**NPAIHB Behavioral Health Committee – Meeting Minutes**

Chehalis, WA – January 2017

* **Introductions**
* **Update on NARA’s Youth Treatment Center** 
  + Michael Stickler from NARA and Caroline Cruz from Warm Springs gave updates on the youth treatment center.
  + Still set to open in April 2017, and will serve youth and families 13-17 years old
  + Will be open to all NW Tribes to access
  + Participants asked to have the intake form resent to committee members which will go out in the committee follow-up email.
  + Caroline Cruz described how this center came to fruition and how the OR Indian Council on Addictions worked tirelessly to get treatment facility funding from the State.
  + This treatment center will treat co-occurring conditions or diagnoses.
  + Lisa Guzman described how the Healing Lodge recently switched to a co-occurring model under Rebecca Crocker.
  + Request: the committee would like the NPAIHB to make a list of treatment centers that can be accessed by tribes and each center would have a description of services offered, treatment models used, patient eligibility requirements and age ranges, number of beds, what accreditations the facility has, and what diagnoses are accepted i.e. is co-occurring accepted?
  + Presentation Idea: Can some of the treatment facilities come and present on what they offer, how patients are eligible, who to contact, and what insurances are taken? Possible presenters include NARA, Healing Lodge, Northwest Treatment Center, etc.
* A question about juvenile drug court came up – do any tribes have drug court?
  + Tulalip has a recovery court
  + CTCLUSI has Peace Court (restoration court?)
  + Stillaguamish is putting together a Wellness Court now and will be touring Tulalips recovery court soon.
  + Warm Springs does not have a drug court but does offer diversion
  + A member brought up the possibility of gaming tribes taking cost of incarceration out of the individuals per cap versus out of their families or the Tribes as a whole – this may deter teens from re-offending or not following through with consequences from tribal (or even) county court.
  + Request: Identify contact at Tulalip’s and CTCLUSI’s courts and send it out to the committee members so they can follow-up with these contacts and learn more about the system.
* Discussion about Marijuana and the NW Tribes came up
  + Are any tribes trying to decriminalize the offense? Some of our tribal members are losing everything because of their possession of or use of marijuana and being caught with it. Are there any Tribes that feel marijuana should be brought down from a level 1 controlled substance to make the punishment less severe? To discuss the pros and cons of this please contact Leta Campbell with CDA.
  + Also – what are tribes doing in regards to marijuana overall? Who is trying to grow hemp or distribute marijuana only for specific cancer cases? Who hopes to do research with marijuana and cancer treatment?
  + A committee member suggested that attendees review information coming out of Schick Shadel hospital in Seattle. They have found that alcohol and marijuana are the toughest substances to combat, not alcohol and heroin, not alcohol and cocaine. Interesting. . . .
  + Request: Can the NPAIHB provide a presentation on marijuana in the Tribes and the findings of any studies around cancer treatment and the use of marijuana? Also, what are the effects of marijuana short and long-term on kids and teens? Does it affect the lungs and possibly lead to lung cancer like tobacco does?
* Request: Can the NPAIHB help assist with the large problem many rural tribes face around recruiting and sustaining professional staff at their clinics? Licensed behavioral health staff are not applying for the open positions at many rural tribes. Can we learn more about psychiatric consultations? Chandra Yates from Klamath is looking into this method of having an off-site psychiatrist consult with staff on site about patients. This may help ease the need a little but does any other Tribe have this issue or is any other tribe finding other solutions to lack of professional applicants?
* Presentation Request: Tribes with integrated care models would present on their journey to their systems change, successes, challenges, tips for other tribes trying to streamline and di-silo clinical processes. Example – possibly Tulalip or Stillaguamish to present on their roads to health systems integration.
* List of trainings being offered to the NW Tribes online was handed out in hopes that the Tribes will access these trainings offered by the NW Addiction Technology Transfer Center Network (ATTC). These courses are offered at no cost to NW Tribes. The list will be emailed along with committee meeting minutes.