

MINUTES
Approved by Council
Idaho Council on Indian Affairs
Tuesday, December 05, 2017
9:30 A.M.
Room EW41
Boise, Idaho

Chairman Senator Jim Guthrie called the meeting to order at 9:32 a.m.; a silent roll call was taken. Council members in attendance: Chairman Senator Jim Guthrie; Vice-chair Gary Aitken, Jr., Kootenai Tribe; Senator Cherie Buckner-Webb; Representatives Neil Anderson and Paulette Jordan; Pete Katsilometes, Office of the Governor; Chief Allan, Coeur d'Alene Tribe; Shannon Wheeler, Nez Perce Tribe; Nathan Small, Shoshone-Bannock Tribes; and Ted Howard, Shoshone-Paiute Tribes. Legislative Services Office staff present were: Mike Nugent and Ana Lara.

Other attendees: Yolanda Bisbee - Nez Perce Tribe; Charlotte Nilson, Chris Luke and Jennifer Fletcher - Coeur d'Alene Tribe; Pam Johnson - Northwest Portland Area Indian Health Board; Susan Burke, Department of Environmental Quality; Yvette Tuell and Randy'l Teton - Shoshone-Bannock Tribes; Austin Hopkins - Idaho Conservation League; Joyce Broadsword - Dept. of Health and Welfare; Johanna Jones - State Department of Education; Jeremy Pisca - Kootenai Tribe; Autumn Montran - self attorney; Angele SaBori - Shoshone-Paiute Tribes; Jon Barrett - Idaho Rural Partnership; and Janet Gallimore, Idaho State Historical Society.

Note: presentations and handouts provided by presenters/speakers are posted on the Idaho Legislature website: www.legislature.idaho.gov; and copies of those items are on file at the Legislative Services Office in the State Capitol.

Chairman Guthrie and Vice-chair Aitken, Jr. provided some opening remarks. The council members introduced various members of the audience in attendance.

Chairman Guthrie called for the approval of the July 19, 2017 minutes. **Senator Buckner-Webb made a motion to approve the July 19, 2017 minutes. Representative Anderson seconded the motion. The motion passed by voice vote.**

Dental Health Aide Therapy Programs in Idaho - Pam Johnson, Oral Health Project Specialist - NW Portland Area Indian Health Board (NWPaiHB) and Tyrel Stevenson, Legislative Director - Coeur d'Alene Tribe

Chairman Guthrie called upon Ms. Johnson and Mr. Stevenson to begin their presentation. Ms. Johnson began her [presentation](#) by providing a brief overview regarding:

- Why Dental Health Aide Therapists (DHATs) could work to overcome barriers to care for tribal communities in Idaho;
- Policy considerations for potential legislation; and
- The Coeur d'Alene Tribe's efforts.

Barriers to Care:

- Shortage and high turnover rate of dentists in tribal communities;
- Lack of resources - IHS chronically underfunded;
- Cost of care;
- Historical trauma;
- Lack of culturally competent providers; and
- Geographic isolation.

Increased Dental Therapists Treatment Days Significantly Associated With:

- More children and adults who receive preventive care;
- Fewer children under age of 3 with extractions of the front four teeth;
- Fewer adults, ages 18 and older, with permanent tooth extractions; and
- Fewer children or visits for full mouth restorations.

Highlights and additional facts for the presentation include:

- In all but two counties in Idaho there are dental health professional shortage areas either for the geography or the population groups;
- Dental therapists are now authorized in Alaska, Minnesota, Vermont, Maine, Washington and Oregon;
- General supervision by dentists allows DHATs to bring care to communities in need;
- The scope of DHATs include mostly preventive work, but also some simple extractions and restorations due to addressing a highly diseased population;
- Three academic years are combined into a two-year program for DHATs;
- DHATs generally stay in their communities providing continuity of care;
- Dental teams with DHATs allows everyone to practice at the full extent of their licenses;
- Pilot project in Oregon demonstrating how DHATs can improve access, lower costs and increase oral health;
- DHAT Education Program is being built in Washington;
- Lobby groups successfully lobbied Congress to insert sections into the Idaho Health Care Improvement Act that limited the ability of DHATs to be part of the CHAP expansion (slide 9); and
- The Commission on Dental Accreditation (CODA) has recognized dental therapy as a profession and has created its own guidelines with respect to accrediting schools.

