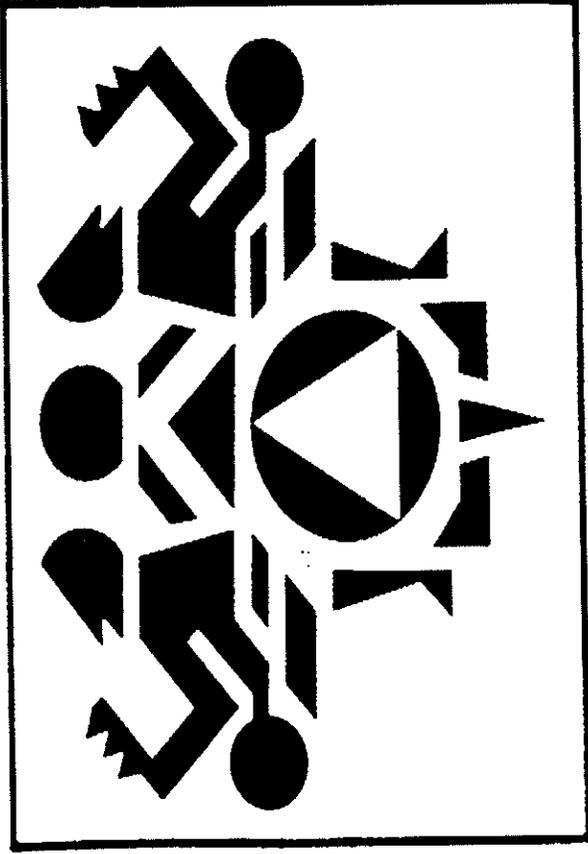


SUMMARY OF MINUTES



QUARTERLY BOARD MEETING

OCTOBER 21-23, 2014

COEUR D'ALENE TRIBE

WORLEY ID

October 2014 Quarterly Board Meeting

Summary of Minutes

<u>Issue</u>	<u>Summary</u>	<u>Action</u>	<u>Follow-Up</u>
Julie Johnson	The Health Board is the first in Indian Country to offer college credits at a health board meeting – 1 college credit at the 100 level in Health Education for board members and staff in attendance	Fill out registration form and return to Julie	
Area Director Report	<p>Listening Session with Dr. Roubideaux was 8/27/14 in Portland</p> <p>OMB and the Department visited Colville & the federal service unit & 2 other tribal health sites; then to Wellpinit service unit & Healing Lodge. They traveled to Portland and went to Western Oregon service unit & Grand Ronde</p>	<p>She did announce that at session that she plans on conducting another face-to-face listening session in 2015 with all the Areas. It was a very beneficial visit; we were able to show was the great need to how services can be expanded upon if our funding was increased.</p>	
Area Director Report	Public Health Emergency Management; we are planning for an all federal meeting of Region 10. FEMA is the lead agency when it comes to disasters.	<p>Several topics to discuss - such as the tribe's choice to either declares a disaster to the State or if they choose to go directly to the federal government. We will discuss how FEMA needs to address that and work on that; this is something that has to be done on the national level. Then take a look at the issues and concerns that were expressed by the tribes about FEMA's response and the other federal agencies involved.</p>	
Area Director Report	Youth treatment funds; I had mentioned to you that I had \$1.1 million, that is an estimated amount because there is contract support dollars in there and those are recurring dollars. I sent a Dear Tribal Leader letter out on April 28 th .	<p>Not a good response from tribes; likely the first 2 weeks of December I will do a follow-up consultation with the tribes.</p>	
Area Director Report	FY17 Budget Consultation will be 12/2/14 at the Doubletree SeaTac		
Area Director Report	The Joslin Vision Network is to identify issues going on specifically with the eyes of diabetic patients. We have 14 sites within the Portland		

