & Adol Residential Trmt	Behavioral Health	Diabetes Program					
	Elder Care		Psychiatrist		Limited Emergency Care			Radiography	Mental Health	PHN, Env. Health	SA Transitional Care	SA Transitional Care	Visiting Professionals, including	Transportation					
	HIV/AIDS		Wellness Center		Family Planning			WIC	Lab	Nutrition	Laboratory, Pharmacy	Laboratory, Pharmacy	Podiatry, Audiology	WIC					
	Diabetes		Rehab Services		Public Health Nursing			Optometry	Pharmacy	Additional Services	Diagnostic Imaging, including	Diagnostic Imaging, including	SA Transitional Care						
	Women's Health Outreach				Health Education			Lab	Women's Health	CHR,	Rad, Ultra Sound,	Rad, Ultra Sound,	Laboratory, Pharmacy						
	Nutrition				Substance Abuse			Specialty Care (Visiting Professional)	Chiropractor	Diabetes Program,	Mammo	Mammo	Rad						
	Herbalist				Mental Health			Otology, Orthopedics, Podiatry,		Alt. Med., Transportation,	Rehab, including PT, OT	Rehab, including PT, OT	Ultra Sound, Mammo						
	Yoga				Victims Advocate			Physical Therapy, Pediatrics,		WIC,		Home Health	Rehab						
					Family Strengthening			Cardiology	Queets Health Center	Domestic Violence	Public Health Nursing	Public Health Nursing	PHN, Nutrition, Health Ed.,						
					WIC			Weed & Seed	Primary Care	Env. Health,	Public Health Nutrition	Public Health Nutrition	Env. Health,						
					Child HPDP Center			Alternative Medicine	Behavioral Health	Health Education	Health Education	Health Education	Additional Services						
					Fitness Center			Home Health		Additional Services	Case Management	Case Management	Case Management,						
				Elders Assisted Living					Additional Services	Nurse Navigator	Nurse Navigator	CHR, Diabetes, WIC,							
									Diabetes Programs	Diabetes Programs	Diabetes Programs	Wellness Center, Security,							
									WIC	WIC	WIC	Transportation,							
									Wellness Center	Wellness Center	Wellness Center	Tribal Health Admin.,							
												Outreach Diabetes,							
												MCH, FAS/FAE, Tobacco							
Level 1 Partners	South Seattle Partnership												Southern Idaho Partnership		Level 1 Partners				
Level 2 Partners													Southern Idaho could participate in Northeast Regional Center		Level 2 Partners				
Level 3 Partners															Level 3 Partners				
Area Wide Partnership	Rainier would participate in Northwest Regional Center				Area Medical Center								Northeast Regional Center		Area Wide Partnership				
Level 3 Partners															Level 3 Partners				
Level 2 Partners	Columbia River Partnership				Rainier Partnership				Coulee Partnership				North Border Partnership				Central Idaho Partnership		Level 2 Partners
Level 1 Partners															Level 1 Partners				
PSA	Visiting Professionals, including FP, IM, Peds, OB/Gyn	Family Practice	Primary Care, including FP,	Primary Care, including FP	Primary Care, including FP, IM,	Primary Care, including FP	Primary Care, including FP	Primary Care, including FP	Family Practice	Primary Care, including FP	Primary Care, including FP	Primary Care, including FP	Primary Care	Primary Care					
	Traditional Healing	Pediatrics	IM, Peds, OB/Gyn	Traditional Healing	Peds, OB/Gyn	Traditional Healing	Traditional Healing	Traditional Healing	Mental Health & Substance Abuse	Specialty Care, including	Traditional Healing	Community Health/Social Services	Substance Abuse Counseling	CHR					
	Dental (VP), Optometry (VP), Podiatry (VP)	Dental	Visiting Professionals, including	Dental	Visiting Professionals, including	Dental, Optometry,	Dental, Optometry,	Dental	Pharmacy	Ortho, ENT,	Dental	Mental Health	Social Services/Mental Health	Dental					
	Behavioral Health (Visiting)	Mental Health	Ortho, Ophtha, Gen Surg,	Visiting Professionals, including	Ortho, Ophtha, Gen Surg,	Podiatry, Audiology	Behavioral Health	Optometry	Laboratory & Radiology	Cardio, Allergy, Rheumatology,	Behavioral Health		Dental						
	PHN	Alcohol & Substance Abuse	ENT, Cardio, Urology	IM, Peds, ObGyn,	Allergy, Cardio, Urology, Neuro,	Behavioral Health	Visiting Professionals, including	Audiology	Vision Joslyn Network	Traditional Healing	Visiting Professionals, including		CHR						
		Social Work	Nephro, Rheumatology	Optometry, Podiatry, Audiology	ENT, Psych.	Visiting Professionals, including	Behavioral Health (MH, Soc Svc.)	Behavioral Health	Spirometry	Dental	Optometry		CHS						
		Pharmacy	Traditional Healing	Behavioral Health	Traditional Healing	IM, Peds, Psych.	Alcohol & Substance Abuse	Visiting Professionals, including	Public Health Nursing	Behavioral Health	Preventive Care								
		Lab	Dental, Optometry,	Laboratory, Pharmacy	Dental, Optometry,	OB/Gyn	PHN	PHN	Health Education	PHN, Nutrition, Env. Health	Additional Services								
		Radiography	Podiatry,	Rehab (Visiting)	Podiatry, Audiology	Pharmacy	Additional Services	Laboratory, Pharmacy	Environmental Health	CHR, Diabetes Program,	CHR, Diabetes Program,								
		Public Health	Audiology	PHN, Nutrition, Env. Health	Behavioral Health	Laboratory,	CHR	Diagnostic Imaging, including	Nutrition	Alt. Med., Transportation,	Alt. Med., Transportation,								
		Community Health	Behavioral Health	Additional Services	SA Transitional Care	Diagnosis Imaging, including	WIC	Rad	Physical Therapy, Fitness & Aquatics	Podiatry, Optometry, Audiology	MCH, WIC, Outreach Elder Care,								
		WIC	SA Transitional Care	Case Management	Elder Care	Rad	EMS	Rehab	Youth & Elder Programs	SA Transitional Care	HIV/AIDS, Tribal Health Admin.,								
		Nutrition	Elder Care	CHR, Diabetes,	Laboratory, Pharmacy	Rehab	Transportation	PHN, Nutrition, Env. Health	Transportation	Laboratory, Pharmacy	Tobacco								
		Health Education	Laboratory, Pharmacy	Elder Care Outreach	Diagnostic Imaging, including	PHN, Nutrition,	Tribal Health Admin.	Additional Services	Social Services	Diagnostic Imaging, including									
		Podiatry	Diagnostic Imaging, including	EMS	Rad	Additional Services	Case Management	Case Management	Visiting Professionals:	Rad									
		Psychiatry	Rad,	Security	Rehab	Case Management,	CHR	CHR	Orthopedics, Optometry, Ophthalm,	Rehab									
		Diabetes	Ultra Sound, Mammo	Transportation	PHN, Nutrition, Health Ed.,	CHR, Diabetes,	Diabetes	Diabetes	Dermatology, Gen Surg, Otolaryng,	Nutrition, Env. Health, Health Ed.									
		CHS	Rehab, including PT,	Tribal Health Admin.	Environmental Health,	Elder Care Outreach,	Security, Transportation	Security, Transportation	Cardiology, Rheumatology,	PHN									
		Optometry	OT, Speech Therapy	WIC, Outreach Diabetes,	WIC, Outreach Diabetes,	Security,	Tribal Health Admin.	Tribal Health Admin.	Occup. Therapy, Massage Therapy,	Additional Services									
		Wellness Center	PNH, Nutr., Env. Health, Hth Ed.	Pers. Care Attendants	Diabetes, EMS, CHR	Tribal Health Admin.,	WIC, Outreach Diabetes,	WIC, Outreach Diabetes,	TeleRadiology	Case Management									
			Case Management	Domestic Violence,	Security, Outreach Diabetes,	WIC	Wellness, Tobacco	Wellness, Tobacco	Psychiatry, Chemotherapy, Urgent	CHR, WIC, Diabetes									
		CHR, Diabetes,	FAE/FAS	WIC, Tobacco,	Outreach Diabetes			Care, Ob/Gyn, Pediatric, Internal Med,	Alt. Med., HIV/AIDS										
		Elder Care Outreach, EMS	Tobacco	Wellness Center,	Wellness Center,			Substance Abuse After care,	Tobacco										
		Security, THA, Transportation	MCH	Domestic Violence,	Domestic Violence			Inpatient Mental Health, Occup Rehab,	Domestic Violence										
		MCH, Outreach Diabetes		FAS/FAE - MCH (Combined)	Tobacco			Dialysis, Assisted Living, Skilled	Wellness Center										
		Pers. Care Attids.,		Tribal Health Admin.				Nursing, Personal Care Attendant	Outreach Elder Care										
		Wellness Ctr., Domestic Viol.		Outreach Diabetes					Spirited Adults										
		WIC, Tobacco, FAS/FAE							Tribal Health Admin.										
	2015 User Pop: 587	2015 User Pop: 3,462	2015 User Pop: 11,460	2015 User Pop: 2,419	2015 User Pop: 3,226	2015 User Pop: 1,641	2015 User Pop: 607	2015 User Pop: 3,618	2015 User Pop: 4,597	2015 User Pop: N/A	2015 User Pop: 2,473	2015 User Pop: 401	2015 User Pop: 182	2015 User Pop: 4,458	2015 User Pop: (incl left)				
	Multi-Tribal New PSA Opportunity	Yellowhawk Tribal Health Center*	Yakama Indian Health Center	White Swan Health Clinic	Colville Indian Health Center	Inchelium Community Clinic	Keller Health Station	Omak Clinic	Benewah Medical Center	N.A.T.I.V.E./Spokane Urban*	David C. Wynecoop Memorial Clinic	Kalispel Wellness Center	Kootenai*	Kamiah Health Station*	Lapwai Health Center*				
	Unassigned	Umatilla SU	Yakama SU	Yakama SU	Colville SU	Colville SU	Colville SU	Colville SU	Coeur D'Alene SU	Urban Program	Wellpinit SU	Wellpinit SU	Northern Idaho SU	Northern Idaho SU	Northern Idaho SU				

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Regional Plan Summary

Developing a Regional Plan can be accomplished either by a “bottom-up” or a “top-down” approach. This final report offers both perspectives.

- The **Regional Delivery Plan Summary** is comprised of two summary tables detailing requests for services as identified in PSA delivery plans: **the Regional Visiting Professional Summary** and the **Regional Referral Summary**. Together these represent a “bottom-up” approach. In short, local PSA delivery plans are requesting these providers/referrals.
- The **Regional Opportunities Summary** is driven by suggested groupings of PSAs/populations to support shared services of potential benefit to all tribes. These groupings are not the result of formal requests by the tribes as a result of face-to-face conversations. Rather, they are suggested by populations. The *Regional Center* and *Area Wide Medical Center* concepts are driven by “at-large” interest from Portland Area Service Areas, the Portland Area Office and the Northwest Portland Indian Health Board. This represents a “top-down” approach. In short, local PSA delivery plans might benefit from these partnerships.

Regional Delivery Plan Summary

The **Visiting Professional Summary** identifies visiting providers that each PSA has written into their delivery plan. Service areas have been grouped by potential partnerships rather than by Service Unit to allow maximum exploration of sharing visiting services to stretch CHS dollars. The picture is not decisive for any partnership or Service Unit based upon existing evidence. However, tribes may wish to speak to others in reasonable proximity to see if additional visiting needs might create benefit for sharing of services.

Visiting Providers suggested by independently prepared master plans are added to the table to suggest greater opportunities for partnership that tribes may wish to explore either on their own or as a response to suggestion from area office staff. Those tribes that prepared plans independent of this effort are identified in the table by pink shading. The providers requested are identified by an “X” since those plans did not identify the FTE count for each.

The **Regional Referral Summary** identifies those service lines that each PSA desired some kind of regional solution for. These lines are typically paid for either by tribal or CHS dollars and as a result strain the resources of local delivery systems. There are additional challenges of bed availability, access, and wait times. The table, by virtue of its organization, identifies clusters of requested beds. But the overall number is important to note since it issues a clear “grass-roots” call for one or more regional centers offering:

- Adult Residential Substance Abuse Care (48.3 Beds);
- Adolescent Residential Substance Abuse Care (15.1 Beds).

These requests are embedded into the local delivery plans and could be pursued either by interested tribes or the Portland Area Office.

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Regional Referrals

Shading indicates tribe responsible for their own master plan (was not formal participant in Round 1 or 2 of the Master Planning Effort).

0 = services desired but low workload fails to produce Provider Count

Discipline	North Coas				North Seattle				South Seattle				S. Idaho		Central Coast				South Coast				Klamath Falls		Deschutes River		Rainier/Pendleton		Coulee		North Border		C. Idaho		Area Total	Potential for Area Asset																																	
	Quileute Tribal Health Facility	Sophie Tretreveck Indian Health Center	Lower Elwa Clinic	Jamestown Sklallum Tribal Community Center	Hoh Tribe Clinic	# Key Characteristics Required	Samish PSA	Lummi Tribal Health Center	Swinomish Tribal Health Center	Upper Skagit Tribal Health Center	Nooksack Community Clinic	Stillaguamish Tribal Clinic	Sauk-Suiattle Tribal Community Clinic	Tulalip Health Clinic	# Key Characteristics Required	Skokomish Health Center	Squaxin Island Tribal Clinic	Nisqually Health Center	Muckleshoot	Seattle Indian Health Board	Port Gamble	Supramish	Snoqualmie - N. Bend/Tolt	Chehalis Community Clinic	Roger Saux Health Center	Queets Health Station	Shoalwater Bay Tribal Health Center	Puyallup Tribal Health Authority	# Key Characteristics Required	Notasoo-Gal-nee Health Center	NW Shoshone	# Key Characteristics Required	Chemewa Health Center	Portland Urban			Grand Ronde Health & Wellness Center	Siletz Community Health Center	Cowlitz North Clinic	Cowlitz South Clinic	# Key Characteristics Required	Coquille Community Health Center	Coos Umpqua Health Center	Cow Creek Health & Wellness Center	Cow Creek South Clinic	Eugene PSA	# Key Characteristics Required	Klamath Tribal Health Center	Chiloquin Tribal Clinic	# Key Characteristics Required	Warm Springs Health & Wellness Center	Wada-Tika Health Center	Multi-Tribal PSA	# Key Characteristics Required	Yellowhawk Tribal Health Center	Yakama Indian Health Center	White Swan Health Clinic	# Key Characteristics Required	Cobville Indian Health Center	Inchelium Community Clinic	Keller Health Station	Omak Clinic	# Key Characteristics Required	Bonewah Medical Center	N.A. T.I.V.E./Spokane Urban	David C. Wynecoop Memorial Clinic	Kallispel Wellness Center	Kootenai	# Key Characteristics Required
Substance Abuse Non-Acute Care	Unshaded cells represent workload while tan shaded cells total the number of beds resulting from workload to the left.																																																																				
Adult Residential Treatment	108	293			13	1.5		851	98		29			3.6								25				109	0	0.5	1,237	120	4.9	1,163	621		1,147	499	491	14.3			391	509	184	3.9			0.0	936	59	108	4.0		1,836	379	8.1	558	286	103	653	5.8		407	61	1.7		0.0	48.3	Yes	
Adolescent Residential Treatment	36	82			3	0.4		231	24		9			1.0								7				24	545	2.1	319	31	1.3	341	108		334	149	147	3.9			91	108	33	0.8			0.0	289	18	24	1.2		553	120	2.4	141	70	28	149	1.4		114	21	0.5		0.0	15.1	Yes	
Substance Abuse Transitional Care	0	0			1	0.1		0	4		1			0.9								1				4	0	0.9	0	5	0.8	0	22		0	0	0	3.7			0	0	0	0.0			0.0	0	3	4	1.1		0	0	0.0	0	0	0	0.0		0	0	0.0		0.0	7.5			
Elder Care																																																																					
Nursing Home	0	2			0	2.4		0	0		0			0.0								0				0	0	0.0	0	0	0.0	0	5		0	0	0	4.5			0	0	0	0.0			0.0	7	0	1	8.4		0	0	0.0	0	0	0	0.0		0	0	0.0		0.0	15.4			
Assisted Living / Shelter Care	0	3			0	2.9		0	0		0			0.0								0				0	0	0.0	0	0	0.0	0	5		0	0	0	5.3			0	0	0	0.0			0.0	29	0	2	30.8		0	0	0.0	0	0	0	0.0		0	0	0.0		0.0	38.9			
Hospice	0	0			0	0.2		0	0		0			0.0								0				0	0	0.0	0	0	0.0	0	0		0	0	0	0.4			0	0	0	0.0			0.0	1	0	0	0.8		0	0	0.0	0	0	0	0.0		0	0	0.0		0.0	1.4			

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Regional Opportunities Summary

The Regional Opportunities Summary suggested by the On-Site Service Summary is shown in detail on the following pages. It represents a scenario first presented at the Area Analysis meeting of Round One as well as the Service Area Review meeting of Round Two. It views potential partnerships as existing on 4 levels above the Primary Care Service Area. These partnerships are not intended to remove services from local clinics, but rather stretch CHS dollars by providing services where populations will support them. Please note:

- *Level 1 & 2 populations reflect Round 1 & 2 PSA delivery plan projections.*
- *Level 3 & 4 populations reflect only Round 2 user population projections.*

The level 3 and 4 partnerships were further refined into 3 Regional Center concepts and 1 Area Medical Center concept. This development is supported both by the partnering populations as well as a resolution by the Northwest Portland Area Indian Health Board in July 2005 to include 3 Regional Centers and 1 Area-wide Medical Center in the Portland Area Health Services Master Plan. Conference calls including tribes from across the Portland Area evaluated the potential of each of these level 3 & 4 partnerships.

