

Northwest Portland Area Indian Health Board

2023 National Tribal Opioid Summit



HEALING OUR NATIONS TOGETHER

Executive Summary

August 22–24, 2023

Tulalip Resort and Casino, Tulalip, WA

Table of Contents

NPAIHB National Tribal Opioid Summit Overview	1
Priority Recommendations	1
Data	1
Care and Support	2
Prevention.....	3
Law and Justice	4
Elder Knowledge Keepers and Behavioral Health Aide Track	5
Auntie Society and Being a Good Relative (Wellness Team).....	5



NPAIHB National Tribal Opioid Summit Overview

The Northwest Portland Area Indian Health Board (NPAIHB) hosted the National Tribal Opioid Summit at Tulalip, WA, from August 22 to 24, 2023, to discuss the opioid crisis for tribal communities and prioritize recommendations to address it. In 2019, NPAIHB published the [Tribal Opioid Response: National Strategic Agenda](#) (PDF, 3.4 MB, 48 pgs.) to guide efforts to address the opioid crisis in tribal communities. However, the COVID-19 pandemic, significant increase in substance use and overdoses, and major threat of synthetic opioids and fentanyl to the health and well-being of tribal citizens highlighted the need to update the strategic agenda to address the crisis.

The summit provided opportunities for tribal, federal, regional, and state leaders to discuss the opioid crisis through four focused tracks: data, care and support, prevention, and law and justice. An additional track created space for intergenerational connection and healing with elder knowledge keepers and behavioral health aide (BHA) students. Day 1 focused on centering the voices of recovery and tribal communities. Day 2 focused on effective solutions in Indian Country, culture as prevention and intervention, and a culture night hosted by the Tulalip Tribe of Indians. Day 3 focused on prioritizing policy recommendations and updating the Tribal Opioid Response: National Strategic Agenda. NPAIHB also organized a Wellness Team and Auntie Society who helped people receive care to work through difficult emotions they faced as a result of this subject matter. This executive summary provides the policy priority recommendations from Day 3 for each track, reviews the elder knowledge keepers and BHA track, and summarizes the work of the Wellness Team and Auntie Society.

Priority Recommendations

The policy leads of each track facilitated a final session to gather priority recommendations for addressing the tribal opioid crisis. The recommendations from each track are summarized below.

Data

The data priorities spoke to data classification, tribal data sovereignty, data sharing, technical assistance and support, funding, and legislation to bar opioid manufactures from profiting off of opioid treatments.

Data classification

American Indian and Alaska Native (AI/AN) people are often misclassified in state and federal data. Any changes regarding the collection of race, ethnicity, and tribal affiliation data should be made in consultation with tribes. State and federal agencies should also be trained on racial misclassification.

Data sovereignty

As sovereign nations, tribes should own their data, and state and federal agencies should consult with tribes on the collection of race, ethnicity, and tribal affiliation data. State and federal agencies must also mandate that tribes and tribal epidemiology centers (TECs) be recognized as public health authorities with co-ownership rights. As public health authorities, tribes and TECs' data access would equal that of local health departments. The tribes can establish a tribal data sovereignty white paper to help inform policymakers on what it means for tribes to own their data. They can also create a data language guide that includes a data dictionary and data collection methods that honor tribal data sovereignty.

Data sharing

Tribes and TECs need quick and comprehensive access to data at the state and federal levels. State and federal agencies need to provide tribes and TECS with as close to real-time data as possible. State and federal agencies need to negotiate data-sharing agreements with tribes and TECS that honor tribal data sovereignty. The TECS could develop data-sharing templates for internal and external data sharing that

indicate what data will be shared, who will share it, with whom it will be shared, and how long the data will be held. Specifically, tribes should also be able to access their data that is stored in the National Data Warehouse, and TECs should be able to access tribal data through the Epidemiology Data Mart if the tribes grant them access.

Technical assistance and support

There are many ways for state and federal agencies to support tribes. They can support tribes' efforts to improve their capacity to analyze data, streamline tribes and TECs' ability to pull data from multiple departments, and provide tribes with technical assistance to conduct community surveys. Additionally, they can create practical guides for Government Performance and Results Act and behavioral health integration with substance use disorder treatment. Further, they can improve engagement with tribes and urban Indian health organizations to increase survey participation with a focus on strengths-based data collection.

Funding

State and federal agencies should provide flexible funding, tribal-specific grants, and funding for pilot projects.