Potential Legislation in Idaho

Policy concepts to consider:

- At a minimum, legislation would remove federal barrier for tribes to employ DHATs;
- Recent communication from CMS regarding Washington legislation calls into question limiting patients to IHS eligible and facility location to tribal lands;
- Education model best left to CODA accreditation; and
- General supervision is a key to the success of the model; it allows dentists to lead dental teams, yet also allows for increased practice settings.

Marimn Health Clinic

Mr. Stevenson explained that the Coeur d'Alene Tribe owns and operates the Marimn Health Clinic; the clinic provides healthcare to an underserved community - native and nonnative alike. Mr. Stevenson emphasized that it was a challenge to recruit and retain dentists in Plummer, Idaho. Another challenge, he said, was that they had an underserved population; the four dentists on hand were not enough to serve the needs of the community. He emphasized that the current system was not working; in all areas of service there were rising costs and unmet needs. Mr. Stevenson stated that the Coeur d'Alene Tribe was considering proposing legislation to the Legislature to address these issues.

Mr. Stevenson invited the council to visit the clinic and suggested that it was a model for healthcare delivery, especially for rural areas, where healthcare delivery is a challenge.

Discussion

Senator Buckner-Webb inquired about the responses the Coeur d'Alene Tribe had received from the dental communities in Idaho. Mr. Stevenson responded that they had met with the Idaho Dental Association and had spoken with various dental providers across the state. One of the most prominent concerns relayed to him was the scope of practice; if dental therapists were allowed to practice under general supervision of dentists, this could allow for dental hygienists, etc. to do

the same and increase competition. He added that another concern was the standard of care, but the Coeur d'Alene Tribe was comfortable in this area so long as DHATs met the criteria set out under the code of accreditation. He emphasized that the Coeur d'Alene Tribe had engaged with dental providers and the Idaho Dental Association and were working to address concerns as well as accomplish its goal of serving the patients in the Plummer community.

Chairman Guthrie inquired about the funding model for DHATs' education. Mr. Stevenson explained that there were some resources, including the NWPAlHB, that assisted in the cost of attendance. He added that as the program continues developing, there would probably be a coalition of tribes and other organizations that could assist in funding. He emphasized that the cost was a small fraction of the cost of dental school. He added that the cost of dental school was another example of a barrier to care. Ms. Johnson explained that most of the tribes sponsor their DHAT students.

The council recessed for a break at 10:10 a.m.

The council reconvened at 10:20 a.m.

Social Services Funding - Panel Presentation - Experiences from the State of Montana and the State of Oregon - Director Jason Smith, Ms. Zoe Barnes, Ms. Anna Whiting Sorrell and Ms. Emily Hawkins

Chairman Guthrie invited the panel to begin their presentation. Mr. Smith, Director of the Office of Indian Affairs for the State of Montana, began the presentation by emphasizing the good experiences his office had in terms of building partnerships and identifying programs and policies to address issues impacting Indian country (i.e., healthcare, education, social services, etc.).

Ms. Barnes, Administrator of the Addictive and Mental Disorders Division of the Montana Dept. of Health and Human Services, spoke to the impact that Medicaid expansion had in Montana. She stated that, with the assistance of a block grant, it had been able to provide substance abuse services, but only to the extent that funding was available. Now, with the expansion of Medicaid, tribal members were eligible simply by noting the fact that they were Native American on the application. She added that tribal health providers could now seek out ways to provide tribal services in a way they were unable to before the Medicaid expansion, including behavioral health services.