Partnerships are built from the Service Delivery Plan referral conversations at each site visit as well as the natural grouping of populations for mutual service area benefit as appears appropriate to date in the planning process. It supports the following potential opportunities among willing partners:

- Eleven (11) **Level 1** Regional Referral Partnerships - each clusters of two or more PSAs for mutual benefit, with user populations ranging from 2,667 to 26,396.
- Four (4) **Level 2** Regional Referral Partnerships – each clusters two or more Level 1 Partnerships for mutual benefit, with user populations ranging from 6,305 to 44,610.
- Three (3) **Level 3** Regional Referral Partnerships (Regional Centers as presented at the Northwest Portland Area Indian Health Board Meeting in July 2005 and supported by a resolution, further refined through conference calls discussions participated in by interested tribes) – each clusters Level 1 and Level 2 Partnerships, with user populations ranging from 26,898 to 59,186.
- One (1) **Level 4** or Area Wide Partnership serving 130,341 total users (Area-wide Medical Center as presented at the Northwest Portland Area Indian Health Board Meeting in July 2005 and supported by a resolution, further refined through conference calls discussions participated in by interested tribes).

The **Regional Summary Map & Populations** table following illustrates how these multi-level partnerships might work with the resulting populations below.

The **PSA Alignment Table** following links each partnership to specific PSA alignment. Again, the populations are provided to show how opportunity builds.



PSA Alignment Table

Level 1 = 131,013	
Harney	376
Wada-Tika Health Center	376
Deschutes River	5,929
Warm Springs Hlth/Wins Ctr	5,929
Klamath Falls	2,667
Klamath Tribal Health Center	2,667
Chiloquin Tribal Clinic	
South Coast	7,094
Coquille Community Health Center	1,112
Cow Creek North	2,193
Cow Creek South	2,749
Coos Umpqua	1,040
Central Coast	23,865
Chemawa Health Center	7,117
Grand Ronde Hlth/Wins Ctr	3,526
Siletz Community Health Center	7,083
Cowlitz North	3,093
Cowlitz South	3,046
Southern Idaho	7,928
Not-tsoo Gah-nee Health Center	7,231
NW Shoshone	697
Central Idaho	4,458
Kamiah Health Station	4,458
Lapwai Health Center	
North Border	7,653
N.A.T.I.V.E.. Project	
Benewah Medical Center	4,597
David C. Wyncoop Memorial Clinic	2,473
Kalispel	401
Kootenai	182
Coulee	9,092
Colville Indian Health Center	3,226
Omak Dental Clinic	3,618
Inchelium Community Clinic	1,641
Keller Health Station	607
Pendleton	3,462
Yellowhawk Tribal Health Center	3,462
Rainier	13,879
Yakama Indian Health Center	11,460
White Swan Health Clinic	2,419
North Coast	4,417
Quileute Tribal Health Facility	707
Sophie Trettevick Indian Health Ctr	2,183
Lower Elwha Clinic	914
Hoh Tribe	75
Jamestown S'Klallam Tribal Com Ctr	538
South Seattle	26,396
Skokomish Health Center	1,138
Chehalis Community Clinic	1,433
Squaxin Island Tribal Clinic	967
Nisqually Health Clinic	1,306
Roger Saux Health Center & Queets	2,866
Shoalwater Bay	600
Puyallup	11,335
Muckleshoot	3,779
Seattle Indian Health Board	
Port Gamble	1,656
Suquamish	1,166
Snoqualmie (Tolt & N. Bend)	150
North Seattle	13,797
Samish	414
Stillaguamish Tribal Clinic	183
Sauk-Suiattle Tribal Community Clinic	225
Lummi Tribal Health Center	5,090
Tulalip Health Clinic	4,560
Swinomish Tribal Health Center	1,491
Upper Skagit Tribal Health	599
Nooksack Community Clinic	1,235

User Pops = Round 1 & 2 PSA Delivery Plans

Level 2 = 78,017	
Central Oregon Referral Partnership	6,305
Southern Oregon Referral Partnership	9,761
Columbia River Referral Partnership	17,341
Metro Seattle Referral Partnership	44,610

User Pops = Round 2 2015 Projections

Level 3 Regional Centers = 123,091	
Southwest Regional Center	37,007
Northeast Regional Center	26,898
Northwest Regional Center	59,186



Regional Definition & Detail

The Workgroup, in the initial questionnaire and at the Kick-Off Meetings for Round One and Two, suggested that a regional service area should be:

1. a 2 hour drive time to services, offers reasonable and shared travel expectations
2. an area that pools resources,
3. a common source of reasonable access to basic core services.
4. provides benefit that exceeds cost
5. expanded and increased access to specialty services
6. provide the potential for inpatient capability

Regional Referral Partnerships will help relate solutions to the above needs with these leading ideas concerning what a region is and what it should offer. In forming regional referral partnerships a larger population is created, attracting a wider segment of specialized providers. Referral Partnership would lead to the formation of significant population groupings allowing increase negotiating leverage for needed CHS care as well as the formation of comprehensive specialty clinic resources that will stretch CHS dollars. It would also lead to adopting best practices in the development and operation of these programs as well as improved communication.

When searching for regional or referral partner opportunities, it is important to consider:

- Natural and Historical Access to both direct and contract care delivery options
- Proximity to Tertiary Care Centers
- Current and future populations within the regional referral partnership boundaries
- The strength of existing IHS health care assets and strong tribal programs in the proposed regions.

The following partnerships should be considered and evaluated in order to determine maximum benefit for Portland Area tribes. The opportunities that present themselves are listed below. They are conceptual in nature and require tribal discussion to determine whether or not the alignments are appropriate and what services are of interest to pursue as well as an appropriate path forward.

Level 1 Partnerships

The following PSAs could potentially benefit from sharing certain services. Groupings shown should be considered for appropriateness in terms of regional definitions above. Service opportunities are also shown along with the total user population served. Partnership names are for labeling purposes only.

Southern Idaho: Not-tsoo Gah-nee Health Center (Fort Hall) and NW Shoshone.

- 7,928 Users: *IM, Peds, OB/Gyn, Optometry, Physical Therapy*

Central Idaho: Kamiah Health Station and Lapwai Health Center

- 4,458 Users: *Family Practice, OB/Gyn, Optometry, Physical Therapy*

North Border: N.A.T.I.V.E, Benewah, Wynecoop, Kalispel, Kootenai

- 7,653 Users: *IM, Peds, OB/Gyn, Optometry, Audiology, SA Transitional Care, Physical Therapy*

Coulee: Colville (Nespelem, Inchelium, Omak, Keller)

- 9,092 Users: *IM, Peds, OB/Gyn, Optometry, Podiatry, Audiology, SA Transitional Care, Physical Therapy*

Rainier: Yakama, White Swan

- 13,879 Users: *Podiatry, Audiology, Psychiatric, Elder Care, Microbiology, Radiography, Expanded Physical Therapy*

Klamath Falls: Klamath, Chiloquin

- 2,667 Users: *Family Practice, Dental, Behavioral Health, Lab, Physical Therapy*

South Coast: Coquille, Cow Creek, Coos Umpqua, Eugene New PSA Opportunity (if pursued)

- 7,094 Users: *IM, Peds, OB/Gyn, Optometry, Audiology, SA Transitional Care, Physical Therapy*



Central Coast: Chemawa, Grand Ronde, Siletz, Cowlitz, Portland Urban New PSA Opportunity (if pursued), NARA

- 23,865 Users: *Visiting Specialists: Ortho (2). Gen. Surg. (1), Opth. (1), Derm. (1), ENT (1), Psychiatric, Elder Care, Microbiology, Radiography, Ultrasound, Mammography, Expanded PT, Home Health.*

North Coast: Quileute, Sophie Trettevick, Lower Elwha, Hoh, Jamestown S'Klallum

- 4,417: *Optometry, Physical Therapy*

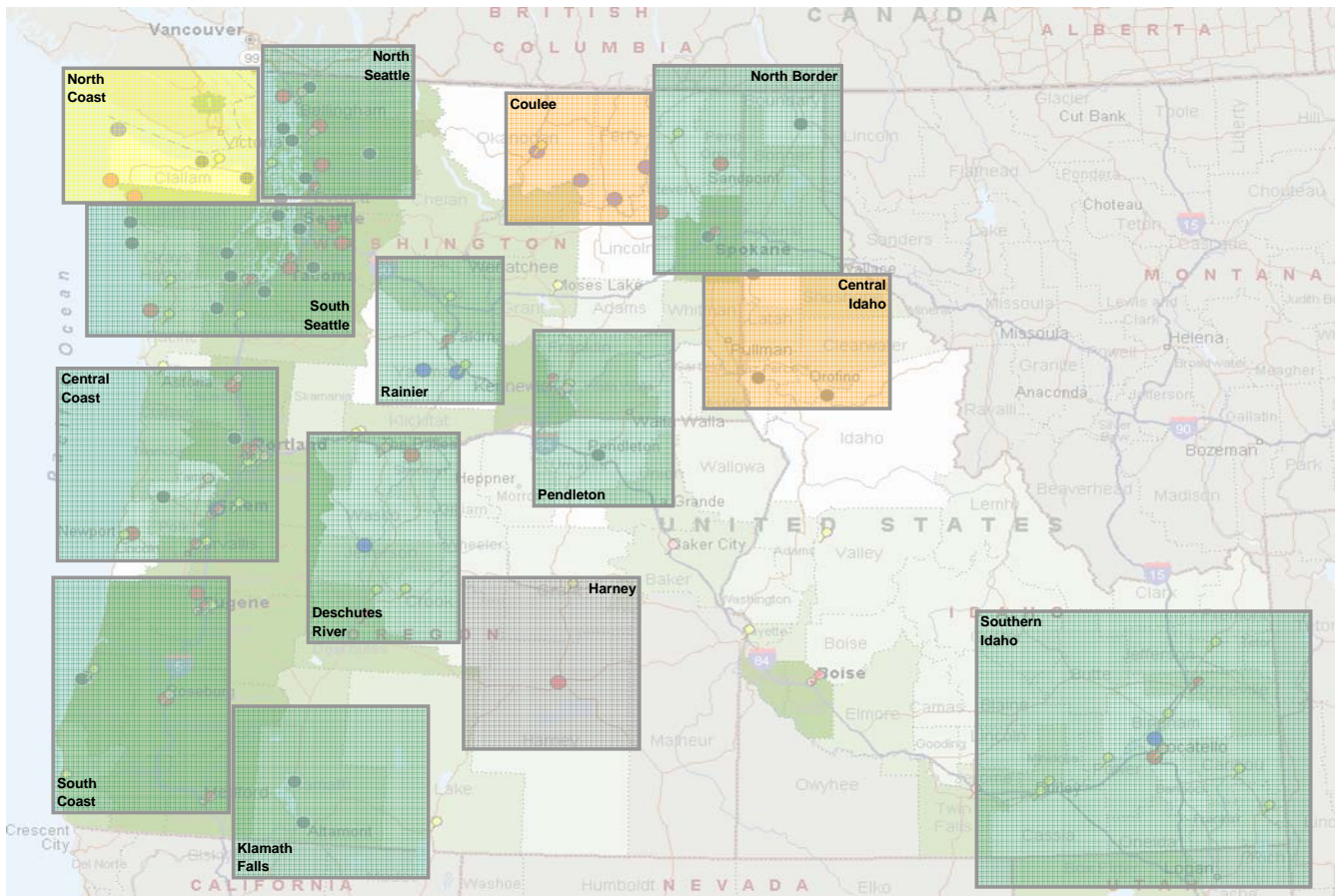
South Seattle: Skokomish, Chehalis, Squaxin Island, Nisqually, Roger Saux, Queets, Shoalwater Bay, Puyallup, Muckleshoot, Seattle Urban, Port Gamble, Suquamish, Snoqualmie

- 26,396 Users: *Visiting Specialists: Ortho (2). Gen. Surg. (1), Opth. (1), Derm. (1), ENT (1), Psychiatric, Elder Care, Microbiology, Radiography, Ultrasound, Mammography, Expanded PT, Home Health.*

North Seattle: Samish, Stillaguamish, Sauk-Suiattle, Lummi, Tulalip, Swinomish, Upper Skagit, Nooksack

- 13,797 Users: *Podiatry, Audiology, Psychiatric, Elder Care, Microbiology, Radiography, Expanded PT*

Below is a conceptual map of the partnerships indicated.





Level 2 Partnerships

Four Level 2 groupings are proposed for consideration, each one combining Level 1 partnerships identified above. Partnership names are for labeling purposes only and are subject to change as the area workgroup desires. Total users served and service opportunities are also shown.

Columbia River: Rainier, Pendleton

- 17,341 Users: Podiatry, Audiology, Psychiatric, Elder Care, Expanded PT, Home Health.