October 2014 Quarterly Board Meeting

Summary of Minutes

	<p>Area; all 6 federal sites, 6 tribal sites and 2 urban who have the equipment and who are able to take images of the retina and transmit them to be interpreted by an ophthalmologist. So, the Portland Area has an overall ungradeable rate of 9%; the national average for the IHS is 17.5%.</p>		
<p>Area Director Report</p>	<p>The GPR A results for the Portland Area - federal service units met 21 of the 22 indicators; which was very good. And that was after the targets were raised. The Western Oregon Service Unit exceeded all 22 for the third year in a row and Warm Springs Service Unit exceeded all of them for the first time.</p>		
<p>Area Director Report</p>	<p>Over the past few months many of you may have heard about a new infectious virus called enterovirus D-68. This is not a new virus. One thing that is new about this is that in the past month or so there has been noted to be a cluster of children who have enterovirus infection who also have developed an acute paralysis; a loss of muscle tone. It is thought that this may be a true association with the enterovirus and more study needs to be done about that.</p>	<p>The CDC is certainly watching that more closely. Treatment is best for prevention; good hand washing hygiene, covering coughs, staying home when they are sick.</p>	
<p>Area Director Report</p>	<p>The Physician Position Report; this is something that has come out and it may be something that some of you have seen come to your location. You have probably thought that this was a lot of information to pull together; the tribe has the right not to share that information as far as your staffing levels and the needs for the Physician Position Report. All federal site of Indian Health Service report to this</p>	<p>Key take away from this is that by completing this report and submitting it that helps secure your site for loan repayment. That is a key tool to use to recruit physicians; being about to pay off their loan through this program the Indian Health Service has. I have asked Dr. Rudd to work with your clinical directors and physicians out there to help them through this process.</p>	

October 2014 Quarterly Board Meeting

Summary of Minutes

Area Director Report	<p>The US Public Health Service Commissioned Corps deploy to combat Ebola; 65 were deployed as of last week. The IHS has had 11 officers deploy; IHS has the highest percentage of officers. The deployment for this has strong support from the Secretary and the President. The Public Health Service has agreed with Dr. Roubideaux to continue the process that we have in place; when an officer gets notified that they are being called up they need to go to their supervisor and for that supervisor to go through their respective Area Director. This is the US Public Health Service, a different branch of the government where these officers technically reside and they are on loan to us. On the tribal side there is an MOA and in that MOA, just as the officers have at their federal sites, it talks about the President deserves the right to deploy these officers</p>	<p>At the last DSTAC quarterly meeting the DST representatives sent a letter to Dr. Roubideaux stating that the direct service tribes were opposed to the deployment of their officers.</p> <p>There is precedence for us to say 'no' and here are the reasons why. But again the justification needs to be strong and be able to show how it will adversely impact patient care and that has always helped us prevent that</p>	<p>A resolution will be developed stating against our physicians going overseas.</p>
Area Director Report	<p>Director's Contract Support Costs short funding; the final amount was \$25.1 million. No money was taken from any of the six federal sites. That was a possibility early on when the number of \$50 million was thrown out as to what each Area Office in the 12 Areas would be able to cover their portion and whether they would have to go into the service unit funds. Portland Area share was \$250,000 and took it from the Alcohol and Drug money; the \$1.1 million has CSC dollars in it.</p>		
Area Director Report	<p>The FY14 user pop closeout; we are right at the end of it. The key date to note is October 23, 2014; that is the last day to submit data</p>	<p>In November the official workload reports will be issued.</p>	

