



Final Services Review Meeting Minutes – September 8, 2005 Portland, Oregon

Attendee Roster

Name	Title	Tribe	Address	City, State	Phone #	E-mail
John Temple	Vice President/The Innova Group		5920 E. Pima, Suite 200	Tucson, AZ	520-886-8650	John.temple@theinnovagroup.com
Anthony Laird	Planner/The Innova Group		5920 E. Pima, Suite 200	Tucson, AZ	520-886-8650	Anthony.laird@theinnovagroup.com
Gene Kompkoff	Project Manager/PAO		1220 SW 3 rd	Portland, OR		gkompkof@pao.portland.ihs.gov
Doni Wilder	Area Director PAO		1220 SW 3 rd	Portland, OR		dwilder@pao.portland.ihs.gov
Rich Truitt	PAO		1220 SW 3 rd	Portland, OR		rtruitt@pao.portland.ihs.gov
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Cassie Kathia	Facility Manager	Warm Springs			541-553-2461	Catherine.katchia@ihs.gov
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Richard Brisbois	Maintenance Mechanic	Wellpinit IHS	Box 357	Wellpinit, WA 99840	509-258-4517 x123	rbrisboi@wel.portland.ihs.gov
Bob Brisbois		Spokane Tribe			509-250-7502	bobb@spokanetribe.com
Dan Hocson, M.D.		Yakama	401 Buster Road	Toppenish, WA	509-865-2102	dhocson@yak.portland.ihs.gov
Cecile Greenway		Lower Elwha	3080 Lower Elwha Road	Port Angeles, WA	360-452-8471 (x236)	cgreenway@alwha.nsn.us
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Jim Bunton	Facility	Lummi	2592 Kwina Rd.	Bellingham, WA 98226	360-384-0464	JBunton@lummi-nsn.gov
Lori Drews		Yakama Nation		Toppenish, WA	509-865-7965	yinh@yakama.com
Annette Coyle		Yakama Nation		Toppenish, WA	509-865-7965	
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Marcy Parker		Makah Tribe	Box 115	Neah Bay, WA 98351	360-645-3282	mtchm@centurytel.net
Marie Ramirez		Snoqualmie Tribe	PO Box 280	Carnation, WA 98014	425-888-5512	Marie.ramirez@snoqualmienation.com
Lou Schmitz	Planner	Port Gamble S'Klallum Tribe	31912 Little Boston Road	Kingston, WA	360-297-9664	lrschmitz@pgst.nsn.us



Sharon Stanphill		Cow Creek Band of Umpqua	2371 NE Stephens	Roseburg, OR 97470	800-929-8229	sstanphill@cowcreek.com
Jim Sherrill		Cowlitz Tribe	PO Box 2429	Longview, WA 98632	360-575-8275 x115	Jsherrill.health@tdn.com
Naomi Shadwick	Medical Support Supervisor	Siletz	P.O. Box 549	Siletz, OR	360-645-3282	naomis@ctsi.nsn.us
Elwood Patawa		CTUIR - Yellowhawk	PO Box 160	Pendleton, OR	541-278-7547	epatawa@yel.portland.ihs.gov
Mark Johnston		Coos, Lower Umpqua & Siuslaw	1245 Fulton Ave.	Coos Bay, OR 97420	541-888-7515	mjohnston@csb.portland.ihs.gov
Sonciray Bonnell		Chemawa Health Center	3750 Chemawa Road	Salem, OR 97304	503-228-4185	sbonnell@npaihb.org
Tom Birdinground		Chemawa Health Center	3750 Chemawa Road	Salem, OR 97304		Tom.birdinground@ihs.gov
Linda Drebin		NARA	15 N. Morris	Portland, OR	503-803-9433	ldrebin@naranorthwest.org

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Time	Agenda Item	Discussion
9:15 am	Welcome	Doni Wilder welcomed everyone to the meeting and commented on the value of the process for the Portland Area. She thanked everyone for their presence and efforts. Rich Truitt also extended welcoming remarks. Gene Kompkoff introduced the Innova Group representatives to the meeting attendees and thanked everyone for coming.
9:30 am	Review of Project & Existing Project Status	John Temple overviewed the status of the project history and the progress made over the past three years. He commented on the two rounds of visits and meetings as well as the four levels of clients serviced by such an effort as this. The most important client identified was the local service area. The plan is intended to by "your" plan to use and supplement your existing strategic direction. The PSAs involved were then reviewed. Discussion ensued:
	Non-Participating Tribes	Q: So are "non-participating tribes" included in the master plan? A: Technically no – in the sense that those tribes will not be provided a document. However, there will be a roll-up of all information including data submitted by tribes who did their own plans. In addition to this a tab will be provided
	User Population	It was noted that Lower Elwha was misspelled in a couple of places. John then reviewed the User Population Summary table, noting what the various columns meant along with significant findings from the table. Discussion ensued: Q: What year did IHS change how they tabulated User Population? A: Not certain but they have to go through a process every year to validate user pop. In some cases communities have to be split. Q: Is there a chance of users being double counted? A: IHS is working hard to lower the chances of such a thing happening. In