Central Oregon: Deschutes River, Harney

- 6,305 Users: IM, Pediatrics, OB/Gyn, Optometry, PT, Audiology

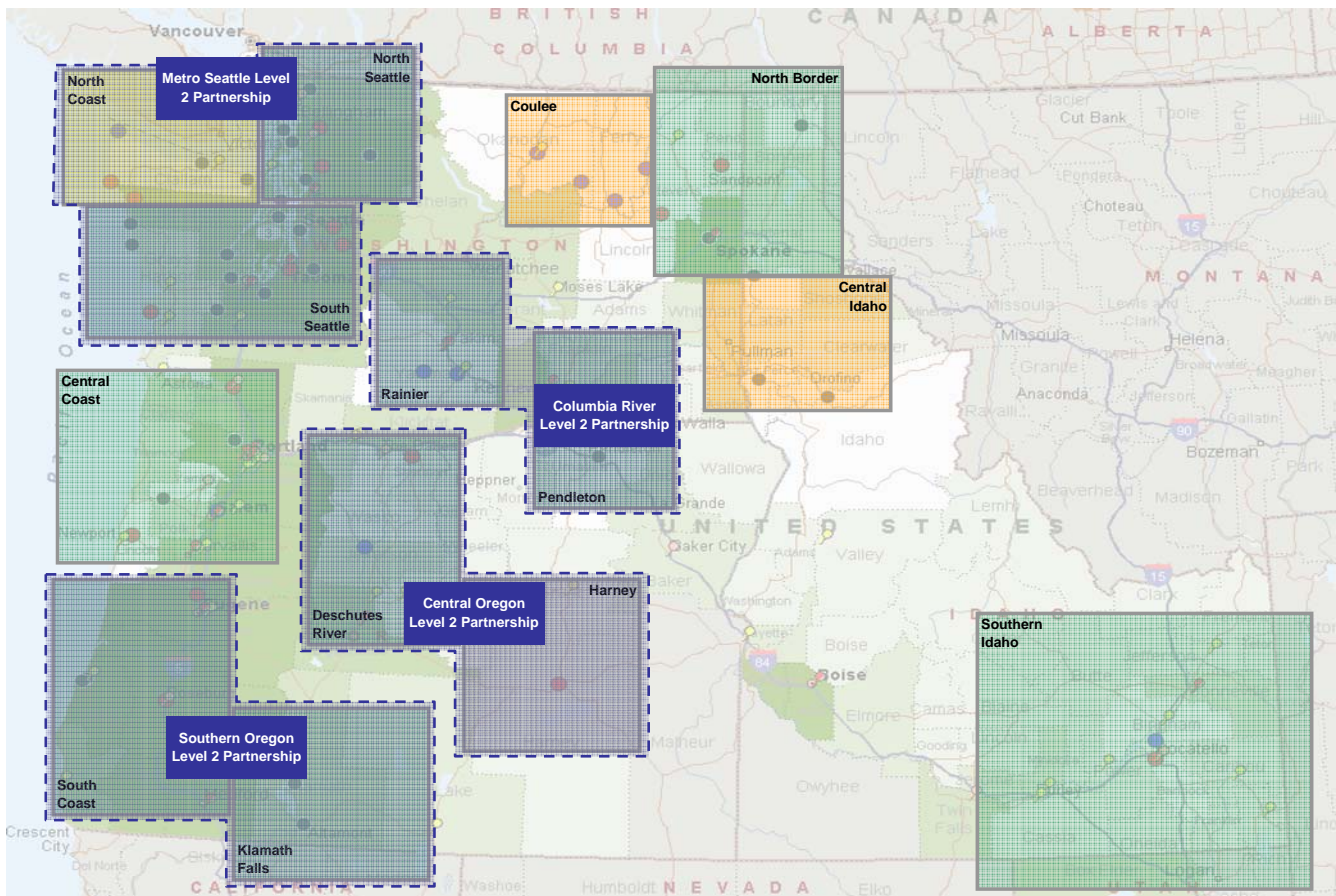
Southern Oregon: South Coast, Klamath Falls, Central Coast

- 9,761 Users: IM, Pediatrics, OB/Gyn, Optometry, PT, Podiatry, Audiology, Psychiatric, Elder Care.

Metro Seattle: North Coast, South Seattle, North Seattle

- 44,610 Users: Visiting Specialists: Ortho (3), Gen. Surg. (2), Ophth. (2), Derm. (2), ENT (2), Cardiology (1), Urology (1), Neurology (1), Adult RTF, Elder Care, Microbiology, OP Surgery, Expanded D.I. (US/Mammo/Fluoro), Expanded PT, Home Health

Below is a conceptual map of the partnerships indicated.





Level 3 Partnerships (Developed as Regional Centers)

Three Level 3 partnerships are shown, each one grouping Level 2 and/or 1 partners together for opportunity. Again, the names assigned are for labeling purposes only.

Northeast Regional Center: Coulee, North Border, Central Idaho, Pendleton

- 26,898 Users: Ortho (1.9), Gen. Surg. (1.4), Ophth. (.1.0), Derm. (1.0), ENT (0.9), Podiatry (1.9), Audiology (2.1), Psychiatry (1.6), Ultrasound (0.7 rooms), Mammography (0.9 rooms), Fluoroscopy (0.4 rooms), CT (0.2 rooms), PT (4.8 FTE), OT (1.4 FTE), Speech Therapy (0.7 FTE), Chemotherapy, OP Respiratory Therapy, Endoscopy (0.1 rooms), OP Surgery (1.1 rooms), Adult RTF (17.0 beds), Adolescent RTF (4.2 beds), Nursing Home (46 beds), Assisted Living (54 beds), Dialysis, Dental Specialists

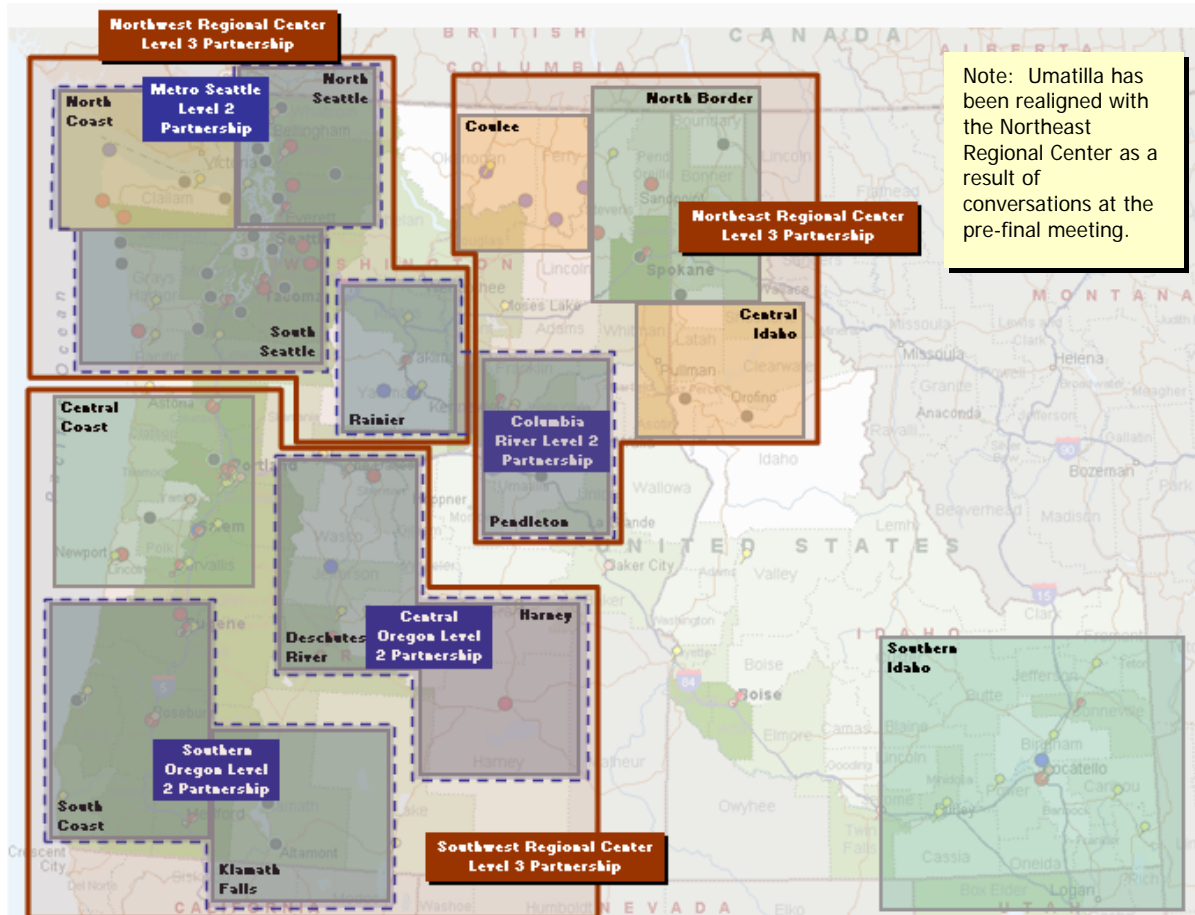
Southwest Regional Center: Deschutes River, Harney, Klamath Falls, South Coast, Central Coast

- 37,007 Users: Ortho (2.5), Gen. Surg. (1.9), Ophth. (1.2), Derm. (1.3), ENT (1.2), Podiatry (2.4), Audiology (2.8) Psychiatry (2.2), Ultrasound (0.9 rooms), Fluoroscopy (0.5 rooms), CT (0.2 rooms), Mammography (1.2 rooms), PT (6.3 FTE), OT (1.8 FTE), Speech Therapy (0.9 FTE), Chemotherapy, OP Respiratory Therapy, Endoscopy (0.2 rooms), OP Surgery (1.4 rooms), Adult RTF (22.5 beds), Adolescent RTF (6.2 beds), Nursing Home (56 beds), Assisted Living (65 beds), Dental Specialists

Northwest Regional Center: Rainier, North Coast, South Seattle, North Seattle

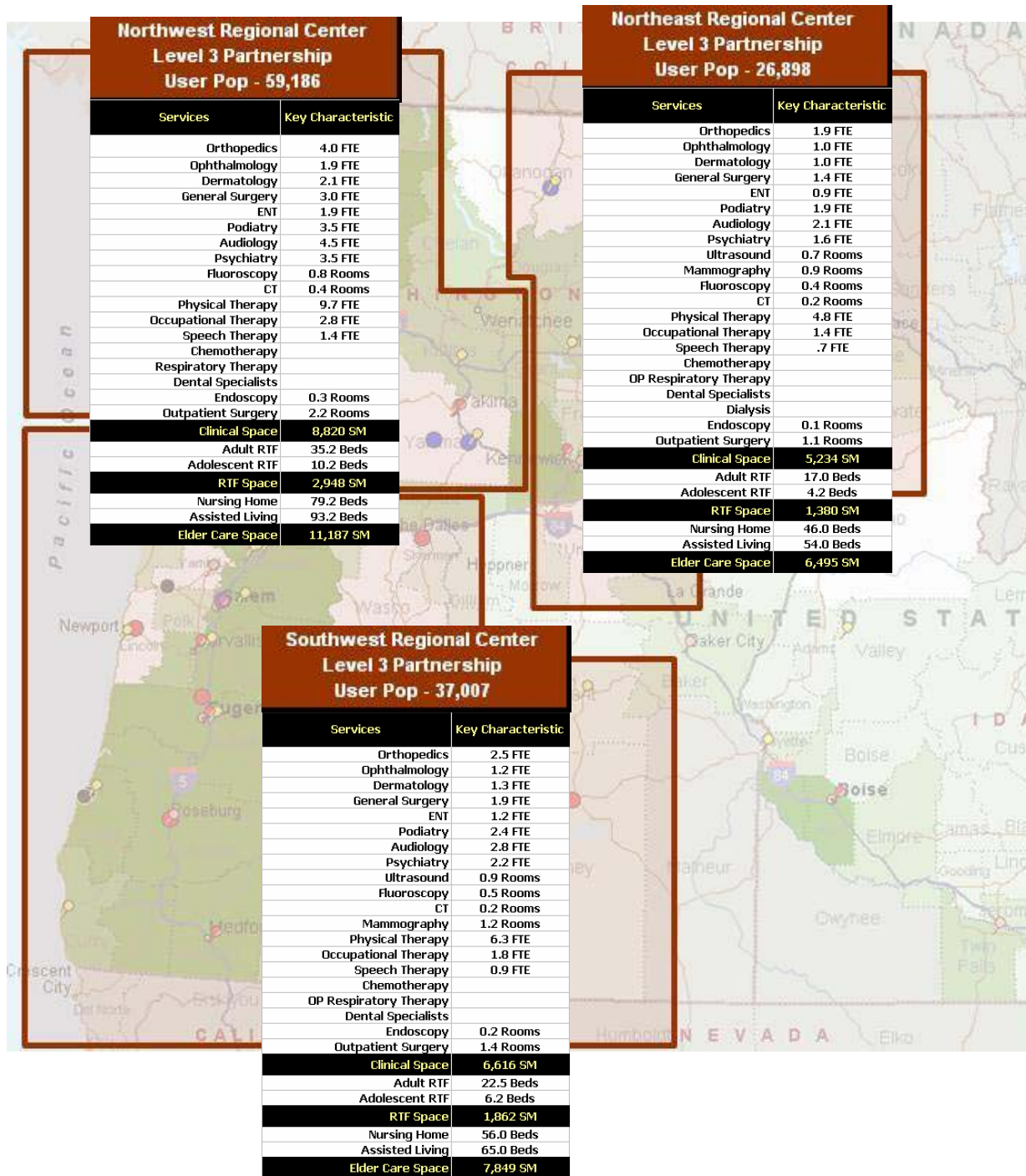
- 59,186 Users: Ortho (4.0), Gen. Surg. (3.0), Ophth. (1.9), Derm. (2.1), ENT (1.9), Podiatry (3.5), Audiology (4.5) Psychiatry (3.5), Fluoroscopy (0.8 rooms), CT (0.4 Rooms), PT (9.7 FTE), OT (2.8 FTE), Speech Therapy (1.4 FTE), Chemotherapy, Respiratory Therapy, Endoscopy (0.3 rooms), OP Surgery (2.2 rooms), Adult RTF (35.2 beds), Adolescent RTF (10.2 beds), Nursing Home (79.2 beds), Assisted Living (93.2 beds), Dental Specialists

Below is a conceptual idea of how the Regional Centers (Level 3 Partnerships) Services Areas.





An alternative way to visualize these Regional Center services is shown below.



The relative approximate potential market for each Regional Center is identified below: the Service Population by county for 2015 that might access such care if available.

<u>Regional Center</u>	<u>Projected User Pop</u>	<u>Projected Market (Service Pop)</u>
Northeast RC	26,898	32,628
Southwest RC	37,007	66,871
Northwest RC	59,186	98,015

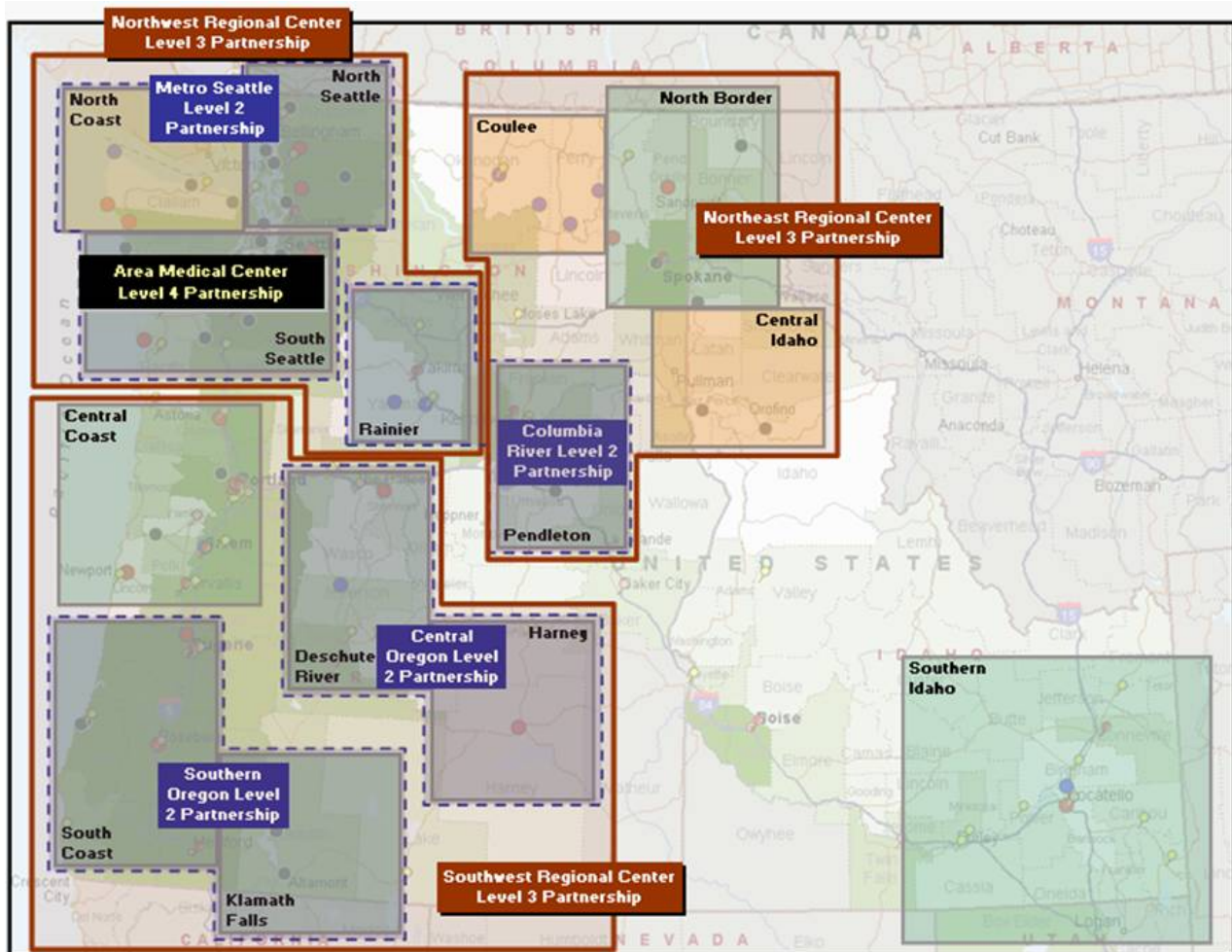


Level 4 Partnership (developed as an Area Wide Medical Center)