October 2014 Quarterly Board Meeting

Summary of Minutes

Area Director Report	Travel concerns for board members who travel for national/regional workgroups; the Board use to handle all the travel for this until FY13 and now done at the Area Office. This puts a hardship on board members who have to wait for their travel orders and go through govtrip to process their travel.	The transferring of funds to Health Board was a 'hand shake' agreement with prior Area Director. The decision to move it back to the Area Office was a decision made by Area Director and did not consult with tribes prior. The federal travel regulations are clear that whenever federal appropriations are used that the Agency must generate the travel orders & make the arrangements. That has not been fully enforced by the Agency. But just adding money to the Board's contract worried me if I was audited; how that could be used as circumventing the system; OIG is very sticky on things like that	Area Director will work with Terry Dean's office and look at Health Board's contract and maybe there are some meetings where we can target to put funds in contract to Health Board.
Legislative Report	President's budget requested about \$200 million increase for IHS; good increase for CHS and additional money for CSC. The House & Senate have completed their bills. The House bill is \$96 million more than the Senate request.	We are under a Continuing Resolution until 12/12/14. Do believe that we are going to be under a full year CR. They will probably wait until next year when they seat the new Congress and the Republicans control both Houses.	
Legislative Report	HHS & IRS announced about a month ago that the AI/AN can apply for the hardship exemption through the IRS tax filing process.	This will streamline the process and make it easier and avoids the confusion about applying for exemption.	
Legislative Report	Contract Support Costs issue relates to reprogramming that was discussed back in April; the amount was \$10 million, that amount grew to \$48 million and then finally about 2 weeks ago it was stated that the final amount was \$25.1 million.	Some issues are the fluctuating numbers really made tribe question the ability of the Agency to forecast CSC needs & also report that to Congress in the budget request. Pending negotiations on direct CSC & indirect CSC is a very important item. Then resolution of new and expanded programs. The danger is that we have to get into this reprogramming issue & the impact that will have on direct service tribes. I believe there	Discussion with some tribal leaders about doing another CSC summit and bring in the accountants & finance guys & talk about how you can adjust your internal accounting process that would result in your ability to recover more CSC.

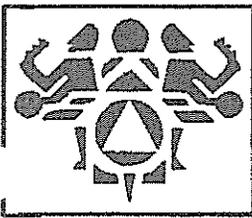
October 2014 Quarterly Board Meeting

Summary of Minutes

		have been some proposals developed by the CSC workgroup that will fix some of the issues.	
VA Update	VISN20 has not met for a couple years; will they be starting again	Coordination with new Network Director and Portland Area IHS to try and get them started again. The Portland Area representative was Jim Sherrill.	
DHAT	Tribal DHAT bill draft; DHATs would be under the Community Health Aide program and supervised by Dentists.	The Board is working with the Kellogg Foundation & PEW Foundation and in negotiation with them for a grant for the Health Board to do some work and support Senator McCoy's bill with Washington State. The funding that we are on with the PEW Foundation would support the staff, some infrastructure and some legal work in terms of translating the certification process that exist in Alaska down to your tribe so that you could adopt this similar to a dental practice that the State would adopt for licensing & certifying dental hygienists or dentists in your state. We are working with Willamette Dental and Kaiser Dental in an effort where they can serve as a supervising dentist.	
Chair's Report	Motion by Rhonda Metcalf, Sauk-Suiattle Tribe; 2nd by Cassandra Sellards-Reck, Cowlitz Tribe to support Andy Joseph to run for the office of Chairman of NIHB.	MOTION CARRIED	
RESOLUTION #15-01-01	Expressing Concerns of Commissioned Corps Deployment to Combat Ebola Virus to the Indian Health Service Director	Motion by Rhonda Metcalf, Sauk-Suiattle Tribe; seconded by Frank Mesplie, Yakama Nation to approve the resolution.	

October 2014 Quarterly Board Meeting
Summary of Minutes

		Motion carried	
Elders Committee	Report attached		
Veterans Committee	Report attached		
Public Health	Report attached		
Behavioral Health	Report attached		
Legislative/Resolution	Report attached		
Personnel Committee	Report attached		
MOTION - Minutes	Motion by Pearl Capoeiman-Baller, Quinault Nation; 2nd by Marilyn Scott, Upper Skagit Tribe to approve the June 2014 minutes.	MOTION CARRIED	
Finance Report	Motion by Greg Abrahamson, Spokane Tribe; 2nd by Rhonda Metcalf, Sauk-Suiattle Tribe to approve the Finance Report.	MOTION CARRIED	