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	Space Summary	<p>A: We try to identify what IHS would support and then what services you plan for that IHS will not support regardless of funding.</p> <p>John overviewed what the summary table columns identified, including salary costs.</p> <p>The Space Summary Table was reviewed next. The point was made and clarified regarding Construction Cost and Project Cost. Our project cost is an estimate of the building plus the hook-ups and equipment to support it.</p> <p>Q: Do the costs reflect the war in Iraq and China? A: No they were done about a year ago and yes we have seen an increase in costs.</p>
	Visiting Professional Summary	<p>Visiting Professional Summary Table was discussed next. John stressed that these were the actual requests from the face-to-face meetings at each service area. The table starts to say how many of each provider has been requested along with what provider counts might be if all tribes entered requests.</p> <p>Q: Does this include Non participating tribe VPs? A: No, but it will for the final report.</p> <p>It was noted that the point of this table would be more powerfully made if all the Tribes had their request entered here.</p>
	Lunch	<i>The group broke for lunch</i>
1:00 pm	Master Plan Summary: Regional Opportunities	<p>The group began the afternoon with an overview of the Regional Referral Summary table. It was discussed as an element in the overall Regional Plan – specifically as requests made directly by the tribes as a result of face-to-face conversations through the delivery plan process. This is not a true summary however due the absence of potential requests from independently prepared tribal plans or non-submitted plans.</p> <p>Q: So did no one specifically request an inpatient facility? A: Not really but that may be for many reasons, not the least of which is that there currently isn't one in the Portland Area and tribes may have not even thought of it as a future possibility.</p> <p>John then gave background to the Regional Opportunities, outlining how various levels of partnership would function. Gene Kompkoff gave some background on the Regional Centers and Area Wide Medical Center concepts: specifically that they grow out of a presentation made at Lincoln City that was well received though some didn't understand what it was all about. However, a resolution was passed by the Northwest Portland Indian Health Board in support of the concept.</p> <p>Mark Johnston from Coos also provided some background on the resolution and added his fully support to the idea, commenting that he knew of many others that supported it too.</p> <p>John then addressed services available based on population.</p>



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	Area-Wide Medical Center	<p>Q. How do we show that we don't approve of the concept if that is someone's position? (Port Gamble) A: It would be appropriate to email your views to the Portland Area Office.</p> <p>Q: Do these regional populations include the urban populations? A: No.</p> <p>The representative from the Spokane tribe then suggested that we include county populations regardless of whether they are users or not because they will become users if we open these regional centers.</p> <p>John then overviewed how the Regional Center Visiting Professional/Specialists would work. One of the issues the group will need to decide is where regional centers would be located. Umatilla pointed out that they would more naturally align with the regional center in Spokane.</p> <p>Warm Springs expressed hesitation about this concept helping them much. It would be Visiting Providers away from their facility.</p> <p>John Temple responded "No, it will not. It would maintain the VPs but you wouldn't have to pay. The providers would come to you <i>from</i> the Regional Centers."</p> <p>Q: It's hard to see how the centers could be built when there's not enough money now. Where would the dollars come from? A: We don't know, but Rich may want to comment on this.</p> <p>Rich: Strange as it seems there's more hope for funding these kinds of facilities than for incremental increases in CHS dollars to support existing services. So there's reason for optimism here.</p> <p>Further discussion would be necessary on many levels for any of these regional proposals to become viable.</p> <p>The group then looked at the Area Wide Medical Center opportunity. John pointed out that though this piece is additive to the regional centers, you're likely not going to get 100% market share at such a facility. So the Portland Area would probably not have 122 beds.</p> <p>Concern was raised about inpatient psych. This was talked about and will be looked at again for the final report to see if it's viable for inclusion.</p>
2:00 pm	Priority Discussions Overview	<p>The group moved to discuss priorities as John explained the importance of this phase of the planning document. Representatives were given time to update their resourcing priorities as identified in the pre-final binders. Tribes did this and revisions were submitted as the meeting continued.</p> <p>John then explained how the priorities could be implemented.</p>



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3:00 pm	Remaining Issues & Wrap Up	Gratitude was expressed by the Innova Group and by Portland Area Office for all who participated in the process. The meeting ended with a consensus that this document would be a useful tool for tribes and the area office in planning for the future.

The preceding meeting minutes are the writer's interpretation of the events that occurred. Any persons desiring to add to or otherwise amend the meeting minutes are requested to do so in writing within the next five (5) days. Otherwise, the meeting minutes will stand as written.

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