In addition to the services listed above, the Portland Area could benefit from certain services if the entire projected user population was considered. This would anticipate a user population of 130,341 and would support the following services:

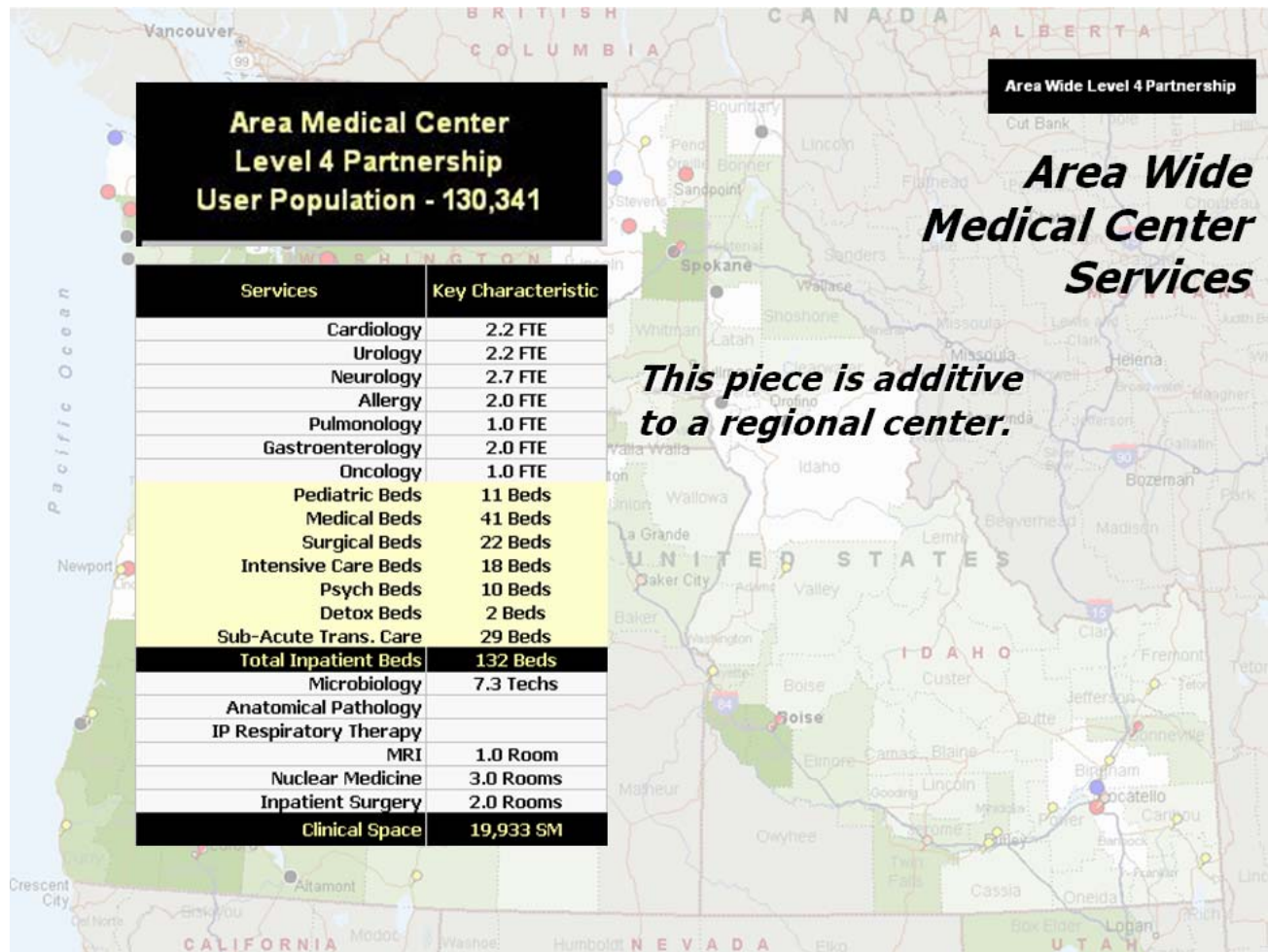
Services:

- Cardiology (2.2 FTE)
- Urology (2.2 FTE)
- Neurology (2.7 FTE)
- Allergy (2.0 FTE)
- Pulmonology (1.0 FTE)
- Gastroenterology (2.0 FTE)
- Oncology (1.0 FTE)
- Pediatric Beds (11 Beds)
- Medical Beds (41 Beds)
- Surgical Beds (22 Beds)
- Intensive Care Beds (18 Beds)
- Psych Beds (10 Beds)
- Detox. Beds (2 Beds)
- Sub-Acute Trans. Care (29 Beds)
- **Total Inpatient Beds = 132 Beds**
- Microbiology (7.3 Techs)
- Anatomical Pathology
- IP Respiratory Therapy
- MRI (1.0 Rooms)
- Nuclear Medicine (3.0 Rooms)
- Inpatient Surgery (2.0 Rooms)
- Hostel
- Radiologist





An alternative way to visualize these Area Medical Center services is shown below.



The relative approximate potential market for the Area Wide Medical Center is identified below: the Service Population by county for 2015 that might access such care if available.

<u>Area Medical Center</u>	<u>Projected User Pop</u>	<u>Projected Market (Service Pop)</u>
Area Medical Center	130,341	207,456



Contract Health Summary

The **Contract Health Summary** is a direct result of the PSA Delivery Plan. The amount of contract health dollars required for a Service Area is based on service-by-service affordability of direct care and the availability of local contracting options. For example, a service area without local contracting options is more likely to be interested in the synergies of regional care than a community with a non-IHS facility across the street. This reality was discussed at the PSA levels by service. If contract health dollars for a service was determined most desirable for a PSA, that service's workload multiplied by a cost per workload unit was included in the lump sum total Contract Health Dollars for a Service Area. Simply dividing that total dollar requirement by the PSA User Population provides us with a planning number of CHS dollars per User specific to that PSA.

The Contract Health Summary Sheet on the following pages indicates a relative breakdown of contract health reliance by Service Area. The Fiscal Intermediary (FI) for the Portland Area provided costs per workload as an average for the entire Area. Regardless of the local healthcare competition and economy, these average costs are used for all Service Areas. The roll-up to the right indicates a greater CHS reliance for the smaller communities with a limited number of direct care services.

Cost of living or competitive rate adjustments can be made to the consistent projection made to the right.

Due to the current IHS CHS regulations, user populations living outside a Contract Health Service Delivery Area (CHSDA) as well as non-local tribal user populations living within the CHSDA but off the reservation are not eligible for CHS payment for care. Therefore, we have differentiated the total CHS need from the total CHS eligible need. The total need column reflects the need regardless of CHS regulations, while the total CHS eligible need is based on the CHS eligible population only. The CHS eligible population percentage utilized was provided by the participating tribes.

The Totals are shown on three lines at the end of the table. The first total shows all PSA need with the exception of the New PSA Opportunities. The second total shows all PSA need with the exception of the Urbans. The third total shows just the New PSA Opportunity need.

The Summary is unable to show comprehensive need due to incomplete critical data from one of two sources:

- Service Areas that opted to prepare plans independent of this process whose plans lacked detail required to complete this summary table
- Service Areas that opted to prepare plans independent of this process who have not submitted by the time of this deliverable.

This is limiting when drawing conclusions at a Service Unit and Area Wide level. Service Units where totals are not reliable due to absentee data are highlighted.

For further detail on the unit cost information please consult *Appendix C - CHS Cost Calculations*.



Contract Health Summary

Shading represents incomplete total and therefore unreliable Service Unit Need.

Shading = Independently Prepared Plan >

Red indicates Pop differs from User Pop Table

Primary Service Area (PSA)	User Pop		CHS Expenditure										% of Area Total Need (Urbans Incl.)	% of Area Total Need (No Urbans)	
	2001	2015	Avg. 2000-2002		2015						2001 / 2015				
			\$	\$/User	Total Need	Rate Adjustment / Location Factor	Total Need Area Adjusted	\$/User	\$/User Area Adjusted	% CHS Eligible	CHS Eligible Need	% of Total Need			% of CHS Eligible Need
Coeur D'Alene Service Unit*	7,805	15,805	\$1,200,000	\$154	\$8,000,000		\$7,626,400	\$506	\$483		\$0	15%	N/A	3.9%	4.0%
<i>Benewah Medical Center*</i>	7,805	15,805	\$1,200,000	\$154	\$8,000,000	0.9533	\$7,626,400	\$506	\$483	0%	\$0	15%	N/A	3.9%	4.0%
Colville Service Unit	7,737	9,092	\$6,600,000	\$853	\$20,888,015		\$20,977,834	\$2,297	\$2,307		\$0	32%	N/A	10.1%	10.5%
Inchelium - Health Clinic	1,499	1,641	\$0	\$0	\$3,649,702	1.0043	\$3,665,395	\$2,224	\$2,234	N/A	N/A	0%	N/A	1.8%	1.8%
Nespelem - Colville Health Center	2,658	3,226	\$6,600,000	\$2,483	\$7,523,953	1.0043	\$7,556,306	\$2,332	\$2,342	N/A	N/A	88%	N/A	3.6%	3.8%
Omak - Dental Facility	3,021	3,618	\$0	\$0	\$7,485,141	1.0043	\$7,517,327	\$2,069	\$2,078	N/A	N/A	0%	N/A	3.6%	3.7%
Keller - Keller Health Station	559	607	\$0	\$0	\$2,229,219	1.0043	\$2,238,805	\$3,673	\$3,688	N/A	N/A	0%	N/A	1.1%	1.1%
Fort Hall Service Unit	6,926	7,928	\$3,180,510	\$459	\$15,867,342		\$15,418,296	\$2,001	\$1,945		\$615,673	20%	517%	7.7%	7.9%
NW Band of Shoshone	112	697	\$100,397	\$892	\$2,931,776	0.9717	\$2,848,807	\$4,206	\$4,087	21%	\$615,673	3%	16%	1.4%	1.5%
Fort Hall - Not-tsoo Gah-nee Health Center	6,814	7,231	\$3,080,113	\$452	\$12,935,565	0.9717	\$12,569,489	\$1,789	\$1,738	N/A	N/A	24%	N/A	6.3%	6.5%
Klamath Service Unit*	2,356	2,667	\$1,850,000	\$785	\$0		\$0	\$0	\$0		\$0	N/A	N/A	0.0%	0.0%
<i>Klamath Tribal Health Center - Klamath Falls*</i>	2,356	2,667	\$1,850,000	\$785	N/A	1.0147	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Klamath Tribal Health Center - Chiloquin*</i>			\$0	\$0		1.0147	\$0	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Neah Bay Service Unit	3,195	3,928	\$1,147,160	\$359	\$5,676,138		\$5,700,545	\$1,445	\$1,451		\$2,044,522	20%	56%	2.7%	2.8%
Neah Bay - Neah Bay Indian Health Center	1,430	1,769	N/A	\$0	\$3,212,859	1.0043	\$3,226,674	\$1,816	\$1,824	N/A	N/A	N/A	N/A	1.6%	1.6%
<i>Jamestown S'Kallum Tribal Health Clinic*</i>	439	538	\$281,950	\$643	N/A	1.0043	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Lower Elwah Clinic*</i>	774	914	\$635,210	\$821	N/A	1.0043	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Quileute Tribal Health Clinic	553	707	\$230,000	\$416	\$2,463,279	1.0043	\$2,473,871	\$3,484	\$3,499	83%	\$2,044,522	9%	11%	1.2%	1.2%
<i>Multi-Tribal New PSA Opportunity (SU Unassigned)</i>	520	587	\$0	\$0	\$1,513,934	1.0000	\$1,513,934	\$2,579	\$2,579	N/A	N/A	0%	N/A	0.7%	0.8%



Contract Health Summary

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Shading = Independently Prepared Plan >

Red indicates Pop differs from User Pop Table

Primary Service Area (PSA)	User Pop		CHS Expenditure										% of Area Total Need (Urbans Incl.)	% of Area Total Need (No Urbans)	
	2001	2015	Avg. 2000-2002		2015						2001 / 2015				
			\$	\$/User	Total Need	Rate Adjustment / Location Factor	Total Need Area Adjusted	\$/User	\$/User Area Adjusted	% CHS Eligible	CHS Eligible Need	% of Total Need			% of CHS Eligible Need
North Idaho Service Unit*	3,533	4,640	\$2,673,000	\$757	\$0		\$0	\$0	\$0		\$0	N/A	N/A	0.0%	0.0%
<i>Kootenai Tribal Clinic*</i>	168	182	\$173,000	\$1,029	N/A	0.9515	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Nimiipuu - Nez Perce*</i>	3,365	4,458	\$2,500,000	\$743	N/A	0.9515	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Northwest Washington Service Unit	6,482	8,789	\$4,112,128	\$634	\$13,263,307		\$14,457,125	\$1,509	\$1,645		\$0	31%	N/A	6.4%	6.6%
Lummi Health Center	3,865	5,090	\$2,549,928	\$660	\$11,036,755	1.1073	\$12,220,999	\$2,168	\$2,401	N/A	N/A	23%	N/A	5.3%	5.5%
<i>Nooksack Community Clinic*</i>	872	1,235	\$524,000	\$601	N/A	1.1073	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Samish Indian Nation*</i>	320	414	\$503,000	\$1,571	N/A	1.1073	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Swinomish Health Clinic*</i>	1,025	1,491	\$535,200	\$522	N/A	1.1073	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Upper Skagit Tribal Health Clinic	400	559	\$0	\$0	\$2,226,552	1.0043	\$2,236,126	\$3,983	\$4,000	N/A	N/A	0%	N/A	1.1%	1.1%
Puget Sound Service Unit	11,175	16,116	\$2,593,247	\$232	\$8,965,083		\$9,851,729	\$556	\$611		\$3,666,223	29%	71%	4.3%	4.5%
<i>Muckleshoot Tribal Clinic*</i>	3,101	3,820	\$932,000	\$301	N/A	1.0989	N/A	\$0	\$0	55%	N/A	N/A	N/A	0.0%	0.0%
<i>Nisqually Health Clinic*</i>	972	1,306	\$602,200	\$619	N/A	1.0989	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Port Gamble S'Kallum Clinic*</i>	1,169	2,592	\$470,000	\$402	\$7,751,000	1.0989	\$8,517,574	\$2,990	\$3,286	47%	\$3,666,223	6%	13%	3.7%	3.9%
<i>Sauk-Suiattle Health Clinic*</i>	160	225	\$32,047	\$200	N/A	1.0989	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Seattle Indian Health Board*</i>	0	0	\$0	\$0	N/A	1.0989	\$0	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Skokomish Health Center*</i>	769	1,138	N/A	\$0	N/A	1.0989	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Snoqualmie (North Bend/Tolt)	122	150	\$120,000	\$984	\$554,636	1.0989	\$609,489	\$3,698	\$4,063	N/A	N/A	22%	N/A	0.3%	0.3%
<i>Squaxin Island Tribal Health Clinic*</i>	653	975	N/A	\$0	N/A	1.0989	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Stillaguamish Tribal Clinic	137	183	\$0	\$0	\$659,447	1.0989	\$724,666	\$3,604	\$3,960	N/A	N/A	0%	N/A	0.3%	0.3%



