**Chair’s Report**

* I’m pleased to report that it’s been a productive quarter for the staff at NPAIHB with new funding and policy activities.
* NPAIHB and Northwest Tribal Epidemiology Center (NWTEC) have several new sources of funding.
* NPAIHB was awarded the Tribal Opioid Response (TOR) grant from SAMHSA for another 6 Tribes.
* This is in addition to the TOR funding that we received last year.
* The NWTEC was also awarded $340,000 for HIV prevention activities in the Northwest Region, which will include development of a new community of practice using the ECHO model.
* The NWTEC was awarded funds for the second 5-year cycle of Good Health and Wellness in Indian Country for training and technical assistance to regional tribes and provision of tribal sub-awards for policy, system and environment changes to enhance health among the Northwest Tribes.
* Under the Centers for Disease Control and Prevention umbrella mechanism, NWTEC was awarded funds for a project to enhance immunization adherence, to continue an environmental health tracking project the NWTEC had previously undertaken, and to provide Tribes with assistance as to public health accreditation preparedness activities.
* NWTEC was awarded the Washington State Department of Health contract for the Tribal Public Health Emergency Preparedness Conference, with a potential of a 5-year extension.
* The NWTEC will also be assisting Washington and Oregon States with activities related to Tribal Public Health Improvement planning as a contract recipient for each state.
* As to policy activities, NPAIHB commented on the $10 million in opioid funding that was appropriated to IHS for the Special Behavioral Health Program for Indians, and commented on the IHS National Tribal Advisory Committee’s recommendation for Behavioral Health Initiative funding.
* Our comment letters requested that tribes be provided an option to receive funding through Indian Self-Determination Education Assistance Act (ISDEAA) contracts and compacts.
* Northwest Tribes have a long history of operating IHS programs and having more control over these funds will allow tribes to develop comprehensive behavioral health programs.
* NPAIHB also commented on the Centers for Medicare and Medicaid’s Request for Information on the Action Plan related to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (“SUPPORT Act”).
* Our comment letter to HRSA’s Request for Information advocated for inclusion of the Community Health Aide program expansion to address the needs in tribal communities.
* Lastly, I attended the ATNI Fall Annual Convention we had a good Health Committee and I’d also like to report that five of NPAIHB’s resolutions from the July Joint Quarterly Board Meeting were passed at ATNI and have been forwarded to NCAI for consideration.