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d' Alene Tribe
Confederated Tribes of Colville
Confederated Tribes of Tribes of Coos,
Lower Umpqua, and Siuslaw
Confederated Tribes of Grand Ronde
Confederated Tribes of Siletz
Confederated Tribes of Umatilla
Confederated Tribes of Warm Springs
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Klallam Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinalt Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Upper Skagit Tribe
Yakama Nation

RESOLUTION #15-01-00

**Expressing Concerns of Commissioned Corp Deployment to Combat
Ebola Virus to the Indian Health Service Director**

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the Indian Health Service Portland Area Office (IHS-PAO) Area Director reported on October 21, 2014 during the NPAIHB Quarterly Board Meeting that the IHS Commissioned Corp have been activated for duty and possible deployment to Liberia to combat the Ebola virus; and

WHEREAS, following the IHS-PAO Area Director's report Tribes expressed several concerns that relate to the cost of deployment associated with lost provider time which results in a reduction of health services and opportunities for third party collections, the cost of medical equipment required if a patient presents with Ebola symptoms, the costs of quarantine to protect communities and medical staff from exposure to the Ebola virus, and communicating with Tribal leadership and communities; and

WHEREAS, there is no plan in place by the IHS for continuity of operations for IHS Commissioned Corp staff that might be deployed for such public health emergencies and that this results in costs to IHS and Tribal health programs who must absorb the expense to continue to provide care when they lose a Commissioned Corp provider and must refer a patients to outside providers since they may not be able to provide such health services.

2121 SW Broadway
Suite 300
Portland, OR 97201
(503) 228-4185
(503) 228-8182 FAX
www.npaihb.org

NOW THEREFORE BE IT RESOLVED that the NPAIHB advises the IHS Director that the IHS Commissioned Corps officers should be exempt from any deployment to combat the Ebola virus due to the reasons stated in this resolution and due to the persistent and chronic underfunding of the Indian health system.

BE IT FURTHER RESOLVED that most IHS and Tribal facilities may not have Ebola infection control procedures in place with many facilities not equipped to deal with the Ebola virus and many programs do not have isolation rooms, full body protective gear, and other things necessary to contain the Ebola virus. For these reasons, some Tribes do not feel Commissioned Corps officers who serve in Africa should be returned to their duty stationed, and most certainly, not until they have completed proper quarantine protocols, and the decision to return Commissioned Corp officers to their duty station must be made on an individual tribal basis in consultation with elected Tribal leaders.

CERTIFICATION

NO. 15-01-00

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 30 for, _____ against, 1 abstain on Oct. 23, 2014.

Andrew C. Joseph Jr.
Chairman

10-23-14
Date

Cheryl A. Brundage
Secretary

Elders Committee

Tuesday October 21, 2014
Coeur d'Alene Casino Resort, Worley ID

	Name and Title	Organization	Phone/FAX/E-mail
1	DAN BLEASON Council	CHH Hehis	360-273-5911
2	Ull. delegate Bernadine Shriver	Grand Ronde	503-663-7624
3	ETI Party Kinsw... Gousser	Cowlitz	360-520-2578
4	Joynda Nielson	Hoff Tribe	360 374-5289
5	Wiolet Loldan	CTGR	971-218-3750
6	Janice CLEMENTS	C. T. State ^{Reviews}	541-853-1196 ^{LePassie}
7	Andy Joseph Jr	Colville	509 631 4406
8	Glady's Hobbs H.C.	CTGR	971-271-8486
9	Frank Mesprie	yakama nation TC	(509) 865-5121
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Elder Committee Meeting Minutes
October 21, 2014
Coeur D'Alene Casino Resort
Worley, ID

Members: Bernadine Shriver-Grand Ronde, Gladys Hobbs-Grand Ronde, Brenda Nielson-Hoh Tribe, Andy Joseph-Colville, Patty Kinswa-Gaiser, Cowlitz, Violet Folden, Janice Clements-Warm Springs, Frank Mesplie-Yakama, Dan Gleason, Committee Chair-Chehalis

NPAIHB Staff: Clarice Charging

Dan opened the meeting with a prayer.

