# Meeting Minutes

1. Attendees:

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| NAME | Tribe/Organization | Contact Information |
| Marilyn Scott | Upper Skagit | marilyns@upperskagit.com/360-854-7039 |
| Darryl Scott | Warm Springs | Darryl.scott@wstribes.org/541-460-8649 |
| Julie Johnson | OHA | Julie.a.johnson@state.or.us |
| Ali Desautel | Kalispel Tribe | adesautel@camashealth.com |
| Sue Steward | NPAIHB | ssteward@npaihb.org/907-519-8855 |

1. Open issues

a). SAMHSA Reporting for TOR – reporting has been completed for the past 3 months. Since January 3 Tribes and the NPAIHB have purchased Naloxone (Narcan nasal spray) and started to distribute them. At least 3 Tribes have started to develop or have implemented policies related to Naloxone use.

Marilyn asked if the reports submitted are meeting the SAMHSA reporting requirements for the consortium. There needs to be a link between the Behavioral Health TAC and SAMHSA for the Portland Opioid Response. IHS needs to work together to match up with the TOR priorities for GPRA reporting

b). Opioid Overdose Kits and Administration – we reviewed the parts of the kit and discussed critical things to remember: 1) keep more than one NARCAN Nasal Spray in your kit as fentanyl related overdoses can require up to 4 doses before EMS may arrive; 2) stay with the victim until EMS arrives or at least 4 hours; 3) know the Good Samaritan laws in your State; 4) Be sure to wear the gloves provided in the kit and use the CPR mask if breaths are administered; 5) there is no known, accurate system or data base for reporting the number of doses administered to victims but be sure to let EMS know the number of doses administered for their run report. Also, when resupplying, let the distributor know how many doses your victim was administered. Due to the trauma experienced by friends, family and bystanders, easily accessible debriefing efforts need to be established for NARCAN administration.

c). OHA Oregon Tribes Behavioral Strategic Plan – discussed how the BHA program and certification dovetails nicely with the strategic plan.

 Darryl discussed some of the obstacles with peer mentoring positions, specifically relapse and re-entry for peer CDC. One new intern passed the exam in May.

 Julie discussed OR Peer Support Counselor role and how with additional hours it can matriculate into the mental health Peer Wellness Counselor. OR is looking at expanding the Family Preservation Counselor role.

 Marilyn shared about the WA transitional training for Recovery Coaches to become Certified SUD Peer Mentors.

d). Washington BHA Demonstration Project – 2 Washington Tribes students are enrolled with Ilisagvik/ANTHC BHA education in Alaska. The students are employed at their Tribal Behavioral Health clinics and attend classes via synchronous (live) web based program. Reports from the students, Clinical Supervisor/Instructors and Alaska are that all is going well and the BHA students are assets to their communities.

e). Yellowhawk/NPAIHB BHA Education Program of Oregon – Students will be welcomed into the program the fall of 2021 and the program will closely replicate the Alaska distance education program. The grant will build infrastructure at NWIC with support from Ilisagvik and ANTHC that will support BHA education. The program requires 3 (1) week long intensive (face to face) sessions which will be held at Yellowhawk. The NNACoE will assist with workforce development by training a ¾ FTE NPAIHB employee in how to engage and support high school students and other Tribal members into the CHAP/BHA program. This position would not only work with the potential students but also engage their families, teachers and communities for successful BHA programs.

1. New business
	1. Council of Elders for BHA – Sue will be at Warm Springs on 10/29/2019 to discuss how a BHA program might benefit the Tribe. Darryl and Sue have spoken previously about Darryl being on the Council of Elders to inform and support BHAs and Sue asked how best to engage with Tribal leadership for that question. Darryl and Marilyn felt it would be best to start the conversation with the Health Advisory Commission.
2. Adjournment

1:15 PM

Minutes submitted by: Sue Steward