



Introduction

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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.

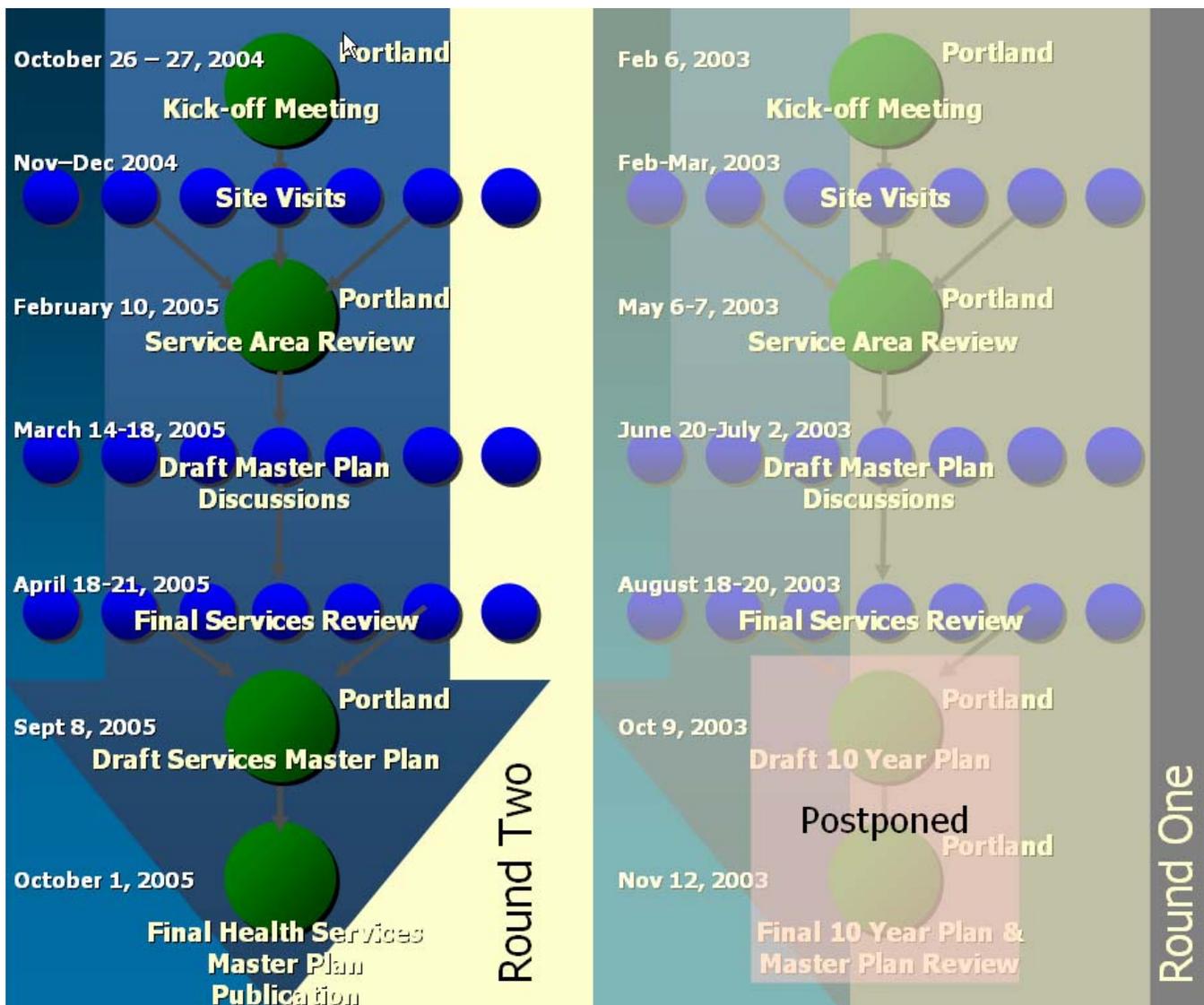


- A planning document with all of the numbers in black and white so that people can make informed decisions regarding health care for tribal management. Klamath.
- Tribes that take ownership of the master plan.
- The ability to make decisions in the next 10 years based on data to meet the priority of 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:

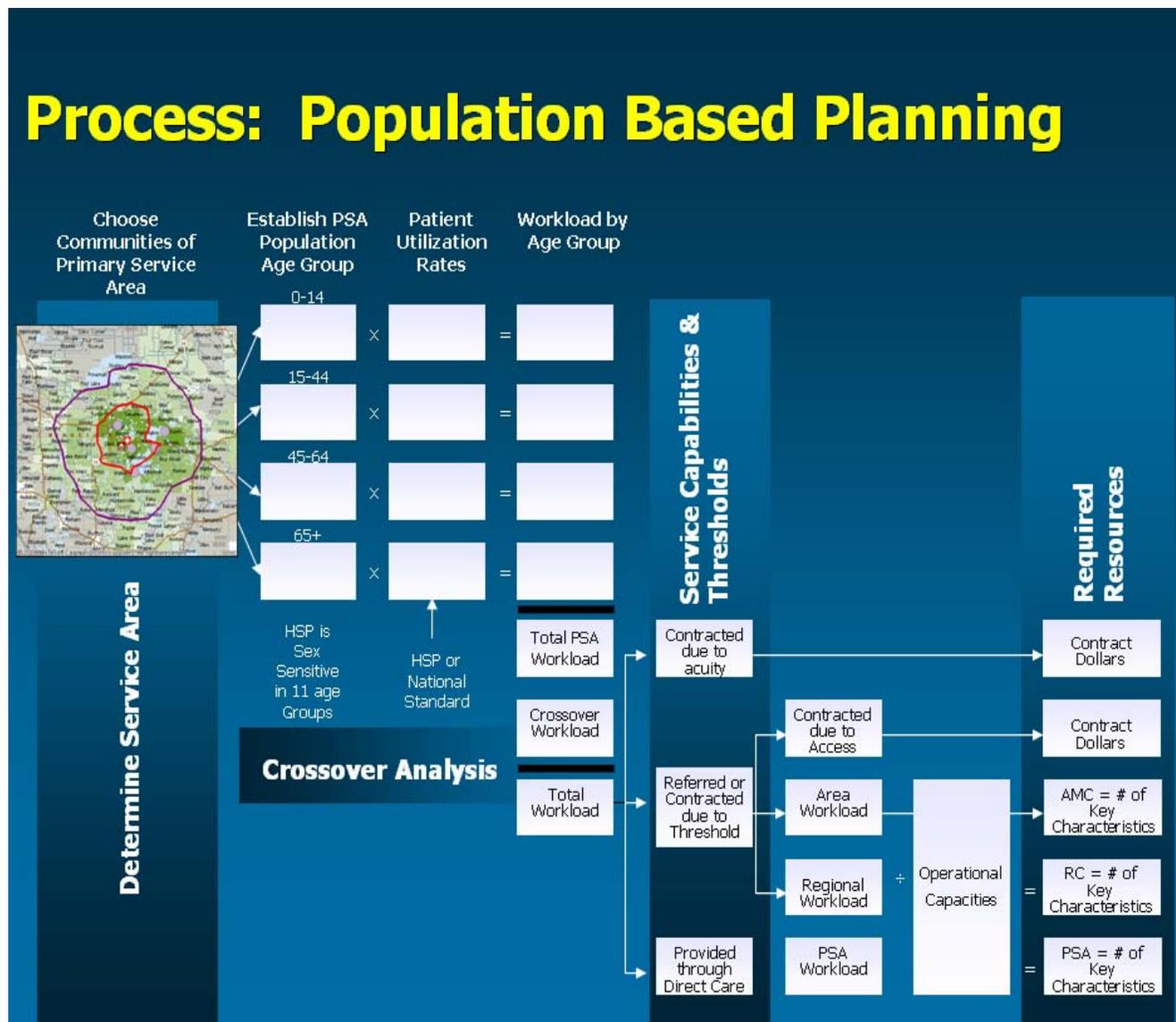
- Step One: **Kickoff Meetings** for Round One & Two
- Step Two: **Site Visits** for each of the Primary Service Areas (PSA) in Round One and those specified in Round Two.
- Step Three: **Service Area Review Meetings** supported by analysis of three years of RPMS and CHS data (2000-2002) resulting in 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	pphilip@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

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>
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	
Klamath Service Unit (unstudied)			
Klamath Tribal Health Center -- Klamath Falls (unstudied)			
Klamath Tribal Health Center -- Chiloquin (unstudied)			
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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<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@sugquamish.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

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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	(306) 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 Jorcias	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

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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	mkoeping@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

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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

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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
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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	ylinh@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
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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.