Gladys motioned to approve June 2014 minutes. Patti seconded. Motion carried.

Updates:

Grand Ronde: Clinic has hired 2 Nurse Practitioners and are providing home visits for elders. They have also hosted a flu shot clinic for seniors. Elders are participating in exercise classes 3 times a week.

Chehalis: Seniors are leaving October 29th for Hawaii. The clinic has provided a flu shot clinic for elders. Elders will participate in a meat distribution program.

Hoh: Elders participated in a flu immunization clinic and the tribe distributed salmon to seniors.

Colville: Andy's latest birthday enabled him to become a Colville senior. The tribe provides wood for seniors and Andy's family received a cord. Warm Springs: Vocational Rehab training has received a grant to provide winter weatherization for elders. The elders are working on providing gift baskets for seniors for the holidays. The medical mobile unit is busy providing home visits.

Cowlitz: Patty chaperoned youth to the NIHB youth conference in Winslow, AZ. The health board held a 2 day retreat at Seaside for their strategic planning. November 14th will be Medicare Day for seniors. A Thanksgiving meal will be provided and elders will be provided assistance to sign up for Medicare if they haven't already.

NICOA Conference: Bernadine presented on the National Indian Council on Aging Conference (NICOA) held September 3-6, 2014 in Albuquerque, NM. On behalf of the attendees; Bernadine and Dan, they would like to extend their thanks to the board for providing them the opportunity to attend and Elaine and Clarice for accompanying them to the conference. Bernadine presented information on the conference, Clarice will make copies of the handouts and send to all committee members.

Personnel Committee

Tuesday October 21, 2014
Coeur d'Alene Casino Resort, Worley ID

	Name and Title	Organization	Phone/FAX/E-mail
1	HR coordinator Andra Wagner	NPAIHB	503-416-3297 awagner@npathb.org
2	Cassandra Hill	Coeur d'Alene Indian Tribe	360-513-1243
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**Northwest Portland Area Indian Health Board
Quarterly Board Meeting
Personnel Committee**

October 21, 2014

Start Time: 11:30 a.m.

Members Present: Cassandra Sellards-Reck

Members Absent: Rose Purser, Bonnie Sanchez, Shawna Gavin

Staff Present: Andra Wagner

- Personnel update was read by Andra Wagner
 - 2 new hires
 - 3 new temps
 - 1 voluntary resignation of employment
 - 1 open position in the EpiCenter

- Training: Annual Preventing Harassment & Discrimination training was given to staff

Legislative/Resolution Committee

Tuesday October 21, 2014
Coeur d'Alene Casino Resort, Worley ID

	Name and Title	Organization	Phone/FAX/E-mail
1	Leslie Wosnig Health Administrator	Sugquamish	LWOSMIG@sugquamish.nsn.us 560 394 8466
2	Pearl G. Baller	Nid PAIHB Quinault	
3	Kim Lillith	Shoalwater Bay	
4	ED Fox	Port Comoxe/11/11/11	
5	Greg Abrahamson	Spokane	
6	John	Swinowish	
7	DB	Jamestown	
8	Joe Finckbonay	NPAIHB	
9	J-Rels	NPAIHB	
10	Andy Joseph	Colville	509 631 4406
11	Cassandra Sked	Cowlitz	5605131243
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**NPAIHB Quarterly Board Meeting
Coeur d'Alene Casino Resort**

Legislative Committee Report

October 23, 2014

Present:

Andy Joseph, Jr., Colville Tribes
Leslie Wosnig, Suquamish Tribe
Marilyn Scott, Upper Skagit
Kim Zillyet Harris, Shoalwater Tribe
Ed Fox, Port Gamble S`Klallam Tribe
John Stephens, Swinomish Tribe
Cassy Reck, Cowlitz Tribe
Jim Roberts, NPAIHB

