

**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

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

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SENT VIA TELEFAX: (208) 854-3041

June 22, 2007

Debbie Field, Director
Idaho Office of Drug Policy
304 N. 8th Street
Borah Building, 4th Floor
Boise, Idaho 83702

Dear Ms. Field:

The Northwest Portland Area Indian Health Board is a Tribal organization that represents forty-three federally recognized Tribes in the states of Idaho, Oregon, and Washington. Each quarter, the Idaho State's Department of Health & Welfare (DHW) meets with representatives from Idaho Tribes to discuss programmatic and policy issues related to carrying out DHW operated programs. The purpose of the meetings is to discuss approaches to better service Indian people. We are writing in follow-up to the Idaho State/Tribes meeting that was held on June 15th in Worley, Idaho.

Our recent meeting included an update on the Access to Recovery (ATR) grant activities that will expire on September 30, 2007. During the ATR report, we were provided an update on the expanded role of your office with respect to the Interagency Committee on Substance Abuse Prevention and Treatment. We understand that this committee has been restructured within the Office of Drug Policy and that the composition does not include Tribal representation. At our meeting participants were concerned at the absence of Tribal representation on the Interagency Committee. We feel it is vitally important to have Tribal representation on the Interagency Committee since it makes critical policy recommendations on how to address alcohol and substance abuse issues in the State of Idaho.


Three years ago, the Idaho State/Tribes meeting participants appointed an ad-hoc workgroup to address alcohol and substance abuse issues impacting Tribal health and substance abuse programs. This workgroup later negotiated Tribal participation in the ATR grant program that allowed our programs to ramp up their capacity to provide alcohol and substance abuse services in Tribal communities. For example, prior to the ATR program, in 2004 the State of Idaho had only provided alcohol and substance abuse (A/SA) services to less than 40 American Indian clients. After the ATR program started, in 2005 the state provided A/SA services to over 200 American Indian clients; and in 2006 provided services to over 600 Indian clients, and; finally in 2007 the number of Indian people served is currently 400 clients. Tribal participation in the ATR program has allowed our programs to understand the programmatic and policy issues related to providing substance abuse services to Indian people. We would hope that the Interagency Committee would take advantage of this expertise in the course of organizing its work.

Our experience in the ATR program revealed that the issues associated with providing A/SA services in Tribal communities are not understood outside of Tribal providers and the Indian community. We realize that the Interagency Committee has broad representation from DHW and other Idaho state government agencies, the justice system, legislative appointments, and Regional Substance Abuse Authorities—however none are specific to understanding the unique needs of serving Tribal communities. It is vital to the continuity of operations that we have developed under the ATR system that we continue to build upon the capacity to serve Indian people. In order to do this, Indian providers must have a seat at the table when important policy discussions are held and when decisions are made. A provision that establishes the Interagency Committee allows your office to appoint ad-hoc nonvoting members to the group.

We respectfully request an opportunity to meet with you to discuss the appointment of an American Indian representative(s) to the Interagency Committee on Substance Abuse Prevention and Treatment. We hope that you will agree to meet with us as soon as possible, so that we may discuss our concerns on this issue. Mr. Joe Finkbonner, NPAIHB Executive Director, will follow up with your office on a potential date and time. In the interim, if you should have any questions concerning our request, you may contact Mr. Finkbonner directly at (503) 228-4185 or by email at jfinkbonner@npaihb.org.

We thank you for your attention to this important matter!

Sincerely,


Julia Wheeler,
NPAIHB Board Member
Nez Perce Council Delegate

cc: Pam Mason, DHW Representative
Pharis Stanger, DHW Representative
5 Idaho Tribal Leaders
Idaho State/Tribes meeting participants