Ms. Sorrell, Director of Operations, Policy and Planning for the Confederated Salish & Kootenai Tribal (CSKT) Health Department, provided some of her occupational background on both the federal and local level. She emphasized that the Affordable Care Act (ACA) had provided significant resources to tribes when it permanently authorized the Indian Healthcare Improvement Act, which allowed tribes to enter into billing relationships with a variety of insurances. She added that when Montana expanded Medicaid to include adults, CSKT went from a 60% coverage rate of tribal health beneficiaries to an 80% coverage rate. Mr. Sorrell explained that this meant that when people go to medical facilities, they were able to bill for services provided for 80% of those individuals. She added that, by federal law, they were required to return 100% of generated funds into the delivery system. She referenced a study performed by the Montana Dept. of Health and Human Services that showed that the Indian population die a generation earlier in comparison to other population groups. Ms. Sorrell emphasized that access to behavioral health resources, including mental health and substance abuse, were essential for people to lead a quality life.

Ms. Hawkins, an Indian-Child Welfare Consultant through the Tribal Affairs Unit within the Oregon Dept. of Human Services (DHS), began her presentation by providing some occupational background. She stated that the State of Oregon worked diligently together with its nine tribal partners to ensure that the needs of tribal families were met. She explained that, prior to a few years ago, the Oregon Health Authority (OHA) was a separate program from DHS and this had made it difficult for families to access behavioral health funding. Now that both departments had joined together, the funding available to tribal families had increased, both those involved with the child welfare system and those involved solely with their tribes.

Ms. Hawkins stated that five years ago, Oregon had begun a pilot project (wraparound program) that had increased success for ensuring that the mental health needs of families and children were met. Both the wraparound program and the new solutions program provided a team of mental health providers and mental health services for families to ensure that mental health needs were met. The programs provided services to the families without obligating the family to be under the jurisdiction of the child welfare system or the jurisdiction of the child court system; it was a community-based program that provided a team of mental health specialists, service providers, respite care providers, etc. to make families successful and to keep children at home with parents.

Ms. Hawkins explained that DHS created the Target Planning and Consultation Committee (TPCC), which helps families and children access mental health services without being placed under the jurisdiction of the child welfare system; a tribal partner may contact the committee to refer a case for services for families. The committee is responsible for the review, approval and funding of portions of individual treatment plans for children who have severe physical, mental health or emotional treatment needs. TPCC is composed of a maximum of ten voting members and it takes a simple majority vote to approve the family or child access to services. The budget through the TPCC is a contingency fund and it allows for any services that families need coverage for, including some that are not typically covered by the Oregon Health Plan. Ms. Hawkins explained that DHS was working on adding a seventeenth care coordinator contact that would only follow children that were involved in the tribal court or child welfare system to ensure no lapse in funding or services, regardless of where they are placed across the state.

Discussion

Chairman Guthrie inquired whether the efforts were duplicitous or complimentary. Ms. Hawkins explained that the programs offered through DHS were complimentary to what the tribal programs offered. She explained that, at times, tribes were unable to access certain services, but DHS programs could open a referral for those services to tribal families. Chairman Guthrie asked if the programs were funded by the State, Federal Government or a combination of both. Ms. Hawkins responded that the wraparound program was funded through the State of Oregon.

Discussion on Tribal Flags in the Idaho Capitol Building

Mr. Katsilometes explained that he had spoken with a variety of stakeholders (i.e., Capitol Commission members, LSO Director Milstead, Pro Tem of the Senate, etc.) and they had proposed some locations for the tribal flags:

- Statutory hall on the fourth floor;
- Garden level or first floor rotundas; or
- Second floor in front of the Governor's Office, Lieutenant Governor's Office or Secretary of State.

He emphasized that these were just some proposals and the council members were encouraged to propose additional locations.

Mr. Katsilometes stated that he would meet with the Capitol Commission and coordinate with the council members to discuss how the council should forward on this endeavor.