New Business

- The Committee discussed recent concerns and information related to the Ebola virus and the Area Director's report that Commissioned Corp Officers have been activated for possible deployment to Liberia to assist in combating the Ebola virus. The Committee also discussed the concerns addressed by Board Delegates and Health Directors about the need for Tribal health facilities and staff to be prepared if a patient with suspected or probable Ebola Virus Disease presents for care. The concerns related to the costs of deployment for those direct IHS managed sites, buy back sites with Commissioned Corp health providers, the cost and equipment to be prepared, and quarantine concerns for those individuals that might be deployed and returning to their job sites. After much discussion it was recommended that the Board take action in a formal resolution to be presented to the IHS Director.
- The Committee also discussed the ongoing Washington state work on the Tribal Centric Mental Health System. There was concern about how the State is going to incorporate the recommendations from the Tribal-centric process into the upcoming 1915 waiver that is imminently due to CMS. It was recommended that a joint AIHC-NPAIHB letter be prepared and sent to the Washington HCA and DSHS requesting how they plan to address the tribal-centric recommendations in the 1915 waiver and also a follow up meeting with AIHC-NPAIHB leadership to discuss this.
- The Committee also reviewed issues for the 2015 Legislative Plan that will be updated and presented at the January 2015 QBM.

Adjourn at 1:15 p.m.

Behavioral Health Committee

Tuesday October 21, 2014
Coeur d'Alene Casino Resort, Worley ID

	Name and Title	Organization	Phone/FAX/E-mail
1	Kris KOENIG Director - HSS	Sawk-Swiftle	Kkoenig@sawk-swiftle.com 360-436-0131 ext 223
2	Jeff Lorenz Exec Dir Health Svcs	Grand Ronde	503 879 2075 503 879-9089 jeff.lorenz@grandronde.org
3	Caroline M. Cruz	Conf Tribes Warm Springs	541-553-0497 caroline.cruz@wstribe.org
4	Marilyn M. Scott	Upper Skagit Tribe	360 854-7039 marilyns@upper-skagit.com
5	Bridget Canniff	NPAIMB	
6	Colbi Caughlan	NPAIMB	
7	Raymond Smartlowit	HEW - Tribal Council	rns5@yakama.com
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Behavioral Health Committee Meeting

NPAIHB QBM at Coeur d'Alene

October 21, 2014

Attendees: Caroline Cruz (Warm Springs), Jeff Lorenz (Grand Ronde), Marilyn Scott (Upper Skagit), Kris Koenig (Sauk Suiattle), Raymond Smartlowit (Yakama), Colbie Caughlan (NPAIHB), Bridget Canniff (NPAIHB)

Agenda Items

Infectious Diseases

- Hepatitis C – need to bring the issue back up, resend info about Hep C and STDs in general. **ACTION:** Request info be sent out by Jessica Leston and/or Stephanie Craig Rushing, NPAIHB.
- Enterovirus – also need more info. **ACTION:** Forward/provide info from Dr. Tom Weiser, IHS/NPAIHB.