Legislation to bar opioid manufactures from profiting off of medication-assisted treatment (MAT)

Promote and pass legislation that bars opioid manufactures from profiting off of MAT while still holding them responsible for producing and distributing these medications. For example, Purdue Pharmaceuticals' Project Tango strategized to ensure the company profited from both ends of the opioid crisis—from manufacturing the opioids that caused the crisis to manufacturing the MAT medications to help people recover. They created the problem, from which they profited, and while they should be held responsible to provide a solution, they should not be able to profit from it.

Care and Support

The care and support recommendations spoke to the workforce, information sharing, tribal knowledge and sovereignty, funding, and community.

Workforce

Staff recommendations looked to reduce staff turnover, improve recruitment, and protect the workforce. Tribes should create robust policies, from self-care to paying for licensure, to help reduce staff turnover and ensure staff are trained on cultural competency. To enhance recruitment, tribes should create or enhance interstate compacts for licensing reciprocity and to enable tribal members to access facilities on other tribal lands. They should also relax education requirements to bring back mid-level providers. Regarding staff and patient protection, tribes should establish guidelines for handling Xylazine and site clean-up procedures and strengthen policies to keep drugs out of jails. Further, tribes need more tribal liaisons to ensure issues are raised to the state and federal levels.

Information sharing

Tribes need a unified place or listserv to share information and improve transparency, from mobile response policies to promising practices to notifications when tribal members enter hospitals and facilities. They need to be able to talk to each other, within and across tribes. The federal government needs to update 42 CFR to improve information sharing to help the treatment process.

Tribal knowledge and sovereignty

States need to uphold tribal court orders. Additionally, state and federal governments need to embrace tribal-based practices as evidence-based practices.



Funding

Funding recommendations included state, federal, and tribal actions to support staff and increase treatment availability and options. Tribes need flexible, long-term funding with less burdensome reporting requirements. State and federal governments need to honor tribal data and allow tribes to define what conditions they cover and how they provide care. Federal agencies need to fund peer support specialists for first responders and providers and allow tribes to define the competencies for these positions. Additionally, federal agencies need to fund and lengthen treatment requirements beyond 14 and 30 days, as recovery takes more time.

Tribes can look to address housing needs to support recovery. They can work with the U.S. Departments of Health and Human Services, Housing and Urban Development, and Veterans Affairs and the Substance Abuse and Mental Health Service Administration to expand funding for a housing-first model for recovery and transitional housing. Tribes can also explore 105 leases and other creative funding options, like the Washington state encounter rate for clean and sober housing. Additionally, they should ensure that behavioral health providers bill Z codes for housing and other supports for social determinants of health.¹

Community

To support community, tribes can advocate for Narcan training and distribution and hold monthly community education events. They also need to establish ways to support youth and get people into critical care immediately.

Prevention

The prevention recommendations spoke to indigenous knowledge and culture, funding, youth, access and availability of services, and community.

Indigenous knowledge and culture

State and federal agencies need to recognize indigenous knowledge, culture, and practices as evidence-based standards of care, and indigenous evaluation as a way to show the efficacy of this work.

Funding

The federal government is constitutionally obligated to provide health care for tribal citizens. Under this obligation, they need to fund and reimburse tribal-based practices as evidence-based practices; medical facility construction, including holistic and dual-diagnosis facilities; and outreach and education in and around tribal communities. Funding should not rely on a competitive grant process, and it should at least equal historic, harmful initiatives that the government funded, such as the boarding schools.

Youth

Youth involvement is a large component of prevention. Tribal, state, and federal conferences can give youth a voice by creating youth tracks. Communities can also support youth-focused prevention activities, such as Native language immersion school programs.

Access and availability of services

To improve access to services, agencies need to streamline the creation of treatment programs throughout the continuum of care, including detox. They also need immediate access to residential treatment when needed. These service should include tribal medicine. Additionally, nearby programs,

¹ See the Centers for Medicare & Medicaid Services' infographic, Using Z Codes, for more information: <https://www.cms.gov/files/document/zcodes-infographic.pdf> (PDF, 1,898 KB, 2 pgs.)



clinics, and hospitals should have training on culturally informed care. Further, tribes need a one-stop, centralized location for resources.

Community

At the local level, tribes can work with the community to provide prevention activities. These activities should include youth and LGBTWIA++ community members. They can also promote a culture of sobriety. Further, they can increase access to naloxone and training on how to use it for first responders and community members.

Law and Justice

The law and justice recommendations spoke to arrests and wrap-around services, sentencing and treatment, cross-jurisdictional cooperation, maternal health, funding, protecting youth, and advocacy and legislation.