Contract Health Summary

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CHS Expenditure

Primary Service Area (PSA)	User Pop		Avg. 2000-2002		2015							2001 / 2015		% of Area Total Need (Urbans Incl.)	% of Area Total Need (No Urbans)
	2001	2015	\$	\$/User	Total Need	Rate Adjustment / Location Factor	Total Need Area Adjusted	\$/User	\$/User Area Adjusted	% CHS Eligible	CHS Eligible Need	% of Total Need	% of CHS Eligible Need		
<i>Suquamish (Port Madison IR)*</i>	823	1,166	\$437,000	\$531	N/A	1.0989	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Tulalip Health Clinic*</i>	3,268	4,560	N/A	\$0	N/A	1.0989	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Puyallup Service Unit	7,708	11,335	\$1,955,765	\$254	\$20,843,292		\$22,352,346	\$1,839	\$1,972		\$8,545,750	9%	23%	10.1%	10.4%
Puyallup Tribal Health Authority	7,708	11,335	\$1,955,765	\$254	\$20,843,292	1.0724	\$22,352,346	\$1,839	\$1,972	41%	\$8,545,750	9%	23%	10.1%	10.4%
Southern Oregon Service Unit	5,722	7,094	\$928,509	\$162	\$13,780,939		\$13,983,519	\$1,943	\$1,971		\$12,678,464	7%	7%	6.7%	6.9%
<i>Coos Umpqua Health Center*</i>	845	1,040	N/A	\$0	N/A	1.0147	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
<i>Coquille Community Health Center*</i>	881	1,112	\$379,130	\$430	N/A	1.0147	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Cow Creek Health Center	1,784	2,193	\$549,379	\$308	\$6,010,131	1.0147	\$6,098,480	\$2,741	\$2,781	92%	\$5,529,321	9%	10%	2.9%	3.0%
Cow Creek South (new)	2,211	2,749	\$0	\$0	\$7,770,808	1.0147	\$7,885,038	\$2,827	\$2,868	92%	\$7,149,143	0%	0%	3.8%	3.9%
Taholah Service Unit	9,015	11,113	\$2,086,112	\$231	\$17,114,648		\$17,188,241	\$1,540	\$1,547		\$9,283,125	12%	22%	8.3%	8.6%
<i>Chehalis Community Health Center*</i>	1,063	1,433	N/A	\$0	N/A	1.0043	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Cowlitz Tribal Health	2,241	3,093	\$0	\$0	\$7,195,536	1.0043	\$7,226,477	\$2,326	\$2,336	65%	\$4,677,098	0%	0%	3.5%	3.6%
Cowlitz South PSA (New)	2,302	3,046	\$0	\$0	\$7,086,195	1.0043	\$7,116,666	\$2,326	\$2,336	65%	\$4,606,027	0%	0%	3.4%	3.5%
Hoh Tribe	63	75	\$0	\$0	\$360,228	1.0043	\$361,777	\$4,803	\$4,824	N/A	N/A	0%	N/A	0.2%	0.2%
<i>Roger Saux Health Center (Quinalt)*</i>	2,947	2,866	\$1,750,000	\$594	N/A	1.0043	N/A	\$0	\$0	56%	N/A	N/A	N/A	0.0%	0.0%
<i>Queets Health Center (Quinalt)*</i>	0	0	\$0	\$0		1.0043	\$0	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Shoalwater Bay Tribal Clinic	399	600	\$336,112	\$843	\$2,472,689	1.0043	\$2,483,321	\$4,121	\$4,139	N/A	N/A	14%	N/A	1.2%	1.2%
Umatilla Service Unit*	2,690	3,462	\$2,200,000	\$818	\$3,000,000		\$3,044,100	\$867	\$879		N/A	73%	N/A	1.5%	1.5%
<i>Yellowhawk Tribal Health Center*</i>	2,690	3,462	\$2,200,000	\$818	\$3,000,000	1.0147	\$3,044,100	\$867	\$879	N/A	N/A	73%	N/A	1.5%	1.5%



Contract Health Summary

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CHS Expenditure

Primary Service Area (PSA)	User Pop		Avg. 2000-2002		2015							2001 / 2015		% of Area Total Need (Urbans Incl.)	% of Area Total Need (No Urbans)
	2001	2015	\$	\$/User	Total Need	Rate Adjustment / Location Factor	Total Need Area Adjusted	\$/User	\$/User Area Adjusted	% CHS Eligible	CHS Eligible Need	% of Total Need	% of CHS Eligible Need		
Warm Springs Service Unit	5,366	6,305	\$1,511,727	\$282	\$12,948,114		\$13,138,452	\$2,054	\$2,084		\$11,169,530	12%	14%	6.3%	6.5%
Wada-tika Health Center (Burns Paiute)	269	376	\$378,927	\$1,409	\$1,433,135	1.0147	\$1,454,202	\$3,812	\$3,868	N/A	N/A	26%	N/A	0.7%	0.7%
Warm Springs - Warm Springs Health and Wellness Center	5,097	5,929	\$1,132,800	\$222	\$11,514,979	1.0147	\$11,684,250	\$1,942	\$1,971	97%	\$11,169,530	10%	10%	5.6%	5.8%
Wellpinit Service Unit	2,207	2,874	\$1,463,888	\$663	\$7,338,172		\$7,446,043	\$2,553	\$2,591		\$0	20%	N/A	3.5%	3.7%
Kalispell	247	401	\$104,000	\$421	\$1,629,666	1.0147	\$1,653,622	\$4,064	\$4,124	N/A	N/A	6%	N/A	0.8%	0.8%
Wynecoop Memorial Clinic (Spokane Tribe)	1,960	2,473	\$1,359,888	\$694	\$5,708,506	1.0147	\$5,792,421	\$2,308	\$2,342	N/A	N/A	24%	N/A	2.8%	2.9%
Spokane Urban Clinic (NATIVE)	0	0		\$0		1.0436	\$0	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Western Oregon Service Unit	12,580	17,726	\$3,779,911	\$300	\$28,919,553		\$29,963,091	\$1,631	\$1,690		\$0	13%	N/A	14.0%	14.5%
Grand Ronde Health Center	2,767	3,526	\$1,430,000	\$517	N/A	1.0373	N/A	\$0	\$0	N/A	N/A	N/A	N/A	0.0%	0.0%
Salem - Chemawa Health Center (Western Oregon SU)	5,376	7,117	\$199,102	\$37	\$12,937,248	1.0373	\$13,419,807	\$1,818	\$1,886	N/A	N/A	2%	N/A	6.3%	6.5%
Siletz Community Health Center	4,437	7,083	\$2,150,809	\$485	\$15,982,305	1.0351	\$16,543,284	\$2,256	\$2,336	N/A	N/A	N/A	N/A	7.7%	8.0%
Eugene New PSA Opportunity (Non SU Assigned)	821	944	\$0	\$0	\$4,211,116	1.0622	\$4,473,048	\$4,461	\$4,738	N/A	N/A	N/A	N/A	2.0%	2.1%
N.A.R.A. (Portland Urban)						1.0920	\$0				\$0	N/A	N/A	0.0%	0.0%
Portland New PSA Opportunity (Non SU Assigned)	0	3,128	\$0	\$0	\$7,066,703	1.0920	\$7,716,840	\$2,259	\$2,467	N/A	N/A	N/A	N/A	3.4%	3.5%
Yakama Service Unit	12,225	13,879	\$0	\$0	\$28,730,781		\$29,351,366	\$2,070	\$2,115		\$0	0%	N/A	13.9%	14.4%
Toppenish - Yakama Comprehensive Health Care Facility	10,100	11,460	\$0	\$0	\$23,854,950	1.0216	\$24,370,216	\$2,082	\$2,127	N/A	N/A	0%	N/A	11.5%	11.9%
White Swan - White Swan Health Clinic	2,125	2,419	\$0	\$0	4,875,831.7	1.0216	\$4,981,150	\$2,016	\$2,059	N/A	N/A	0%	N/A	2.4%	2.4%
Total (Urbans Included)	108,702	144,863	\$37,281,957		\$206,849,319		\$212,013,022	\$1,428	\$1,464		\$48,003,286			100.0%	
Total (No Urbans)	108,702	141,735	\$37,281,957		\$199,782,616		\$204,296,183	\$1,410	\$1,441		\$48,003,286				
New PSA Opportunities	1,341	4,659	\$0		\$12,791,754		\$13,703,822	\$2,746	\$2,941		N/A				



Staffing Summary

The **Staffing Summary** indicates four staffing numbers summarizing existing and future needs.

- Existing Total Positions (ETP)
- Existing Reoccurring Positions (ERP)
- 2015 RRM Staffing Projection (2015 Need - RRM)
- 2015 Total Staffing Projection (2015 Need - Total)

Based on these numbers, four comparisons of existing positions to future staffing needs in 2015 are offered.

First (see Column marked “1”), a comparison of Existing Total IHS positions (ETP) to required IHS RRM (un-deviated RRM) generated positions in 2015 (Existing Total Positions to RRM) expressed as a percentage and total. The forecasted percentages are related to the specific PSA Delivery Plans established as part of this effort. The required number does not include tribal positions nor does it include grant funded programs. These were excluded only for this comparison process; the delivery plan provides detail to service line distribution of staffing, IHS, grant and tribal. They are not labeled as such, as in 2015, it is unknown who will be operating and funding each program.

Second (see Column marked “2”), a comparison of the ETP to Total Staff Required or Total Need expressed as a percentage and total. This compares existing staff, regardless of funding source to the RRM generated (un-deviated) staffing requirements combined with services IHS has typically supported, such as WIC, EMS, and Transportation etc.

Third (see Column marked “3”), a comparison of Existing Recurring Positions (ERP) to required IHS RRM (un-deviated RRM) generated positions in 2015 expressed as a percentage and total. The recurring positions represent those positions funded only by recurring Hospital and Clinic (H&C) funds. The H&C funded positions are provided where information was provided from the tribes through the area office. Where no provision was made no comparison is offered.

Fourth (see Column marked “4”), a comparison of Existing Recurring Positions (ERP) to Total Need - RRM generated (un-deviated) Staffing requirements combined with services IHS has typically supported, such as WIC, EMS, and Transportation etc. expressed as a percentage and total.

The Totals are shown on three lines at the end of the table. The first total shows all PSA need with the exception of the New PSA Opportunities. The second total shows all PSA need with the exception of the Urbans. The third total shows just the New PSA Opportunity need.

The Summary is unable to show comprehensive need due to incomplete critical data from one of two sources:

- Service Areas that opted to prepare plans independent of this process whose plans lacked detail required to complete this summary table
- Service Areas that opted to prepare plans independent of this process who have not submitted by the time of this deliverable.

This is limiting when drawing conclusions at a Service Unit and Area Wide level. Service Units where totals are not reliable due to absentee data are highlighted.



Service Area Staffing Summary

Shading represents incomplete total and therefore unreliable Service Unit Need.

Shading = Independently Prepared Plan >

2015 \$ per staff position => \$ 88,479.00

Red indicates Pop differs from User Pop Table

Primary Service Area (PSA)	2015 User Pop	Existing Total Positions (ETP)	Existing Recurring Positions (ERP)	RRM Staffing by PSA (Primary Service Area)									
				2015 Need		ETP % Need		ERP % Need		ETP Additional Salary Need		ERP Additional Salary Need	
				RRM	Total Need	RRM 1	Total Need 2	RRM 3	Total Need 4	RRM 1	Total Need 2	RRM 3	Total Need 4
Coeur D'Alene Service Unit*	15,805	105.0	N/A	N/A	160.0	0%	66%	0%	0%	N/A	\$4,866,345	N/A	N/A
<i>Benewah Medical Center*</i>	15,805	105.0	N/A	N/A	160.0	0%	66%	0%	0%	N/A	\$4,866,345	N/A	N/A
Colville Service Unit	9,092	100.1	0.0	217.7	305.3	46%	33%	0%	0%	\$10,407,790	\$18,152,836	\$0	\$0
Inchelium - Health Clinic	1,641	16.4	N/A	46.3	70.0	35%	23%	0%	0%	\$2,649,301	\$4,744,815	N/A	N/A
Nespelem - Colville Health Center	3,226	64.0	N/A	85.8	118.2	75%	54%	0%	0%	\$1,931,125	\$4,792,905	N/A	N/A
Omak - Dental Facility	3,618	10.0	N/A	74.6	91.1	13%	11%	0%	0%	\$5,712,341	\$7,172,908	N/A	N/A
Keller - Keller Health Station	607	9.7	N/A	11.0	26.0	88%	37%	0%	0%	\$115,023	\$1,442,208	N/A	N/A
Fort Hall Service Unit	7,928	84.0	57.0	172.6	216.3	49%	39%	33%	26%	\$7,842,220	\$11,709,896	\$10,231,153	\$14,098,829
NW Band of Shoshone	697	4.0	2.0	11.0	18.7	36%	21%	18%	11%	\$619,353	\$1,300,641	\$796,311	\$1,477,599
Fort Hall - Not-tsoo Gah-nee Health Center	7,231	80.0	55.0	161.6	197.6	49%	40%	34%	28%	\$7,222,867	\$10,409,254	\$9,434,842	\$12,621,229
Klamath Service Unit*	2,667	0.0	0.0	0.0	0.0	0%	0%	0%	0%	\$0	\$0	\$0	\$0
<i>Klamath Tribal Health Center - Klamath Falls*</i>	2,667	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Klamath Tribal Health Center - Chiloquin*</i>	0					0%	0%	0%	0%	\$0	\$0	\$0	\$0
Neah Bay Service Unit	3,928	59.1	9.0	97.6	141.2	61%	42%	9%	6%	\$3,410,402	\$7,271,368	\$1,849,211	\$3,256,027
Neah Bay - Neah Bay Indian Health Center	1,769	38.0	N/A	67.7	95.4	56%	40%	0%	0%	\$2,627,363	\$5,081,512	N/A	N/A
<i>Jamestown S'Kallum Tribal Health Clinic*</i>	538	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Lower Elwah Clinic*</i>	914	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
Quileute Tribal Health Clinic	707	21.1	9.0	29.9	45.8	70%	46%	30%	20%	\$783,039	\$2,189,855	\$1,849,211	\$3,256,027
<i>Multi-Tribal New PSA Opportunity (SU Unassigned)</i>	587	0.0	0.0	11.0	11.0	0%	0%	0%	0%	\$973,269	\$973,269	\$973,269	\$973,269
North Idaho Service Unit*	4,640	0.0	0.0	0.0	0.0	0%	0%	0%	0%	\$0	\$0	\$0	\$0



Service Area Staffing Summary

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Shading = Independently Prepared Plan >
Red indicates Pop differs from User Pop Table