Suicide Prevention

- Garrett Lee Smith funding – NPAIHB received a significant 5-year SAMHSA grant that will support collaboration with 3 clinics and Heritage University on suicide prevention. Raymond Smartlowit from Yakama would like to know more about Heritage's partnership with the Board as the grant moves forward. He is also concerned about the 25-40year olds who are completing suicide and modeling that for the younger generation – how do we help them as well? **ACTION:** Colbie will connect Raymond and Maxine Janis from HU and update Raymond as the grant moves forward.
- Trainings – Colbie will share information about any opportunities for tribal trainings that may be open to others, and can put tribes in touch with potential trainers such as Melanie Keplinger or Alison Bowen of Tulalip, and others in the Northwest. Includes QPR (Question-Persuade-Refer) and ASIST (Applied Suicide Intervention Skills Training).
- WA Suicide Prevention summit – took place this past summer, they are developing a statewide action plan. Marilyn Scott said there will be presentation/discussion at the Tribal Leaders Summit on November 17-18. Brian Buckingham (Makah) and Cheryl Sanders (Lummi) are also involved in supporting development of the state plan. AIHC would like to use information from the NPAIHB Suicide and Adolescent Health Action plans. Link to the action plans: http://www.npaihb.org/epicenter/project/tribal_action_plans. **ACTION:** Colbie will send plans to Taylor at DOH, as requested by Marilyn Scott. Colbie will also talk to Board staff to see if anyone will be able to attend the Tribal Leaders Summit at Swinomish Lodge.
- Prevention/Intervention/Aftercare – the committee noted that it's important to include parents and other community members in suicide prevention programming, giving parents information,

tools and training to recognize warning signs. In addition to focus on prevention, we need to look at intervention/treatment, and provide survivors with aftercare and other resources.

- Tribal Suicide Prevention Registry – White Mountain Apache has developed a form and process for collecting information about suicide ideation, attempts and deaths, and has made their form and accompanying resolution available for other tribes to use as a model. **ACTION:** Colbie will distribute the form/resolution language after creating a template that can be used in the NW Tribes. Ann Dahl from Spokane is working on adapting the suicide concern/intake form to work for the Spokane Tribe and possibly others in the NW as well.

Other Behavioral Health

- Caroline Cruz would like to know if the Board has any tobacco/smoking laws print materials for OR state laws regarding no smoking in cars with passengers under 18 years of age that passed a couple years back. **ACTION:** Colbie will check with Kerri Lopez and the cancer prevention team to see if they know how to access these materials to get them to Warm Springs.
- Marilyn Scott would like to know if someone from the Board can assist her and the WA State Tribal Workgroup with reviewing the new merge of managed care (mental health, physical health, chemical dependency) for crisis services. Currently tribal providers cannot access managed care but when they all move under the same agency for WA State, how can tribal providers be included? **ACTION:** Colbie or Bridget will ask Jim if he knows about this and can help or appoint someone to help, Marilyn asked if this is something Linda Frizzell would help with.

Native STAND

- Youth healthy decisions curriculum – Colbie asked for feedback on outreach materials to tribes who may be interested in using the curriculum with NPAIHB support. The group liked the materials; finalized info will be going out shortly to tribes.

Veterans Committee

Tuesday October 21, 2014
Coeur d'Alene Casino Resort, Worley ID

	Name and Title	Organization	Phone/FAX/E-mail
1	Jodie Waters, Planner	VISN 20 office	360-567-4684 Josephine.Waters@va.gov
2	Terry Bentley (Kamuk) Tribal Govt Relations Spec	VA Office of Tribal Govt Relations, Wash DC	541-440-1271 terry.bentley@va.gov
3	Ronda Metcalf Tribal Sauk-Suiattle Council	Sauk-Suiattle	rmetcalf@sauksuiattle.com
4	Bob Heath	Coville Tribe Health Board	509-722-4791 Inclusion WA 89138
5	Sam Penney, Nez Perce Tribal Executive Cmte	Nez Perce Tribe	208-843-2253 smp@nezperce.org
6	Mark Ziegler NMPH	Nimiipuu Health.	208-843-2271 markz@nimiipuu.org
7	Kevin Collins	Stillaquamish	360-391-3575 kcollins@stillaquamish.com
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Veteran's Committee meeting minutes
October 21, 2014

Attended:

Jody Waters, VISN 20 Office
Terry Bentley, VA Office of Tribal Gov't Relations
Ronda Metcalf, Sauk-Suiattle
Bob Heath, Colville
Sam Penney, Nez Perce
Mark Ziegler, Nimiipuu Health
Keven Collins, Stillaguamish
Don Head, NPAIHB staffer

The minutes of the June 24 meeting were read to the committee. Terry had a clarification from the minutes of that meeting, wherein the reimbursement rate from the VA to IHS clinics was noted as being *at least* the Medicare encounter rate. Terry indicated that the actual reimbursement rate from the VA for encounters was set at the IHS all-inclusive rate.