Arrests and wrap-around services

Local, state, and federal agencies need to review their drug requirements. For example, they need to review regional limits that trigger drug busts. While big drug busts can prevent a large amount of drugs from entering the community, local dealers are also causing deaths. Consideration also needs to be made when differentiating drug dealers from drug users, as there is overlap between the two. Additionally, social services should be wrapped into arrests.

Sentencing and treatment

Healing courts and wellness courts work. Tribes have many successful models of these courts, which provide culturally appropriate support for tribal members. Many tribes have wellness courts that provide cultural activities, incorporate family, follow up with the people in the programs, and have judges join a talking circle with the people going through the program to reduce shame.

Courts should require treatment with incarceration, and the treatment period should be longer term, with a potential minimum of 90 days, as 14 and 30 days is not long enough to detox and begin recovering. Longer treatment may cost more upfront, but it will cost less in the long run if it reduces how often people return to the system.

Cross-jurisdictional cooperation

Law enforcement must work together across jurisdictions, for which Colville Tribes has a successful model. Tribes with fee lands need to form agreements with local jurisdictions to cross-deputize their tribal deputies. Additionally, regional task forces need to include tribal input.

Maternal health

Prenatal care for people who use drugs requires a national level of action and funding. Facilities should administer non-biased urine testing for people who may be pregnant to reduce shame. People who use drugs and are pregnant should have mandated third trimester prenatal care. Upon delivery, the delivering parent should have access to their baby, with the baby in the same room, if possible, and they should be kept in the facility for treatment for more than 5 days to help facilitate their recovery.

Funding

Tribes need direct funding to support tribal police, wellness courts, and behavioral health centers. They also need funding to develop prevention models that work for tribes. Additionally, they need more federal funding for mental health support and to provide longer treatment periods for people who are arrested for drug use.

Protecting youth

They need to protect youth from sexual assault. One approach is to implement school education programs that teach children what is and is not appropriate behavior.

Advocacy and legislation

They need advocacy at all levels of the government to support legislation that will help address the opioid crisis. Washington state has implemented many successful approaches that other states can look to follow. Leaders can support the Law Enforcement Parity Act, which would provide benefits to tribal police officers and improve recruitment and retention. Storytelling can also drive change in the community and in legislation. Documentaries and shows, like *Painkiller* on Netflix, have the ability to amplify voices and educate the masses.

Elder Knowledge Keepers and Behavioral Health Aide Track

Elder knowledge keepers were invited to a special track to connect with BHA students to create a space for intergenerational connections and healing. BHAs are educated in traditional and spiritual healing. An important aspect of their training is mentorships by respected tribal practitioners who provide holistic care for their communities. Participants joined morning check-ins with each other, the summit plenary and breakout sessions, and afternoon debrief sessions. Dallas Goldtooth also facilitated a workgroup for this track to address multigenerational connection.

During the workgroup, Mr. Goldtooth introduced himself and shared where he came from. He established a sense of relationality among the participants to help them relax, open up, and start laughing, as he threw humor into his storytelling. He then held a large group activity that got the participants moving, talking, and playing together. People got out of their comfort zones through a culturally relevant game that urged them to work with one another. He was extremely inviting and took time to get to know everyone individually and as a team member.

Mr. Goldtooth closed the session by answering questions. People asked about his childhood experiences, creating relationships with tribal communities, *Rez Dogs* and amplifying Native people in film, place-based relations, environmental work and advocacy, elder relationships, and his next steps. He was very honest, open, serious, and hilarious with his answers. Overall, the participants shared many laughs and stories, which the participants said they appreciated after a day of heavy conversations.

Auntie Society and Being a Good Relative (Wellness Team)

Many people volunteered their time to the Wellness Team to be good relatives to people who were sharing their stories. Volunteers included staff from Tulalip Behavioral Health, Indian Health Service, and NPAIHB. They helped keep everyone grounded and offered support.

NPAIHB also convened an Auntie Society. Aunties are esteemed, honorable, and beloved. The Auntie Society helped keep time, provided needed support, and ensured the event proceeded in a good way for everyone. They directed people to crisis counseling or cultural healing and care and mindfulness spaces where other good relatives offered support.

These good relatives were available to listen, offer support, provide a shoulder to cry on, or to hold space with people. Services included Acudetox, where seeds are placed on the ear or hair-thin needles are placed in the ears to help promote a sense of calm, and somatic bodywork, which is a form of therapy that explores body and mind connections and the impact of stress and trauma trapped within.