



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

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

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RESOLUTION # 18-03-05

**SUPPORT FOR DIRECT ACCESS OF TRIBES AND TRIBAL
ORGANIZATIONS TO SUBSTANCE ABUSE MENTAL HEALTH SERVICES
ADMINISTRATION (SAMHSA) STATE TARGETED RESPONSE TO
OPIOID CRISIS GRANTS (STR) AND TO REDUCE ADMINISTRATIVE
BURDEN IN ACCESSING STR AND OTHER SAMHSA FUNDING**

WHEREAS, the Northwest Portland Area Indian Health Board {hereinafter "NPAIHB" or "Board" was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act {P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington ("member tribes"); and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USC §450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member tribes; and

WHEREAS, over 353,000 American Indian and Alaska Native (AI/AN) people reside in Idaho, Oregon, and Washington, representing 6.8% of the nation's AI/AN population; and

WHEREAS, from 2006 to 2012, of the drug overdose deaths, 65.3% (294) of AI/AN deaths were from prescription drugs and of the prescription drug overdose deaths, 77.2% (227) of AI/AN deaths were from opioid overdoses; and

WHEREAS, our member tribes are in need of additional resources directly from the federal government for funding, personnel and authorities to combat the multitude of problems related to opioid use through a comprehensive approach; and

WHEREAS, funding must be available to Tribal Epidemiology Centers for data and surveillance of the opioid crisis; and

WHEREAS, NPAIHB and our member tribes strongly encourage Congress to create direct funding sources to tribes and tribal organizations.

WHEREAS, the Substance Abuse Mental Health Services Administration (SAMHSA) provides funding to states for State Targeted Response to the Opioid Crisis Grants (“STR”); and

WHEREAS, the government-to-government relationship between the federal government and tribes, as well as the federal trust responsibility and treaty obligations, support direct funding from SAMHSA to tribes and tribal organizations;

WHEREAS, our member tribes should not be required to go through the state to access this funding; and

WHEREAS, our member tribes request access to STR funding, and other SAMHSA funding, directly from SAMSHA; and

WHEREAS, our member tribes request that all opioid funding available to tribes should ensure equitable distribution of funds to all tribes and consider reducing the administrative burden to tribes accessing these funds, particularly our smaller tribes with less capacity to apply for and compete with larger tribes.

THEREFORE, BE IT RESOLVED, that the NPAIHB and our member tribes call on Congress to support direct access of tribes and tribal organizations to SAMHSA State Targeted Response to Opioid Crisis Grants (STR), and other SAMHSA funding, to address the opioid epidemic and funding to support surveillance and research related to the epidemic; and

BE IT FURTHER RESOLVED, that the NPAIHB and our member tribes call on Congress, and SAMHSA, to ensure that all tribes have access to STR funding, and other SAMHSA funding, to address the opioid crisis with consideration of a reduced administrative burden to ensure that there are no barriers for tribes and tribal organizations to access these funds.

CERTIFICATION

NO. 18-03-05

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 23 for, 0 against, 0 abstain on April 19, 2018.

Andrew C. Joseph Jr.

Chairman

April 19, 2018

Date

Gregory J. Abraham

Secretary