A question was raised about the process of tribes entering into an MOA/MOU with VA. Ronda asked about the accreditation criteria for MOAs. Terry said that the VA recognizes three types of certification that has to be in place before the VA will enter into an MOA: Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Accreditation Association for Ambulatory Health Care (AAAHC), and Medicare.

Ronda asked about how the VA accomplishes tribal consultation, and noted that the only true consultation with the Sauk-Suiattle Tribe is when the VA talks with the tribal council. Sam agreed with this, and VA tribal consultation was discussed. On Thursday, at 330p EST, the Secretary of the VA is hosting a conference call with tribes. Additionally, there is a Tribal Nations Conference in December, which might be a good place for the VA to talk with tribes. Ronda asked that Stephanie Birdwell, the Director of the Office of Tribal Government Relations, be invited to attend a QBM next year, with the Joint Meeting with CRIHB being likely the best way to reach more tribes.

Mark asked about whether Nez Perce had signed an MOU with the VA, and the answer was yes, and that the reimbursements have already started coming into the clinic. Terry went on to report that 64 tribes have MOUs, \$12.5 million have been reimbursed, and over 12,000 veterans have been served through IHS clinics and hospitals.

Ronda discussed the community-based health facilities, and how much easier they are to receive services at than the local VA hospital. Bob also indicated that he would like the clinics on the Colville reservation to be accessible to veterans, since it is much easier to receive services in the community, than taking the VA bus to Spokane, which turns into an all-day trip.

Public Health Committee

Tuesday October 21, 2014
Coeur d'Alene Casino Resort, Worley ID

	Name and Title	Organization	Phone/FAX/E-mail
1	Victoria Warren-Mears	NPAIHB	
2	Christine Moxlock	medical Director Sauk-suiattle	
3	Jenne Dankovich	NPAIHB	
4	Sujata Joshi	NPAIHB	
5	Karen Hansen, Health Director	Kootenai Tribe	Karen@Kootenai.crc 208-267-5223
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Public Health Committee

Victoria Warren-Mears

Andrew Shogren

Karen Hansen

Sujata Joshi

Jenine Dankovich

Christine Merlock

AGENDA:

Introductions and welcome.

Sujata –

Tribal health profiles are updated. Washington and Idaho are completed. Oregon will be coming soon. Preliminary feedback last October 2013. Next step local level reports. Provision of data to and from Tribes. Health data literacy training. Data sharing agreements. Discussed race and ethnicity data corrections. Data sharing agreements needed from each tribe.

Maternal child health issues – Children with Special Health Care Needs – A few with Autism Spectrum Disorder in a local tribe, data would come from multiple sources, non-anonymize able in small tribes. Such small numbers. Services needed. New disabilities are being identified with kids with emotional needs. There is a lack of specialists to deal with children's mental health issues. Children's emotional health issues in adolescence are available in some rural areas. However, in general, there is a lack of services due to remote nature of clinic. Telemedicine is not necessarily possible in all rural areas. Youth counselors not full time. There are issues with asthma in children with parents that smoke, especially with teen parents. There is a need for smoking cessation for young parents. Smoking and energy drink use are large problems.

Ebola – Both Tom Weiser and Victoria have both been on the Centers for Disease Control and Prevention for clinical set up and clinician updates. Victoria reviewed the clinical information on the cases that have been treated in the US to date.

Flu shots – Using this time for public health messaging around the flu vaccination and the importance of being vaccinated..

Hep C – We discussed the pros and cons of screening , due to the cost of treating. There was an interested expressed in having the board provide TA for compassionate drug applications with the pharmaceutical company.