2015 \$ per staff position => \$ 88,479.00

Primary Service Area (PSA)	2015 User Pop	Existing Total Positions (ETP)	Existing Recurring Positions (ERP)	RRM Staffing by PSA (Primary Service Area)									
				2015 Need		ETP % Need		ERP % Need		ETP Additional Salary Need		ERP Additional Salary Need	
				RRM	Total Need	RRM 1	Total Need 2	RRM 3	Total Need 4	RRM 1	Total Need 2	RRM 3	Total Need 4
<i>Kootenai Tribal Clinic*</i>	182	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Nimiipuu - Nez Perce*</i>	4,458	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
Northwest Washington Service Unit	8,789	81.0	0.0	139.2	190.0	58%	43%	0%	0%	\$7,449,916	\$11,942,069	\$12,316,261	\$16,808,414
Lummi Health Center	5,090	55.0	0.0	131.1	171.1	42%	32%	0%	0%	\$6,733,236	\$10,269,816	\$11,599,581	\$15,136,161
<i>Nooksack Community Clinic*</i>	1,235	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Samish Indian Nation*</i>	414	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Swinomish Health Clinic*</i>	1,491	26.0	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
Upper Skagit Tribal Health Clinic	559	0.0	0.0	8.1	18.9	0%	0%	0%	0%	\$716,680	\$1,672,253	\$716,680	\$1,672,253
Puget Sound Service Unit	16,116	258.8	9.5	30.6	256.6	846%	101%	31%	4%	\$0	\$4,293,001	\$1,866,907	\$6,658,045
<i>Muckleshoot Tribal Clinic*</i>	3,820	40.0	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Nisqually Health Clinic*</i>	1,306	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Port Gamble S'Kallum Clinic*</i>	2,592	25.7	9.5	19.4	52.4	132%	49%	49%	18%	\$0	\$2,362,389	\$875,942	\$3,795,749
<i>Sauk-Suiattle Health Clinic*</i>	225	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Seattle Indian Health Board*</i>	0					0%	0%	0%	0%	\$0	\$0	\$0	\$0
<i>Skokomish Health Center*</i>	1,138	17.4	N/A	N/A	25.4	0%	69%	0%	0%	N/A	\$707,832	N/A	N/A
Snoqualmie (North Bend/Tolt)	150	20.7	0.0	5.6	12.5	370%	165%	0%	0%	\$0	\$0	\$495,482	\$1,109,527
<i>Squaxin Island Tribal Health Clinic*</i>	975	56.6	N/A	N/A	61.4	0%	92%	0%	0%	N/A	\$424,699	N/A	N/A
Stillaguamish Tribal Clinic	183	22.4	0.0	5.6	19.8	400%	113%	0%	0%	\$0	\$0	\$495,482	\$1,752,769
<i>Suquamish (Port Madison IR)*</i>	1,166	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Tulalip Health Clinic*</i>	4,560	76.0	N/A	N/A	85.0	0%	89%	0%	0%	N/A	\$798,081	N/A	N/A



Service Area Staffing Summary

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Primary Service Area (PSA)	2015 User Pop	Existing Total Positions (ETP)	Existing Recurring Positions (ERP)	RRM Staffing by PSA (Primary Service Area)									
				2015 Need		ETP % Need		ERP % Need		ETP Additional Salary Need		ERP Additional Salary Need	
				RRM	Total Need	RRM 1	Total Need 2	RRM 3	Total Need 4	RRM 1	Total Need 2	RRM 3	Total Need 4
Puyallup Service Unit	11,335	202.7	76.3	235.0	277.3	86%	73%	32%	27%	\$2,859,032	\$6,603,463	\$14,044,547	\$17,788,978
Puyallup Tribal Health Authority	11,335	202.7	76.3	235.0	277.3	86%	73%	32%	27%	\$2,859,032	\$6,603,463	\$14,044,547	\$17,788,978
Southern Oregon Service Unit	7,094	16.0	16.0	164.7	181.8	10%	9%	10%	9%	\$13,160,719	\$14,670,097	\$13,160,719	\$14,670,097
<i>Coos Umpqua Health Center*</i>	1,040	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Coquille Community Health Center*</i>	1,112	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
Cow Creek Health Center	2,193	16.0	16.0	88.4	94.8	18%	17%	18%	17%	\$6,404,575	\$6,972,057	\$6,404,575	\$6,972,057
Cow Creek South (new)	2,749	0.0	0.0	76.4	87.0	0%	0%	0%	0%	\$6,756,143	\$7,698,039	\$6,756,143	\$7,698,039
Taholah Service Unit	11,113	55.1	0.0	220.6	254.8	25%	22%	0%	0%	\$14,639,050	\$19,437,967	\$16,868,721	\$22,543,580
<i>Chehalis Community Health Center*</i>	1,433	20.0	N/A	29.9	N/A	67%	0%	0%	0%	\$875,942	N/A	N/A	N/A
Cowlitz Tribal Health	3,093	10.4	0.0	66.7	87.0	16%	12%	0%	0%	\$4,984,530	\$6,779,658	\$5,904,711	\$7,699,840
Cowlitz South PSA (New)	3,046	0.0	0.0	88.4	109.7	0%	0%	0%	0%	\$7,823,005	\$9,704,880	\$7,823,005	\$9,704,880
Hoh Tribe	75	0.0	0.0	5.6	16.2	0%	0%	0%	0%	\$495,482	\$1,431,590	\$495,482	\$1,431,590
<i>Roger Saux Health Center (Quinalt)*</i>	2,866	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
<i>Queets Health Center (Quinalt)*</i>	0					0%	0%	0%	0%	\$0	\$0	\$0	\$0
Shoalwater Bay Tribal Clinic	600	24.7	0.0	29.9	41.9	83%	59%	0%	0%	\$460,091	\$1,521,839	\$2,645,522	\$3,707,270
Umatilla Service Unit*	3,462	70.8	70.8	75.0	85.6	94%	83%	94%	83%	\$371,612	\$1,309,489	\$371,612	\$1,309,489
<i>Yellowhawk Tribal Health Center*</i>	3,462	70.8	70.8	75.0	85.6	94%	83%	94%	83%	\$371,612	\$1,309,489	\$371,612	\$1,309,489
Warm Springs Service Unit	6,305	187.0	21.0	146.8	228.6	127%	82%	14%	9%	\$0	\$3,678,458	\$11,128,389	\$18,365,972
Wada-tika Health Center (Burns Paiute)	376	11.0	0.0	8.1	19.9	136%	55%	0%	0%	\$0	\$787,463	\$716,680	\$1,760,732
Warm Springs - Warm Springs Health and Wellness Center	5,929	176.0	21.0	138.7	208.7	127%	84%	15%	10%	\$0	\$2,890,995	\$10,411,710	\$16,605,240



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Primary Service Area (PSA)	2015 User Pop	Existing Total Positions (ETP)	Existing Recurring Positions (ERP)	RRM Staffing by PSA (Primary Service Area)									
				2015 Need		ETP % Need		ERP % Need		ETP Additional Salary Need		ERP Additional Salary Need	
				RRM	Total Need	RRM 1	Total Need 2	RRM 3	Total Need 4	RRM 1	Total Need 2	RRM 3	Total Need 4
Wellpinit Service Unit	2,874	35.0	13.0	75.3	137.8	46%	25%	17%	9%	\$3,568,939	\$9,094,473	\$5,515,477	\$11,041,011
Kalispell	401	7.0	0.0	8.1	19.4	86%	36%	0%	0%	\$97,327	\$1,097,140	\$716,680	\$1,716,493
Wynecoop Memorial Clinic (Spokane Tribe)	2,473	28.0	13.0	67.2	118.4	42%	24%	19%	11%	\$3,471,612	\$7,997,334	\$4,798,797	\$9,324,519
<i>Spokane Urban Clinic (NATIVE)</i>	0					0%	0%	0%	0%	\$0	\$0	\$0	\$0
Western Oregon Service Unit	17,726	114.0	0.0	370.7	405.7	31%	28%	0%	0%	\$22,720,519	\$25,812,085	\$32,802,701	\$35,894,267
<i>Grand Ronde Health Center</i>	3,526	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	N/A	N/A
Salem - Chemawa Health Center (Western Oregon SU)	7,117	56.0	0.0	210.3	218.5	27%	26%	0%	0%	\$13,651,389	\$14,376,916	\$18,606,213	\$19,331,740
Siletz Community Health Center	7,083	58.0	0.0	160.5	187.2	36%	31%	0%	0%	\$9,069,130	\$11,435,169	\$14,196,488	\$16,562,527
<i>Eugene New PSA Opportunity (Non SU Assigned)</i>	944	0.0	0.0	29.9	35.9	0%	0%	0%	0%	\$2,645,522	\$3,176,396	\$2,645,522	\$3,176,396
<i>N.A.R.A. (Portland Urban)</i>	0									\$0	\$0	\$0	\$0
<i>Portland New PSA Opportunity (Non SU Assigned)</i>	3,128	0.0	0.0	66.0	67.3	0%	0%	0%	0%	\$5,841,308	\$5,956,626	\$5,841,308	\$5,956,626
Yakama Service Unit	13,879	184.3	0.0	299.6	398.4	62%	46%	0%	0%	\$10,204,435	\$18,944,648	\$26,511,114	\$35,251,328
Toppenish - Yakama Comprehensive Health Care Facility	11,460	184.3	0.0	246.3	322.1	75%	57%	0%	0%	\$5,486,149	\$12,190,645	\$21,792,828	\$28,497,325
White Swan - White Swan Health Clinic	2,419	0.0	0.0	53.3	76.3	0%	0%	0%	0%	\$4,718,286	\$6,754,004	\$4,718,286	\$6,754,004
Grand Total (Urbans Included)	144,276	1,553	273	2,246	3,239	69%	48%	12%	8%	\$96,634,634	\$157,786,195	\$146,666,813	\$197,686,037
Grand Total (No Urbans)	141,148	1,552.8	272.6	2,180	3,172	71%	49%	13%	9%	\$90,793,326	\$151,829,570	\$140,825,505	\$191,729,411
<i>New PSA Opportunities</i>	<i>4,659</i>	<i>0.0</i>	<i>0.0</i>	<i>107</i>	<i>114</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>0%</i>	<i>\$9,460,099</i>	<i>\$10,106,291</i>	<i>\$9,460,099</i>	<i>\$10,106,291</i>



Space Summary

The **Space Summary** indicates a comparison of existing IHS maintained space (MI&E) to required space. The required space counted includes space for functions that IHS would typically include in the construction of a new facility. This would include all IHS functions, grant funded programs, and tribal programs to include outpatient substance abuse counseling, EMS, WIC, Family Planning, Community Health Representatives and others. Typically IHS will not build Tribal Health Administration, Nursing Homes, Outreach Elder Care or Substance Abuse Transitional Care. Substance Abuse Residential Treatment Centers come from a different funding source and were also excluded from this count.

The summary also offers a Total Project Cost comparison. The Project cost is significantly more than the Construction cost and includes design fees, permits, licensing, equipment, furnishings and so forth.

Similar to the Staff Summary, the delivery plan provides detail for required service line distribution of space for all programs.

The Totals are shown on three lines at the end of the table. The first total shows all PSA need with the exception of the New PSA Opportunities. The second total shows all PSA need with the exception of the Urbans. The third total shows just the New PSA Opportunity need.

The Summary is unable to show comprehensive need due to incomplete critical data from one of two sources:

- Service Areas that opted to prepare plans independent of this process whose plans lacked detail required to complete this summary table
- Service Areas that opted to prepare plans independent of this process who have not submitted by the time of this deliverable.

This is limiting when drawing conclusions at a Service Unit and Area Wide level. Service Units where totals are not reliable due to absentee data are highlighted.



Service Area Space Summary

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2010 \$ per Health Center Square Meter =>

Construction Cost

Project Cost

\$1,808

\$3,220

Facility Gross Square Meter by PSA (Primary Service Area)

Primary Service Area(PSA)	2015 User Population	Existing Space Square Mtrs.	FY2004 MI&E Square Mtrs.	2015 Need (IHS Supportable Space)	Exist Space %	MI&E %	Additional Construction \$ Need	Additional Project \$ Need *
Coeur D'Alene Service Unit*	15,805	5,571	5,831	8,431	66%	69%	\$5,170,880	\$9,209,200
<i>Benewah Medical Center*</i>	15,805	5,571	5,831	8,431	66%	69%	\$5,170,880	\$9,209,200
Colville Service Unit	9,092	5,191	6,984	12,844	40%	54%	\$13,837,758	\$24,644,679
Inchelium - Health Clinic	1,641	1,922	2,461	2,704	71%	91%	\$1,414,095	\$2,518,466
Nespelem - Colville Health Center	3,226	2,051	2,958	5,258	39%	56%	\$5,799,736	\$10,329,176
Omak - Dental Facility	3,618	467	803	3,946	12%	20%	\$6,290,803	\$11,203,753
Keller - Keller Health Station	607	751	762	935	80%	81%	\$333,124	\$593,285
Fort Hall Service Unit	7,928	3,430	4,863	7,570	45%	64%	\$7,484,559	\$13,329,801
NW Band of Shoshone	697	249	54	677	37%	8%	\$774,845	\$1,379,979
Fort Hall - Not-tsoo Gah-nee Health Center	7,231	3,181	4,809	6,892	46%	70%	\$6,709,714	\$11,949,822
Klamath Service Unit*	2,667	2,016	1,924	2,334	86%	82%	\$574,944	\$1,023,960
<i>Klamath Tribal Health Center - Klamath Falls*</i>	2,667	2,016	1,189	2,334	86%	51%	\$574,944	\$1,023,960
<i>Klamath Tribal Health Center - Chiloquin*</i>	0	N/A	735	N/A	0%	0%	N/A	N/A
Neah Bay Service Unit	3,928	3,839	3,771	7,121	54%	53%	\$5,935,232	\$10,570,491
Neah Bay - Neah Bay Indian Health Center	1,769	2,273	1,605	3,705	61%	43%	\$2,588,620	\$4,610,264
<i>Jamestown S'Kallum Tribal Health Clinic*</i>	538	265	480	336	79%	143%	\$128,368	\$228,620
<i>Lower Elwah Clinic*</i>	914	474	857	1,416	33%	61%	\$1,703,136	\$3,033,240
Quileute Tribal Health Clinic	707	827	829	1,665	50%	50%	\$1,515,108	\$2,698,367
<i>Multi-Tribal New PSA Opportunity (SU Unassigned)</i>	587	0		543	0%	0%	\$982,196	\$1,749,265
North Idaho Service Unit*	4,640	2,506	6,338	4,166	60%	152%	\$3,001,280	\$5,345,200
<i>Kootenai Tribal Clinic*</i>	182	149	265	400	37%	66%	\$453,808	\$808,220
<i>Nimiipuu - Nez Perce*</i>	4,458	2,357	6,073	3,766	63%	161%	\$2,547,472	\$4,536,980
Northwest Washington Service Unit	8,789	5,723	4,827	10,140	56%	48%	\$8,918,167	\$15,883,019
Lummi Health Center	5,090	2,365	2,379	5,914	40%	40%	\$6,415,895	\$11,426,539
<i>Nooksack Community Clinic*</i>	1,235	1,074	1,075	1,125	95%	96%	\$92,208	\$164,220
<i>Samish Indian Nation*</i>	414	118	N/A	1,125	10%	0%	\$1,820,656	\$3,242,540
<i>Swinomish Health Clinic*</i>	1,491	1,013	1,013	1,339	76%	76%	\$589,408	\$1,049,720
Upper Skagit Tribal Health Clinic	559	1,153	360	637	181%	57%	\$0	\$0



Service Area Space Summary

Shading represents incomplete total and therefore unreliable Service Unit Need.