Idaho State Museum: Tribal Exhibitions Animations and Next Steps - Executive Director Janet Gallimore, Idaho State Historical Society (ISHS)

Director Gallimore began her presentation by thanking the tribal chairmen for their partnership in co-creating new exhibitions in the Idaho State Museum as well as the efforts made by the tribal liaisons. Director Gallimore stated that all the exhibitions were in production and ISHS anticipated the museum to open in the summer of 2018. Director Gallimore proceeded with the animated video of the tribal exhibitions.

Discussion

Mr. Wheeler suggested that the exhibits could have benefited from including historical information with respect to tribal economics. Director Gallimore explained that while the exhibits did include the history and current economic impact of each tribe, it was difficult to include all the relevant content. She stated that they had discussions about possibly creating an app and utilizing other technology in the future to provide additional Idaho history.

Director Gallimore informed the council that ISHS would visit each tribe to record the creation stories; these scheduled appointments would take place in January. She added that ISHS planned to do a day-long celebration in honor of opening the new museum and expressed her desire to coordinate with the tribes to plan events, etc. for the celebration.

Idaho Rural Partnership: Board of Directors Presentation - Executive Director Jon Barrett, Idaho Rural Partnership (IRP)

Director Barrett began his [presentation](#) by providing some background regarding the Idaho Rural Partnership including its mission statement, "The Idaho Rural Partnership joins diverse public and private resources in innovative collaborations to strengthen communities and improve life in rural Idaho."

Highlights and additional facts for the presentation include:

- The IRP was designated as a state rural development council for Idaho and its responsibilities are identified in Chapter 90, Title 67, Idaho Code;
- Its member board is comprised of state and federal agency representatives, legislators, tribal representatives, nonprofit and academic leaders, and private sector partners;
- The board is nonpartisan and meets in April, August and December (two meetings are held outside of the Boise valley);
- IRP is known mostly for conducting community reviews and community assessments in rural towns in Idaho;
- Most recent community reviews were done in Kootenai, Fairfield, Cascade, Athol, Kimberly and Plummer;
- Section 67-9006, Idaho Code, states that the partnership shall be managed by a board that shall include the following members, "A representative chosen by each of the federally recognized Indian tribes in the state of Idaho;" and
- The board had gone without a tribal member for over ten years.

Director Barrett explained that there had not been tribal representation on the board for over ten years. He expressed his desire for each tribe to provide representation on the IRP Board of Directors. He emphasized his hope that each tribe would find representation on the board beneficial and in the interest of their respective tribes. He explained that being a member on the board provides opportunities to build stronger relationships with the agencies and organizations that are working to support community and economic development in rural Idaho.

Discussion

Representative Jordan thanked Director Barrett for his work with the Coeur d'Alene Tribe and the City of the Plummer. She inquired whether it would be too soon to see an impact or progress report from the recent meetings with the City of Plummer. Director Barrett explained that they were still finalizing the assessment process, but that the report would be completed in January and then presented to the community.

Chairman Small expressed the difficulty his tribe has experienced in trying to create partnerships with surrounding cities and counties. He asked if engagement with this board might encourage neighboring cities and counties to engage with the tribes. Director Barrett stated that, in the case of the community assessment that was done in Lapwai, it resulted in improved relations and communication between the city and the Nez Perce Tribe.

Council Discussion

Chairman Howard stated his concern regarding the high amount of truck traffic on Idaho State Highway 51 and the lack of truck scales or Dept. of Transportation facilities on the road. He voiced his concern that a truck carrying hazardous materials could fall into the Owyhee River that flows through Duck Valley Reservation. He inquired whether it would be possible to have a truck scale on Highway 51. Chairman Guthrie asked Ms. Lara to relay this concern to the Dept. of Transportation to see what could be done to address this concern.

After some discussion, the council agreed to have its next meeting in late February or early March.

The committee adjourned at 11:51 a.m.