Shading = Independently Prepared Plan >

Red indicates Pop differs from User Pop Table

2010 \$ per Health Center Square Meter =>

Construction Cost

Project Cost

\$1,808

\$3,220

Primary Service Area(PSA)	2010 \$ per Health Center Square Meter =>							Construction Cost	Project Cost
	2015 User Population	Existing Space Square Mtrs.	FY2004 MI&E Square Mtrs.	2015 Need (IHS Supportable Space)	Exist Space %	MI&E %	Additional Construction \$ Need	Additional Project \$ Need *	
Puget Sound Service Unit	16,116	7,871	12,430	7,382	107%	168%	\$5,318,475	\$9,472,063	
<i>Muckleshoot Tribal Clinic*</i>	3,820	1,332	4,239	N/A	0%	0%	N/A	N/A	
<i>Nisqually Health Clinic*</i>	1,306	841	841	1,125	75%	75%	\$513,472	\$914,480	
<i>Port Gamble S'Kallum Clinic*</i>	2,592	1,661	1,773	3,725	45%	48%	\$3,731,531	\$6,645,758	
<i>Sauk-Suiattle Health Clinic*</i>	225	239	239	243	98%	98%	\$7,232	\$12,880	
<i>Seattle Indian Health Board*</i>	0				0%	0%	\$0	\$0	
<i>Skokomish Health Center*</i>	1,138	892	746	N/A	0%	0%	N/A	N/A	
Snoqualmie (North Bend/Tolt)	150	121		493	25%	0%	\$672,096	\$1,196,985	
<i>Squaxin Island Tribal Health Clinic*</i>	975	1,170	873	N/A	0%	0%	N/A	N/A	
Stillaguamish Tribal Clinic	183	708	330	671	106%	49%	\$0	\$0	
<i>Suquamish (Port Madison IR)*</i>	1,166	907	593	1,125	81%	53%	\$394,144	\$701,960	
<i>Tulalip Health Clinic*</i>	4,560	N/A	2,796	N/A	0%	0%	N/A	N/A	
Puyallup Service Unit	11,335	5,538	7,566	10,180	54%	74%	\$8,392,625	\$14,947,042	
Puyallup Tribal Health Authority	11,335	5,538	7,566	10,180	54%	74%	\$8,392,625	\$14,947,042	
Southern Oregon Service Unit	7,094	1,658	2,652	7,605	22%	35%	\$9,727,522	\$17,324,458	
<i>Coos Umpqua Health Center*</i>	1,040	N/A	719	567	0%	127%	N/A	N/A	
<i>Coquille Community Health Center*</i>	1,112	1,109	1,062	1,125	99%	94%	\$28,928	\$51,520	
Cow Creek Health Center	2,193	549	871	3,118	18%	28%	\$4,646,041	\$8,274,476	
Cow Creek South (new)	2,749	0	0	2,795	0%	0%	\$5,052,553	\$8,998,462	
Taholah Service Unit	11,113	2,669	8,623	10,357	26%	83%	\$14,802,533	\$26,362,918	
<i>Chehalis Community Health Center*</i>	1,433	665	668	1,125	59%	59%	\$831,499	\$1,480,878	
Cowlitz Tribal Health	3,093	204	263	3,046	7%	9%	\$5,138,378	\$9,151,314	
Cowlitz South PSA (New)	3,046	0	0	4,191	0%	0%	\$7,577,790	\$13,495,843	
Hoh Tribe	75	0	19	466	0%	4%	\$842,140	\$1,499,828	
<i>Roger Saux Health Center (Quinalt)*</i>	2,866	499	5,776	N/A	0%	0%	N/A	N/A	
<i>Queets Health Center (Quinalt)*</i>	0				0%	0%	\$0	\$0	
Shoalwater Bay Tribal Clinic	600	1,301	1,897	1,529	85%	124%	\$412,726	\$735,055	
Umatilla Service Unit*	3,462	1,958	2,154	3,409	57%	63%	\$2,623,408	\$4,672,220	
<i>Yellowhawk Tribal Health Center*</i>	3,462	1,958	2,154	3,409	57%	63%	\$2,623,408	\$4,672,220	



Service Area Space Summary

Shading represents incomplete total and therefore unreliable Service Unit Need.

Shading = Independently Prepared Plan >
Red indicates Pop differs from User Pop Table

Primary Service Area(PSA)	2015 User Population	Existing Space Square Mtrs.	FY2004 MI&E Square Mtrs.	2015 Need (IHS Supportable Space)	Exist Space %	MI&E %	2010 \$ per Health Center Square Meter =>	Construction Cost	Project Cost
							\$1,808	\$1,808	\$3,220
Facility Gross Square Meter by PSA (Primary Service Area)									
								Additional Construction \$ Need	Additional Project \$ Need *
Warm Springs Service Unit	6,305	3,873	6,236	7,741	50%	81%		\$6,993,401	\$12,455,061
Wada-tika Health Center (Burns Paiute)	376	398	399	653	61%	61%		\$462,559	\$823,805
Warm Springs - Warm Springs Health and Wellness Center	5,929	3,475	5,837	7,087	49%	82%		\$6,530,842	\$11,631,256
Wellpinit Service Unit	2,874	4,487	3,117	5,413	83%	58%		\$1,777,643	\$3,165,934
Kalispell	401	728	93	671	109%	14%		\$0	\$0
Wynecoop Memorial Clinic (Spokane Tribe)	2,473	3,759	3,024	4,742	79%	64%		\$1,777,643	\$3,165,934
Spokane Urban Clinic (NATIVE)	0				0%	0%		\$0	\$0
Western Oregon Service Unit	17,726	6,570	6,983	18,325	36%	38%		\$21,252,804	\$37,850,679
Grand Ronde Health Center	3,526	2,838	2,838	3,020	94%	94%		\$329,056	\$586,040
Salem - Chemawa Health Center (Western Oregon SU)	7,117	2,148	2,148	8,697	25%	25%		\$11,840,445	\$21,087,519
Siletz Community Health Center	7,083	1,584	1,997	6,608	24%	30%		\$9,083,302	\$16,177,121
Eugene New PSA Opportunity (Non SU Assigned)	944	0		1,125	0%	0%		\$2,034,000	\$3,622,500
N.A.R.A. (Portland Urban)	0								
Portland New PSA Opportunity (Non SU Assigned)	3,128	0		2,425	0%	0%		\$4,383,820	\$7,807,468
Yakama Service Unit	13,879	5,703	6,050	13,466	42%	45%		\$14,036,063	\$24,997,855
Toppenish - Yakama Comprehensive Health Care Facility	11,460	4,721	5,420	11,208	42%	48%		\$11,727,757	\$20,886,824
White Swan - White Swan Health Clinic	2,419	982	630	2,259	43%	28%		\$2,308,305	\$4,111,031
Grand Total (Urbans Included)	144,863	68,601	90,349	137,027	50%	66%		\$130,829,488	\$233,003,845
Grand Total (No Urbans)	141,735	116,135	158,197	229,917	51%	69%		\$219,948,392	\$391,722,247
New PSA Opportunities	4,659	0	0	4,093	0%	0%		\$7,400,016	\$13,179,233

* Total Project \$ Need reflects an approximate total project cost, including but not limited to Design Fees, Permits & Licensing, Equipment & Furnishing, etc. This methodology does not consider location of the facility, special site cost, or utility costs.



Priorities

All master plans need to have a statement of priority. Resources for capital and operational expenditures are consistently limited. Clear priorities are necessary for the development of a reasonable, supportable and attainable master plan. Each PSA has a developed set of priorities within their Service Area. These are reflected in the following two page summary for the Portland Area as a whole. However, they do not reflect any order due to weighted ranking criteria.

Priority Criteria Development Background

Clear priorities are arrived at through the consistent application of mutually agreed upon criteria reflecting the concerns and support of all interested parties whom the master plan will impact. Priority criteria were developed early in the process, both in Round One and Round Two, in anticipation of broad tribal representation later in the planning process. Participants were asked to respond to the following question through a series of brainstorming sessions:

What characteristics of a service area should dictate their level of priority relative to future expenditures?

The following 5 characteristics and supporting criteria factors resulted from both rounds of early discussion.

Areas with inadequate care & potentially high user population

- Ratio of User Pop to Existing Providers
- Ratio of User Pop to Existing Space
- Unmet Need
- Deferred Services
- Lowest Healthcare Services to Population Ratio
- Population Age/need based
- Number of People to Serve
- Enrolled Members

Limited Access to Basic (Core) services

- Basic Services
- Access to Basic Benefits Package (Direct, CHS, Other)
- Poor Access

- Availability of Services in a respective area

Distance to Care / Remoteness

- Remote Areas (by User Pop)
- Least Access to Care
- Remote Locations
- Remoteness

Areas with Low Level Funding

- (No sub-points available)

Health Status

- Health Status
- Status of Healthcare situation in that community
- Need
- Morbidity / Mortality Rates

Despite original project intent, no formal scoring or weighting process was ultimately developed due to insufficient representation by Portland Area tribes. As a result no prioritization is offered. The local PSA priorities are still in place, however, and are shown on the following page in simple alphabetical order.

The area office may still choose to employ the criteria above in some manner to guide them in listening to and prioritizing assistance to tribes as they request help.

For additional detail on this discussion see the Priority section of this deliverable.

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Implementation by Simple Priority List

Primary Service Area Resourcing Priorities - Composite

Service Area Services & Resourcing Priorities															
Service Area	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Benawah Medical Center*	Complete Comprehensive Community Assessment	Expand hours of service	Move admin out of structure to increase space for direct care service	Complete IT planning and begin implementation	Build assisted living center	Add optometry service	Add ophthalmology service	Add telemedicine service	Add teleradiology	Begin planning of clinic replacement	Plan for substance abuse after care	Plan for Elder Care (What component of elder care are you planning?)	Add Dialysis Service	Add Substance Abuse After Care	Add Elder Care
Chehalis Community Health Center*	X-ray machine	EKG, Pulmonary testing equipment	Dental X-ray equipment	Updated and expanded phone system	Expanded Alternative Therapies	Expanded secure pharmacy services	Lab services	Dialysis machine	Women's wellness space	Blood draw area	Trauma room	Reception area	Shot room	Educational health classroom and meeting space	
Chemawa Health Center	Implement Dental and Orthodontic Expansion Program. Will allow for renovation of other spaces.	Create a Replacement PJD/POR for the facility. The current facility is approximately 25% of the size required as identified in the Resource Allocation Plan.	Create Addition and Renovation PJD/POR to meet interim needs if replacement facility is proposed OR to meet growing needs if no facility is proposed.	Expand Primary Care facilities and staff.	Balanced growth of ancillary services to support growth of primary care services, including Laboratory, Pharmacy, and Physical Therapy.	Increase Behavioral Health counselors, specifically to address growing Alcohol & Substance Abuse counselling.	Expand Preventive Care facilities and staff, specifically Public Health Nutrition, and Health Education	Create Wellness Center to support Preventive Care services and Physical Therapy services.	Balanced growth of Administrative and Facility Support Services to support growth of all healthcare services.						
Coos Umpqua Health Center*															
Coquille Community Health Center*	Visiting Professional (Internal Medicine, Pediatrician)	Medical Nutrition Therapy													
Cow Creek Health Center	Behavioral Health Space - Storage & Counseling	Nursing Space - Personal Office (share) + bigger space	Dental Space and Services	Lab Space - bigger/more	Exercise (Wellness) Facility - probably a new facility behind the existing one (clinic users cannot access the existing one). Wish List - Currently no place for Tm to exercise - No ability to do treadmill stress tests (lack space)	Visiting Provider space - (1) office needed	OB/Gyn Visiting Provider?	Medical Records Space (bigger space)							
Cow Creek South (new)	Begin PJD/POR process for this facility.	Initiate Primary Care Services	Provide Nursing support for PC	Provide Visiting Provider space and clinic	Lab Tech and Department Space	Health Education Staff and Space									
Cowlitz South PSA (New)	Begin PJD/POR process for new clinic	Provide Dental Services, with dentists, hygienist, chairs and space	Add Pharmacist and department space	Increase Primary Care services	Add one exam room and one office	Provide space and exam rooms for visiting professional providers	Provide nursing support (2 nurses to support PC services)	Enhance onsite Behavioral Health staff (4.5) with space and 4 offices	Provide Tobacco space and staff	Provide domestic violence services and space	Establish Substance Abuse Transitional Care Service	Add Administrative staff and space	Provide Quality Management staff and space	Increase business office staff and space	Increase CHS staff and space
Cowlitz North PSA (existing Tribal Health Center)	Determine if existing facility is feasible site for larger clinic (if not begin PJD/POR process for new clinic)	Provide Dental Services, with 1-2 dentists, hygienist, 5 chairs and space	Add Pharmacist (ultimately 2) and department space	Increase Primary Care services	Add one exam room and one office	Provide space and exam rooms for visiting professional providers	Provide nursing support (2 nurses to support PC services)	Enhance onsite Behavioral Health staff (4.5) with space and 4 offices	Provide Tobacco space and staff	Provide domestic violence services and space	Establish Substance Abuse Transitional Care Service	Add Administrative staff and space	Provide Quality Management staff and space	Increase business office staff and space	Increase CHS staff and space
Eugene PSA New PSA Opportunity	Any interested Tribe apply for SAC funding with help from PAO	Submit PJD/POR when notified to proceed.													
Fort Hall - Not-tsoo Gah-nee Health Center	Secure adequate overall Primary Care Space	Increase Diabetes staff and space	Secure additional Behavioral Health Counselors, especially Alcohol and Substance Abuse	Construct and staff Wellness Center	Secure adequate Primary Care Nursing Support	Secure Physical Therapy staff and space	Increase Dental space, chairs and staffing (Dental Hygienists and Assistants)	Increase health education staff and space	Provide security staff and space	Provide expanded Primary/Urgent Care capabilities	Increase Pharmacy space	Increase staff and space in Public Health Nutrition	Secure on site Pediatric Care	Provide Substance Abuse Transitional Care staff and space	Add additional optometrist and eye lanes
Grand Ronde Health Center															
Hoh Tribe	Initiate the PJD/POR Process with the PAO	Start Transportation	Apply for and Receive a Diabetes Grant /Start a diabetes program	Start a CHR Program	In 2005 Establish relations with Makah to administer direct care programs in Mental Health, Community Health, CHR.,	In 2006, establish payback plan with IHS, and regain 638 contracts for these services.	Design Maternal and Child Health Program	To establish third party billing certification systems to increase tribal control over resources	Evaluate the opportunity and risks of an EMS System	Work with school system to establish Health Career Opportunity knowledge.	Explore innovative funding opportunities to insure long term survival of clinic				
Inchelium - Health Clinic	Increase gross square meters for Visiting Professional Clinic	Provide Dental Staff increase - especially Hygienist	Optometry is needed on-site (1 FTE due to significant backlog in work)	Increase Behavioral Health Counselors - Mental Health and Alcohol and Substance Abuse	Provide Lab Staffing to support existing space	Provide Physical Therapy staffing (use existing flex space in new clinic)	Increase Administrative Support staffing in all areas (space looks good, but you may want to split due to cultural needs)	Provide facility management staff and space	Provide housekeeping staff	Provide public health nursing staff (still short on space too)	Provide public health nutrition and space	Provide case management	Provide security staff and space	Provide tribal health administration, WIC and Outreach Diabetes Staff	Provide wellness center
Jamestown S'Kallum Tribal Health Clinic*															
Kalispell	Complete construction of new health and wellness center. Many of the other priorities below are covered by accomplishing this task.	Tribe considering EMS services... study feasibility, at least of first responders positions. Currently it takes about an hour from the time of the call to be seen at a ER.	Enhance Alternative care services, adding to existing Massage Therapy services.	Secure Primary Care provider for 2 days per week	Review total available PC department space with what the plan projects.	Secure dental provider 4 days per week	Review total available dental department space with what the plan projects.	Review pharmacy space and compare with what plan projects	Secure needed administrative staffing	Monitor progress of Diagnostic Imaging need to target appropriate "on-line" date for x-ray services. Talk with other health directors about ways to support x-ray services	Study placement of transitional care for substance abuse at the Airway Heights location (better placement for this since there are available jobs and population)	Review possibility of partnership with other tribes for adult residential care (substance abuse) in a regional center appropriately located.	Hire facility support staff.	Create PHN department staffing	Clarify staffing relationship/responsibilities of the health department to the new wellness center (specifically the exercise room/areas)
Keller - Keller Health Station	Provide Family Practice Provider with ER experience	Provide Family Practice Nursing Support with ER support experience	Increase Behavioral Health Staff (esp. Alcohol and Substance Abuse counselors)	Provide Administrative Support: Information Management and Medical Records Staff	Provide Public Health Nursing Staff	Provide CHR staff	Provide WIC staff	Secure 24/7 EMS solution capable of eliminating 1.5 hour transfer time to hospital.	Secure Tribal Health Administration staff.						
Klamath Tribal Health Center - Chiloquin*															

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Implementation by Simple Priority List

Primary Service Area Resourcing Priorities - Composite

Service Area Services & Resourcing Priorities															
Service Area	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Klamath Tribal Health Center - Klamath Falls*															
Kootenai Tribal Clinic*	Add 2 dental operatories	Additional storage space	Identify options for clinic expansion												
Lower Elwha Clinic*	Expansion of the medical clinic to effectively meet the needs of our patients.	Creation of appropriate mental health space that ensures patients are treated with courtesy and respect	Wellness center to facilitate opportunities for prevention of cardio-vascular disease, diabetes, etc.	Intensive transitional services, including residential services for youth in need of substance abuse treatment that addresses the social, education, vocational, health and treatment needs	Long term care programs and facilities for elders and disabled that enable individuals to be assisted in their community with culturally appropriate and comprehensive services.	Greater integration of all tribal services to facilitate comprehensive care, maximizes resources and protect against redundancy and dis-coordination	Fostering an environment and providing resources to create a workforce within the health programs that is primarily comprised of EK Tribal Members.								
Lummi Health Center	Expand Primary Care Space	Add Traditional Healers to Primary Care Space	Develop Visiting Professional space	Recruit optometrists and Build Optometry Space	Expand Pharmacy Staff and Space	Add Ultrasound and Increase Imaging Space	Recruit Rehab Services Staff and Build Space	Study Addition of Orthodontics to Dental Program	Develop Pain Management Program	Pursue Dental Clinic Expansion(might be already approved)	Increase space in Support Departments, i.e. Business Office, Medical Records,	Add space and Staff for Public Health Nursing	Add space and Staff for Public Health Nutrition	Add Alternative Care services and space	Increase CHS Staff and Space, increase Clinical Practice Capabilities
Muckleshoot Tribal Clinic*	Open new comprehensive facility	Increase number of patient exam rooms	Increase provider offices	Increase medical records space	Provide medical x-ray	Provide clinic space for visiting professionals	Increase storage								
Multi-Tribal PSA New PSA Opportunity															
NARA - Portland Urban Program															
Neah Bay - Neah Bay Indian Health Center	Create a Replacement PJD/POR for the facility. Partnering with the Makah Tribe, the new facility should be incorporated into the proposed Health and Wellness Center. Currently, there is a critical shortage of Clinical and Administrative Support spaces t	Create an Addition and Renovation PJD/POR to meet interim needs if a replacement facility is proposed OR to meet growing needs if no facility is proposed. Include plan to improve functionality of existing spaces.	Develop essential services missing at Neah Bay, including Optometry, Nutrition, and Physical Therapy. These are services that should be reasonably available at each service area.	Expand facilities and staffing to meet growing needs of Primary Care Services, including Family Practice and Emergency Care.	Expand Preventive Care Services, including Public Health Nursing and Health Education to meet needs of Family Planning and disease prevention services.	Add Dental Hygienist staff member to support growing Dental workload.	Develop Rheumatology Subspecialty through a visiting professional service to meet rising rate of arthritis related issues.	In partnership with Makah Tribe, develop Wellness Center to promote healthy lifestyles for the Makah people. And to support Preventive Care services, physical therapy services, and other appropriate healthcare services.	Provide balanced growth of Administrative and Facility Support services to meet growing needs of all healthcare services.	Specific need to increase Information Management service with facilities and staff to meet growing technology requirements.	Specific need to increase Administrative Support staffing for Acquisitions and Property/Supplies.				
Nespelem - Colville Health Center	Provide Increase staffing for Optometry (4 month backlog)	Increase Family Practice staffing: Pediatric and OB/GYN	Increase Family Practice space: Internal Medicine, Pediatric, OB/GYN	Increase number of exam rooms and DGSM for Family Practice	Provide Podiatry Space	Increase Dental Staffing and Services (Specifically Ortho and Pedio)	Provide Specialty Clinic Space (None currently)	Provide Audiology space to support existing and increase staff needs	Increase Behavioral Health Services: especially Psychiatric and Social Services	Increase Pharmacy Space (23% of Need)	Provide on-site Physical Therapy staff and space	Increase Property and Supply / Housekeeping staff	Increase Preventive Care programs: Public Health Nutrition, CHR, Diabetes Program	Secure a functioning inviting well-staff wellness center	Provide security services
Nimiipuu - Kamiah Health Facility*															
Nimiipuu - Lapwai Health Center*															
Nisqually Health Clinic*															
Nooksack Community Clinic*															
NW Band of Shoshone	Apply for SAC Funding for Health Station in Brigham City, assisted by PAO.	Start PJD/POR Process when advised by PAO													
Omak Community Clinic	Place Primary Care Assets at Omak – Build PC facility (for Family Practice, Pediatric, OB/GYN)	Provide staffing/space for Optometry	Provide Podiatry Space	Increase Dental Staffing and Services (Specifically Ortho and Pedio)	Provide additional Specialty Clinic Space (2 small rooms currently)	Provide Audiology services	Increase Behavioral Health Services and space: especially Psychiatric and Social Services	Increase Pharmacy Space (though new, still short of need)	Provide on-site Physical Therapy staff and space	Provide Property and Supply / Housekeeping staff	Increase Preventive Care programs: Public Health Nutrition, Public Health Nutrition, CHR, Diabetes Program	Secure a functioning inviting well-staff wellness center	Provide On-site Administrative Support Staff and Space	Provide security services	Increase Tribal Health Administration
Port Gamble S'Kallum Clinic*	Correct HIPAA deficiencies throughout building.	Correct Fire Protection deficiencies in Community Health/Dental building.	Add appropriate PT space	Add 3 additional Exam rooms	Add Youth HPDP facility	Correct HVAC systems in Community Health and Medical Clinic	Correct ADA deficiencies	Add Secure Medical Equipment Storage Space	Add Group Education room (2)	Add CHR Space	Correct building deficiencies and interior design of Community Health and Medical Clinic	Add Fitness/Chronic Disease Prevention Center	Add Elders Assisted Living Center (3)	Add Dental Space	Add Dental Staff
Portland New PSA Opportunity															
Puyallup Tribal Health Authority	Primary Care Space Expansion	Expand Dental Services and Staff	Build Visiting Professional Clinic Space	Recruit Optometrists	Expand Optometry Space	Expand Laboratory Space	Expand Imaging Space	Expand Space for Rehab Services	Expand Pharmacy Space	Build Up Public Health Nursing Staff and Space	Build Up Public Health Nutrition Staff and Space	Expand Case Management Programs	Adolescent/Youth AODA Program Development-Both IP and OP	Initiate Planning for Health Promotion/Disease Prevention Programs including Space	Explore Wellness Center/Fitness Center Program Development including Space
Queets Health Center (Quinault)*															

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Implementation by Simple Priority List

Primary Service Area Resourcing Priorities - Composite

Service Area Services & Resourcing Priorities															
Service Area	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Quileute Tribal Health Clinic	Begin PJD/POR process for a new replacement facility. Existing facility is not designed for current clinical functionality.	Providers	Increase Provider care offices and exam rooms	Increase Behavioral Health services (2 more counselors) with needed space and offices.	Increase Administrative Staff	Provide Property and Supply space.	Increase Housekeeping and linen space.	Provide PHN service	Provide PH nutrition staff and space	Establish substance abuse transitional care service.	Define and provide alternative medicine	Provide traditional healing space	Increase Dental staff (1 dentist, 2 assistants, 1 chair and needed space)	Increase Business Office staff and space	Increase CHS staff
Roger Saux Health Center (Quinault)*	Improve and enhance a supportive working environment	Hire full time recruitment/retention staff development specialist	Increase the number of employees participating in opportunities for personal and professional development beyond requirements for licensure or certification	Decrease incidences of unplanned employee absences	Expand and enhance funding base	Hire grant writer/grant writing services	Ensure RSHC is eligible for corporate/foundation grants	Identify grant funding sources	Increase federal, state, county grant support	Increase 3rd party billing/reimbursement	Create improved billing structure and incentives for targets and education	Increase Customer satisfaction levels	Establish patient advocate	Increase number of unique users	Expand hours
Samish Indian Nation*	Bring clinic up to IHS Standards (short-term goal)	Improve Health Status of tribal members with Chronic Diseases (Intermediate)	Increase Health Education of all tribal Members (Intermediate)	Acquire health care facility with state of the art communication	Establish procedures/systems to ensure rapid direct care services or proper referral to specialists/facilities for members with acute/chronic health issue	Develop continuous education/training program for disease prevention and wellness specific to the Samish members									#N/A
Sauk-Suiattle Health Clinic*	Acquire additional space for additional contract providers														
Seattle Indian Health Board*															
Shoalwater Bay Tribal Clinic	While PC space appears low, clinic will need to open and function to verify if this is low. Don't think it is. Waiting space is low. (will monitor)	Traditional Healing room ... would be nice to have room but not a priority. Can use this room for other needs such as massage therapy.	Plan appears to be short one dentist... will wait and see when clinic opens. Would be interesting in pursuing dental rotation from U. of W. (this one is in pediatrics).	Will watch Optometry for level of need.	Look into cost analysis for Audiology as a service, particularly booth and testing equipment.	Look at increasing Mental Health and Substance Abuse staff. (plan to increase support staff - registration clerk - to assist provider efficiency)	Study and plan for increase in Behavioral Health space needs based upon increase in ASA staff.	Secure Pharmacy tech for 2006 and anticipate pharmacist on site toward 2015.	May also need to anticipate pharmacy space as well.	Increase medical records staff	Secure Administrative Assistant for Administration.	establish and expand PHN program and support space.	increase your CHR's and provide space	Secure dedicated diabetes program staff and provide space	Increase WIC staff
Siletz Community Health Center	Develop Wellness and Fitness Center	Expand Clinic Space to accommodate the following Areas of deficit:	Need additional space and staff in Pharmacy	Expand Primary Care space and staff	Expand Dental space and staff	Expand Imaging Dept	Expand Laboratory space and staff	Create Visiting Professional Space	Expand Optometry space and staff	Expand Information Management Space	Expand HIMS	Expand Ancillary and Support areas to meet plan needs.	Expand Community Health Programs and Space, i.e. Nutrition	Expand Behavioral Health Programs	Hire more Pharmacists
Skokomish Health Center*															
Snoqualmie (North Bend/Tolt)	Apply for SAC Funding for clinic in Tolt.	Expand the clinic operations to include ancillary services, including lab and Gen Radiography	Expand and Integrate Mental Health and AODA and integrate these into Primary care	Utilize electronic Medical Records, including Pharmacy	Move Drug testing into direct care. (including DNA testing for tribal eligibility and child welfare)	Add Pharmacy services	Add Dental services	Develop and expand Elder Outreach Programs	Add visiting Physical Therapy/Rehab service	Add visiting Professional Psychiatry Services, med mgmt, psych evals	Replicate services established in Tolt for North Bend and expand for non-bers at Casino site.	Explore opportunity and Risk for EMS system development.			
Spokane Urban Clinic (NATIVE)															
Squaxin Island Tribal Health Clinic*	Increase number of diabetics having current retinal imaging	Increase number of children and youth receiving behavioral health services	Increase number of people who receive orthodontia services	Increase number of incarcerated people receiving behavioral health services	Increase the level of home health medical and nursing services	Increase number of clients having received residential services, who are placed in transitional housing facilities	Increase number of people having received residential care, who receive further support services to prevent relapse	For those people in residential care increase number of people receiving psychological assessment services and family counseling.	Increase integrated behavioral health services	Increase staff to support and improve internal communication and compliance with departmental policies, procedures and standards.	Increase the number of patients/clients whose records are processed electronically	Increase square footage for health care facility	Increase square footage for NWITC residential services	Increase square footage for NWITC Outpatient services	Reduce the number of ER visits conducted for non-emergency conditions
Stillaguamish Tribal Clinic	Open Dental Clinic	Initiate Pharmacy Program	Expand Primary Care to allow for Urgent Care/ Walk-In Clinic	Open Native Youth Only Adolescent AODA Inpatient Program	Start Landscape Program adjunct to Social Services	Develop All encompassing Health and Social Programs to just released, on parole, Native Americans	Develop Case Management Program for Drug Dependency Patients	Replace ICCS Building							
Suquamish (Port Madison IR)*															
Swinomish Health Clinic*	Add square footage to provide necessary space as projected for all health programs and services	Develop funding packages and resources for Medical Clinic and Community Services Building	Add new services: cardiologist, orthopedist, nephrologist, psychiatrist												
Toppenish - Yakama Comprehensive Health Care Facility	Raise the Yakama Service Unit Level of Need Funding from 43% to 85% or higher.	Expand the Yakama Indian Health Center facility to meet present plus forecasted healthcare need.	Expand facilities and staff for Ancillary Services, including Lab, Pharmacy, and Physical Therapy.	Expand facilities and staff to support Dental Services.	Expand Primary Care facilities and staff to include OB/Gyn services; as well as support Visiting Professionals at main facility and the White Swan Health Clinic.	Develop Preventive Care Services with the addition of facilities and staff to support Public Health Nursing, Public Health Nutrition, Health Education and other preventive care programs.	Develop other services to meet need of education, disease prevention, and other related goals of the Yakama Nation, including Outreach Diabetes, Family Planning, etc.	Balanced growth of Administrative and Facility Support services to meet growing healthcare needs of Yakama Indian Health Center.	Restore all Comprehensive Health Care Services to the Yakama Indian Health Center.	Develop Elder Care Services with the additional of facilities and staff to support Assisted Living, Hospice, and other related services.	Construct and staff Satellite Health and Dental Clinics for the "River People" and/or other remote areas.				
Tulalip Health Clinic*	Expand Family Services (outgrown current 4 building units)	Focus prevention efforts on most frequently seen diagnosis seen at clinic	Provide Optometry services on site at clinic	Set up immunization data base for children	Have fluoride added to water supply	Provide quality care addressing the physical, mental and spiritual needs of elders	Provide full time dietician to expand nutritional counseling	Seek accreditation by national agency	Identify top 5 causes of death and average age at death, focusing on prevention of those	Expand number and type of specialty clinics offered at clinic	Comply with immunization guidelines within 3 years	Reduce childhood caries	Outreach into community to promote oral hygiene	Start wellness center for diabetes program that incorporates fitness for community members.	Expand behavioral health space (build new stick building)

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Implementation by Simple Priority List

Primary Service Area Resourcing Priorities - Composite

Service Area Services & Resourcing Priorities															
Service Area	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Upper Skagit Tribal Health Clinic	Priorities not currently available. Key Characteristic information required for comparison of "existing" to "needed" resources.														
Wada-tika Health Center (Burns Paiute)	Develop Dental Program	Develop Visiting Optometry Program	Expand Pharmacy program	Expand Health Promotion/Disease Prevention Programs	Develop Exercise Programs for all Seasons	Develop PJD/POR for a wellness Center.	Improve and increase HIMs space	Add Business Office Space	Staff development in computer use	Upgrade Info Tech hardware.	Recruitment and retention development	Advance training and certification of staff	Increase triage room space	Add housekeeping space	Add Laboratory space
Warm Springs Health and Wellness Center															
White Swan - White Swan Health Clinic	Expand healthcare services offered at White Swan Health Clinic to meet present and future healthcare needs.	Expand healthcare options offered at White Swan Health Clinic.	Improve accessibility to comprehensive healthcare services at both Yakama Indian Health Center and White Swan Health Clinic.	Expand facility and staff to support Visiting Professionals in Primary Care (Internal Medicine, Pediatrics, and Ob/Gyn).	Develop Behavioral Health Services at White Swan Health Clinic with the addition of facilities and staff, including Mental Health, Social Services, and Alcohol & Substance Abuse Counselors.	Expand facilities and staff to support growing Dental Service workload.	Enhance EMS capabilities with expanded ALS staff and services.	Develop Preventive Care Services at White Swan Health Clinic with the addition of facilities and staff to support Public Health Nutrition, Health Education and other preventive care programs.	Develop expanded line of Additional Services at the White Swan Health Clinic, including Outreach Diabetes, Maternal & Child Health, etc.	Balanced growth of Administrative and Facility Support services to meet growing needs of White Swan Health Clinic.					
Wynecoop Memorial Clinic (Spokane Tribe)	Monitor and increase Dental Services, hiring a full time hygienist	Provide Public Health Education Staff and space	Provide Nutrition Staff and space	Increase PHN services and space	Provide Administrative Staff and space	Provide Optometry Services and Staff	Increase Health Information Management Staff and space	Increase Business Office Staff and space	Provide Property and Supply Staff and space	Increase Housekeeping and Linen Staff	Increase Information Management Staff and Space	Add Pharmacist and supporting space	Increase Facility Management Staff	Behavior Health	Social Service
Yellowhawk Tribal Health Center*	Expanded medical and clinical areas to accommodate existing and projected future patient flow	Additional floor space for expanded services such as wellness facilities, optometry, and oral surgery	Additional space for educational and fitness activities												

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